

## Strategies for Trainee and Faculty Development

<b>Strategies for Advance Preparation</b>	
Case discussions	<ul style="list-style-type: none"> <li>• Use real-life or simulated encounters to generate discussion and explore the range of potential responses to discriminatory encounters</li> <li>• Support planning and preparation for real-life encounters</li> </ul>
Cultural competency and implicit bias education	<ul style="list-style-type: none"> <li>• Help providers identify their own biases and cultural attitudes to facilitate more constructive patient-provider interactions</li> <li>• Build self-awareness and appreciation for transference and countertransference issues in the patient-provider relationship</li> </ul>
Set up expectations early in training	<ul style="list-style-type: none"> <li>• Explain that this type of mistreatment could happen to anyone</li> <li>• Give permission to walk away</li> <li>• Discuss mistreatment during intern orientation and at transitions into more supervisory roles</li> </ul>
Communicate the chain of command when escalation to hospital administration is necessary	<ul style="list-style-type: none"> <li>• Educate all providers on institutional policies regarding faculty and trainee mistreatment and whom to contact when the situation must be escalated</li> <li>• Explain the system for documentation and tracking of mistreatment; emphasize confidentiality</li> </ul>
<b>Strategies for Frontline Faculty</b>	
Debrief the encounter with the medical team in the moment or shortly thereafter	<ul style="list-style-type: none"> <li>• State importance of trainee safety and well-being</li> <li>• Set expectations for responding in similar situations</li> <li>• Articulate standards of care and what is tolerated by the hospital and academic institution</li> </ul>
Take time to reflect on your response and seek support and mentorship from colleagues	<ul style="list-style-type: none"> <li>• Reflect on encounter in written or verbal form to identify personal boundaries, biases and triggers</li> <li>• Seek support and mentorship from colleagues</li> </ul>
<b>Strategies for Institution</b>	
Build a task force	<ul style="list-style-type: none"> <li>• Build a multidisciplinary group of physicians, nurses, social workers and risk managers to spearhead educational efforts and policy changes</li> </ul>
Implement a trainee mistreatment survey	<ul style="list-style-type: none"> <li>• Implement confidential annual mistreatment survey for longitudinal tracking and intervention</li> </ul>
Identify point people across the continuum of education	<ul style="list-style-type: none"> <li>• Identify one or several individuals in UME/GME to alert programs and departments when events occur</li> </ul>

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## Approaches to a Discriminatory Patient or Family

Theme	Acceptable Responses
Assess illness acuity	<ul style="list-style-type: none"> <li>• How sick is the patient? Is there time to safely transfer care?</li> <li>• Is finding another provider at your institution an option?</li> <li>• Do you need to consider court order or Child Protective Services involvement?</li> </ul>
Cultivate a therapeutic alliance	<ul style="list-style-type: none"> <li>• Build rapport</li> <li>• Ask, “Why? What concerns you?”</li> <li>• Explore biases without the intention of changing the family’s mind</li> <li>• Redirect the conversation to focus on the child’s medical care: “I’m very worried about your child. Let’s focus on how we can help him/her.”</li> <li>• Educate the family on the team structure: “If you’re here in the teaching facility, everybody participates and that’s part of the bargain of having access to the expertise and participation of multiple people.”</li> </ul>
Depersonalize the event	<ul style="list-style-type: none"> <li>• Remember discrimination is often motivated by patients’ fears and anxiety about the unknown <ul style="list-style-type: none"> <li>○ Acknowledge that discrimination may be coming from family’s lack of control</li> <li>○ Name the behavior: “Are you discriminating against this physician because of his/her/their name/skin color/gender/religion?”</li> </ul> </li> </ul>
Ensure a safe learning environment	<ul style="list-style-type: none"> <li>• Provide support and assurance of trainee competence: <ul style="list-style-type: none"> <li>○ “I would trust this physician to take care of my own children.”</li> <li>○ “I agree with this physician. What other questions may I answer?”</li> </ul> </li> <li>• Speak to Risk Management</li> <li>• Escalate to hospital administration and/or training director</li> <li>• Empower the trainee to come up with next steps</li> </ul>