I don’t want someone like you taking care of my child: Identifying strategies to address discrimination toward physicians by patients and families

APPD 3/27/2015
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Disclosures

The authors have documented that they have no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.
Introductions
Objectives

• Describe potential forms of discrimination by patients and families
• Develop approaches for responding when these situations occur
• List 3-5 strategies for educating faculty and trainees
• Develop an action plan at your home institution based on workshop material
When we say “discrimination...”

• Not a legal or dictionary definition
Background

- Stanford Emergency Department August 2013
- Mistreatment in undergraduate and graduate medical education (UME, GME)
- The importance of a safe learning environment
- Patient-satisfaction, the consumerist philosophy
- Bias/discrimination and multiple identities
- ACGME data
Background

• Low frequency of occurrence and discussion of this particular type of mistreatment
• Difficult to experience and address at all stages of practice
• Requires faculty development and trainee education
• Preparation is essential, because this type of mistreatment cannot be prevented
Activity 1. Group Discussion
(10 min)

• How familiar or frequent is this type of mistreatment?
• Have you experienced it?
• How did you respond?
• What worked, what didn’t? Why or why not?
Activity 2. Small Group Break-Out
(20 min)

• As a group, create a brief scenario of trainee mistreatment based on what you’ve observed at your own institution

• Include the following:
  – Demographics
  – Team and family members present
  – What is said to trainee

• Outline how your group would respond
  – Effective trainee response
  – Effective attending response

• Choose one group member to be the spokesperson to share with large group
Activity 2. Large Group Share Aloud
(25 min)

• Questions for large group:
  – How would you respond as the trainee? Why?
  – How would you respond as the attending? Why?

• Questions for the small group:
  – What response did your group come up with? Why?

• What came up for you/your group during this experience?
  – Areas of disagreement, confusion, agreement
  – How did you make final decisions about how to respond?
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Faculty interviews
Study Objective

To identify approaches to prepare and support educators and trainees to respond effectively to incidents of discrimination by patients’ families.
Methods

• Qualitative study
• Semi-structured one-on-one interviews, audio-recorded
  – 3 scenarios (race, gender, religion)
• Demographic Survey
• Transcripts manually coded by 2 investigators for emergent themes
  – Iterative approach, multiple stages, modified grounded theory
Semi-Structured Interviews

- Randomly selected core faculty educators (rotation directors, division chiefs, scholarly concentration leaders, and clinical coaches)
- Thirteen 75-minute semi-structured interviews
  - Conducted by non-clinical researcher
  - Responses to three scenarios as both a trainee and a faculty member
  - Same set of questions for each scenario
- Audio-recorded and transcribed verbatim
- Informed consent obtained
- This study was approved by the Stanford University IRB, Protocol #29298
Scenarios

• **Scenario #1: RACE**
• When an African American junior resident walked into a newly admitted Caucasian infant’s hospital room the child’s mother, also Caucasian, stood and blocked the resident’s path to the child. The mother did not move and told the resident, “I want someone else to examine my child; I do not want your kind to touch her.” The mother went on to say that she did not want a “diversity quota doctor” to take care of the child but someone who was “actually” smart and could treat her daughter’s illness.
• Scenario #2: RELIGION

• A male medical student walked into an OB/GYN clinic room and introduced himself to an adolescent patient and her mother. The mother asked if she could step outside with him. Once they were in the hallway the mother told the student that she did not want a male practitioner examining her young daughter. “She’s never had a pelvic exam before. I’m worried the experience will be worse for her if a man is involved.”
• Scenario #3: GENDER

• An intern working in the Emergency Department returned to a toddler’s exam room after presenting the child’s case to her attending. She explained to the parents that she was calling a consultant for a surgical evaluation. The patient’s father pointed to the intern’s badge and asked if her last name was Jewish. She replied, “No,” and the father then asked if the surgeon was Jewish. He exclaimed, “I don’t want a Jewish doctor! I’m from Palestine.”
## Results: Survey

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>62% Female (8/13)</td>
</tr>
<tr>
<td>Race</td>
<td>77% White (n=10/13)</td>
</tr>
<tr>
<td></td>
<td>15% Asian (n=2)</td>
</tr>
<tr>
<td></td>
<td>8% South Asian (n=1)</td>
</tr>
<tr>
<td>Religion</td>
<td>47% Christian</td>
</tr>
<tr>
<td></td>
<td>23% Jewish</td>
</tr>
<tr>
<td></td>
<td>15% Catholic</td>
</tr>
<tr>
<td></td>
<td>47% Did not identify</td>
</tr>
<tr>
<td>Age</td>
<td>Mean 49, Range 30-70 yrs</td>
</tr>
<tr>
<td>Years on Faculty</td>
<td>Mean 16, Range 3-30 yrs</td>
</tr>
<tr>
<td>Number of clinical teaching/week</td>
<td>Mean 14, Range 3-30 yrs</td>
</tr>
<tr>
<td>Been personally discriminated against by a patient/family</td>
<td>54% (n=7/13)</td>
</tr>
<tr>
<td>Witnessed discrimination against a trainee by pt/family</td>
<td>92% (n=12/13)</td>
</tr>
<tr>
<td>Received formal training in how to respond to mistreatment</td>
<td>30% (n=4/13)</td>
</tr>
</tbody>
</table>
1. Cultivating a Therapeutic Alliance:

“...we don’t have the luxury to worry about the religious beliefs/origins of the people available. All members of the medical staff are highly qualified. Your child needs attention from people with the right expertise. Let’s see if we can get past this so we can be sure we’re doing the right thing for your child. I wouldn’t want to compromise the care for your baby because of concerns about who’s doing the providing.”

“I might say, ‘How can I help you with this? What are your specific concerns? Maybe I can address those for you?’ That may be something that I would do... You know, clearly this person has some underlying prejudice. I'm not going to undo that instantly.”
2. De-personalizing the Event:

“You learn to let these things not impact your personal work and self-esteem. You realize that this is an issue on the other person's side and you deal with it the best you can and focus on doing your job and move forward.”
3. Maintaining a Safe Learning Environment:

“I certainly would respect [the trainee] saying, ‘Maybe this isn't something that I should be put through, and I don't want to have to deal with this family.’ If they felt like they wanted to continue to do...what they came to do, I would absolutely support them and be there to back them up.”
Limitations

• Sample size
• Social desirability bias
• Selection bias
• Single institution
• Subjects’ perspectives
Conclusions

• Discrimination towards physicians by patients' families is an important but difficult issue to address.
• It is unrealistic to think it can be prevented, thus effective preparation is essential.
• Cultivating a therapeutic alliance and de-personalizing the event to maintain a focus on patient care are strategies that can be employed.
• Education is needed to mobilize and empower physicians to respond in ways that protect trainees while maintaining high quality patient care.
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Strategies for faculty development
Activity 3. Small Group Break-Out
(10 min)

• List 3-5 strategies that would work best at your institution.
• Are there others you can think of?
• Do you know your institution’s chain of command to escalate the situation when needed? Do you know relevant policies at your institution? If so, what are they?
• With your role (as PD, APD, Chief Resident, etc.) in mind, create a brief action plan for how you will address this at your institution. Identify 2 or 3 colleagues who would support you with this effort.
Closing

• What are your takeaways from this workshop?
• What questions do you have about the project or the topic?
• Plan to follow up with participants in 6 months
• Next steps: MedEd Portal submission, manuscript

Thank you for being here!