# Strategies for Trainee and Faculty Development

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<thead>
<tr>
<th>Strategies for Advance Preparation</th>
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| **Case discussions** | Use real-life or simulated encounters to generate discussion and explore the range of potential responses to discriminatory encounters.  
Support planning and preparation for real-life encounters. |
| **Cultural competency and implicit bias education** | Help providers identify their own biases and cultural attitudes to facilitate more constructive patient-provider interactions.  
Build self-awareness and appreciation for transference and countertransference issues in the patient-provider relationship. |
| **Set up expectations early in training** | Explain that this type of mistreatment could happen to anyone.  
Give permission to walk away.  
Discuss mistreatment during intern orientation and at transitions into more supervisory roles. |
| **Communicate the chain of command when escalation to hospital administration is necessary** | Educate all providers on institutional policies regarding faculty and trainee mistreatment and whom to contact when the situation must be escalated.  
Explain the system for documentation and tracking of mistreatment; emphasize confidentiality. |

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<th>Strategies for Frontline Faculty</th>
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| **Debrief the encounter with the medical team in the moment or shortly thereafter** | State importance of trainee safety and well-being.  
Set expectations for responding in similar situations.  
Articulate standards of care and what is tolerated by the hospital and academic institution. |
| **Take time to reflect on your response and seek support and mentorship from colleagues** | Reflect on encounter in written or verbal form to identify personal boundaries, biases and triggers.  
Seek support and mentorship from colleagues. |

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<tr>
<th>Strategies for Institution</th>
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<tbody>
<tr>
<td><strong>Build a task force</strong></td>
<td>Build a multidisciplinary group of physicians, nurses, social workers and risk managers to spearhead educational efforts and policy changes.</td>
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<tr>
<td><strong>Implement a trainee mistreatment survey</strong></td>
<td>Implement confidential annual mistreatment survey for longitudinal tracking and intervention.</td>
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<td><strong>Identify point people across the continuum of education</strong></td>
<td>Identify one or several individuals in UME/GME to alert programs and departments when events occur.</td>
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## Approaches to a Discriminatory Patient or Family

<table>
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<th>Theme</th>
<th>Acceptable Responses</th>
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| Assess illness acuity         | • How sick is the patient? Is there time to safely transfer care?  
• Is finding another provider at your institution an option?  
• Do you need to consider court order or Child Protective Services involvement?                                                                                                                                 |
| Cultivate a therapeutic alliance | • Build rapport  
• Ask, “Why? What concerns you?”  
• Explore biases without the intention of changing the family’s mind  
• Redirect the conversation to focus on the child’s medical care: “I’m very worried about your child. Let’s focus on how we can help him/her.”  
• Educate the family on the team structure: “If you’re here in the teaching facility, everybody participates and that’s part of the bargain of having access to the expertise and participation of multiple people.” |
| Depersonalize the event       | • Remember discrimination is often motivated by patients’ fears and anxiety about the unknown  
  o Acknowledge that discrimination may be coming from family’s lack of control  
  o Name the behavior: “Are you discriminating against this physician because of his/her/their name/skin color/gender/religion?” |
| Ensure a safe learning environment | • Provide support and assurance of trainee competence:  
  o “I would trust this physician to take care of my own children.”  
  o “I agree with this physician. What other questions may I answer?”  
• Speak to Risk Management  
• Escalate to hospital administration and/or training director  
• Empower the trainee to come up with next steps |