

Together But Not Equal:

Can we mitigate the effects of bias and discrimination in the learning environment?

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Ground Rules and Disclosures

- When making reflections use “I” statements
- Listen carefully to what others say
- Non-judgmental (even with ourselves)
- Commit to having a conversation with each other
- Disclosures:
 - We are human beings and we have biases of our own
- Confidentiality is expected

Objectives

- Gain a deeper understanding of the experience of our URM trainees
- Understand core concepts of stereotype threat, diversity tax, and surplus visibility
- Develop communication skills and strategies that sensitively and effectively explore bias mitigate the effects of bias in the learning environment.

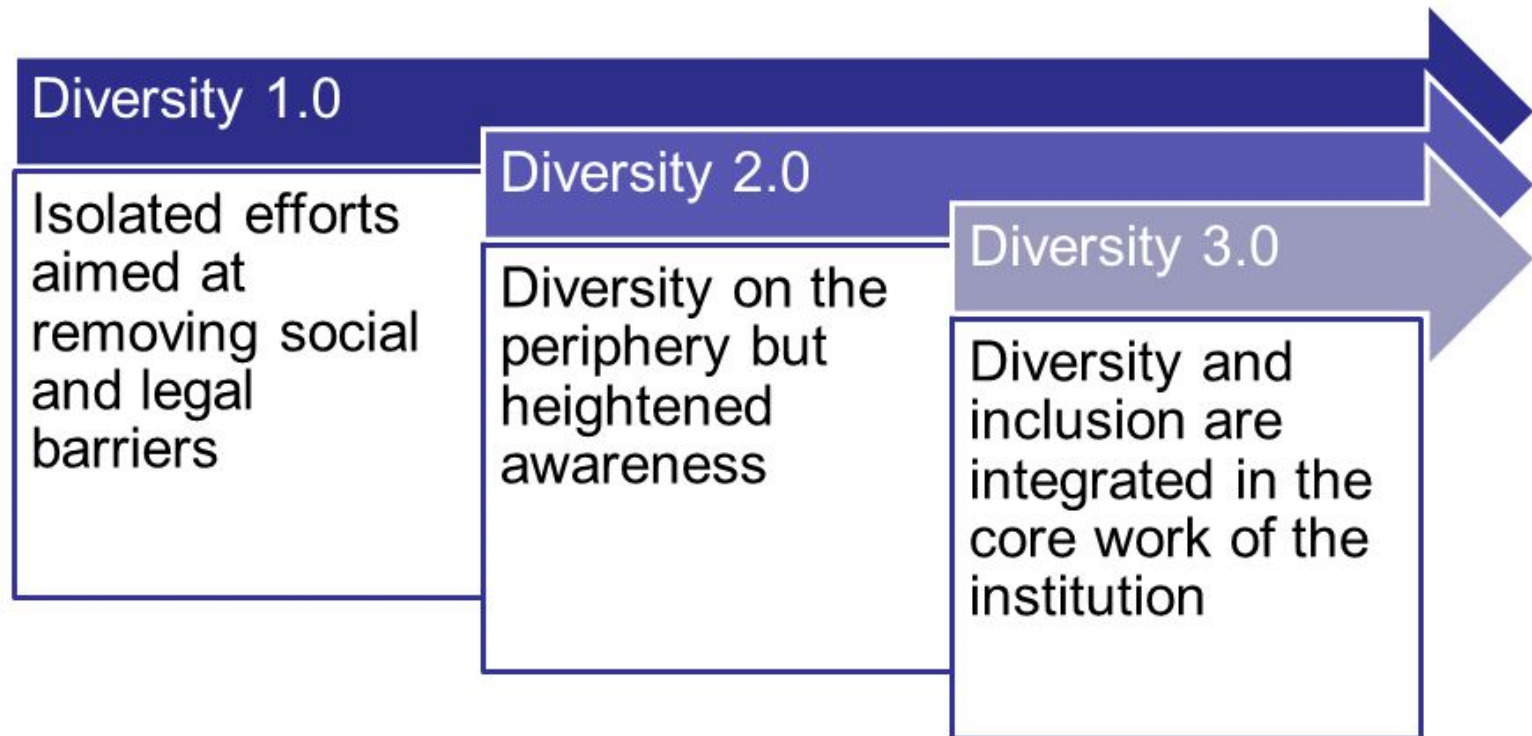
Supporting diverse trainees

Individual / Tri-Share Exercise

Questions for Tri-share

- Which group(s) was the easiest to identify their weaknesses?
- Which group(s) was the easiest to identify their strengths?
- Which group(s) was the hardest?
- Why?

Diversity 3.0 – A New Paradigm



Stereotype threat, diversity tax, and surplus visibility

A brief overview

Stereotype Threat



Diversity Tax

Invisible Labor

- Spokesperson
- Recruitment
- Diversity committees
- Mentorship
- Advocacy

Unrecognized Hurdles

- Overt Discrimination
- Microaggressions
- Higher bar for entrustment
- Social Isolation
- Lack of mentor/sponsorship

Differing Expectations

- Inconsistent expectations and unequal treatment of minority and majority trainees
 - Perception/reality that transgressions more harshly punished and less leeway for making mistakes

“I think if he was a white resident, I don’t think it would have gotten to that point. I think someone would have stopped and said, ‘You need to do this, this, and that.’ And given him support and help instead of more and more bad reports. Finally, he just got kicked out.”

Differing Expectations

“Black women (and other professional minority women) have to justify professional qualifications that should speak for themselves. We have to be ‘twice as...’ good, smart, talented, aggressive, outspoken, witty, etc. than everyone else in our professional or work environments; proving that we are not ‘imposters,’ biting our tongues and tempering our words because we don’t want to appear ‘angry;’ being passed up or looked over, underpaid, undervalued, and underappreciated.”

Lower Expectations/Support

“I was an intern, and the white male attending would ask me, ‘How do you know that?’ every time I answered one of his questions. And a fellow, a white woman, came up to me and told me that the attending was a racist jerk, and she would write me any letters of recommendation I needed from that rotation. That really stuck with me. I didn’t feel as isolated in that moment.”

Social Isolation

“It makes me feel like they’re so uncomfortable. We don’t have the same frames of reference. And it doesn’t feel comfortable on either side of the conversation. I feel like I’m making people think about things they don’t want to think about and so why bother?”

“My opinion didn’t matter, what I was feeling didn’t matter. There were people who I passed every single day, who were chairmen of departments, and I mean, good God, after 5 years you’ve got to see a person....”

Lack of Sponsorship

“I do not see us in those leadership pipelines and that is what makes a tremendous difference in terms of diversity. We won’t get invited to the picnic or to the dinner parties...and that is where those jobs come up....We’re not in the corridors of power...We are not in those pipelines, and it has nothing to do with intellectual capacity or ambition.”

Institutional Silence on Issues of Race

“We have, as a society, figured out ways to systematically deny racism exists. And that structure is in the medical institutions that train us. There is no way to have a discussion about it because it has been decided that it doesn’t exist.”

Hesitancy to discuss race in workplace

- Not sure how to start the conversation
- Don’t want to be perceived as “over-reacting”
- Don’t want to make others feel uncomfortable

Surplus Visibility



Self-Doubt and the Imposter Syndrome

“Are you here because you’re very good or because they’d like to recruit more people of color? So, you always think, in the back of your mind, you have to prove that you are as good or better than your colleagues, [to prove] that you deserve to be there.”

Being a highly visible minority

“I am your classic African American. What I mean by that is that I think about race all the time.... I wouldn't say race has influenced me. It defines me. It defines what I do. [It defines] everything.”

“It is hard being a physician of color because you have the issue of race and the issue of power....sometimes it's tricky. Are you annoyed that I am in the position that I am in or [are you] annoyed about my position because of my race?”

Resident Review Committee

Small Group Exercise (6-7 people)

Communication Strategies

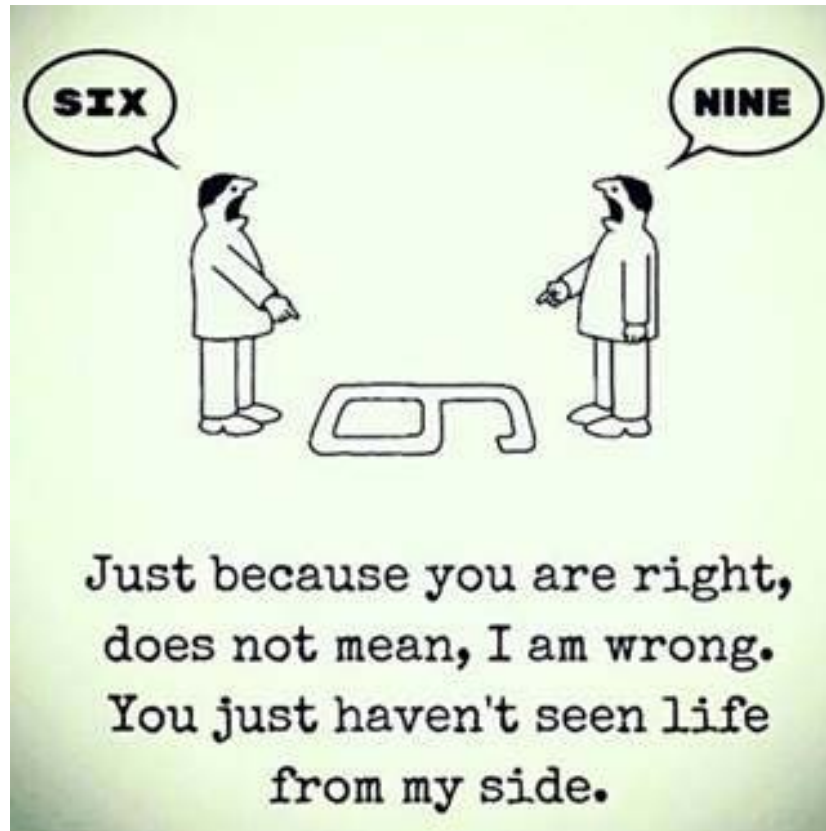
An Overview

PRISM Toolkit for Mitigating Personal Implicit Bias

- **P**erspective Taking
- **pR**iming (& considering the opposite)
- **I**ndividuating
- **S**tereotype replacement
 - & counter-stereotypic imaging
- **M**indfulness



Perspective Taking



Perspective-Taking in Medical Encounters

- Randomized student of medical students
- Those in perspective taking intervention arm:
 - Prompted: “when you see your patient, imagine what the patient is experiencing as if you were that person...”
 - Included writing a summary of their imagined experience as the patient
- They received higher patient satisfaction scores
- Why?
 - Induced empathy
 - Empathy is the antidote to implicit bias

pRiming & considering the opposite

- Reading the profile of a person from a “different” background who is highly successful in managing their health
 - Less likely to prefer subjects outside this group
- Instructions to consider the opposite
 - Look for all the evidence that points away from “nonadherence” (or other negative attribute) before jumping to that assessment

Individuating

- Be Curious!
 - What are your patients' **lives** really like? Get to know them as an individual.
 - People who took the time to get to know patients were more likely to differentiate them from other members of their social class.
- Look closely at the objective data
 - Study of bias in COPD dx against women
 - When cases of women with cough presented WITH PFTs consistent with COPD, bias was mitigated

Stereotype Management

- & counter-stereotypic exemplars



BASED ON THE UNTOLD TRUE STORY

MEET THE WOMEN YOU DON'T KNOW,
BEHIND THE MISSION YOU DO.

HIDDEN FIGURES



Mindfulness



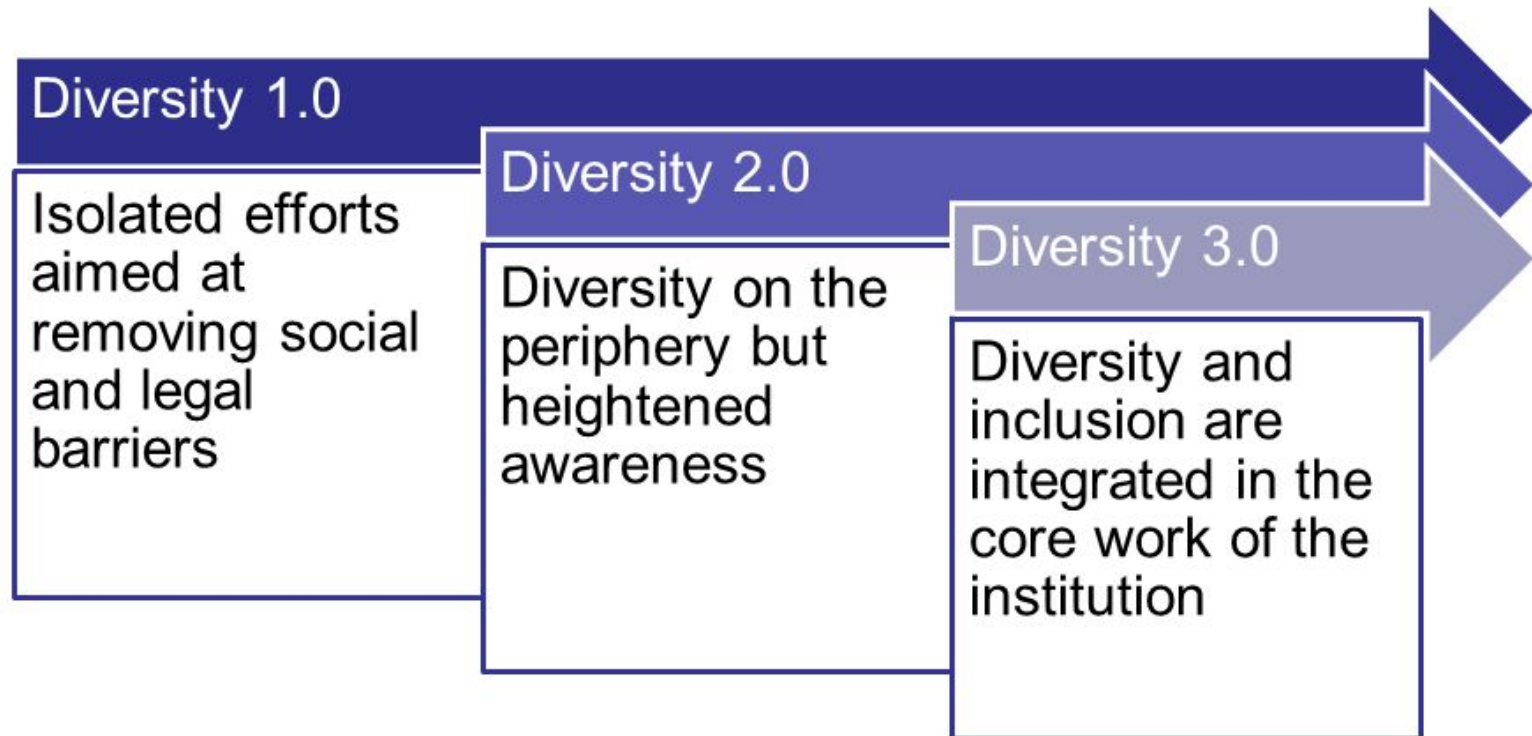
Dinardo D et al. JGIM 2016;31:S161-S162.

Mitigating a discriminatory environment

A self-reflection

Allies and Goals

Diversity 3.0 – A New Paradigm



Social Support

“I’ve had really good feedback from my black patients in clinic. A lot of them are like, ‘Oh, we think you’re great;’ ‘It’s so good to see a black woman.’ I feel like I’m helping them. In that way, there’s a good bond and I feel a sense of community.”