**Category: Quality Improvement Research**

**Implementing a Self-Developed Cultural Competence Workshop in Pediatric Residency and Assessing Outcomes**

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**Background and Significance:** The United States is becoming more culturally and linguistically diverse. There is an increasing need to provide trainees with the education and the tools required to practice culturally and linguistically appropriate health care.

**Objectives**: Develop and implement a cultural competency workshop in pediatric residency and assessing outcomes.

**Methods**:

We developed a 4-hour workshop to address the need for culturally competent care and assess resident clinical practice in the setting of culturally competent care. The workshop began with a 2 hour session of discussing patterns of health care disparities, recognizing their own potential bias and stereotyping and its effect on their personal medical practice. The next 2 hours were used to conduct standardized Objective Structured Clinical Encounters (OSCE) in a high fidelity simulation center, with video recording, and standardized observation feedback tools to provide immediate feedback.

**Results:**

At the end of the workshop, a survey was administered. 15 out of the 24 participants responded to the satisfaction survey. The median score for the group discussion and OSCE session, and the overall impression of the workshop was 4 on the Likert Scale. (Scored 1 to 5, where 1 was least helpful and 5 was most helpful.)

Before the workshop we used a standardized cultural medicine questionnaire to assess the faculty perception of cultural competence teaching and what the residents report that they are practicing. Thirteen faculty members and 22 residents responded to the pre- survey and 16 out of the total of 24 resident participants responded to the post survey. 13/13 faculty members vs. 11/22 of the residents (p<0.01) reported using shared negotiation at least once a week. 8/13 faculty vs. 5/22 of the residents (p<0.05), reported incorporating the patient’s health beliefs in treatment plans at least once a week.

**Conclusions.**

There is a wide gap between faculty perceptions of cultural teaching, and what the residents report that they are practicing while providing care to patients. This emphasized the need to have additional training to ensure that trainees deliver culturally responsive healthcare.

We were able to successfully implement a self-developed workshop on cultural competence training in a pediatric residency. The group sessions and the simulation exercises were well received and the overall impression of the workshop was very positive.

Conflicts of Interest: Nothing to disclose