Teaching Residents to Mitigate Prejudice (TRMP): Role Play with Simulated Parents to Address Prejudice in the Workplace
<table>
<thead>
<tr>
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<th>Simulator</th>
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<td><strong>to disclose.</strong></td>
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</table>
Agenda

- Workshop Goals
- CHP Communications Course
- Facilitator Method
- Simulated Parents (SPs)
- Demonstration
- Practice facilitator and group roles
- Implementation: Take Home Points
Workshop Goals

- Demonstrate a learner-centered experiential approach to teach communication skills
- Develop skills to teach trainees how to respond to discriminatory comments in the workplace
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- **CHP Communications Course**
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An Unmet Need

✧ We aim to provide **culturally effective care** in an **inclusive environment**
  ◦ “The ACGME expects that participants in the greater graduate medical education community will be able to work and study in an atmosphere that **discourages discrimination and harassment by colleagues, supervisors, teachers, peers, other staff members, and patients.**”

✧ 77% of our residents have **witnessed** and 56% have directly **experienced** a discriminatory comment from a patient or family during residency
Communications Course

✧ Interactive course utilizing role-play in a safe environment
  o Simulated parents express prejudice about a member of the care team based on race, ethnicity, religion, or gender
  o Simulated parents, peers, and facilitators provide feedback
Trainee Objectives

✓ Enhance communication skills by noticing and responding to emotion and conveying empathy.
✓ Identify available resources to help negotiate challenging interactions.
✓ Recognize their emotions during the encounter while responding in a firm yet respectful manner.
✓ Develop scripts to employ when encountering discriminatory comments in the clinical setting.
Tools for Trainees

NURSE Mnemonic
- Name the emotion
- Understand the emotion
- Respect
- Support
- Explore

Hospital Code of Conduct
- Hospital policy
- Tangible tool
- Prohibits “rude, profane, racist, or culturally offensive remarks”

Common Ground
Mutual goal: best care for child
Course Effectiveness

- Pre- and post-course surveys assessed residents’ preparedness to respond to discriminatory comments.

<table>
<thead>
<tr>
<th></th>
<th>Comparison (n=20)</th>
<th>Pre-course (n=28)</th>
<th>Post-course (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage in a respectful yet firm dialogue in response to a discriminatory comment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Prepared</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Moderately Prepared</td>
<td>4</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Very Prepared</td>
<td>5</td>
<td>10</td>
<td>10</td>
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- **All** residents felt moderately to well-prepared following the course.
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Facilitator Tasks

- Introduce communications course
- Review trainee tools
- Provide ground rules for a safe learning environment
- Promote a productive and collaborative group discussion
- Reinforce goals and learning objectives throughout the course
The Primary Teaching Method

- Ground Rules establish **safe learning environment**
  - “Vegas” rule: experiences never leave the room
  - Ability to **time out** or **rewind**
    - Emotional awareness
    - Ask permission to provide feedback
    - Comments and suggestions, not criticisms
    - Learner drives practice of the interaction
Facilitator Skills

✧ Facilitate the learning process: be a Traffic Cop, not an expert
✧ Monitor the time to allow all trainees to participate
✧ Call “Time Out” at key points
✧ Wrap-up & Debrief: “What did we learn today? What skills will you take with you?”
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## Simulated Parents

<table>
<thead>
<tr>
<th></th>
<th>Standardized Patient</th>
<th>Simulated Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERVIEW</strong></td>
<td>Content-focused • Testing • Clinical diagnosis • Physical exam</td>
<td>Skill-focused • Interpersonal skills • Better results</td>
</tr>
<tr>
<td><strong>PREPARE</strong></td>
<td>Emphasis on details rather than emotion</td>
<td>Emphasis on goals, cogent details, and emotion</td>
</tr>
<tr>
<td><strong>ACT</strong></td>
<td>Standard responses</td>
<td>Facilitate flow, provide hints</td>
</tr>
<tr>
<td><strong>REACT</strong></td>
<td>Straight forward</td>
<td>Reward learner or respond to errors</td>
</tr>
<tr>
<td><strong>FEEDBACK</strong></td>
<td>Content checklists</td>
<td>Learner-centered, specific, constructive</td>
</tr>
</tbody>
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Case 1

- 3-year-old girl with cervical lymphadenitis.
- Plan is IV antibiotics, NPO, and ENT evaluation in the morning.
- The patient was fussy overnight due to discomfort and her NPO status.
- She was frequently assessed by the resident, who is black.
- The white parent blames the overnight resident for not doing enough. She does not want the overnight resident again and states as an additional reason that the resident is black.
Learner volunteers and interviews

- Learner gets “stuck” and calls a time out
  OR
  - Facilitator times out Learner “for time”

  Debrief the Learner

  - Have the group notice what Learner did skillfully
    - Ask Learner about ideas on how to proceed or become “unstuck”

  Learner figures out issue on his/her own
  Learner asks for feedback from the group and/or SP

  Learner makes a plan on how to get back on track

  Learner times in and interviews again

  Facilitator times Learner out for time (after a success)

  Get Feedback from SP

  Take Home points?
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Case 2

- 3-year-old girl with cervical lymphadenitis.
- Plan is IV antibiotics, NPO, and ENT evaluation in the morning.
- The patient was fussy overnight due to discomfort and her NPO status.
- Her nurse overnight was Muslim and wears hijab.
- Her non Muslim parent would not let the nurse examine the patient and requests not to have a Muslim provider.
Learner volunteers and interviews

- Learner gets “stuck” and calls a time out
  OR
- Facilitator times out Learner “for time”

Debrief the Learner

- Have the group notice what Learner did skillfully
  - Ask Learner about ideas on how to proceed or become “unstuck”

Learner figures out issue on his/her own

Learner asks for feedback from the group and/or SP

Learner makes a plan on how to get back on track

Learner times in and interviews again

Facilitator times Learner out for time (after a success)

Get Feedback from SP

Take Home points?
Case 3

- 3-year-old girl with cervical lymphadenitis.
- Plan is IV antibiotics, NPO, and ENT evaluation in the morning.
- Mother requests that any surgery be performed by a male surgeon, “because everyone knows that it is ok for a pediatrician to be a woman, but a good surgeon is a man.”
Learner volunteers and interviews

- Learner gets “stuck” and calls a time out
  OR
  - Facilitator times out Learner “for time”

  Debrief the Learner

  - Have the group notice what Learner did skillfully
    - Ask Learner about ideas on how to proceed or become “unstuck”

  Learner figures out issue on his/her own
  Learner asks for feedback from the group and/or SP

  Learner makes a plan on how to get back on track

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- **Implementation: Take Home Points**
Implementation

✧ Identify stakeholders: PDs, Dept chair
✧ Obtain support from stakeholders
  o Financial support: space, SP funding
  o Protected time for faculty and trainees
✧ Recruit facilitators
  o Identify key teaching faculty, including behavioral health and social work
✧ Identify SPs
  o Standardized patients from local medical schools may be trained as simulated parents
  o Local actors’ guild
Implementation

- Hold facilitator training sessions
- Develop case scenarios
  - Review with SPs, facilitators
- Course Outline
  - Timing: 1 week, 12-2 pm each day
  - Divide into small groups by class year
    - Cases vary by class year
  - Residents participate on their clinic day, go to clinic afterwards
Resources

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Selected References

Evaluation

We welcome your feedback!