

# SPECIAL REPORT

Higher Education: Health Care

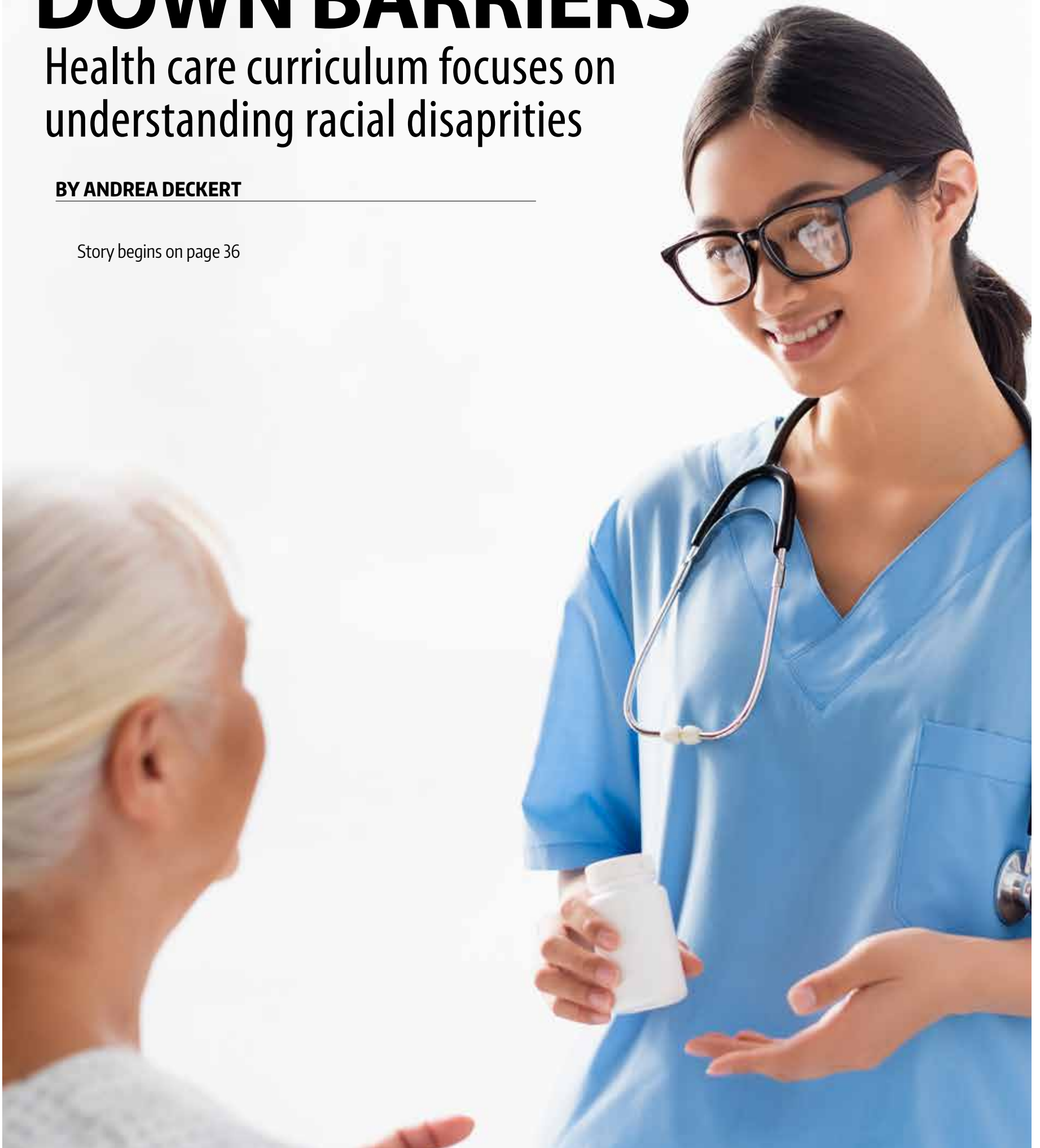
## BREAKING DOWN BARRIERS

Health care curriculum focuses on understanding racial disparities

BY ANDREA DECKERT

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# Addressing racial disparities in health care a primary goal in education

By ANDREA DECKERT

Understanding and addressing racial disparities in health care is a key part of the curriculum at area schools as educators look to increase awareness of the issue and help prepare a workforce equipped to care for a diverse community.

Deborah Stamps, chief diversity and inclusion officer at Rochester Regional Health, says disparities in health care have been around for some time, but they were brought to the forefront during the COVID-19 pandemic, noting the disproportionate impact seen among racial and ethnic minority populations.

"It showed we hadn't made the progress we thought we had made," she says.

Stamps says addressing racial disparities is a primary goal throughout the health system, including within its teaching and training components.

Studies at the Isabella Graham Hart School of Practical Nursing, for example, address cultural considerations in healthcare.

"Culture and ethnicity are included throughout the curriculum," she says, noting a more diverse student body is also helping to drive change.

Students learn how culture affects health care broadly and in individual

areas, such as in maternity nursing, where students learn how race and ethnicity impact birth outcomes.

They also complete a research project on a culture of their choosing.

Another course is dedicated to diversity, equity and inclusion, she adds. Topics discussed include unconscious bias and microaggressions, as well as tips and strategies for navigating such issues if they arise in the workplace.

The lessons help prepare the students for work in long-term care and hospital settings where they will encounter people of all races and ethnicities, she says.

The issue extends beyond patient care, Stamps says, adding it can also apply to how these nurses in training work with other members of an interdisciplinary team.

Stamps says embracing diversity includes being open and listening to different points of view.

"There is more than one way to get to an outcome," Stamps says, noting everyone sees a situation through their own lens. "Having a willingness to see things from a different seat at the table is important."

Amy Parkhill, associate professor in the Wegmans School of Pharmacy at St. John Fisher College, teaches an Introduction to Diversity seminar to first-year pharmacy students.

Parkhill is a sup-

porter of the need to educate pharmacy students on the importance of learning about patients' cultures and perceptions of the healthcare system.

"We don't want them to be another barrier to patients getting the care they need," Parkhill says, adding that pharmacists are among the most accessible health care professionals in the field.

The diversity course — which has been offered since 2006 — features guest speakers who represent certain patient populations or interact with them on a regular basis.

Parkhill says it is important for students to know about the challenges people may experience while navigating the health care system, such as lack of transportation or health care.

They may also need to look beyond a person's diagnosis. For example, a person with diabetes may live somewhere where it is hard to access healthy food or where it is not safe for outdoor exercise, Parkhill explains.

If the pharmacist knows about such challenges, they may be able to offer alternative solutions to better meet health care goals, she adds.

The information students are receiving in class is different from the past.

"In the past, students may have been science-focused, looking at clinical algorithms," Parkhill says. "Now they are looking at the whole patient that is right in front of them."

She adds that the diversity course is only one way race and culture are incorporated into the curriculum, not-

ing the topics are addressed throughout a student's studies.

The pharmacy school also has a co-curricula requirement for students to complete service hours each year in an underserved setting. They also take part in an annual Day of Service.

In addition, fourth-year students complete clinical rotations at different sites throughout the community, which gives them a chance to interact with diverse populations.

"It gives them an opportunity to gain hands-on experience working with patients, and other health care workers, from different backgrounds," Parkhill says.

Yvette Conyers, an assistant professor in the Wegmans School of Nursing at Fisher, agrees that educating students on cultural and racial issues helps prepare them for working with a diverse population.

Conyers, whose courses include community nursing, threads the social determinants of health into her courses and includes discussions on issues like racism and discrimination and how they can have a direct impact on one's health.

"Once students have this foundation and framework, they walk away and have an 'a-ha' moment," Conyers says, adding that the broader teaching

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Stamps



Parkhill



Conyers

# Innovations, simulations transform health care education

By ANDREA DECKERT

Technological advancements in health care — from simulated settings to virtual reality experiences — are changing the way health care students are learning.

"Technology has really changed the way we are teaching students," says Kathy Peterson, professor and chair of the Department of Nursing at the College at Brockport.

The college has four simulation rooms for nursing students to use for learning. Three of them are hospital rooms while the other is an apartment setting.

The simulated environment on campus allows students to take care of a pre-operative patient before they go onto their clinical rotation at the hospital, Peterson says.

According to Peterson, being able to practice in the simulated settings has changed the way students feel when they get to the hospital, often giving them more confidence since it allows them the ability to repeat tasks numerous times, improving their skills.

The simulation environment also allows students to make mistakes while they are training and learn from those mistakes before caring for a pa-

tient in a real-life setting, she adds.

The college uses high fidelity simulation in its teachings, which is a health care education methodology that involves the use of sophisticated life-like mannequins in realistic patient environments.

The degree to which a particular mannequin can reproduce or mimic human physiology is known as fidelity.

Brockport has high-fidelity mannequins for training, which most closely resemble human anatomy with features like expanding chests that breathe, variable heart rates and tone, measurable blood pressures and palpable pulses.

The college also has medium-fidelity mannequins in its 12-bed skills lab, where students can practice procedures including administering feeding tubes and medications.

Peterson says additional technologies continue to be added, although the biggest challenge is the cost.

SUNY officials are reviewing a high needs grant for a virtual reality training platform for nursing called UbiSim that, if awarded, would be distributed to SUNY campuses across the state, she says.

Robert Dorman, director for the traditional and graduate nursing programs and associate professor of nursing at Roberts Wesleyan College, says the simulation center — which includes hospital rooms, an apartment and high-fidelity mannequins — plays a pivotal role in educating students at

the college.

In addition to giving the students the ability to practice skills, the simulations are not graded, which can ease some stress levels for students as they perform the task, he notes.

There are also debriefing rooms where students can observe others who are in the simulated environment and then talk about the experience afterwards.

In addition, the simulations give faculty the ability to determine which clinical situations students will be exposed to, Dorman says, noting students may not have the chance to be in certain situations in the hospital.

Roberts Wesleyan has continued to add to the simulation center, adding pseudo-electronic medical records, similar to what health care organizations use today, as well as bar code scanners, so students can make sure they have the right patient and record the mediations they are administering.

The newer technologies help students get used to what they will see and do in the field and can often reduce chances of making the same mistake twice.

"I always say to students, 'If you make a mistake here, you won't make it in practice,'" Dorman says.

The college is introducing QR codes into the simulation center, which can provide students with information they may not have access to otherwise, he says.

For example, students can count respirations on a high-fidelity mannequin and listen to the lungs, but they have been unable to see if that "patient" is working hard to breathe.

By placing a QR code on the mannequin and having students scan it, however, they are directed to a video that can show them what the distressed breathing looks like.

Dorman says such innovative technologies are helping to improve health outcomes.

"All of these tools are enhancing the students' skills," he says.

Cathy Rasmussen, Nazareth College's interim dean of Health and Human Services, says there has been an increase in technology and virtual teaching across the college's programs and at the York Wellness and Rehabilitation Institute on campus.

The York Institute brings the college's health and wellness programs — including speech-language pathology, occupational therapy, physical therapy, art and music therapy, speech

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Peterson



Dorman



Rasmussen

# Benefits, pitfalls of continuing medical education moving online

By AMARIS ELLIOTT-ENGEL

The COVID-19 pandemic has forced continuing medical education into online formats, which has made it more accessible to more clinicians while limiting the informal connections that in-person education used to provide, Dr. Pradyumna “Prad” Phatak, chair of medicine at Rochester General Hospital and division chief of RGH’s hematology/medical oncology clinical program, says.

Phatak notes the weekly grand rounds used to happen every Thursday in person with 50-100 people attending, whether it was internal medicine clinicians, hospitalists, residents or medical students. The grand rounds were also broadcast to other hospitals in the RGH system, he says.

“Those kinds of gatherings have become unwise,” Phatak says.

Now grand rounds are held online through video conferencing, Phatak says. At the start of the pandemic, more than 600 people would attend grand rounds. While the attendance has dipped, it is still higher than when grand rounds were held in person.

“It’s made our presentations better and more accessible because people are able to sit in their offices and watch it on their computers,” Phatak says. “Our attendance has gone up from pre-COVID days and stayed up. We’re now getting more people connected, but you don’t have the same sort of intimacy and camaraderie that you had from in-person conference room meetings.”

Laurie Militello, the continuing medical education (CME), programs and events director for the Rochester Academy of Medicine, also says that

**“People are finding it more convenient to be able to tap into virtual learning. We’ve also expanded the opportunity for recorded webinars and different programs that can be accessed online. That has been really helpful for healthcare workers who have been spread so thin.”**

— Laurie Militello

moving CME online and into a virtual learning model has led to better attendance of CME events by doctors, physician assistants and certified nurse practitioners. The Academy of Medicine, located at 1441 East Ave., has over 700 members and provides continuing medical education services.

“People are finding it more convenient to be able to tap into virtual learning,” Militello says. “We’ve also expanded the opportunity for recorded webinars and different programs that can be accessed online. That has been really helpful for healthcare workers who have been spread so thin.”

The Academy of Medicine now has a standing educational library for providers to tap into.

Militello says that one important theme that has emerged from the programming that the Academy of Medicine is providing for practitioners is covering topics on physician wellness, community wellness and “how can health care providers take care of themselves well enough to take care of others.”

Militello notes that no one expected the pandemic to go on as long as it has,

and providers are dealing with anxiety, depression, burnout and the loss of empathy.

“People are struggling in our area,” Militello says. “We need to be sure we are addressing self-care. You need to put your oxygen mask on before you put it on someone else. We are trying to lose the stigma that people might need a little bit of assistance.”

The Academy of Medicine also is engaging in CME about confidence in the safety and efficacy of vaccines and the social determinants of health and reaching out to “underserved communities and letting them know what our support can be,” Militello says.

Going forward, the Academy of Medicine also is developing hybrid programs in which some people can attend in-person at its East Avenue facilities while others can stream it remotely, Militello says.

At RGH, smaller ongoing medical education sessions have resumed in-person, such as a tumor conference held every Tuesday with doctors of multiple disciplines and patient-based sessions. In these sessions a group of doctors with different specialties pres-

ent cases, discuss the literature and talk about how to manage those patients’ ailments, Phatak says.

“Continuing medical education is the way we keep up with the practice of medicine,” Phatak says. “Your training is over. You’re a practicing physician, but there are changes that happen in the way care should be delivered.”

Dr. Jason S. Feinberg, chief medical officer and vice president of medical affairs for Finger Lakes Health, says that “the biggest change may have been some of the larger in-person annual meetings in which providers would normally travel to. Many of these CME events were either canceled, delayed or made remote. Many medical providers do take time to attend these conferences and obtain new information and also take advantage of in-person focused education on board certification in their specialties.”

Phatak notes that national meetings where doctors could learn about cutting-edge treatments that have recently arrived or are coming soon have moved online. The downside with that is it erodes the opportunity to meet clinicians from around the country and develop a network of people to call upon when practitioners have difficult cases, he says.

But Feinberg notes that most CME that providers obtain is not through events where they have to travel out of town.

Phatak says that he hopes that in the future CME will be a hybrid of online and in-person options. Online options increase participation, but in-person options increase team-building and ensure informal connections for providers to discuss patient needs.

“Even if the pandemic is over, I think we’re going to take these lessons going forward,” Phatak says.

*Amaris Elliott-Engel is a Rochester-area freelance writer.*

## RACIAL DISPARITIES

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framework allows students to look beyond a person’s health issue to other factors that could have contributed to the condition, including systemic barriers.

Empathy also plays a role in educating her students, she says, noting its importance in the field.

“It’s what makes nurses, nurses,” Conyers says. “It’s what makes us better care givers.”

Addressing topics such as health equity are paramount, she says, adding that while the concepts may not be as straightforward as teaching a student how to administer an intravenous injection, they are vital parts of the lesson.

When students have a strong understanding of such concepts, they are more confident and able to handle challenges that may occur because of racial disparities in the field, she says.

“I tell my students that, at the end of the day, they are an advocate for

their patient,” Conyers says.

Conyers, who serves as president of the Rochester chapter of the National Black Nurses Association, is also interested in increasing students from under-represented groups in nursing, adding it would benefit the community at-large.

“When you have a health care population that resembles the community it serves, that is what’s best,” she says.

Conyers believes addressing issues such as racial disparities should be in-

cluded in the curriculum as soon as students begin their studies.

Her colleagues are doing their part to increase awareness so when the undergraduate students get to Conyers’ classes, which are taught toward the end of their program, she can do a wrap up, rather than an introduction, on such topics.

“By working together and increasing awareness we can help students have their ‘a-ha’ moment earlier,” she says.

*Andrea Deckert is a Rochester-area freelance writer.*

## INNOVATIONS

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and hearing services, social work and nursing — together in one location.

The facility includes hands-on patient clinics, classrooms and collaboration spaces.

Without being able to connect face-to-face because of COVID-19, however, college instructors and students pivoted, developing new techniques and strategies, Rasmussen says.

“We had to keep operating and finding ways for students to learn,” she says, noting the importance of technology, especially last year.

During the height of the pandemic, the college was able to use technology, so students were able to provide telehealth services traditionally done in-person at the York Institute.

Such virtual visits will continue in select areas moving forward, Rasmussen says, noting it allows students a wider geographic reach.

It can also be beneficial to some who may have a tough time getting to the college campus for treatment, due to physical limitations.

The students also found success with a virtual development group for preschoolers, she says. The group

had previously been held in person but also had to shift due to COVID-19 and became a popular option for parents and children.

Nazareth is also using VR technologies to allow students to simulate what it is like living with challenges the people they are treating may be experiencing, whether that be dementia or hearing loss.

The technology helps students develop empathy and to better understand what is going on with the people they are working with, Rasmussen says.

Students have also been able to draw from, and contribute to, a na-

tional database of simulated cases available on-line.

While Rasmussen says some educators were unsure how the virtual interaction would go at the onset of the pandemic, it had its advantages.

By using video conferencing platforms such as Zoom, students have been able to interact with and observe patients in their own homes.

“There are times when you have to be face-to-face,” she says. “But there are some advantages to being able to see people functioning in their normal environments.”

*Andrea Deckert is a Rochester-area freelance writer.*