

Innovative assessment of cultural competence

Our Problem: How do we deliver a curriculum that emphasizes culturally and linguistically appropriate, patient-centered care and evaluates student achievement of competency while meeting CODA Standard 2-16?

We believe that the key component in preparing future health care practitioners to serve a diverse society is to challenge the long-held model that health care is provider-centered. Rather, the health care provider must shift the focus to patients and their families. The challenge to us as educators is to deliver a curriculum that ensures the competence of our graduates in providing patient-centered care.

Our Solution: The University of Louisville School of Dentistry competency for Culturally and Linguistically Appropriate Services (CLAS) champions a patient-centered health care model and is designed using best practices derived from national standards. The program consists of a web-based, didactic course from the DHHS Office of Minority Health, *Think Cultural Health: Cultural Competency Program for Oral Health Professionals*, in addition to a practical Standardized Patient (SP) competency.

Importance now and in the future

Communication and interpersonal non-cognitive skills are essential in preparing students for patient-centered care. The purpose of the ULSD competency for CLAS in oral health care is to evaluate CLAS and communication skills and to prepare students to practice as socially responsible professionals.

Culturally and linguistically appropriate care is not easily quantified for competency assessment. Our model provides a methodology for students to gain baseline knowledge in CLAS through a web-based didactic course followed by a practical standardized-patient evaluation simulating real-life patient encounters. This approach allows for assessing non-cognitive knowledge, skills, and values in a way that is not attainable by written evaluations.



How did we implement this program?

This program begins with the Think Cultural Health lecture series in the spring semester of the D2 year, which is specifically tailored to oral health professionals and framed around the National CLAS Standards. The principal CLAS standard is to provide effective, equitable, understandable, respectful, and quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. The overall aim of CLAS is to improve health care quality and advance health equity. The didactic modules build foundational knowledge for the practical SP competency given in the fall semester of the D3 year as a component of the Clinical Patient Management course; it is considered a clinical competency.

For the SP competency, students will challenge two out of four available SP cases based on the patient populations at University of Louisville School of Dentistry clinics and the local community. This year the cases will focus on geriatrics, LGBTQ, limited English proficiency (LEP), and race/ethnicity.

Prior to the SP competency, students are provided the patient's diagnosis, complete medical history, and treatment plans in order to prepare for a treatment planning session. The purpose of this SP encounter is to evaluate communication skills and the student's ability to conduct a culturally and linguistically appropriate appointment. A comprehensive rubric is also provided to students, which outlines expectations for "Exceptional," "Acceptable," and "Needs Development" grades. Any areas marked as "Needs Development" are considered critical errors and must be remediated.

SPs will provide immediate feedback and grading. Competency evaluators will be trained to remediate students through debriefing and development sessions. Evaluators are chosen to represent dentists, physicians, nurses, other healthcare practitioners, educators, patient advocates, and medical interpreters to respond to and develop student knowledge, skills, and values from both the provider and patient perspectives.

Date Initiated	Program Component	Deadline
January 4, 2016	Introduction to Clinical Dentistry II Complete 1 st Module of Think Cultural Health	January 10, 2016
January 2016	Introduction to Clinical Dentistry II Complete 2 nd and 3 rd Modules of Think Cultural Health	April 2016
April 2016	Review Level 1 reaction with faculty from post-session student surveys	July 2016
May 2016	Train evaluators and standardized patients	August 2016
September 2016	D3 class completes SP module (and remediates, if necessary) before the end of fall semester	December 9, 2016
December 12, 2016	Evaluate didactic and practical modules, program data, evaluation, and performance before 2017 cycle begins	December 23, 2016

Measures

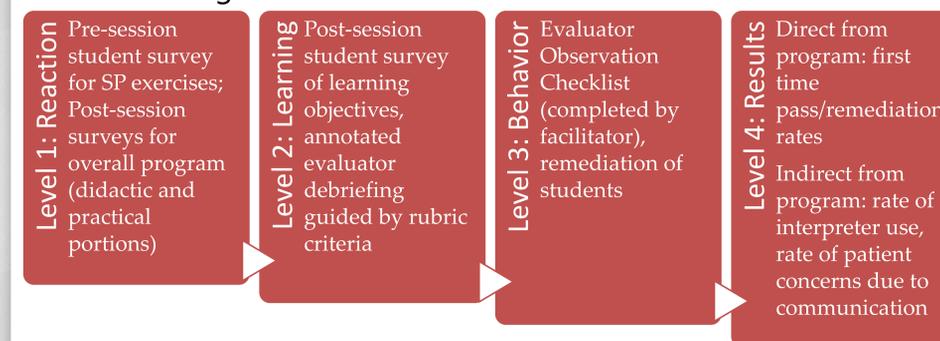
Desired outcomes include:

- >80% first-time pass rate on SP exercises
- 100% successful remediation

The intended results of this program are to:

- Provide competency evaluation in CLAS
- Improve faculty knowledge of CLAS in oral health care
- Standardize faculty evaluators for CLAS exams
- Recruit faculty, staff, and student CLAS ambassadors
- Better support students who experience CLAS challenges

Overall Program Evaluation Levels and Measurement Tools



Collaboration

Engaging diverse stakeholders as evaluators from both provider and patient perspectives provides a unique lens for this assessment. The SP clinical competency evaluators are a collaboration of individuals from across the health care continuum. These individuals have championed this project by analyzing population data, writing cases, training SPs, and serving as evaluators. This project originated in the School of Dentistry, but reaches the wider Health Sciences Campus to include medicine, nursing, public health, the LGBT Center, the Office of Diversity and Inclusion, and the Standardized Patient Office.

The future implications of this project include developing an iCollaborative submission for CLAS SP cases. This resource would be available without restriction through the AAMC MedEd portal, and would open the opportunity for other universities to submit their cases if they choose to implement a similar program to measure CLAS in dental curriculum. In turn, the common knowledge base would grow, further developing research in improving quality, patient-centered care.

References

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