

Tools to improve care of transgender patients

Vance, SR Jr, Dentoni-Lasofsky B, Ozer E. et al. Academic Pediatrics 2021; 21:1441–1448. **Using Standardized Patients to Augment Communication Skills and Self-Efficacy in Caring for Transgender Youth** <https://doi.org/10.1016/j.acap.2021.05.010>

Reviewed by: Xian Mao

What was the study question?

What is the impact of standardized patient encounters (SPE) on gender-affirming communication skills and self-efficacy of pediatric learners, as a supplement to an online workshop module on transgender adolescent care?

How was it done?

Pediatric learners who participated in a one-month adolescent medicine block completed a curriculum on transgender adolescent care were eligible for study participation. Three self-efficacy assessments were given to 46 participants consisting of 4th-year medical students, pediatrics and psychiatry interns, and nurse practitioners. One was given prior to taking the online module, one was given after the online module and before the SPEs, and one was given after the SPE encounters. The participants engaged in 2 SPEs: “Kel,” a 16-year-old trans male, and “Jane,” a 16-year-old trans female. They were graded by faculty on a 20-item rubric regarding patient communication and trans-specific discussion points, and by the SPs on a 14-item rubric focused on interpersonal communication. Direct feedback was provided after each SPE.

What were the results?

Compared to the authors’ previous study where participants completed only e-modules and an observership, there was a statistically significant ($p < 0.05$) improvement in self-efficacy in this study from 7.0 to 7.9. There were statistically significant improvements in self-efficacy scores across all 3 tests, with the largest improvement being from the first to the second assessment. Additionally, all learners improved in their checklist scores from the first to the second case.

What are the implications?

Inclusion of SPEs into a curriculum on gender affirming care further strengthened learning through the use of deliberate practice in a low-stakes setting. This study illustrates the role of simulated clinical scenarios in provider education, allowing them to apply the knowledge and empathy learned from traditional educational modules in order to better meet the unique care needs of the LGBTQ population.

Editor’s comments: Strengths of this multimodal curriculum include the structured direct feedback after each SPE and the use of both faculty and SP checklists. While the faculty can identify concrete behaviours (i.e. asking preferred pronouns), the SP can provide feedback on how the learner made them feel in the encounter. Being able to take feedback from one encounter directly to the next is a great opportunity for the learners to engage in deliberate practice. (KFo)

More efforts to improve pediatric communication skills

Sullivan C, Condrón C, Mulhall C, Almulla M, Kelly M, O'Leary D, Eppich W. **Preparing for Pediatrics: Experiential Learning Helps Medical Students Prepare for Their Clinical Placement.** *Front. Pediatr.* 3 04 March 2022. <https://doi.org/10.3389/fped.2022.834825>

Reviewed by Janet Meller

What was the study question?

Does an intervention geared at experiential learning prior to the pediatric clerkship improve communication skills?

How was the study done?

Students at a single institution participated in a five-day course during the first week of their 7-week pediatric clerkship. The course consisted of four components: (1) history-taking practice with a standardized parent, (2) team-based scenarios managing an acutely ill child with a pediatric mannequin, (3) design and delivery of a health and well-being workshop to 7-9 year-olds from a local elementary school and (4) observation of children at a local preschool. Pre and post-intervention questionnaires were developed to evaluate the students' self-rated comfort and effectiveness in pediatric communication skills. In addition, 8 focus groups were conducted across 4 rotation blocks to identify the main themes that characterized how experiential learning improved communication skills.

What were the results?

279 students across four rotation blocks participated in the intervention. 51.5% agreed to participate in the study and 40% (59) of those completed both the pre and post questionnaire. After the intervention, there was a statistically significant increase in students' self-perceived effectiveness managing confrontational family situations and using evidence-based medicine to motivate patients; all items showed a trend toward improvement. Focus groups identified 4 themes: shaping student learning, supporting student learning, developing new skills and feeling more prepared.

What are the implications?

Although the educational system in Ireland is somewhat different than in the US, the topics raised are pertinent to our system. Experiential learning tools augment students' confidence in communication with pediatric patients. In addition, exposing students to healthy children in preschool and elementary school helps them to improve their communication skills. Students valued the multi-source feedback given in this program.

Editor's Note: Finding meaningful experiences for students to practice pediatric communication is always challenging. This curriculum provides some good strategies for those who have the time and resources to provide them (JG).

What does it take to make student assessments consistent?

Braya MJ, Bradley EB, Martindale JR, & Gusic, ME. **Implementing Systematic Faculty Development to Support an EPA-Based Program of Assessment: Strategies, Outcomes, and Lessons Learned.** *Teaching and Learning in Medicine.* 2021; 33(4): 434–444.

<https://doi.org/10.1080/10401334.2020.1857256>

Reviewed by Michele Haight

What was the study question?

How effective is a systematic faculty development program at preparing assessors to complete EPA (entrustable professional activity) assessments?

How was it done?

The program consisted of regular, recurring sessions including grand rounds, faculty meetings, departmental conferences, and resident core curricular sessions. Additional sessions were implemented via the Office of Medical Education Faculty Development Certificate Program. Participants included residents/fellows, faculty, and a group of experienced clinicians to serve as Master Assessors. The program focused on training participants to develop a shared understanding of student performance assessment. Assessments for EPAs 1.1 (full history), 1.2 (full physical), 1.3 (focused history), 1.4 (focused physical), 2.0 (differential diagnosis), 5.0 (written note), 6.0 (oral presentation) were completed in core clerkships. These assessments included a supervision rating scale based on a modified scale for use in undergraduate medical education. Three drivers from Implementation Science (Leadership Drivers, Organizational Drivers, and Competency Drivers) were employed to help facilitate and support the program.

What were the results?

They measured effectiveness using data from the EPA assessments from the first year (February 2018-2019). There were 11,202 assessments requested of which 7786 (70%) were completed by an ad hoc assessor (resident/fellow, faculty, or Master Assessor). Data focused on the consistent application of standards for the assessment of medical students. Overall, the ratings for the students' first EPA assessment year demonstrated a high level of consistency among all types of assessors across different clinical settings. Notably, from at least one assessor group, median supervision ratings were higher for each EPA near the end of the clerkships (Block 4) vs. the beginning of the clerkships (Block 1).

What are the implications?

Using a systematic approach to faculty development for those engaged in EPA assessments provided a framework for different assessors to achieve consistency in their assessments across a variety of clinical settings. Embedding the EPA assessments within the existing clinical infrastructure served to minimize disruption and promote buy-in from participants.. The use of non-discipline specific performance expectations for all assessors aided in creating a shared mental model for determining learners' level of supervision across different clinical contexts. Data visualizations helped to reinforce concepts learned during the training sessions. Establishing a "leadership committee" to oversee faculty development and manage the cultural change brought about by implementing the EPAs was essential to the program's success.

Editor's Note: This article provides a nice framework for those of us looking to provide more consistency in how our residents and faculty use clinical performance assessment tools (AKP).