Module 1: Allocation of Limited Resources

Contacts: Susan Goold, MD, MHSA, MA (Internal Medicine), Joanna Broder, MPH, (Internal Medicine)

Objectives:

1. Increase resident understanding about the realities of limited health resources, how various health insurance features affect clinical decisions, and the consequences of insurance features for their patients' healthcare.
2. Enhance reflection for residents on their own individual health care and health insurance preferences, biases, and values, including the relative importance they assign to the cost of services for patients and insurers.
3. Help residents to become more cost-conscious.

Learning Method:

The module will impart understanding about the complex issues surrounding limited health resources through a tested health care resource allocation board game called CHAT (Choosing Health Plans All Together). Designed by Drs. Susan Goold and Marion Danis, CHAT educates participants that resources available for healthcare are limited, that limits make tradeoffs necessary, and that these tradeoffs have important clinical consequences. CHAT is a facilitated group simulation exercise ("game") that involves rounds of play where participants make health benefits decisions by themselves and in groups. As participants play, they identify their own preferences for health insurance features while learning about various features of health insurance (e.g., formularies, copays, limited provider networks and pressures on doctors to limit utilization). Health event cards received in the game make them "experience" the consequences of various insurance features for access, cost, quality and other aspects of clinical care. Playing CHAT can teach residents both about the reality and consequences of limited resources and practical information about health insurance.

Contact someone about using the CHAT game for teaching
Pictures of the exercise
Facilitator's Manual for CHAT
Previous evaluations [forthcoming]
Evaluation:

One-half of learners (chosen at random) receive the evaluation form BEFORE and one-half AFTER the exercise in order to compare knowledge and attitudes at "baseline" with those after the intervention.

2-page evaluation instrument measures:

1. Physician cost-consciousness (Goold JGIM 1994).
2. Knowledge of various terms and features of health insurance (e.g. formulary, provider network) and their consequences for patients.
3. Overall evaluation of the CHAT exercise (enjoyability, would recommend to others, perceived learning value, etc).
4. Motivation to learn more about health insurance (their own and their patients')
5. Learner type and level

Download a copy of the Evaluation Form
Bioethics Programs

Module 2. Informed Consent and Competency Issues

Contacts: Susan Goold, MD, MHSA (Internal Medicine), David Stern, MD, PhD (Internal Medicine)

Objectives:

1. Improve knowledge of how to proceed if a patient is fully/partially competent
2. Improve knowledge of how to proceed if a patient refuses treatment
3. Improve ability to obtain valid consent or refusal for a clinical intervention
4. Increase understanding of rationale for patient

Learning Methods:

1. Lecture: Rationale and Doing Consent Download slides
2. Annotated bibliography Download
3. Journal article: Braddock et al "Informed Consent....." JAMA
4. Interactive Small Group Exercises Download outline
5. Simulated Patient Instructor (SPI) SPI Description for learner Checklist used by SPIs

Evaluation:

SPIs can be used to evaluate skills as well as teach them. In order to evaluate the other, non-SPI elements of this curriculum, half of learners receive the SPI before the other components (the control group), and the other half to receive the SPI after the mini-lectures and small group exercises (intervention group). Scores on the SPI are compared between groups, while all learners ultimately receive the entire curriculum including the SPI.
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Module 3: The Ethics and Aesthetics of Brand Name Pharmaceuticals

Contact: Jonathan M. Metzl, MD, PhD (Psychiatry/Women's Studies)

Objectives:

1. Learners consider the differences and similarities between medically based and image based notions of "symptoms."
2. Gain understanding of how cultural factors, from gender stereotypes to market forces, might affect clinical interactions.
3. Improve ability to critically assess pharmaceutical advertising and promotional materials.

Learning Method:

1. Working in groups, learners are asked to "rate" drug advertisements according to their adherence to DSM IV criteria for depression, and to discern DSM criteria from image based criteria.
2. Learners are asked to think of themselves as "consumers" participating in marketing research
3. Learners are asked to write a brief essay considering the potential impact of the lessons learned in stages 1 and 2 on communication between doctors and patients; and reflect on what role drug ads, pharmaceutical representatives, cultural stereotypes, and consumer expectations play in their own daily interactions. Essays will be shared in-group discussions.

Evaluation:

Written analysis of the advertisements and clinical scenarios will be analyzed for content and narrative complexity, and satisfaction questionnaires will gauge resident response.
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Module 4: Searching for the "Hidden" Curriculum

Contact: David Stern, MD, PhD (Internal Medicine)

Objectives:

1. Enhance awareness of ethical and professional dilemmas in everyday practice
2. Inform participants of the pervasive influence of the "hidden curriculum"
3. Enhance participants' appreciation of their position and responsibility as role models in the academic medical center.

Learning Method:

In an interactive multi-media small group discussion, a videotape (ER) is used to facilitate discussion of the hidden curriculum of values in medical education. The tape itself helps residents realize that values are being expressed all around them, and that many informal conversations actually have a significant impact on the values learned. The exercise also points out a number of issues of gender/racial/power hierarchy (e.g. Benton makes a disparaging comment about nurses) as well as about simultaneously being a physician, a teacher, and a trainee. For example, Benton asks a nurse if there is a patient in the laceration room, and is told, "How should I know." Benton then tells his new medical student (in his most sarcastic voice) "I just LOVE the great spirit of camaraderie around here." Participants are asked to identify the values being taught (transmitted) by the resident in scenes of each of a series of video segments. Following this exercise, Dr. Stern reviews quantitative data on when, where, and how values are taught in clinical medical education. Subsequently, the group will discuss three or four cases of common professional dilemmas.

Evaluation:

Pre and post survey (one page)

Download evaluation form

Prior to the start of the session, participants are provided a paper case that includes a number of moral, ethical, and professional issues, and asked to identify the salient issues in the case.
Following the exercise, participants are again provided with a case, and asked to identify the values involved. Comparison of the number of values identified, and their salience, permits the formal evaluation of this exercise.
Module 5: Developing Cultural Competency

Contacts: Jonathan Metzl, MD, PhD (Psychiatry/Women's Studies), Tricia Tang, PhD (Medical Education)

Objectives:

1. To impart awareness of the ways "self" and "other" perceptions can impact clinical encounters.
2. Increase awareness of issues of cultural diversity.
3. Develop the skills and sensitivities required for cultural competency.

Intervention:

1. Learners complete a self-identity questionnaire (SII), meant to assess attitudes about cultural difference
   Download Self-Identity Questionnaire
2. Learners are presented with one of several interactive cases meant to highlight cultural issues. Critical issues that residents will have to address in these cases include their level of comfort around alternative approaches to treatment, using resources in the community to optimize patient care, engaging in a course of action that challenges traditional Western medical health care, or instituting child protective plans.
3. Learners write a paragraph discussing what they feel to be "the most significant features of this clinical encounter." Thereafter, the following questions will guide discussion and evaluation:

   - The physician should have done more to convince the daughter that her mother was seriously ill.
   - Mrs. Hernandez's reaction to the physician's recommendations was reasonable.
   - The physician's reaction to Mrs. Hernandez's distress was appropriate.
   - Mrs. Hernandez is likely to follow the treatment regimen.
   - The physician should have tried to have an interpreter present.
   - I identify with the Mrs. Hernandez.
   - The physician seems to have taken into account the most important aspects of Mrs. Hernandez's condition.
- Mrs. Hernandez was treated poorly.
- I identify with the physician.
- Mrs. Hernandez's Cuban heritage should be considered an important factor in the treatment of her diabetes.
- Mrs. Hernandez's daughter should try to convince her to do exactly what the doctor advised.
- Language barriers may have an impact on the treatment outcome.

Evaluation:

[under construction]
Module 6: Breaking Bad News

Contacts: Lisa Colletti, MD (Surgery)

Objectives:

The overall goal of this exercise is to help the student develop the appropriate attitudes, principles, and skills that will enable him or her to break bad news to patients and their relatives in ways that minimize unnecessary distress and facilitate a long term adjustment of the patient and their family to the physical, psychological, and social consequences of the bad news that has just been given. Specific aims include:

1. Identify the goals in the process of giving bad news and describe the necessary preparations to be made to enable bad news to be given as well as possible.
2. To describe aspects of physician behavior and the more general environment that will increase the ease of delivering bad news.
3. To demonstrate the skills of giving bad news with sensitivity, respect, compassion, and in a clear and easily understandable fashion (in a simulated setting).
4. To provide students with an opportunity to practice their ability to relay medical to a patient.
5. To educate students in the process of presenting bad news or bad outcomes.
6. To help students approach patients in an empathetic and caring manner.

Intervention:

Residents will complete a "simulated patient instructor." Learners will be asked to break the news of colon cancer that will require major colon surgery and a colectomy bag.

Download the SPI scenario/instructions
Download the SPI checklist

Evaluation:

SPIs are trained not only to provide standard history and responses to questions, but also to evaluate in a standardized fashion. SPIs
evaluate on three dimensions: 1) Content (was enough factual information provided to help the patient understand the disease process?), 2) Process (Standard scale for communication skills- the Medical Interviewing Assessment Scare-See Curriculum Appendix), 3) Patient satisfaction (using a scale modified from the American Board of Internal Medicine Patient Satisfaction Instrument).