

Bias and Sociocultural Awareness in Clinical Settings



DISCUSSION FACILITATION GUIDE

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FOR FACILITATORS

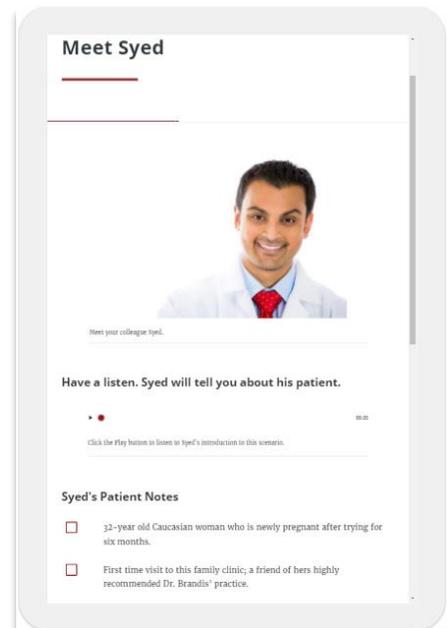
About This Course

The **Bias and Sociocultural Awareness in Clinical Settings** course helps medical students and residents learn about bias (both conscious and unconscious) and sociocultural differences that may impact interactions between providers and patients.

- ⦿ This is accomplished through stories that take place in clinical settings you may be familiar with.
 - All of the stories are based on real situations that have happened in a clinical setting, although some details have been changed.
- ⦿ Each scenario provides an opportunity for students to consider how they might respond in a similar situation.
- ⦿ Each story offers some practical ways to navigate the situation. Once learned, these strategies can also be applied to similar situations students may encounter with their own patients and colleagues.

ABOUT THE SCENARIOS

- ⦿ The scenarios are presented in mobile-device friendly multimedia format. Conversations or monologues are presented in audio format so that the students can experience the conversations. The scenarios can be viewed on PCs, tablets, or mobile phones.
- ⦿ An accompanying Workbook (available via the course page in Canvas) can be used for students to capture and save their answers. Their answers help launch the discussions you will facilitate around each scenario.



- ⊙ The scenarios are housed online in the Stanford School of Medicine Canvas system.
 - Students will be assigned the course on Canvas. Each module in the course features one scenario.
 - The scenarios can be assigned all together, individually, or in any combination or sequence. They are independent of one another. Each is a complete story with its own key learning objectives.

How do I use this guide?

- ⊙ Use this guide to facilitate discussions of the scenarios after students have viewed them in the online course.
- ⊙ This guide includes the following for each scenario:
 - Complete dialog script for the “before” conversation or monologue. This is the conversation that “sets up” the problem to be explored.
 - The discussion questions students were asked to consider while viewing the online scenarios.
 - Additional key points and discussion prompts to enhance the discussion about each scenario.

How long does this take?

- ⊙ Each online scenario is designed to take about **5 to 7 minutes** of the students’ time. If you assign all scenarios at once, the student would need about 30 minutes to view them all and to answer the brief discussion questions for each.
- ⊙ The follow-up small group discussions for each scenario can range from 20 minutes or longer, depending on the richness of the discussion.

Why was this guide developed?

The increasing population diversity of our society requires our health professionals at all levels to learn how to be effective clinicians with patients from different backgrounds.

- ⊙ In addition to helping students build valuable cross-cultural competencies in clinical settings, this course was developed with the

wellness of the students (and the future professionals they will become) in mind.

- Part of the stress that medical students and residents experience is that there are few opportunities to talk with mentors or peers about situations they feel uncomfortable about in the clinical setting. This online learning combined with the post-course discussions is designed to help fill that need.

⊙ **Goals for this training include:**

- Provide a safe space for medical students and residents to discuss uncomfortable cross-cultural situations that happen with colleagues or patients.
- To discover ways to handle cross-cultural situations in a clinical setting.
- To provide all students and faculty with a place to share negative and positive cross-cultural encounters for the benefit of all.

⊙ Specific goals for each scenario are listed at the beginning of each section.

SCENARIO 1 • Emergency Room

Goals for this Case

- ⊙ Recognize that implicit bias is common and present in all of us.
- ⊙ Identify the implications of implicit bias in medical decision making.
- ⊙ Describe ways to mitigate the effects of implicit bias in medical decision making.

Yolanda

Yolanda, a third-year medical student, talks about her ED shift.

INTRODUCTORY AUDIO SCRIPT

Yolanda: It's about...3:00 a.m. in the ED, and I've just examined a young guy brought in with severe abdominal pain.

Check out my case notes before I present my diagnosis to the attending.

YOLANDA'S CASE NOTES

- ⊙ 18-year-old African American male with severe abdominal pain
- ⊙ Vomiting; writhing in pain; with a fever to 101.5 F.
- ⊙ Recent history of periumbilical pain with nausea and loss of appetite
- ⊙ Examination notable for abdominal tenderness concentrated over McBurney's point.
- ⊙ Based on symptoms, my exam, and Cope's early diagnosis of acute abdominal pain, I am confident this is acute appendicitis. Seems like a classic, textbook case to me.

Yolanda Presents Her Case to Dr. Wald

SCENARIO AUDIO SCRIPT

Yolanda: Hi Dr. Wald. Do you have a moment to review my case?

Dr. Wald: Sure, of course. Hmm. OK. I can see why you would think it's acute appendicitis—but it could also be a lot of other things. Have you thought about doing any labs on him?

SCENARIO 1 • Emergency Room

Yolanda: Well...no, I haven't. He's in a lot of pain and I thought we would get him more comfortable first. I am worried about him so I wanted you to see him sooner.

Dr. Wald: And did you ask about his drug and alcohol use? I saw this patient as he was being triaged—substance use is common in this patient's community.

Yolanda: No alcohol use and he says he only uses marijuana occasionally.

Dr. Wald: That figures. I bet if you dug deeper you would have also uncovered a history of other drugs. It's very common for these teenage kids to come in wanting pain meds. They can put on a good show to convince people to give it to them...much cheaper than trying to buy it off the street.

Yolanda: Well, he didn't ask for any pain meds. He could barely tolerate my touching his abdomen. I think we should at least give him some pain medications now to make him comfortable as we set him up for the CT scan, and we should notify surgery quickly if it is acute appendicitis as I suspect.

Dr. Wald: OK, you're obviously really worried about this guy. Let's go ahead and get the CT scan, CBC, panel 20, amylase, and add a tox screen before we give him any pain medications. And do not be surprised if this is another case of a young kid seeking drugs. We've been seeing more and more cases like this given the opioid epidemic.

Workbook Questions

- ⊙ Ask the students to share their answers to the questions they answered in their Workbooks:
 1. What are your observations of this encounter related to potential bias?
 2. How might judgement or bias affect the patient's outcome?

Additional Discussion Questions

- ⊙ Facilitate a discussion using the following questions.
 1. This scenario identifies a sociocultural disconnect between Dr. Wald and the young African American patient. Have you witnessed any similar sociocultural disconnects recently, or been the target of one? What happened?
 2. What can you do if you're in a situation similar to this one in the future?

3. Have you tried the strategies recommended in the online scenario? What was the result?

Key Points for Student's Response to the Attending

- ⊙ **Personalize the patient.** Give some details of the patient's social history so the patient is perceived as an individual ("individuation").
- ⊙ **Get attending to examine patient.** This can be done in a way that expresses your desire to learn. "Can we go together to examine the patient so I can learn more about your approach to the acute abdomen?"
- ⊙ On evaluation of the clerkship, write your experience in working with this attending.
- ⊙ **The student can highlight the consequences** of missing an emergency situation due to bias. For example, missing the diagnosis of acute abdomen can be catastrophic and devastating to both the patient and physician regardless of presumptions.

Summary and Application

- ⊙ To reduce implicit bias, **bias-breaking interventions** must be repeated over and over until new habits form. (Yes, it takes effort.) In other words, interrupting implicit bias requires **creating new patterns** so we don't rely on shortcuts or stereotypes that may result in inaccurately diagnosing a patient.
 - In this scenario, the intervention would be to question the association between young black males and drug abuse, and to encourage a perspective where the patient is viewed as an individual—not as a stereotype. Also, it is important to focus on the objective data of the examination. A stereotype can get in the way of a diagnosis.
 - **One practical tip to try:** Ask yourself, would I have acted the same way and arrived at the same conclusion if this individual had all the same vitals—but was White?

SCENARIO 2 • OB/GYN Practice

Goals for this Case

- ⊙ Contrast the difference between explicit bias, implicit bias, and prejudice.
- ⊙ Explain how you would confront someone demonstrating explicit bias towards a patient.
- ⊙ Explain how to have respect for cultural differences.

Syed

INTRODUCTORY AUDIO SCRIPT

Syed: I'm currently doing my rotation in a family medicine practice with Dr. Brandis. I've loved the diversity of patients I get to see in this rotation. I just saw a new patient, Leann, and I've got my notes here. Check them out. I'll be presenting to Dr. Brandis.

SYED'S CASE NOTES

- ⊙ 32-year old Caucasian woman who is newly pregnant after trying for six months.
- ⊙ First time visit to this family clinic; a friend of hers highly recommended Dr. Brandis' practice.
- ⊙ Exam shows she's very healthy overall.
- ⊙ No doctor visits in the past four years, but health history shows no problems.
- ⊙ Patient is willing to follow all recommendations for prenatal care and make regular visits to the practice.
- ⊙ Sexual history is with female partners. She is in a stable relationship at present and she and her partner are excited about becoming parents.

Syed Presents His Case to Dr. Brandis

SCENARIO AUDIO SCRIPT

Dr. Brandis: Nice, thorough presentation, Syed. Unfortunately we will need to refer her to another practice. Check with the nurse and she can assist you with this.

Syed: Mrs. Wilson said she was referred to you by one of your own patients and was looking forward to having you as her OB given your reputation and experience. Can't you care for her?

Dr. Brandis: Mrs.? Well Syed, I know a colleague who will be better at caring for this kind of patient.

Syed: I'm not sure I understand. What do I tell Mrs. Wilson and her partner? They are waiting in the other room to see you.

Dr. Brandis: Tell them I am unable to see them at this time and that you are finding a referral. I'm sure Dr. Ashton could take them on. Plus, she is a lesbian too. They'll feel more comfortable with her.

Workbook Questions

- ⊙ Ask the students to share their answers to the questions they answered in their Workbooks:
 1. **There is no emergency here, so is Dr. Brandis within his rights as the owner of his practice to not accept this patient?**
 2. **What effects might Dr. Brandis' bias have on others in his practice? On other patients?**
 3. **Should physicians have an ethical standard of practice when it comes to caring for all patients?**
- ⊙ When discussing Question 3, you may choose to refer to the **Code of Professional Ethics of the American College of Obstetricians and Gynecologists**. (A PDF copy of the code is included in the e-learning module.)

WHAT WE BELIEVE AT STANFORD

- ⊙ Stanford medical students—at both matriculation and graduation—are asked to recite the Stanford Medical School affirmation, which includes

the following: “I will not permit considerations of age, disease or disability, faith, ethnic origin, gender identity, nationality, race, sexual orientation, social standing or other forms of discrimination to intervene between my duty and my patient.”

- ⊙ Stanford Medicine enjoys a legacy as a leader in the area of diversity and inclusion, and we work to ensure that our core value of diversity is reflected in our programs, culture, and leadership.
- ⊙ Our Center of Excellence in Diversity in Medical Education (<http://coe.stanford.edu/>) further seeks to foster the development of physician leaders who will be capable of eliminating the nation’s health inequities through service, advocacy, and scholarship.

1. What actions can be taken to align our values within this scenario?

Additional Discussion Questions

- ⊙ Facilitate a discussion using the following questions.

1. What effects might Dr. Brandis’ bias have on Syed’s professional development?

2. This scenario illustrates explicit bias. What’s the difference between implicit and explicit bias?

- **Suggested Answer:** Implicit bias operates at a level beneath our conscious awareness; it’s a bias we’re not aware we have, and comes out of our background, culture, and life experiences.
- Sometimes we consciously use our own experiences or biases to convince ourselves that “it’s OK.” This is an example of an explicit bias. Dr. Brandis has convinced himself that this is the best way to deal with the situation, making the bias intellectually acceptable to him.

3. Have you tried the strategy recommended in the online scenario—asking team members to explain the reasons behind their decisions? What was the result?

4. Should you approach this type of conversation with Dr. Brandis? What would be the best way to approach this situation—act directly, inform someone, or overlook it?

Key Points for Students

- ⊙ In order to understand the reasons why your attending does not want to see this patient, you can explore the following:
 - Is it due to the discomfort of caring for this type of patient, or is it truly a bias against this type of lifestyle?
 - This can be done non-judgmentally with open-ended questions. “What is it about this patient that makes you not want to see them/care for them?”
- ⊙ If the attending seems to have discomfort due to the fact they haven’t cared for this type of patient, then you could consider letting them know you are willing to learn together with them.
- ⊙ Confronting an attending on their bias is very difficult to do, particularly for a student—but all health professionals have the responsibility to improve our quality of health care, even if it just informing others about an area of improvement.
 - Thus, we would encourage students to bring this up with the clerkship director, or put this on the evaluations of the clerkship so the attending could be approached about their poor role modeling. This would give the attending an opportunity to address the specific concern or to not be considered as a preceptor in the future.
- ⊙ Students should always be encouraged to speak up when not comfortable.
 - For example, if the attending in this case tells the student to inform the patient that they can’t be seen by the attending because they don’t approve of the patient’s lifestyle, then the student should be able to say “I don’t feel comfortable confronting the patient about this.” (This is not the role of a student.)

- ⊙ The role of the clerkship director is to foster a learning environment in which the students can feel comfortable respectfully challenging or questioning attendings without fear of retaliation due to the power dynamics at play.

Summary and Application

- ⊙ **Bias in leaders affects the working environment**—and also the quality of care within the community at large.
 - Syed will not be able to gain valuable experience working with a patient from the LGBT community—experience that might help him provide care to future patients.
 - And, the patient can't benefit from the expertise of Dr. Brandis if he turns her away.
 - Further, as others become aware of the discriminatory attitudes of the practice, the practice's reputation could be damaged in the community.
- ⊙ **Changing a habit is a multi-step process.** Successful habit-changing interventions not only increase awareness of problematic behavior, but must motivate individuals to learn and deliberately practice new behaviors until they become habitual.¹ Encouraging Dr. Brandis to interact with this patient may be the first step in having him see Mrs. Wilson as patient in need of care, and become more comfortable with her as a person.
- ⊙ **Making the effort is worth it.** Data show if a provider is too uncomfortable asking about a patient's sexual orientation s/he could miss out on important tests and screenings for that population.

¹ SOURCE: Bandura A. Social cognitive theory of self-regulation. *Organ Behav Hum Decision Proc.* 1991; 50:248–287.

SCENARIO 3 • Pediatrics Ward

Goals for this Case

- ⊙ Demonstrate how to set boundaries with patients who express bias (implicit or explicit) towards the health care team's members.
- ⊙ Demonstrate how to respond professionally to a patient's explicit bias or prejudice towards you.
- ⊙ Locate resources for student support that are often needed during the stresses of medical training.

Dr. Jackson

Dr. Lureen Jackson is a second-year attending being joined by a new third year medical student on the pediatric ward. They are on their way to see a four-year old child who was just admitted with severe asthma. They're going to discuss the child's case with the father, Mr. Nelson.

INTRODUCTORY AUDIO SCRIPT

Dr. Jackson: Hello there, I'm Dr. Jackson. You are the Nelson family?

Father (tentatively and a bit coldly): Yes, that's us....you're our doctor?

Dr. Jackson: Yes, I am. Now, I see that our ER staff got Eddie stabilized and comfortable. This is Rachel. She is a medical student from Stanford who is working with me. I wanted to make sure it's OK with you that she collects more history from you and examines your child. I will return after she's done. It shouldn't take more than about 20 minutes. Is that OK?

Father: Yes, that's fine. I don't mind having a student, but will you still be the doctor?

Dr. Jackson: Yes, I will be the doctor in charge and I will supervise Rachel. I'll return after she is done with her assessment and we'll discuss the treatment plan with you.

Father (stressed and anxious): OK...

(Dr. Jackson leaves room.)

Father: You know I don't mind having you as a medical student, but I'm uncomfortable having a Black female doctor. No offense, I would just want a non-black doctor for my child and preferably male.

Workbook Questions

- ⊙ Ask the students to share their answers to the questions they answered in their Workbooks:
 1. **Should Dr. Jackson have left the room? The father was clearly anxious. What should Dr. Jackson have done?**
 2. **What should Rachel do?**

Additional Discussion Questions

- ⊙ Facilitate a discussion using the following questions.
 1. **Have you ever been in a situation like Dr. Jackson's? What did you do?**
 2. **Have you ever been in Rachel's shoes? What did you do?**
 3. **What can you do if you encounter someone like Mr. Nelson in the near future? Anyone want to try out a possible approach?**

Key Points for Students

- ⊙ The father seems to have consented to have the student take the history. While it would be nice if Dr. Jackson (the attending) addressed why the father seemed uncomfortable, she may not have picked up on this before she left the student with the patient and father. It would be appropriate for the student to inquire why the patient's father seemed uncomfortable. Addressing the family member's emotion is typically wise in a clinical assessment.
- ⊙ The priority is the care of the patient, and focus on the care of the child. Rachel as the student should try to create a therapeutic alliance and be as objective as she can to collect the necessary information. This would include the reasons behind the patient or family member not wanting to have the particular attending as their doctor.
- ⊙ It is not the student's role to broker for a new physician if this is what the patient or patient's family member wants. Students would just act as the recorder and take this back to the team/attending.

- ⊙ Acknowledge that even the attending physician can be flustered or thrown off by certain confrontational situations. Recognize that he/she may need to step out or take a moment to come up with a productive solution. This serves to humanize the attending.

Summary and Application

In a physician discrimination study², the following strategies were suggested for situations such as Dr. Jackson's.

STRATEGY 1: CREATE A THERAPEUTIC ALLIANCE WITH THE FAMILY

- ⊙ **Cultivating a therapeutic alliance with the family**, including:
 - Building rapport and trust with families by de-emphasizing discriminatory remarks (e.g., Dr. Jackson's race), and emphasizing the child's care.
 - Identifying, naming, and validating the emotional experience underlying the discriminatory remark to help establish trust; remembering that the family may be fearful for their loved one and empathizing with their anxiety to draw attention away from their personal prejudices and towards a shared goal of addressing the patient's immediate needs.

STRATEGY 2: DEPERSONALIZE THE EVENT

- ⊙ **Depersonalizing the event.**
 - Depersonalizing the event minimizes heedless responses and negative emotional reactions that could interfere with the patient's care.
 - Focusing on the values of the medical profession, of Stanford Medicine, can help alleviate the strained emotions of family members.

² SOURCE: The Discriminatory Patient and Family: Strategies to Address Discrimination Towards Trainees Whitgob, Emily E.; Blankenburg, Rebecca L.; Bogetz, Alyssa L. Academic Medicine. 91(11):S64-S69, November 2016.

A TEACHING MOMENT

- © The scenario includes a “teaching moment” from Dr. Jackson to Rachel. Review this part of the scenario if students need additional guidance.

Dr. Jackson: Rachel, I wanted to go over with you how best to handle situations like this if they arise.

It's hard not to take such blunt, prejudicial comments personally. However, terminating an uncomfortable encounter like this as a first response isn't what I would recommend. Reacting angrily or negatively doesn't help anyone—the child, the parent, or us. I just needed to stand firmly on my own credentials and experience to try to reassure. I could see how scared and tense Mr. Nelson was; so I think empathizing with the scare he experienced with his child helped.

The other thing I try to realize is that Mr. Nelson may have had a similar reaction to someone he believed was too young, too old, or had other characteristics he's uncomfortable about. Regrettably, our social and political climate is such that interactions like this are going to happen.

It's also a good idea to discuss incidents like this with your colleagues to see how they might have handled it. I plan to discuss this with my colleagues later today, but I think I did OK.

SCENARIO 4 • Dermatology Clinic

Goals for this Case

- ⊙ Recognize typical patients who invoke implicit bias (e.g. obese patients, mental health patients).
- ⊙ Demonstrate sensitivity when working with patients with mental health problems.
- ⊙ Explain how to formulate and maintain a broad differential diagnosis when faced with implicit bias.

Padma

INTRODUCTORY AUDIO SCRIPT

Padma. I'm currently a fourth-year medical student working in the dermatology clinic. I just finished examining a patient who's got a history of anxiety disorder. Check out my notes on this patient.

PADMA'S CASE NOTES

- ⊙ Middle-aged Caucasian woman with a history of anxiety disorder.
- ⊙ History of psychiatric problems, including chronic skin-picking behavior that has created scars over arms and legs.
- ⊙ According to her medical records, this patient seeks frequent medical care, but her insurance situation is problematic.
- ⊙ Currently works as a light-duty janitor under a special program for mentally disabled people.
- ⊙ Patient is very verbal in an eccentric manner. Statements indicate she is obsessively worried about her health.
- ⊙ Current complaint is three days of left-sided scalp and face pain.

Padma Presents Her Case to Dr. Martinez

SCENARIO AUDIO SCRIPT

Dr. Martinez: Hi Padma. What have you got?

SCENARIO 4 • Dermatology Clinic

Padma: *Honestly, it may just be a case of a woman wanting some care and attention. Ms. Davis has a history of psychiatric issues and I'm not sure she has anything serious going on at present.*

Dr. Martinez: *I see. Let me take a look at your assessment. Can I see your notes?*

Padma: *I honestly think it's all in her head. She's someone who seems to need a kindly soul to sympathize with her. I feel bad for her; she really doesn't have any family in the picture.*

Dr. Martinez: *So, this scalp and forehead area, did you look at that really closely?*

Padma: *I took a quick look...we've had a heavy load today. I spent quite a bit of time examining the scars on her legs and arms. She was babbling on and on about her forehead, though.*

Dr. Martinez: *Why don't we have another look?*

Padma: *Sure. OK. Thank you.*

[We hear brief greeting of patient by Dr. Martinez.]

Padma: *This is Dr. Martinez. She's going to take a quick look at you.*

Dr. Martinez: *Hi, Ms. Davis. It's nice to meet you.*

Uh-huh...now, see here, this area Padma? This is shingles in a V1 distribution.

Ms. Davis—you have a rash that is caused by the chicken pox virus and we need to get you started on some medications to help clear this up. Let me give Padma some orders, and then I'll be right back to explain the next steps in detail and answer any of your questions.

[Outside the patient's room.] Padma, can you get an ophthalmology consult here as soon as possible; there's a risk with this condition of scarring and blindness.

Workbook Questions

© Ask the students to share their answers to the questions they answered in their Workbooks:

- 1. What do you think of Padma's presentation (her assessment)? Dermatology clinics can move at a fast pace, and quick decisions are often needed. What was the problem in this case?**
- 2. What impact might Padma's actions have on patient care?**

Additional Discussion Questions

- ⊙ Facilitate a discussion using the following questions.
 1. **One of the recommended strategies in this scenario is to take the IAT (Implicit Association Test). Has anyone done that? What did you discover?**
 2. **What might the patient in this scenario be feeling and experiencing?**
 3. **Can you practice perspective-taking—seeing the world through another’s eyes? Is it a skill you can develop?**

Key Points for Students

- ⊙ Some important questions to ask students/trainees when faced with patients with mental health problems is to ask “What if”.
 - For example, what if the patient did not have anxiety, or what if the patient was a CEO of a company? Would you think differently?
- ⊙ Realize mental health biases are very common and often lead to discounting of physical complaints.
- ⊙ Always go back to “core operating procedures”—take a thorough history and do a thorough exam.
- ⊙ Mindfulness is helpful when you have a busy practice setting. A few minutes of thinking about this case before jumping to conclusion could have helped the student keep a broad differential diagnosis and avoid premature closure.

Summary and Application

- ⊙ Padma considers herself to be open-minded and free from bias.
 - Many of us think the same about ourselves! Remember, there’s a reason implicit bias is often referred to as unconscious bias.
 - Even if we sincerely believe we’re being fair and objective, our background, experiences, the communities that we belong to, and the messages we’ve been exposed to all play a big part in influencing our opinions—without us being aware of it.

SCENARIO 4 • Dermatology Clinic

- ⊙ Taking the perspective of a patient and slowing down our thought process is a useful tool for checking bias.
 - Perspective taking requires experiencing the world from the perspective of a stigmatized person, which can be a challenging exercise.
 - Literature and movies almost always take another's perspective, so perhaps you may try this technique by "writing" a book or "movie script" in your mind when you attempt to take another's perspective.
- ⊙ Recognizing unconscious bias requires strong motivation within ourselves to change. Motivation to reduce one's prejudiced behavior is a prerequisite for attempting the change process (Devine, 1989).

SCENARIO 5 • Transplant Unit

Goals for this Case

- ⊙ Describe the proper use of interpreters in clinical settings.
- ⊙ Explain the relationship between the impact of trained interpreters in limited English proficient (LEP) patients and quality of care.
- ⊙ Explain how you (as an untrained interpreter) can respond to being asked to interpret for a LEP patient.

David

David is a third-year medical student.

SCENARIO AUDIO SCRIPT

David: This evening my team and I went into the room of Mr. Chen, who's about to undergo a KP transplant. When we walked in the room, Mr. Chen greeted me in Mandarin and as a sign of respect I responded to him in Mandarin. We soon discovered that Mr. Chen doesn't speak English and the team turned to me to translate for them. I am a second-generation Chinese American and while I grew up with Mandarin being spoken in various settings, I am not fluent beyond the basics. I want to be helpful to my team but I don't want to compromise the care of the patient if I am unable to fully communicate the medical information he needs to know.

Workbook Questions

- ⊙ Ask the students to share their answers to the questions they answered in their Workbooks:
 1. What are your observations about how David and his team responded to the Chinese-speaking patient?
 2. Should students be tasked with interpreting for a medical procedure as complex as a transplant operation?

Additional Discussion Questions

- ⊙ Facilitate a discussion using the following questions.

1. **Have you ever been in a situation like this—where you either assumed someone spoke a certain language, or someone else thought *you* did? What happened?**
2. **Medical language is complex. How do you explain things to patients and avoid medical lingo—in any language? Does anyone want to try out a lingo-free explanation for us?**
3. **What would you have done if you were David?**
4. **What tips from the online scenario do you plan to use?**
 - **Suggested Answers.** Avoid lingo.
 - Speak directly to the patient, not the interpreter. It's often best for any patient—native speaker or English-as-a-second-language speaker—to receive explanations they can easily grasp, without a lot of scientific lingo.
 - Allow for interpreter to interpret after speaking with a small amount of information (one sentence or just a few short phrases)
 - Always keep in mind that language ability has nothing to do with the patient's ability to understand the content of your communication. The information is just going through a different channel. In other words, do not assume a non-native speaker is less intelligent.
 - Consider having the patient repeat back what they understand of the conversation to the interpreter, so that you can be sure your message was correctly conveyed.
5. **What regulations do you need to remember regarding language interpretation in a clinical setting?**
 - **Suggested Answer:** Language interpretation is federally mandated by the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Key Points for Students

- ⊙ Even if the student spoke Chinese fluently and the interpreting scenario involved something more straightforward than a transplant procedure, the student should be encouraged to guide the team to the Stanford interpreter services.
- ⊙ Include a key learning point related to bias with the use of interpreters. For example, the assumption that someone speaks the language and can be an interpreter just because they have a Chinese heritage.
- ⊙ Students are often challenged with being asked to interpret.
 - They should be encouraged to let their team know that they are not comfortable interpreting.
 - Even if they do feel comfortable interpreting, they should be aware of the Hospital policy and let their team know they can use the trained interpreter services.
 - Students are also in the role as a learner and playing the role as an interpreter may compromise the student's ability to fully learn.
- ⊙ In outlying clinics and other places where interpreters are not available, other options are available, such as the phone ATT interpreter services.
- ⊙ Students should be encouraged to view Stanford Hospital's video by Charles Liao on the use of interpreters.

Summary and Application

- ⊙ The risk of a poor explanation of his procedure could affect Mr. Chen's welfare and comfort.
 - Mr. Chen's questions are very important to him, and he is seeking reassurance before a very major surgery.
 - He deserves to be treated like any other patient facing a complex transplant procedure—which in this case means obtaining the services of an interpreter and ensuring that all questions are answered fully and accurately.
- ⊙ Stanford has interpreter resources for when you find yourself in a situation similar to David's.

SCENARIO 5 • Transplant Unit

- **Stanford Medicine’s Interpreter Services** provides medical interpretation and translation. The department includes staff, interns, agency interpreters, videoconference and telephone interpreters who support full coverage throughout all of Stanford Health Care. If an interpreter is not immediately available, you may also contact an AT&T On Demand Interpreter.
- **Contact information:**
 - <https://stanfordhealthcare.org/for-patients-visitors/interpreter-services.html>
 - **650-723-6940**

SCENARIO 6 • Clinic

Goal for this Case

- ⊙ Explore the value of performing a spiritual assessment for patients in addition to clinical assessment.

Eleanor

Eleanor is a third-year medical student.

SCENARIO AUDIO SCRIPT

Eleanor: Dr. Walker, can I do a quick consult with you on my patient?

Dr. Walker: Yes, come on in. What's going on?

Eleanor: I just examined Mr. Ali, who's doing well with his meds for hypertension and hyperlipidemia. But I'm more concerned that he's having hallucinations. He seems a bit peculiar...really "out there".

Dr. Walker: Tell me why you think that.

Eleanor: He wasn't very interactive with me, so I went over his social history. I learned that he lives alone. His wife passed away a year ago from ovarian cancer.

When I asked how he's dealing with his wife's death, he described hearing God speak to him about spreading His Word.

He doesn't drink or do any drugs. He does have a history of depression and anxiety, but there's no record of any past treatment for that.

Dr. Walker: What makes you think he was hallucinating?

Eleanor: He just keeps describing the voice he hears from God...he believes he really hears him.

Dr. Walker: Did you ask Mr. Ali about his religious beliefs?

Eleanor: I didn't ask about that...no other attendings have questioned me on a patient's religion or spiritual perspectives, so I don't ask.

Dr. Walker: That information often helps us understand how individuals and families deal with a loss.

Eleanor: Oh...I never thought of it that way.

Dr. Walker: Sometimes, the spiritual aspect of a patient is very important to understand how they respond to a life stress. In my experience, some patients speak to their God, and others—God speaks to them. Patients who are very religious can describe visions, or hearing the voice of God. In rare situations in some beliefs, some even speak unintelligible words that are thought to be messages being sent from a deity and spoken through the person.

Eleanor: Kind of like...what's is it called... speaking in tongues?

Dr. Walker: Exactly. It's important to be able to identify the patient's spiritual beliefs, not only to interpret their comments, but also to work within their belief system to address their physical and mental health issues. What is Mr. Ali's religion?

Eleanor: I presume he's Muslim...because of his name, "Ali." I guess that's a pretty big assumption. I don't usually ask our patients anything about religion, because I don't want anyone to think I'm being too personal—or that I might be biased against them.

Dr. Walker: Medical care is personal...it's our job to take care of the whole patient; to understand their physical health issues, but also how they interpret their health and wellness. It's important that we gather this type of information, particularly when patients are in stressful situations. Why don't we go in together and ask Mr. Ali some more questions?

Workbook Questions

- ⊙ Ask the students to share their answers to the questions they answered in their Workbooks:
 - 1. What was the problem in this case, related to bias?**
 - 2. What impact might Mr. Ali's behavior have on the treatment he receives—if his religious beliefs remain unknown?**

Additional Discussion Questions

- ⊙ Facilitate a discussion using the following questions.
 - 1. Have you ever been in a situation like this—where you encountered a patient (or other person) who claimed they were having a religious experience? What happened?**

2. Have you experienced patients whose plan of care was influenced by their spiritual beliefs? How did you navigate the situation?
3. Do you query patients about their spiritual beliefs now? Why or why not?
4. What positive effects have you seen in patients who have deep spiritual beliefs?
5. Based on Professor Lurhmann’s³ work as featured in the e-learning module, how do you discern the differences between schizophrenia and religious voices?

SCHIZOPHRENIA	RELIGIOUS VOICES
<ul style="list-style-type: none"> ⊙ RARE: “Schizophrenia, the most debilitating of all mental disorders, is pretty rare. Only about one in 100 people can be diagnosed with the disorder.” ⊙ FREQUENTLY: “People with schizophrenia who hear voices hear them frequently. They often hear them throughout the day, sometimes like a rain of sound, or a relentless hammer. They hear not only sentences, but paragraphs: words upon words upon words.” ⊙ ANGRY: “What the voices say is horrid—insults, sneers and contemptuous jibes.” 	<ul style="list-style-type: none"> ⊙ COMMON: “Hearing a voice when alone, or seeing something no one else can see, is pretty common. At least one in 10 people will say they’ve had such an experience if you ask them bluntly.” ⊙ BRIEF: Of those hearing voices from God whom the professor has studied, their...experiences were brief: at the most, a few words or short sentences. They were rare. ⊙ POSITIVE: “These experiences often made people feel more intimate with God, and more deeply loved.”

³ Tanya Marie Lurhmann is the Watkins University Professor in the Stanford Anthropology Department. Her work focuses on the edge of experience: on voices, visions, the world of the supernatural and the world of psychosis.

Practice a Spiritual Assessment

- ⊙ Allow the students to discuss and/or practice asking patients about their spiritual beliefs. The following suggestions are offered in the e-learning module.
 - “As physicians, (or, as physicians-in-training,) we have discovered that many of our patients have spiritual or religious beliefs that have a bearing on their perceptions of illness and their preferred modes of treatment. If you are comfortable discussing this with me, I would like to hear from you of any beliefs or practices that you would want me to know about as your care giver.”
 - Follow-up questions can be used to elicit additional information. If the patient says “no” or “none” it is a clear signal to move on to the next topic, although it is often productive to ask before leaving this topic if other family members have spiritual beliefs or practices in order to better understand the family context and anticipate concerns of the immediate family.⁴

OTHER QUESTIONS TO OPEN THE CONVERSATION...

- ⊙ Can you tell me anything about your customs that might affect your health care? What about your diet?
- ⊙ How important is religion (or spirituality) in your life?
- ⊙ Some patients have spiritual or religious beliefs that prevent them from having certain tests or treatments, such as blood transfusions. Do you have any specific concerns?

Summary and Application

- ⊙ Everyone deals with health with a spiritual perspective, if we consider that “spiritual” is a description of our core belief of our existence. As such, one can have a core belief of existence that is purely scientifically based, as an atheist, or a belief of existence that comes from a religious or a philosophical perspective.

⁴ “Spirituality and Medicine” Thomas R. McCormick, D.Min. (April 2014). (<https://depts.washington.edu/bioethx/topics/spirit.html>)

- ⊙ The importance of understanding this aspect of patients' lives is to avoid conscious or unconscious biases that might interfere with our relationships and care of them. It is also a way to build stronger relationship with our patients by understanding their views of life.
- ⊙ If we examine the CDC and WHO perspective of factors that affect health (genetic–5%, health care–20%, health behaviors–20%, and the patient's ecologic environment–55%), the latter two can be very much affected by spiritual issues. Therefore, health care providers dealing with diverse populations need to have an understanding of the patient's “spiritual” perspective.