

Innovation Grant Application
Family Medicine Resident

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Description

Using the PDSA cycle, the purpose of this study is to ascertain the extent to which Physicians interact with and utilize medical interpreters at PVC. In so doing PVC can have a better understanding on how to create appropriate interventions to improve health equity and clinic flow.

Background

In March 2001, the US Department of Health and Human Services (DHHS), Office of Minority Health (OMH) initiated the National Standards for Culturally and Linguistically Appropriate Services (CLAS) (1,2). CLAS exists to address the existing health inequities so that quality appropriate health care is provided to ethnically and culturally diverse groups via medical interpreters (1,2). Several medical organizations, including the American Academy of Family Physicians (AAFP) offer recommendations for the appropriate use of Health Interpreters (3). There is continuing concern about appropriate communication to patients via medical interpreters regarding access to care, medication compliance, satisfaction of care, and if health equity standards are being met.

Innovation

Despite the recommendations and standards from CLAS and AAFP, to the authors' knowledge there has been no research assessing how Family Medicine Physicians properly utilize medical interpreters to address disease understanding, drug complications, and adverse effects to groups with limited understanding of English at PVC. This project is innovative because it will indirectly allow us to assess health equity, study and evaluate how Family Physicians utilize medical interpreters before and after proposed interventions.

Importance to family medicine

Our goal is to have a better understanding of how our clinic is utilizing medical interpreters so that appropriate interventions are made to improve health equity and clinic flow. Information from the interventions will allow PVC to recommend culturally appropriate interactions between Medical interpreters to ensure proper patient care to groups with limited English.

Methodology

1. PDSA cycle 1: Pre-intervention survey distributed in 09/2019. Initial data presented at noon conference on 10/23/2019 - completed
2. PDSA cycle 2: Intervention #1 (12/2019 at PVC): Training of Physicians at PVC facilitated by MDH about the appropriate interaction between medical interpreters and Physicians. Post-training feedback surveys will be distributed to measure skills learned and collect open-ended comments.
3. January 2020: (i) Intervention #2 (01/2020 at MDH): Joint session with medical interpreters used in UMP and UMP Physicians. Post-training feedback surveys will be distributed to measure skills learned and collect open-ended comments. (ii) Distribution phase – checklist to measure utilization of medical interpreters during encounters will be actively filled out by Physicians & Medical Interpreters in clinic. Clinic staff will help collect checklists and put them in a designated confidential location in the clinic for data analysis. (iii) Submit proposal for MAFP Innovation & Research Project 01/17/20
4. February 2020: Distribute post-intervention survey via email; Continued collection of data; Analysis of this data
5. March 2020: (i) Finalize data analysis and paper. (ii) present at MAFP Innovation & Research Project on 03/07/2020
6. May 2020: Submit an abstract for the 8th MMCGME Annual Quality Forum; Finalize research paper for publication.
7. PDSA cycle 3: Anticipated outcomes for Academic year 2020/2021 - implementation of mandatory residency/faculty training every year for the appropriate utilization of medical health interpreters; Implemented in FM interns Orientation 06/2020; Change in culture and behavior in the clinic.

Mentor and partners

Lynne Ogawa, MD – Medical Director, Saint Paul-Ramsey County Public Health
Blain Mamo, MPH – Refugee Health Coordinator | Refugee and International Health Program at MDH
Ellen Frerich, PHN, RN, MSW, MPP, MN – Refugee Health Nurse Consultant | Refugee and International Health Program at MDH
Kathryn Brown, MD MPH – Assistant Professor, UMN DFMCH Jennifer Budd, DO – Assistant Professor, UMN DFMCH
Anne Keenan, MD – Assistant Professor, UMN DFMCH

Budget (up to \$2,000)

12/2019 Training (1-hour training at Phalen)
Training materials (\$100)
Facilitator honorarium (\$100)
01/2020 Training (2-hour training at MDH)
Training materials (\$100)
Personnel/Facilitator (\$200)
CEAP Application fee for medical interpreters CEUs (\$150)
CEUs for medical interpreters (\$100)
Refreshments (\$50)
06/2020 Training: training materials (\$100) and Facilitator honorarium (\$100)

Why this project

As a former refugee child, I recall the many frustrations and disappointments my parents had experienced while navigating the health care system. Witnessing the impact of racial bias and the various microaggressions my parents experienced as Ugandan refugees, really sparked my interest in becoming a doctor. As such, I have a keen interest in refugee health and tackling health disparities through health equity initiatives. During my residency training I hope to learn new strategies to address maternal health in women of color, health equity, and race-based medicine.