

# Health Equity Curriculum

## 2.0 Mitigating **bias** in healthcare: workplace tools

GMEC Subcommittee for Healthcare Equity, Summa Health System 2022  
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# Learning objectives

## Mitigating **bias**

- Understand **prevalence** of the issue
- Be familiar with **recommendations** from the literature
- Understand **institutional supports** for mitigation of bias
- **Learn a strategy** to deal with discrimination towards medical team members by biased or racist patients

# Definition: **Microaggression**

- A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority) (Merriam Webster)
- Brief and common daily verbal, behavioral, and environmental communications, whether intentional or unintentional, that transmit hostile, derogatory, or negative messages to a target person because they belong to a stigmatized group. (Wikipedia)

# Examples: **Microaggression**

- “The sickler in Room 17”
- “Pretty sure they won’t follow up in the office”
- “She probably won’t want treatment for this.”
- “I’m assuming you don’t have any insurance.”
- “Could you come back and get these old food trays?”

# Definition: **Macroaggression**

- Large scale or overt aggression toward those of a certain race, culture, gender.

# Discrimination: Prevalence

2016 study by Whitgob, et al.

- Survey of pediatric faculty members at Stanford University
- 12 out of 13 faculty members had witnessed discrimination against a trainee and 8 had been personally discriminated against by a patient or family
- At the time of survey only 4 had received formal training on how to respond.

# Discrimination: Prevalence

**2020 Discrimination towards physicians of color: a systematic review of 19 studies between 1990-2017**

- Black physicians encountered discrimination more than all other groups at 59-71%; Hispanics/Latinos at 20-27%; Asians at 31-50%; whites 6-29%.
- Many cited examples of overtly prejudiced statements or conscious discriminatory acts stated outright by the offender as race-based.
- More frequently they experienced subtle practices of discrimination as inadequate institutional support, lack of institutional support in advancing diversity.
- Physicians of color described facing higher scrutiny, having their competence challenged, being mistaken for maintenance, housekeeping or food service workers in the workplace.
- Organizational support and workplace climate were important to buffer negative effects of discrimination

**What guidance do we have in the literature on how to respond to healthcare workplace discrimination?**



# Discrimination Protections

## For patients

### EMTALA

- All patients have the right to receive emergency care for stabilization
- Federal Emergency Medical Treatment and Labor Act
- Applies only to participating hospitals under Medicare-Medicaid
- Complaints reported to CMS (Medicare-Medicaid)

## For employers

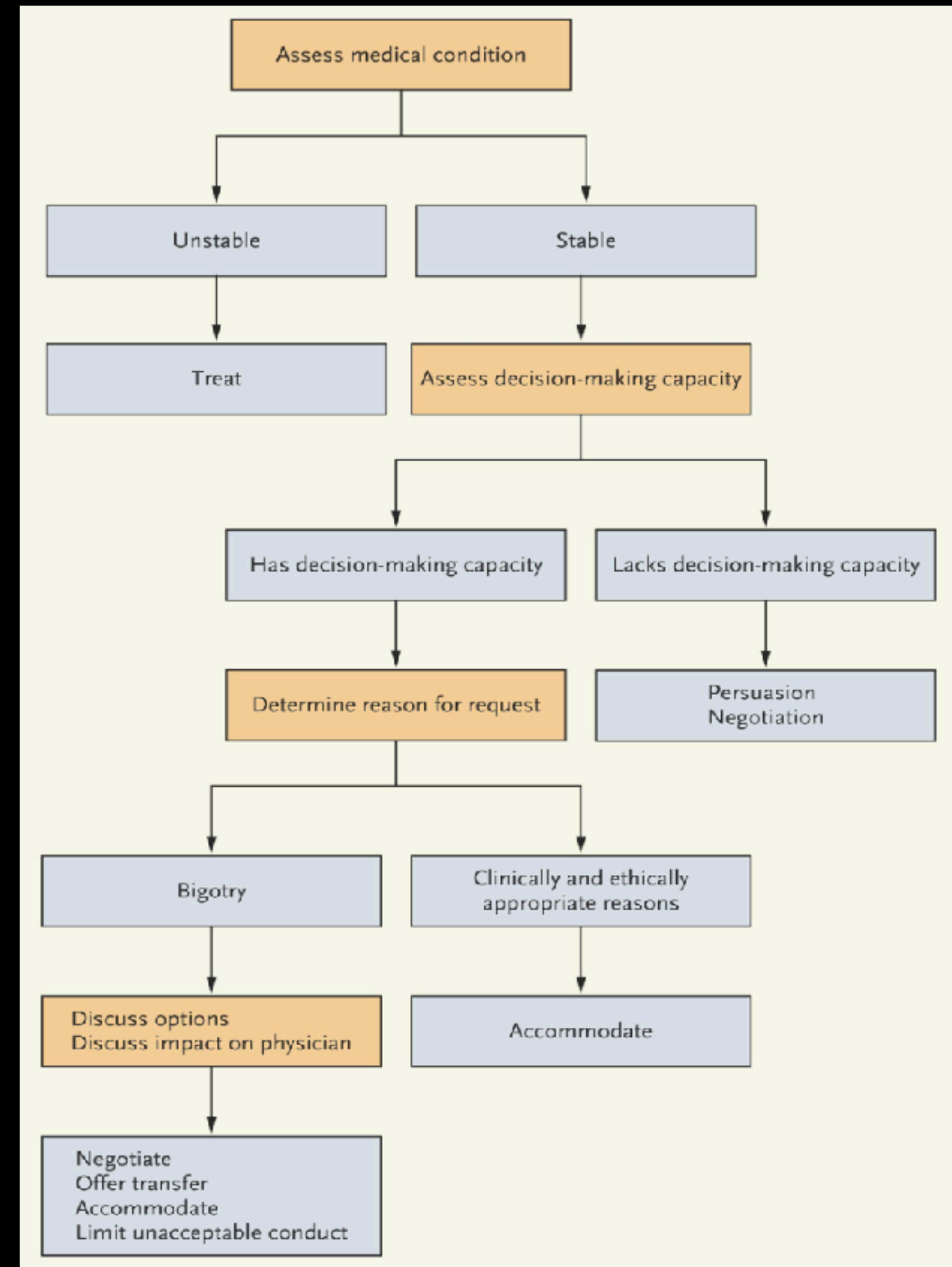
### TITLE VII

- All employees have a right to work in a discrimination-free environment
- Title VII of the Civil Rights Act of 1964 which prohibits employment discrimination based on race, color, religion, sex and national origin.
- Public and private sector employers with 15 or more employees.
- Complaints filed with EEOC

# When a patient refuses care on the basis of discrimination

## Follow a stepwise assessment:

- Assess the severity of their medical condition regarding stability
- Assess their decision making capacity
- Determine the reason for their request
- Discuss options
- Discuss the impact on the physician or trainee



# What **to do** when you witness patient bias towards learners/team members

- Denounce biased acts in unequivocal terms
- Check in with your team
- Maintain a safe environment
- Debrief after biased events
- Set expectations with your team and with patients
- Know where to get support within your institution
- Acknowledge when you didn't do a good job



# What **not** to do when you witness patient bias towards learners/team members

- Don't pretend it didn't happen
- Don't assume it didn't have an affect on your team members (check in)
- Don't justify the patients inappropriate comments or actions
- Don't forget to debrief

# **As Faculty or Resident Team Leader**

## **When responding to overtly discriminatory comments**

- **Assess illness acuity**
- **Cultivate a therapeutic alliance**
  - De-emphasize the target of the discriminatory comment
  - Emphasize the patient's care
- **Depersonalize the event**
  - Remember it often comes from the patient/family's fear of the unknown. Try to separate their word's/behaviors from the humanistic care they require.
- **Ensure a safe learning environment for all**
  - The emotional response of the person hearing personally discriminatory comments will always be more intense than for the rest of us. They shouldn't be expected to respond. We should have their backs!

# Bystander Drill 1

## Learn how to approach a discriminatory event

- You are with your 3rd year medical student, Sara, a young black woman.
- You both are new to the team, having started the rotation that day.
- You go together to meet Mrs. Lundstrom, who has been hospitalized on the service for the past week.



# Bystander Drill 1

Intern	Patient
	<p><b>(Looking at Sara)</b> I'm so glad you're here. I have 3 old food trays in here and no one has come to get them. They're smelling up the place.</p> <p><b>(She then turns to you)</b> Oh, hi. It's great to see you too. Are you my new doctor?</p>
<p><b>(Depersonalize the event)</b> Hi Mrs. Lundstrom. I'm Dr. XXX. This is Sara, our 3rd year medical student. I would be more than happy to get your old trays out of here once we're done getting to know you.</p>	<p>Oh! Okay.</p>
<p><b>(Ensure a safe learning environment)</b> Sara is an excellent student who is going to confirm your history now. I'm going to be listening while I take notes.</p>	<p>Okay. I'm ready Sara.</p>

# Bystander Drill 2

## Learn how to approach a discriminatory event

- You're working on inpatient medicine. While pre-rounding you went into Mr. Jenkins room.
- He is clearly flirting with the nurse's aide who is taking his morning vitals.
- She then leaves and you check in with the patient.



# Bystander Drill 2

Intern	Mr. Jenkins
How are you doing this morning, Mr. Jenkins.	Fine. Really fine with all these hot young nurses and doctors. I'd love to get my hands on one of them.
Whoa. We don't talk that way here.	Aw, come on!
<b>(Depersonalize the event)</b> No. We treat all members of the health care team with dignity and respect here.	But...
<b>(Ensure a safe learning environment)</b> In order to provide you with the best medical care, our staff need to feel respected and safe. If you'd like to keep getting care here, you cannot make any further comments like that. I'm happy to show you the patient code of conduct which explains how we expect all patients to be respectful to all staff at all times.	Okay...

# Bystander Drill 3

## Learn how to approach a discriminatory event

- You are on an inpatient ward month and your 3rd year medical student is Ameerah Masood, a young woman interested in Internal Medicine and who wears a head-covering.
- You both walk in to meet a patient who just arrived on your floor.
- Ameerah wishes the patient good evening and the patient visibly cringes away from her.

# Bystander Drill 3

Intern	Patient's Spouse
Good afternoon. I'm (your name) and this is Ameerah the 3rd year student; we will be caring for you during your hospital stay. Who is with you this evening?	I'm sorry. We would prefer a different doctor.
May I ask why?	<i>(Glances at Ameerah's head covering).</i> We want a Christian doctor.
<b><i>(Assess illness acuity – patient has delirium, fever, and hypotension)</i></b>  <b><i>(Cultivate a therapeutic alliance)</i></b> Your husband is quite ill. We do not have time to safely transfer him to another team of doctors. Plus in our hospital we have a policy that patients and families cannot request a change in team because of a provider's personal background.	We're just not comfortable with this.



# Bystander Drill 3 (continued)

Intern	Patient's Spouse
<p><b>(Depersonalize the event)</b></p> <p>Well, I imagine it is really scary to see your husband so sick. Here at Summa we are a teaching hospital, and that means you get a team of doctors and students all of whom help care for the patients. That's a really good part of coming to us.</p>	<p>There isn't a way to change doctors?</p>
<p>Not unless we transfer you to another hospital, which at this time isn't a safe option because of how sick your husband is.</p> <p><b>(Ensure a safe learning environment)</b></p> <p>Regardless, I trust Ameerha to provide excellent care to your husband. I would trust my father to her care.</p>	<p>Okay, we don't want to change hospitals</p>

# Summary

## Learn how to approach a discriminatory event

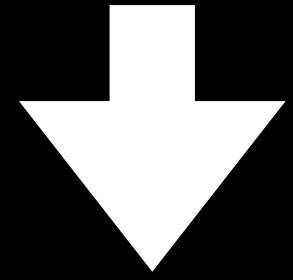
- Microaggressions are often subtle and can happen to anyone.
- Don't pretend microaggressions didn't happen.
- Assess illness acuity
- Cultivate a therapeutic alliance
- Depersonalize the event
- Ensure a safe learning environment for all



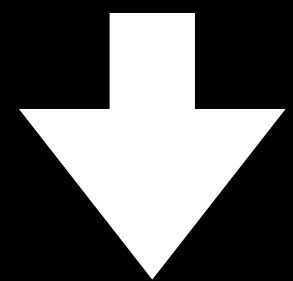


# Educate yourself:

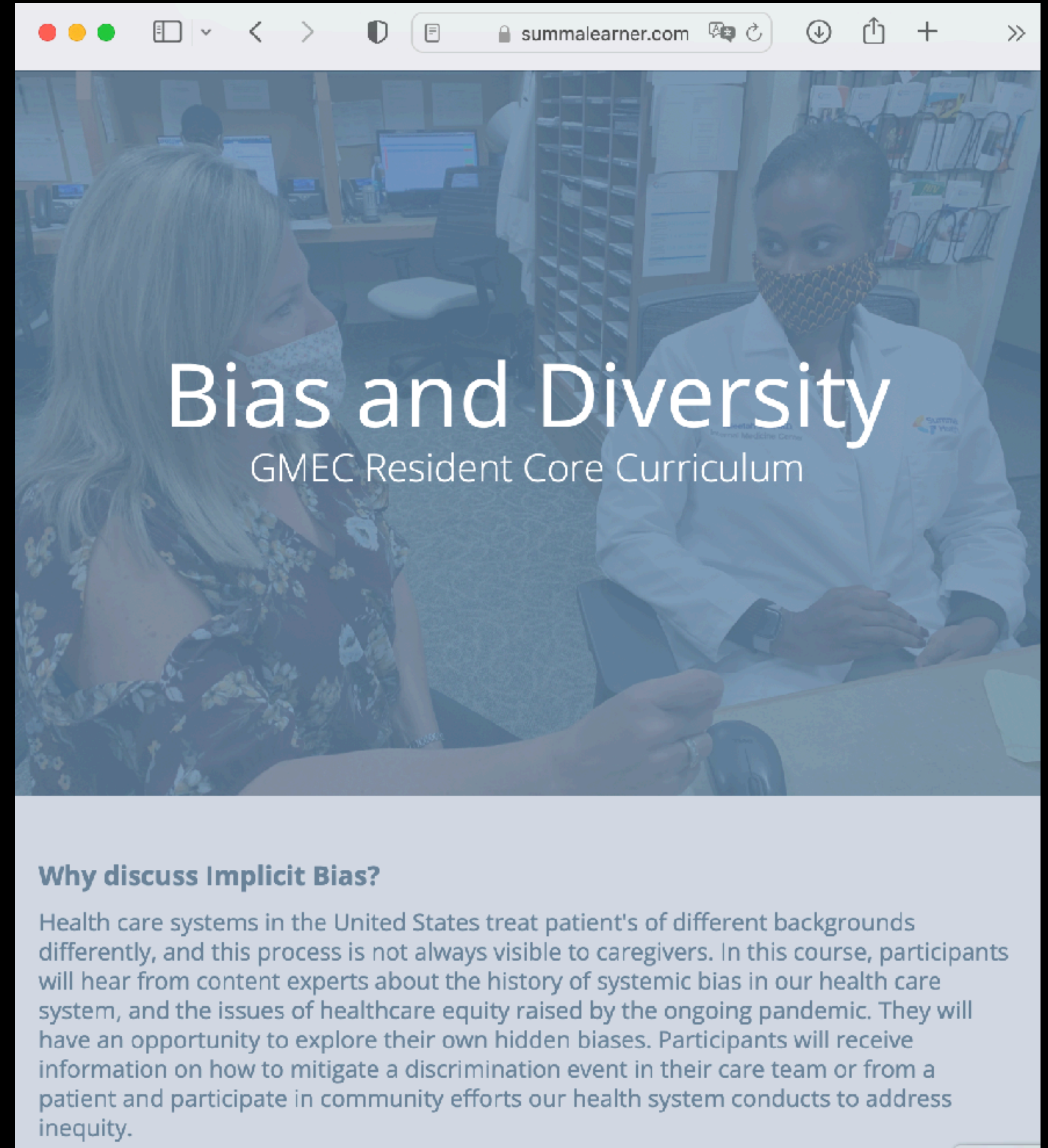
[summalearner.com](https://summalearner.com)



Core Curriculum (core1)



Bias and Diversity



summalearner.com

## Bias and Diversity

GMEC Resident Core Curriculum

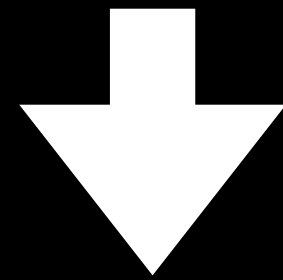
### Why discuss Implicit Bias?

Health care systems in the United States treat patient's of different backgrounds differently, and this process is not always visible to caregivers. In this course, participants will hear from content experts about the history of systemic bias in our health care system, and the issues of healthcare equity raised by the ongoing pandemic. They will have an opportunity to explore their own hidden biases. Participants will receive information on how to mitigate a discrimination event in their care team or from a patient and participate in community efforts our health system conducts to address inequity.

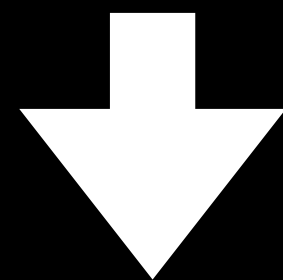


# Faculty Development

[summalearner.com](http://summalearner.com)



Department  
Faculty Development



Address Bias  
In Patient Care  
Settings



The screenshot shows a web browser window displaying the 'Address Bias in Patient Care Settings' module on the summalearner.com website. The browser's address bar shows 'webflow.com'. The page has a yellow header with two questions: 'How comfortable are you in giving feedback to a resident who appears unaware that a patient has serious barriers to discharge?' and 'Which aspects of a Discharge Summary might be most challenging for an inexperienced resident? What pointers would you give?'. The main content area has a blue background with a blurred image of a person. It features the title 'Address Bias in Patient Care Settings' and two columns of text. The left column discusses bias in patient care settings, mentioning that residents often experience bias based on gender, race, or other social constructs, and that bias can be expressed as microaggression or macroaggression. It also states that as faculty, they need to have an approach that addresses these episodes in a direct way, protecting the learner or care team staff member while preserving the acute care needs of their patients. The right column is titled 'ADDRESS A BIAS INCIDENT' and lists four steps: 1. Assess illness acuity, 2. Cultivate a therapeutic alliance, 3. Depersonalize the event, and 4. Ensure a safe learning environment for all. A button labeled 'Address Bias' is visible at the bottom right of the main content area. The footer contains three sections: 'ABOUT SUMMA HEALTH', 'USEFUL LINKS', and 'SOCIAL', each with links to various resources and social media profiles.

How comfortable are you in giving feedback to a resident who appears unaware that a patient has serious barriers to discharge?

Which aspects of a Discharge Summary might be most challenging for an inexperienced resident? What pointers would you give?

## Address Bias in Patient Care Settings

**BIAS ISN'T A PROBLEM HERE- IS IT?**

Actually, our residents are most likely experiencing bias based on gender, race or other socially active constructs already without comment, based on studies that indicate a high prevalence in our society.

Bias can be expressed as *microaggression* or *macroaggression* toward students, residents, fellows, attendings or care staff.

As faculty, we need to have an approach that addresses these episodes in a direct way, protecting the learner or care team staff member while preserving the acute care needs of our patients. How can we do this?

**ADDRESS A BIAS INCIDENT**

In this brief learning module you will review three scenarios where bias occurs toward a resident or student. Here are the steps you can take to address it:

1. **Assess illness acuity.** EMTALA requires full care regardless of bias for emergent situations.
2. **Cultivate a therapeutic alliance** with the patient or family. (Deemphasize the target of the discriminatory content; Emphasize the patient's care)
3. **Depersonalize the event.** (Comments from patients and families often come from their fear of the unknown; try to separate their words/behaviors to address the care they require).
4. **Ensure a safe learning environment for all.** (Check in with your team on this; the person targeted should not be the main responder to respect emotional impact.)

You can review the entire faculty training exercise here:

[Address Bias](#)

**ABOUT SUMMA HEALTH**

Summa Health System is located in Northeast Ohio. Its multiple campuses serve as an academic community teaching resource for the Northeast Ohio Medical University and hosts 11 residencies and 7 fellowship programs.

**USEFUL LINKS**

- Summa Health System
- Wellness Resources: GMEC
- Healthcare Equity Resources
- GMEC Core Curriculum

**SOCIAL**

- Twitter
- Facebook
- Pinterest
- Google