

# A Simulated Communication Curriculum Improves Preparedness to Confront Discriminatory Comments in the Clinical Setting

Christine March MD, Lorne Walker MD, PhD, Regina Toto MD, Evelyn Reis MD, Sylvia Choi MD, Stephanie Dewar MD

Christine.Eklund@chp.edu

<p><b><u>Background</u></b></p> <ul style="list-style-type: none"> <li>• ACGME supports diversity and inclusion in resident education and an environment that discourages discrimination from colleagues, supervisors, peers, other staff, and patients.</li> <li>• Resident education traditionally includes training for culturally-effective care, but does not address the management of discriminatory comments.</li> <li>• Many providers feel unprepared to address these comments.</li> <li>• 56% of our residents witnessed discrimination and 77% were the direct target of discrimination while at work.</li> </ul>	<p><b><u>Goal(s) of the Curriculum</u></b></p> <ol style="list-style-type: none"> <li>1. Provide residents with tools to facilitate difficult conversations surrounding discrimination.</li> <li>2. Increase resident preparedness to respond to discriminatory comments in the workplace.</li> </ol>	<p><b><u>Program Objectives</u></b></p> <ol style="list-style-type: none"> <li>1. Practice these communication skills in a non-judgmental setting through a facilitated Communications Course.</li> <li>2. Familiarize residents with the Code of Conduct (see reverse).</li> <li>3. Promote communication techniques (i.e. NURSE, see reverse) to de-escalate challenging interactions with families.</li> </ol>
<p><b><u>Resident/Fellow Learning Objectives</u></b></p> <ol style="list-style-type: none"> <li>1. Learn about available resources to help negotiate challenging interactions with parents.</li> <li>2. Recognize their own emotions during the encounter and respond to the simulated parent in a firm yet respectful manner.</li> <li>3. Develop scripts to employ when encountering discriminatory comments in the clinical setting.</li> <li>4. Improve readiness to lead and debrief a clinical team through this challenging interaction</li> </ol>	<p><b><u>Educational Strategies/Activities</u></b></p> <ol style="list-style-type: none"> <li>1. Provide education about available resources (communication techniques, Code of Conduct).</li> <li>2. Role-play an interaction with a simulated parent expressing discriminatory comments during Family Centered Rounds.</li> <li>3. Observations by facilitators and peers.</li> <li>4. Give and receive constructive feedback with the option to “re-play” certain parts of the conversation.</li> </ol>	<p><b><u>Learner Assessment</u></b></p> <ol style="list-style-type: none"> <li>1. Residents completed pre-and post-course surveys assessing their preparedness to respond to discriminatory comments using a 5-point scale (not at all prepared to very prepared):             <ul style="list-style-type: none"> <li>• Recognize your own reactions and emotions throughout the transaction</li> <li>• Engage in a respectful yet firm dialogue in response to a discriminatory comment during FCR.</li> <li>• Reference the hospital’s Code of Conduct in response to a discriminatory comment during FCR.</li> <li>• Coach a medical student/intern on their response to a discriminatory comment during FCR</li> <li>• Provide feedback to the medical student/intern on their response to a discriminatory comment during FCR</li> <li>• Facilitate a team debrief following a discriminatory comment during FCR.</li> </ul> </li> </ol>
<p><b><u>Program Evaluation</u></b></p> <ul style="list-style-type: none"> <li>• Following each communication course, facilitators engaged residents in a 10-minute debrief.</li> <li>• Residents were asked to provide anonymous comments or suggestions about the course.</li> </ul>	<p><b><u>Implementation</u></b></p> <ul style="list-style-type: none"> <li>• We integrated this course into an existing Communications Course with support from program leadership.</li> <li>• Trained actors served as simulated parents.</li> <li>• All faculty facilitators were trained in the Primary Teaching Method</li> </ul>	<p><b><u>Lessons Learned</u></b></p> <ul style="list-style-type: none"> <li>• Appropriate responses to discriminatory comments are vital to maintaining an inclusive environment</li> <li>• Facilitated encounters with simulated parents improve resident readiness to respond to discriminatory comments</li> </ul>

## A Simulated Communication Curriculum Improves Preparedness to Confront Discriminatory Comments in the Clinical Setting

Christine March MD, Lorne Walker MD, PhD, Regina Toto MD, Evelyn Reis MD, Sylvia Choi MD, Stephanie Dewar MD  
Christine.Eklund@chp.edu

The **NURSE** mnemonic for responding to emotions:

- **N**ame the emotion – “I know that this must be really scary for you.”
- **U**nderstand the other's situation/perspective – “I can't imagine how hard this must be.”
- **R**espect – “I can tell that you've done a really great job taking care of your son's asthma.”
- **S**upport the other person – “I will be here all day and will come by later in case you have any other questions.”
- **E**xplore the other's experience/feelings – “Do you have any more questions for me now?”

Our hospital **Code of Conduct** states:

“As part of the Children's Hospital of Pittsburgh's commitment to improving the health and wellbeing of all children, Children's Hospital has a policy regarding inappropriate or illegal behavior...This behavior includes, but is not limited to:....

*Rude, profane, racist or culturally offensive remarks*

Any individual engaging in inappropriate...behavior will be requested to leave Children's Hospital property and may not be permitted to return.”

### **Example Case:**

*A 3-year-old girl is admitted the prior evening to the general pediatrics team with a swollen cervical lymph node and fever consistent with cervical lymphadenitis. ENT evaluated her and the plan is to remain on IV antibiotics, NPO at midnight, and repeat evaluation in the morning. Overnight, the patient was persistently febrile and in pain, and she was frequently assessed by the overnight resident, who is black. The patient's mother is upset that her daughter was crying most of the night in discomfort, and blames the overnight resident for not doing enough. She does not want the overnight resident to be involved in her daughter's care and states as an additional reason the fact that the resident is black.*