



## 42<sup>nd</sup> Forum for Behavioral Science in Family Medicine

### Reimagining Education and Patient Care: Access, Equity, and Resilience

September 22-25, 2021

**This meeting will be virtual**

**Call Opens: Monday, January 18, 2021 Closes: Monday, February 22, 2021**

**Go here to access the link to page to submit your proposal on January 18<sup>th</sup>:**

<https://ocpe.mcw.edu/family-medicine/42ndforum>

You are strongly encouraged to prepare your proposal in a word processing document so that you can cut and paste it once the website opens up. *Please note that every listed presenter must provide a curriculum vita and a disclosure.* The lead presenter can upload all of these documents with the proposal.

Type	Time	Description	Special considerations
Clinical Practice Update	60 minutes	Clinical reviews for a multi-disciplinary group of attendees and are intended to advance the clinical knowledge or skills of behavioral science educators, not trainees. Reviews of evidence-based clinical guidelines are given preference in this category.	Clinical Practice Updates are <b>NOT</b> “how to teach residents” sessions.
Lecture Discussion	60 minutes	Present didactic information or lead a panel discussion in a focused area. Topics may address patient care, educational practices, professional development, and wellbeing, among others.	Substantial participant interaction is expected
Ethics Session	60 minutes	These sessions are designed to enable participants to meet licensing requirements for ethics education. Proposals may address clinical, educational, or research ethics. Suicide, confidentiality, dual relationships, provider impairment, and other topics are welcome.	These sessions should involve substantial participant interaction.
Workshop/Seminar	90 minutes	Present on a topic with more depth. Workshops include activities that encourage active skill development in a specific area, or, work on a project through participant engagement in small groups or other interactive methods.	Proposals should specifically address why the additional time is needed.
Round Table Discussion	60 minutes	Provide an overview of a topic and guide discussion with participants. (No audio-visual support is provided.)	These sessions tend to be more casual and are good for projects in early stages. Typically, attendance is 10 or fewer participants.
Research/Scholarly Project	15 minutes	Present current research as part of a multi-presenter research session. Submissions should have presentable results or findings by August 2021. Research or projects are placed in theme-related sessions moderated by a content expert. Some proposals may be accepted as posters.	All presentations in these categories must undergo IRB review or provide a letter from the applicable institution(s) stating that the project has been evaluated and is exempt from IRB requirements
Poster	30 minute session	An opportunity to share in-progress and completed original research and educational projects. Resident and medical student proposals are welcome.	

Proposals will be divided in two parts for the purpose of blinding the reviews of proposals:

**Part I** includes all identifying information for each presenter:

- Name
- Credentials
- Affiliation
- Contact phone
- Contact email
- Curriculum Vita/Resume (upload pdf)
- Disclosure (upload pdf or scanned copy)

**Part II** *must not* contain any identifying information so that reviewers can evaluate proposals in a blinded manner. What this means is that you must not include the presenters' names, the names of residency programs or sponsoring institutions, the city where you are located, or any other information that could plausibly reveal who is submitting the proposal.

**Title:** (Maximum 85 spaces)

**Type of presentation:** (Please see above for descriptions)

- ☐ Clinical Practice Update
- ☐ Lecture Discussion
- ☐ Ethics Session
- ☐ Workshop/Seminar
- ☐ Round Table Discussion
- ☐ Research or Scholarly Project
- ☐ Poster

**Abstract:** (Maximum of 250 words.) This will be used in the program to help participants choose the sessions they will attend.

**Goals and Objectives:** Up to 3 action oriented objectives. At the conclusion of this session, participants will (describe, identify, list, demonstrate, etc...)

**Time Line:** (250 word maximum) Please provide the planning committee a rough outline of how you plan to utilize the time allotted for this session.

**Select the one most relevant option for this presentation**

- ☐ Program content focuses on application of psychological assessment and/or intervention methods that have overall consistent and credible empirical support in the contemporary peer reviewed scientific literature beyond those publications and other types of communications devoted primarily to the promotion of the approach. (*Most presentations, like Clinical Practice Updates that address patient care will fall in this category*)
- ☐ Program content focuses on ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychological practice, education, or research. (*Ethics sessions will fall in this category*)
- ☐ Program content focuses on topics related to psychological practice, education, or research other than application of psychological assessment and/or intervention methods that are supported by contemporary scholarship grounded in established research procedures. (*Educational practices, professional development, and many other topics will fall in this category*)

**Session Description:** Maximum of 500 words Please share with the planning committee a brief description of your session. Include relevant evidence, teaching methods you will employ, and how you plan to promote participation and interaction.

**Relevant References:** Minimum of 3, Maximum of 10 in APA format. At least 3 must be no older than 10 years.

**Affirmations:**

\_\_\_I have carefully reviewed part II of my proposal and declare that all identifying information including names of individuals and institutions has been removed.

\_\_\_(For Research/Scholarly Projects and Posters) Please note the IRB status of your project

- ☐ Approved
- ☐ Received a letter stating this project is exempt
- ☐ Proposal is submitted awaiting approval
- ☐ IRB application will be submitted by April 15

Sample Part II Proposal – This is just one example. Your proposal does not have to look exactly like this, but some new presenters requested a model.

**Title:** Ethical challenges in religious and culturally responsive care

**Presentation Type:** Ethics Session

**Abstract:**

Culture and religion are ingredients that aren't often integrated well into western medicine. The gray areas around ethics, culture, and religion are found in many patient care situations. It is important for providers, regardless of their own and their patients' cultural or religious backgrounds, to engage with patients in a way that is both helpful and meaningful. Research suggests that cultural competence can improve physician-patient communication and collaboration, increase patient satisfaction and enhance adherence thereby improving clinical outcomes and reducing health disparities. Medical trainees and even experienced clinicians can be uncomfortable with the challenges that arise in this arena often from the laudable desire to avoid offending or violating patients' rights. This session addresses common ethical challenges related to culture and religion presenters have faced while training clinicians and family medicine residents. We will share a number of resources and educational activities participants can bring back to their own programs. Participants will have the opportunity to discuss the challenges they face in teaching about these topics.

**Goals and Objectives:**

1. Participants will list three ethical challenges that can come up in providing culturally responsive care
2. Participants will describe a method for working through such ethical dilemmas
3. Participants will identify at least four key points in providing care to patients with diverse religious beliefs

**Time Line:**

1. Introductions and review of objectives (5 minutes)
2. Activity Ethics Handout (5 minutes)
3. Importance of teaching about culturally and religiously sensitive care (10 minutes) with available data
4. Review of available recommendations from the American Psychological Association (5 minutes)
5. Activity: Discussion about common ethical (religious/language/cultural) challenges (small group with debrief) (15 minutes)
6. Structure for helping medical providers and educators identify and work through ethical concerns (5 minutes)
7. Review Religious Facts and Medicine (Provider pointers when working with various religions) (Handout) Review Cultural Competence Teaching Models (Handout) 5 min
8. Discussion (10 minutes)

**Session Description:**

Following introductions, disclosures and review of objectives, we will open up with two fun activities that examine how people make ethical judgments based on conditioned and subjective views of what is right or wrong. This activity will stimulate discussion about the importance of teaching clinicians and medical trainees about culturally and religiously sensitive care. This will lead into a didactic segment focused on reviewing the available recommendations from The American Psychological Association and how the recommendations can be applied in patient care.

Participants will then break up into small groups. Each group will be given a vignette of an ethical gray area as it relates to religion, culture and language. After the groups have discussed their vignettes, they would be encouraged to rejoin the larger group to briefly discuss the pertinent points and challenges that came from their small group discussions. The results of this discussion will be used to illustrate didactic points about how religion can sometimes collide with western medicine. One example is attitudes about blood transfusions in Jehovah Witness patients. Lastly we will end with a discussion about how to address those gray areas around ethics and religion as they can dramatically affect patient care.

Often clinicians experience a barrier in providing culturally responsive care due to a cursory exposure to topics about culture and healthcare disparities during their training. Histories of discrimination in the United States healthcare system and the legacy of institutional racism, including medical experimentation on African slaves, the Tuskegee Syphilis study, and unequal access to quality health care have understandably earned a sense of mistrust for many in the public health system. Despite the efforts of accreditation bodies and medical licensing boards, physicians-in-training do not feel adequately prepared to provide patient centered care in a cross-cultural context (Greene, et al 2017). In a national survey, 25% of senior residents reported feeling unprepared to provide care to new immigrants and to patients with health beliefs at odds with Western medicine, while 20% felt unprepared to care for patients whose religious beliefs affect treatment (Greene, et al 2017). Another study found that the majority of residents 96% recognized the importance of cultural issues in health care, and that 92% of them felt prepared to address general culturally related care issues; however, with regard to specific components of culturally sensitive approaches to care, only 75% responded affirmatively (Ambrose, Lin, Chun 2013). In the same study, family medicine and psychiatry residents held the strongest views on the importance of cross-cultural care in order to provide high quality care to a diverse patient population (Ambrose, Lin, Chun, 2013). Given the aforementioned gaps in health care trainees and the often-broad approach to cultural competence and religious diversity within medical education programs, this session will seek to address ways clinicians can teach medical trainees how to provide better ethically culturally responsive care as it pertains to religion, culture, and language.

**Relevant References:**

1. Ambrose, A. J. H., Lin, S. Y., & Chun, M. B. (2013). Cultural competency training requirements in graduate medical education. *Journal of graduate medical education*, 5(2), 227-231.
2. Louw, B. (2016). Cultural competence and ethical decision making for health care professionals. *Humanities and Social Sciences*, 4(2-1), 41-52.
3. Green, A. R., Chun, M. B., Cervantes, M. C., Nudel, J. D., Duong, J. V., Krupat, E., & Betancourt, J. R. (2017). Measuring medical students' preparedness and skills to provide cross-cultural care. *Health Equity*, 1(1), 15-22.
4. Plante, T. G. (2007). Integrating spirituality and psychotherapy: Ethical issues and principles to consider. *Journal of clinical psychology*, 63(9), 891-902.
5. Rodgers, D. V., Wendling, A. L., Saba, G. W., Mahoney, M. R., & Brown Speights, J. S. (2017). Preparing family physicians to care for underserved populations. *Fam Med*, 49(4), 304-310.
6. Stricker, G. (2010). American Psychological Association Code of Ethics. *The Corsini Encyclopedia of Psychology*, 1-2.

**Affirmation:**

I have carefully reviewed part II of my proposal and declare that all identifying information (including names of individuals and institutions) has been removed.