

LINKING CULTURAL COMPETENCY TRAINING TO PATIENT CARE OUTCOMES



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Objectives



- Assess and rate research linking CC training to patient outcomes
- Present a framework for future research

Lie DA, Lee-Rey E, Gomez A, Bereknyei S, Braddock CH 3rd. **Does Cultural Competency Training of Health Professionals Improve Patient Outcomes? A Systematic Review and Proposed Algorithm for Future Research.** J Gen Intern Med. 2011 Mar;26(3):317-25

What Do Prior Reviews Show?

- Reviews found for 'all professions, EM, mental health
- Improvement in learner competencies (knowledge)
- Limited quality of studies
- Inadequate validated tools
- No clear evidence for training and direct patient outcomes
- 'More research needed'

Hence conducted systematic review of lit. focusing on patient-centered outcomes

- **Brach C**, Can cultural competency reduce racial and ethnic health disparities?...Med Care Res Rev 2000
- **Anderson et al.** Culturally competent healthcare systems....American Journal of Preventive Medicine, 2003
- **Price et al** A systematic review of the methodological rigorAcad. Med. 2005
- **Hobgood et al.**review of educational models and methods. Acad. Emerg Med. Dec 2006
- **Beach et al.** ...systematic review best evidence... BMC Public Health. 2006
- **Bhui et al.** Cultural competence in mental health care.... BMC Health Serv Res. 2007

Teaching Strategies



From Google Images

Study Selection Criteria

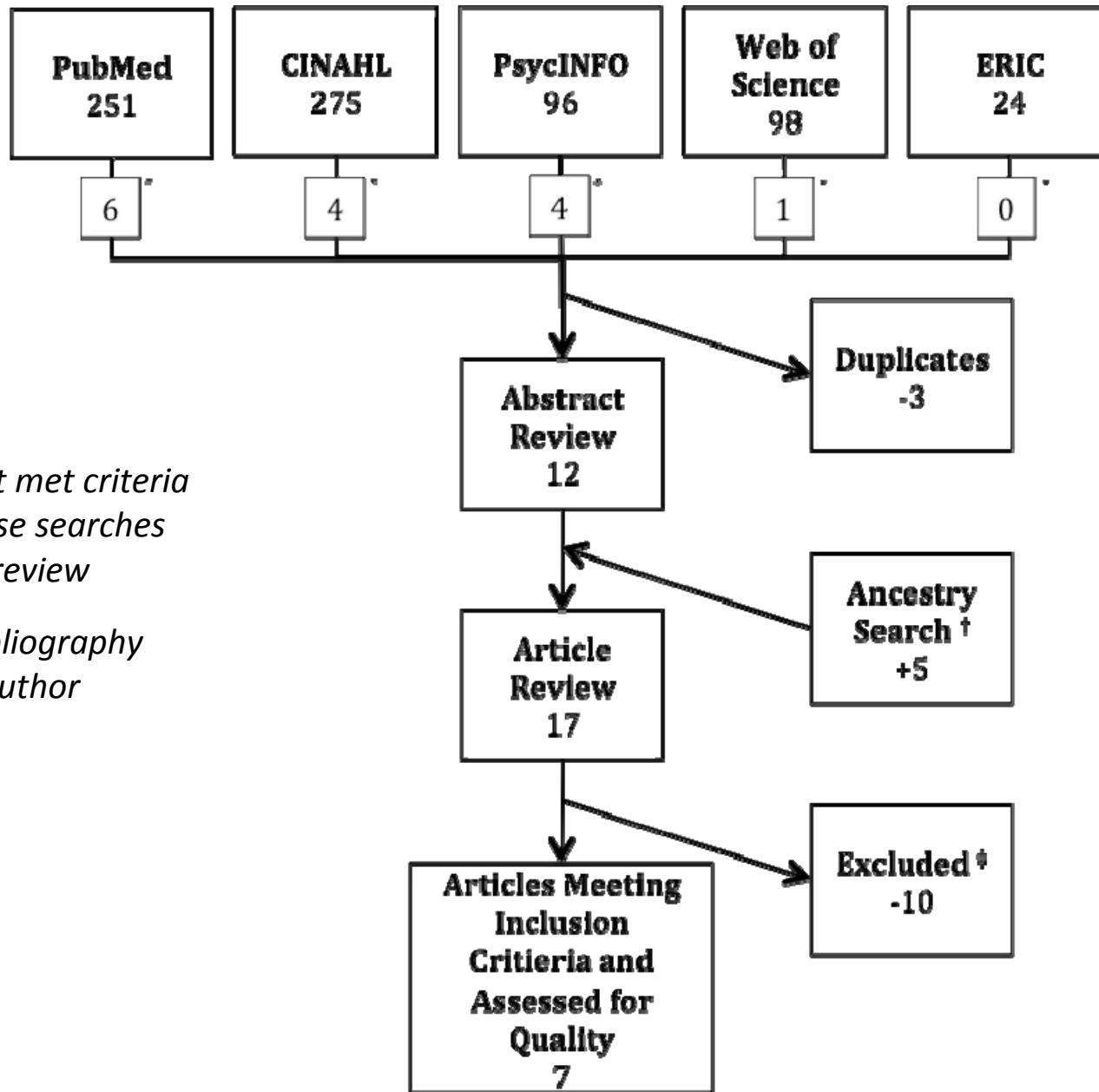
Inclusion

- Training intervention present for CC
- Original study
- Learners specified
- Patient outcomes specified
- Training effect reported

Exclusion

- Generic communication intervention
- Patient education only
- No outcome measures
- Review only
- Non-English articles

Figure 1. Summary of literature search and review process



* Articles that met criteria from database searches for abstract review

† Includes bibliography search and author contacts

Quality Rating



- **STROBE** ¹
- STrengthening Report on OBservational and Epidemiological Studies, score range 0-40
- **MERSQI** ²
- Medical Education Research Study Quality Instrument, score range 5-18
- Each article rated by 2 independent raters
- 3 categories of quality (low, mod, high)

¹ STROBE checklist available on PLoS Medicine at <http://www.plosmedicine.org/>.

² Reed DA, Association between funding and quality of published medical education research. JAMA. 2007

Seven Studies - Summary



- Learners: MDs (3), multiple professions (2), mental health (2). **N = 8 to 3700**
- Design: quasi-randomized (2), cluster-randomized (2), pre/post (3).
- Curriculum: 4 hours to 10 weeks, varied
- Patients: Diabetes, pediatric ED, mental health. **N = 37 to 3557**
- Patient outcomes: Satisfaction, self-efficacy, clinical (HbA1c), provider efficacy

Quality and Effect Size

Quality ratings

Combined STROBE and MERSQI (congruent)

- **Poor (3)**
- **Moderate (4)**
- **High (0)**

Effect size (patient)

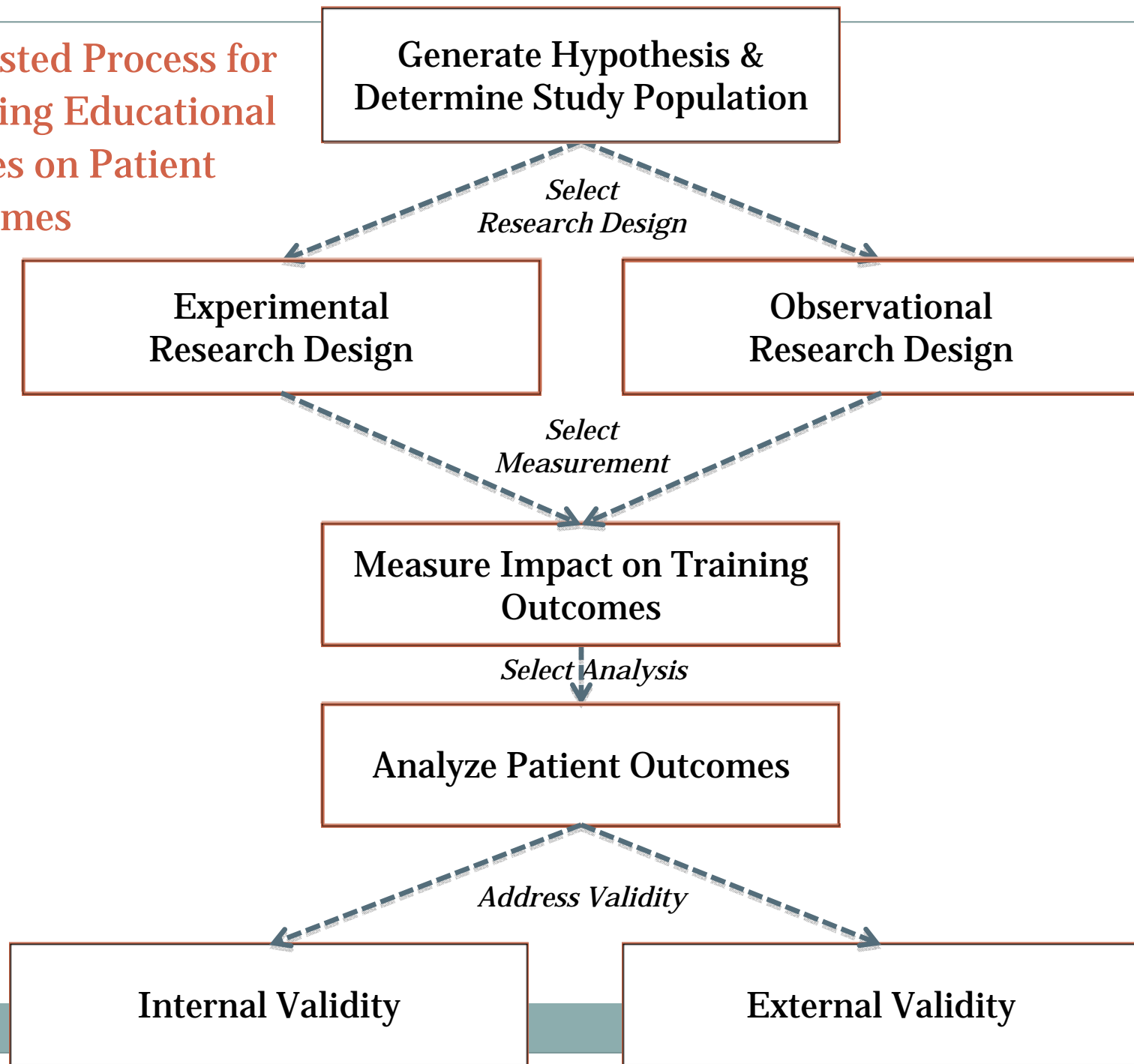
- **Negative effect (0)**
- **No effect (2)**
- **0/+ effect (1)**
- **+ effect (1)**
- **++ effect (1)**
- **Unable to assess (2)**

Implications



- **Data limited in validity (cause-effect not shown)**
- **Need additional patient constructs**
- **Need roadmap for rigorous studies linking training to patient-centered outcomes**
- **Need multi-institutional studies**
- **Need (more) validated tools**
- **More funding for CC education research**

**Suggested Process for
Planning Educational
Studies on Patient
Outcomes**



Research and Policy

- Which comes first?
- For clinical practice, evidence drives practice guidelines
- For training, policy may precede evidence ('doing the right thing')
- May lead to negative spiral for research funding?

Patient-Centered Care



From Google Images

Suggestions?



**Questions?
Comments? New
initiatives?**

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