

# CLOSING THE DIVIDE

Building Trust by Addressing Bias in Medicine

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## Objectives

- Increase awareness of behaviors that demonstrate conscious and unconscious biases
- Define the impact of biased behaviors in clinical and nonclinical settings in medicine
- Introduce a framework for how to respond and debrief during and after such encounters





# Social Identity Theory

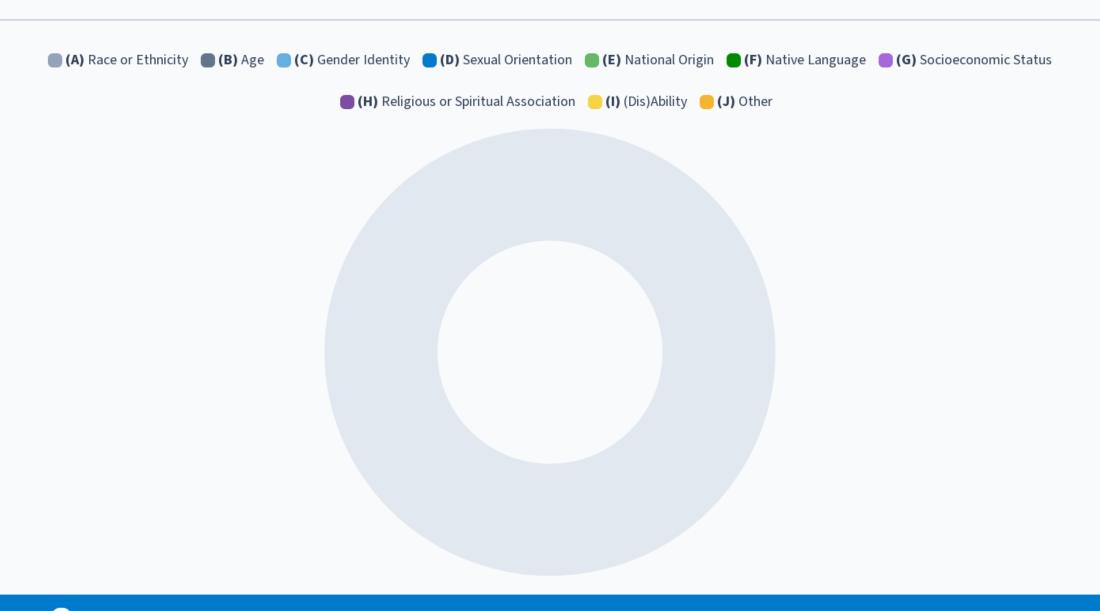
 Social Identity: The way one conceptualizes self based on the social groups to which one belongs

- Social Identity Theory
  - Social Categorization
  - Social Identification
  - Social Comparison





#### What aspects your identity have the most effect on the way others perceive you at work?



#### **Definitions**

- Macroaggression
  - overt statements, behaviors or attitudes intended to discriminate against someone based upon race, ethnicity, sexual orientation, gender identity
- Microaggression
  - Snubs, slights, insults directed toward minorities or stigmatized groups that implicitly communicate or engender hostility
    - Disrespect, devaluation, and exclusion
    - Clash of realities between perpetrator and the recipient (intent v. impact)
    - Perceived minimal impact of harm (lack of knowledge of cumulative effects)



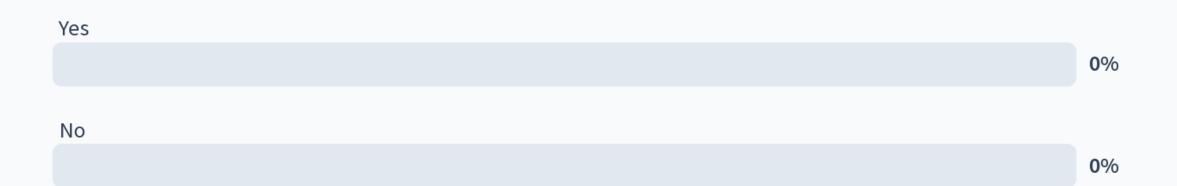


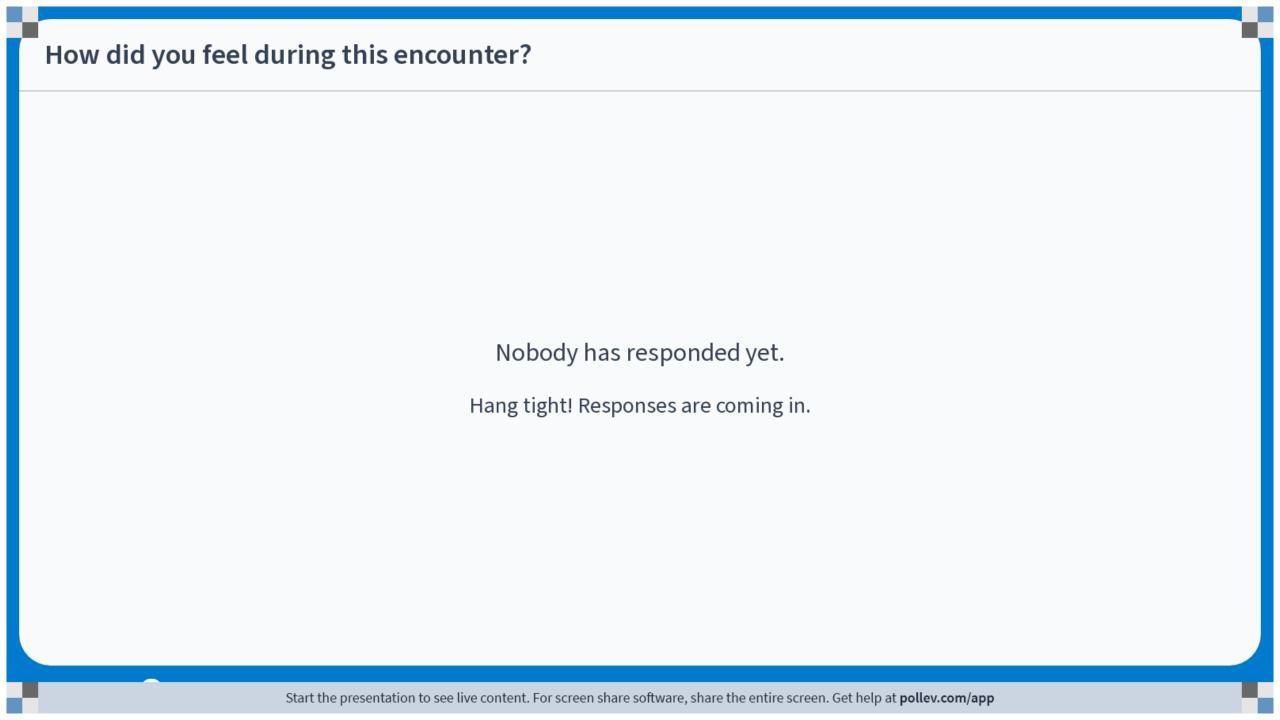
# Discuss encounters marked by discrimination or other inappropriate behaviors and the impact.







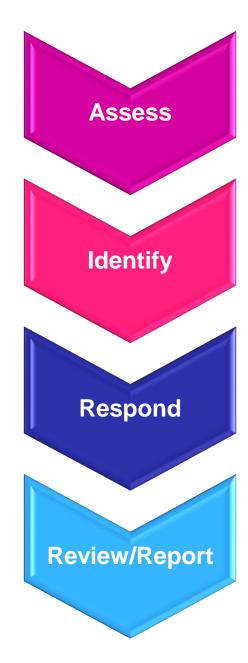




# Tools and Techniques to Respond

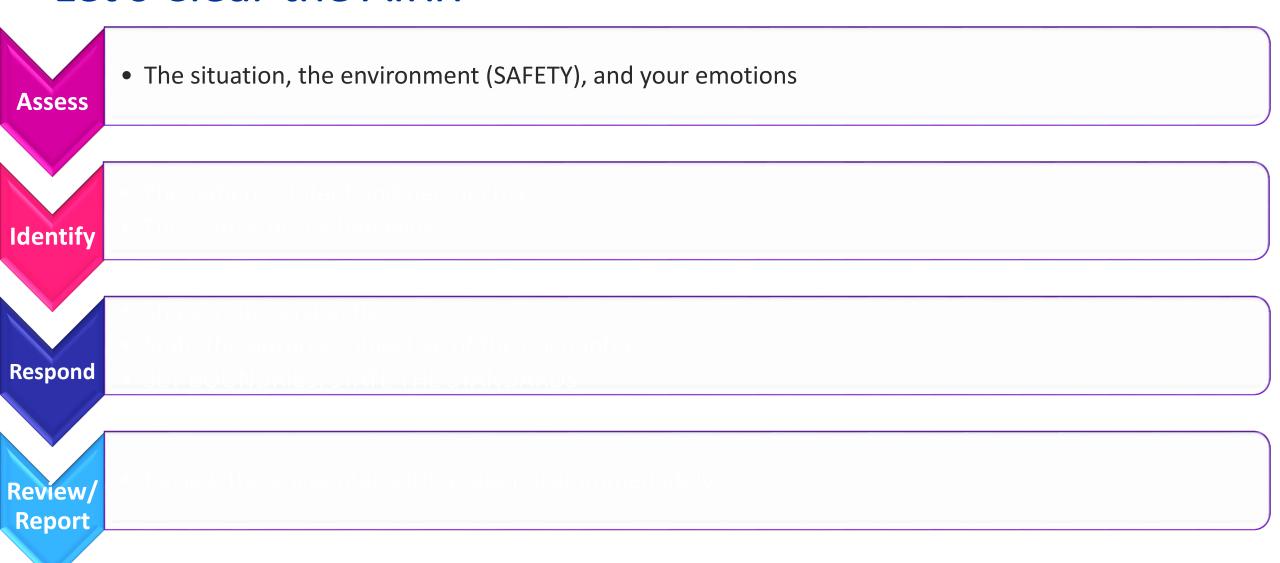
















Assess

The situation, the environment (SAFETY), and your emotions

**Identify** 

• The other person's intent and perspective

• The source of the behavior

"I hear that you are saying..."

"I see that you are feeling..."

Respond







Assess

• The situation, the environment, and your emotions

Identify

- The other person's intent and perspective
- The source of the behavior

Respond

- Share your perspective
- State the purpose/objective of the encounter
- SET BOUNDRIES, STATE THE STANDARDS

"... being here is difficult. The team is here to do our best to help you with \_\_\_\_\_.

In order to do so, we must maintain a professional and mutually respectful relationship."





Assess

• The situation, the environment, and your emotions

**Identify** 

- The person's intent and perspective
- The source of the behavior

Respond

- Share your perspective
- State the purpose/objective of the encounter
- SET BOUNDRIES, STATE THE STANDARDS

"I am open to discussing differing perspectives, but we must work together to form a plan that is best for you."





Assess

• The situation, the environment, and your emotions

Identify

• The person's intent and perspective

• The source of the behavior

Respond

• Share your perspective

• State the purpose/objective of the encounter

• SET BOUNDRIES, STATE THE STANDARDS

"I do not appreciate..."

"It makes me uncomfortable when you..."

"That behavior is not acceptable."





Assess

• The situation, the environment, and your emotions

Identify

• The person's intent and perspective

• The source of the behavior

Respond

- Share your perspective
- State the purpose/objective of the encounter
- SET BOUNDRIES, STATE THE STANDARDS

"If you continue to... I will leave the room.

I will return later when we are able to have calm and productive conversation..."







Assess

• The situation, the environment, and your emotions

Identify

- The person's intent and perspective
- The source of the behavior

Respond

- Share your perspective
- State the purpose/objective of the encounter
- SET BOUNDRIES, STATE THE STANDARDS

Review/ Report • Review the encounter with a supervisor immediately. Document the encounter.





### Report It

- Ensures the person subjected to the behavior has a safe space to process the experience
- Ensure that the patient continues to receive appropriate and timely care

#### **Methods of Reporting**

- Clinical documentation in the medical records
  - Useful in maintaining a written records of these types of encounters
- Online reporting portals in your institution
  - May serve as a useful tool in formal evaluations and tracking
  - Can serve as an anonymous method of reporting





# Methods of Reporting

#### **Trainees**

- Colleagues
- Senior resident or fellow trainees
- Chief residents
- Attending physicians
- Course directors (program or clerkship directors)
- Human resources

#### **Faculty and Staff**

- Colleagues
- Direct supervisor
- Clinic or ward administrators
- Hospital or practice leadership
- Human resources
- Administration







## Summary

- Is it important to increase awareness and respond to behaviors that demonstrate conscious and unconscious biases
- When team members lack the tools respond biased encounters, this can perpetuate an unhealthy and/or unsafe culture
- The "Clear the AIRR" framework is tool to help with addressing such encounters which includes:
  - Assess the encounter and environment
  - Identify the patient's intent and the source of the behavior
  - Form an appropriate response and set boundaries
  - Review and report such encounters





#### References

- 1. Bayer-Fetzer Conference on Physician-Patient Communication in Medical Education. Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement. Academic Medicine. 2001; 76(4):390-393
- 2. Kalet, A et al. Teaching Communication in Clinical Clerkships: Models from the Macy Initiative in Health Communications. Academic Medicine. 2004;79(6):511-520
- 3. Resource hosted by LSA Inclusive Teaching Initiative, University of Michigan (<a href="http://sites.lsa.umich.edu/inclusive-teaching/">http://sites.lsa.umich.edu/inclusive-teaching/</a>). Adapted for use by the Program on Intergroup Relations and the Spectrum Center, University of Michigan.
- 4. Sue DW. Microaggressions in Everyday Life, Race, Gender, and Sexual Orientation. Wiley; 2010.
- 5. Sue DW, et al. Racial Macroaggressions in Everyday Life Implications for Clinical Practice. American Psychologist. 2007. 62(4):271-286.
- 6. Tedeschi, B., WebMD, & Medscape. (2018, December 5). 6 in 10 doctors report abusive remarks from patients, and many get little help coping with the wounds. Retrieved from STAT: <a href="https://www.statnews.com/2017/10/18/patient-prejudice-wounds-doctors/">https://www.statnews.com/2017/10/18/patient-prejudice-wounds-doctors/</a>
- 7. Williams JC, Rohrbaugh RM. Confronting Racial Violence. Academic Medicine. 2019;94(8):1084–8.
- 8. Williams KE, Baskin ML, Brito AL, Bae S, Willett LL. Supporting Trainees by Addressing Inappropriate Behaviors by Patients. South Med J. 2021 Feb;114(2):111-115







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