

“I’ve got your Back”

What can we do when we witness patients, families or staff discriminate or harass residents?

APPD 2019

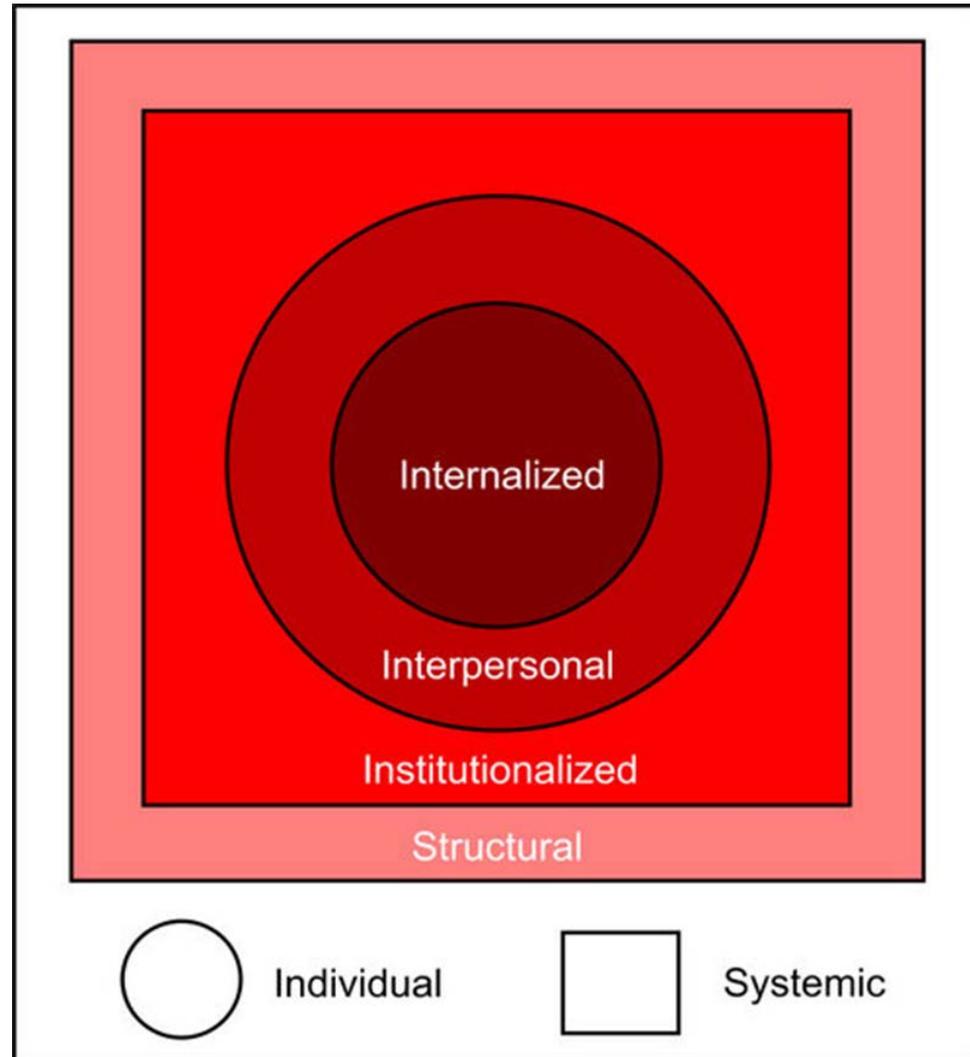
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Ground Rules and Disclosures

- 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

Unconscious Bias



Snap Judgments We All Make

- *“Evaluating people as attractive or not is a basic assessment. You do that automatically whether or not you want to...” – Daniel Kahneman*



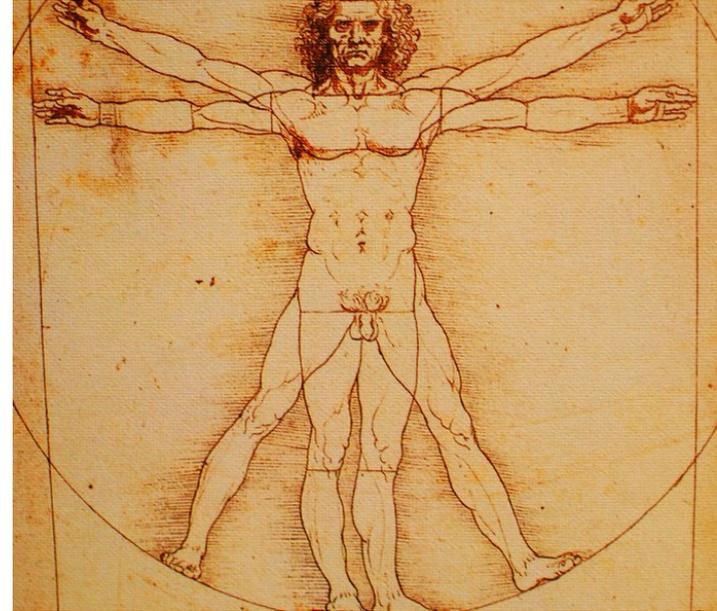
How Does Bias Form?

- Homo categoricus

- Gordon Allport 1954

- “The human mind must think with the aid of categories....

Once formed, categories are the basis for normal prejudice. We cannot possibly avoid this process. Orderly living depends on it.”



Implicit vs. Unconscious Bias

Implicit

- “implied though not plainly expressed”
- “inherent”
- “inbuilt”
- “understood”

Unconscious

- “inaccessible to the conscious mind”
- “done without realizing”
- “instinctive”
- “unthinking”

The attending's job

- Maximize the safety of the learning environment
- Ensure safe, timely, and effective care to the patient
- NOT to change others' (patients or staff) perceptions and biases of the world

Break for Case 1

- What is each person thinking and feeling?
- What is each person hearing?
- How could each person respond?
- What are the risks and benefits of different responses?

Case 1

I don't want a provider that looks like that.

**What
would
YOU
DO** ?

Let's agree

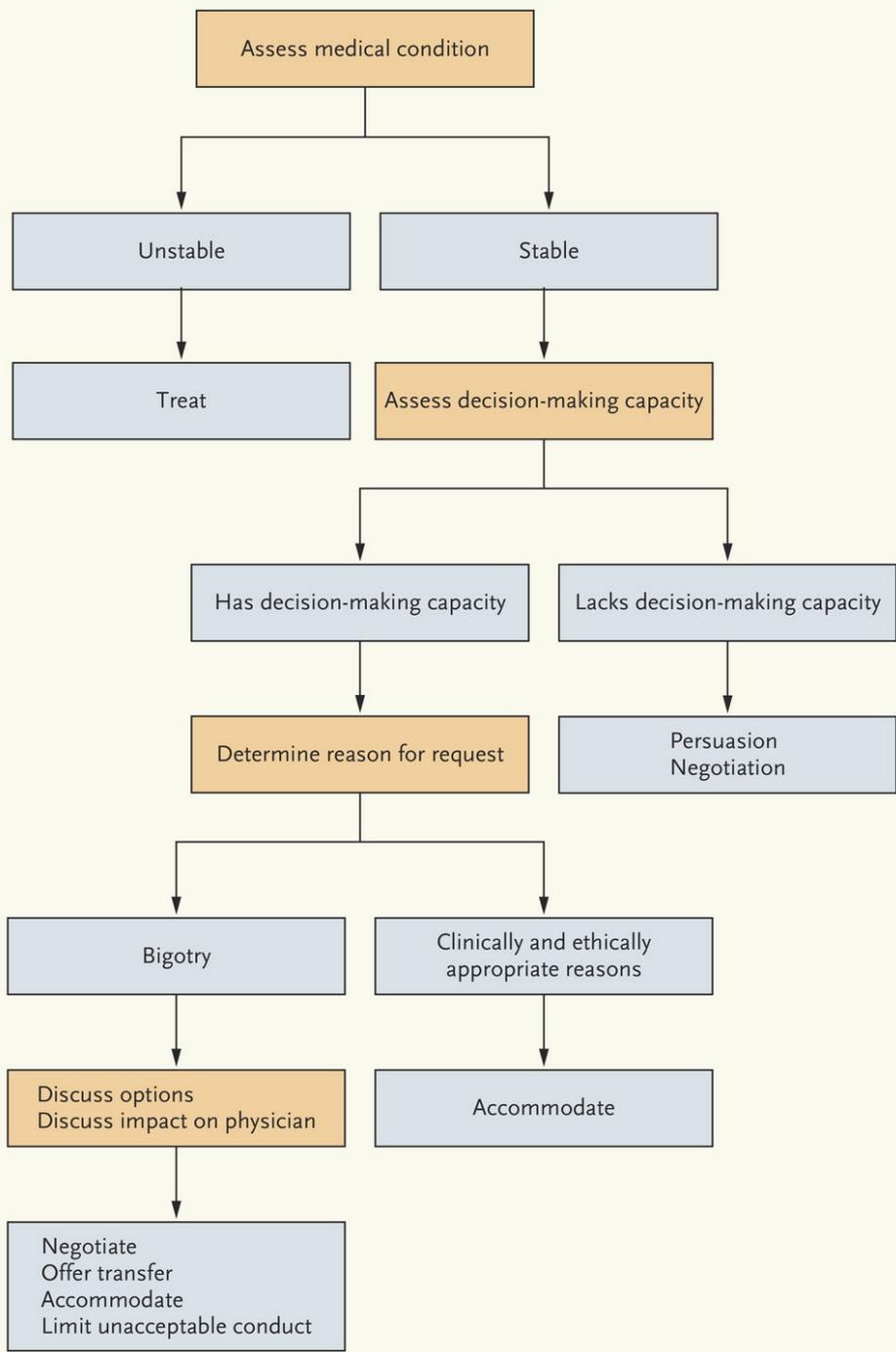
- Discrimination on the basis of gender, race, skin color, or religion is wrong.
- It violates Title VII of the 1964 Civil Rights Act
 - “Employees of health care institutions have the right to a workplace free from discrimination based on race, color, religion, sex, and national origin”
 - Physicians historically have been “independent contractors” of the hospital though
- Nonetheless, physicians often go along with the patient's request

Ways to Respond

- Assess the illness (acuity and mental faculties)
- Ensure a safe learning environment for your trainees
- Depersonalize the event
- Cultivate a therapeutic alliance

Assess illness acuity

- How sick is the patient?
- Is the patient altered or have cognitive impairment?
- Is there time to safely transfer care?
- Is finding another provider at your institution an option?
- Do we need to involve child protective services?



Ensure a safe learning environment

- Provide support and assurance of trainee competence.
- Escalate to hospital administration and/or training director
- Work with the trainee to come up with next steps

Break for Case 2

- What is each person thinking and feeling?
- What is each person hearing?
- How could each person respond?
- What are the risks and benefits of different responses?

Case 2

That person probably isn't the doctor.

**What
would
YOU
DO**?

Ways to Respond

- Assess the illness acuity
- Ensure a safe learning environment for your trainees
- Cultivate a therapeutic alliance
- Depersonalize the event

Cultivate a therapeutic alliance

- Build rapport
- Educate the patient/family on the team structure:
 - “If you’re here in a teaching facility, everybody participates and that’s part of the bargain of having access to the expertise and participation of multiple people.”
- Redirect the conversation to focus on the patient’s medical care:
 - “I’m very worried about your child's condition. Let’s focus on how we can help him.”
- Express nonjudgmental curiosity
 - Ask, “What made you think he was in food service?”

Depersonalize the event

- Remember the display of discrimination is often motivated by ***patients' fears and anxiety about the unknown***
- Acknowledge that their words may be coming from ***patient's lack of control***
 - Name the behavior: “Are you discriminating against this physician because of his name/skin color/gender/religion?”

Break for Case 3

- What are the specific words/phrases the attending could say?

Case 3

Talking about the “other.”

**What
would
YOU
DO**?

Approaching the Speaker

- Patient or co-worker
- Role model how anyone can respond in a similar situation
 - Inquire
 - Paraphrase/Reflect
 - Reframe
 - Express the impact of the statement
 - Express one's preference
 - Re-direct the conversation
 - Use strategic questions
 - Re-visit

Break for Case 4

- What could the attending have done differently in the room?
- If this case played out exactly as written, how could the attending address this event after the fact?

Case 4

*Missed opportunities and/or
Salt in the wound*

**What
would
YOU
DO**?

Going along with it

- It could affirm years worth of discrimination against physicians of non-white, male backgrounds
- It could give the perception that honoring discriminatory-based physician request is hospital policy
 - Which it typically isn't
- Remember: the cumulative effect of these indignities → battle fatigue and burnout

The trainee matters

- Who is at the start of his/her career
- Experiences like this will shape him/her as a professional
- If attending reinforces the negative stereotype by honoring it, the resident may come to believe that he/she is inferior to his/her white (*or other descriptor*) colleagues
 - Self-perception affects quality of performance

Attending's role when a resident faces discrimination

- We have a responsibility to minimize the ill effects of discrimination
- **Talk about the incident**
 - At a minimum, support and validate
 - Consider the learner (burnout/resiliency)
 - Coach them on what to say/how to respond
 - Role model and debrief a response
 - Limit the learner's interactions with egregious offenders
- *Remember, any discomfort you feel while simply discussing discrimination doesn't come close to the very real discrimination marginalized people face on a daily basis*

Daily 1-minute debrief after rounds

Any moments when our patient's biases were revealed?

- If yes, did we respond?
- How did it go?
- Are there different ways one could have responded?
- If no, how could we have responded?

Any moments when our implicit biases may have affected our communication?

- If yes, how could we have communicated differently?

What about when I perpetrate a microaggression?





Break the Silence

- Debrief with the each other
- Don't avoid discussions – be fearless
- Don't pretend the incident didn't happen
 - *“Silence in the face of injustice not only kills any space for productive conversations, but also allows cancerous ideas to grow.”*
- Easy starting place: name what happened, and invite problem-solving discussion

Questions?

