Teaching Residents to Mitigate Prejudice (TRMP): Role Play with Simulated Parents to Address Prejudice in the Workplace
### Presenters

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### Simulator

- **Naomi Grodin**  
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  [http://grodinprofessionalsimulators.com](http://grodinprofessionalsimulators.com)

None of these presenters have any conflicts of interest to disclose.
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
Agenda

- Workshop Goals
- CHP Communications Course
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- Implementation: Take Home Points
An Unmet Need

✦ We aim to provide **culturally effective care in an inclusive environment**
  
  o “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
  ○ Simulated parents express prejudice about a member of the care team based on race, ethnicity, religion, or gender
  ○ 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
- **N**ame the emotion
- **U**nderstand the emotion
- **R**espect
- **S**upport
- **E**xplor

Hospital Code of Conduct
- **H**ospital policy
- **T**angible tool
- **P**rohibits “*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>Not Prepared</th>
<th>Moderately Prepared</th>
<th>Very Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comparison (n=20)</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Pre-course (n=28)</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Post-course (n=19)</strong></td>
<td>1</td>
<td>2</td>
<td>3</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
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: “What did we learn today? What skills will you take with you?”
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
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# Simulated Parents

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<thead>
<tr>
<th></th>
<th><strong>Standardized Patient</strong></th>
<th><strong>Simulated Parent</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>OVERVIEW</strong></td>
<td>Content-focused</td>
<td>Skill-focused</td>
</tr>
<tr>
<td></td>
<td>• Testing</td>
<td>• Interpersonal skills</td>
</tr>
<tr>
<td></td>
<td>• Clinical diagnosis</td>
<td>• Better results</td>
</tr>
<tr>
<td></td>
<td>• Physical exam</td>
<td></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>
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</table>
Agenda

✧ Workshop Goals
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✧ Simulated Parents (SPs)
✧ **Demonstration**
✧ Practice facilitator and group roles
✧ Implementation: Take Home Points
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 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 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.
- Parent 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

Learner times in and interviews again

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Implementation

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

We welcome your feedback!