

Bias and Sociocultural Awareness in Clinical Settings



PARTICIPANT WORKBOOK

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SCENARIO 1 • Emergency Room

Yolanda

WHAT'S GOING ON IN THE CONVERSATION?

Answer the following questions about the scenario.

1. What are your observations of this encounter related to potential bias?

2. How might judgement or bias affect the patient's outcome?

Strategies for Yolanda and Dr. Wald

TRY THESE IDEAS

- ⊙ This strategy involves replacing stereotypical responses with non-stereotypical responses.
 - First, stop to recognize that a response may be based on stereotypes, consider labeling the response as stereotypical, and reflect on why the response occurred. Next, consider how the biased response could be avoided in the future and replace it with an unbiased response (Monteith, 1993¹).
 - As medical professionals, we rely on our previous experiences to interact with new patients. This may not only include experiences inside the medical environment, but also from personal experiences

¹ SOURCE: Devine PG, Forscher PS, Austin AJ, Cox WTL. Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of experimental social psychology*. 2012;48(6):1267-1278. doi:10.1016/j.jesp.2012.06.003.

SCENARIO 2 • OB/GYN Practice

Syed

WHAT'S GOING ON?

After listening to the conversation between Syed and Dr. Brandis, answer the following questions.

- 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's 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?**

What We Believe

Stanford medical students—both at 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** 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?

Instant Replay!

After listening to the “instant replay” version of the conversation, answer the following questions.

1. What do you think about how Syed handled the situation this time?

2. What would you have done—either similarly to Syed or differently?

Changing a Habit

- ⊙ Changing a habit is a multistep 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.²
- ⊙ 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.

² Bandura A. Social cognitive theory of self-regulation. *Organ Behav Hum Decision Proc.* 1991; 50:248–287.

SCENARIO 3 • Pediatrics Ward

Dr. Jackson

WHAT'S GOING ON?

After listening to the exchange between Dr. Lureen Jackson, Rachel, and Mr. Nelson, answer the following questions.

1. Should Dr. Jackson have left the room? The father was clearly anxious. What should Dr. Jackson have done?

2. What should Rachel do?

Strategies for Dr. Jackson

In a physician discrimination study³, 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 the discriminatory remark (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;

³ 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.

SCENARIO 4 • Dermatology Clinic

Padma

WHAT'S GOING ON?

After listening to the conversation between Padma and Dr. Martinez, answer the following questions.

**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?

What Padma Believes

- ⊙ 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.
- ⊙ 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.

SCENARIO 5 • Transplant Unit

David

WHAT'S GOING ON?

After listening to David's story, answer the following questions.

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?**

The Risk

- ⊙ 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.
 - **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.

Instant Replay!

After listening to the “instant replay” version of the story, answer the following questions.

- 1. What do you think about how David handled the situation this time?**

- 2. What would you have done—either similarly to David or differently?**

Resources

HELPFUL RESOURCES ON INTERPRETERS

Video: Stanford School of Medicine: Working with Professional Interpreters

- Ⓞ This thorough 18-minute video offers lots of great tips for working with interpreters in a medical setting.
 - <https://youtu.be/Uhzcl2JDi48>

INTERPRETER POLICY

- Ⓞ This PDF brochure summarizes the Stanford Medicine Interpreter Policy.
 - <https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/in-terpreter-translation-services-policy-brochure-website.pdf>

SCENARIO 6 • Clinic

Eleanor

WHAT'S GOING ON?

After listening to Eleanor and Dr. Walker's conversation, answer the following questions.

- 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?**

Religious Unconscious Bias

- ⊙ A religious unconscious bias, unlike unconscious bias of external characteristics, can be tricky to navigate just by the sheer number of types and versions of religions out there. For example, there are an estimated 30,000 versions of Christianity alone.⁴
- ⊙ Of course, finding out a person's religion doesn't automatically mean you'd understand all of the nuances and practices that fall under that religion. But it can be an important clue in finding out a patient's preferences and what might be considered 'the norm.'

⁴ SOURCE: Eric Dietrich Ph.D. "Why Are There So Many Religions? Evolution is staring us in the face." Psychology Today. Posted Apr 07, 2015

Schizophrenia vs. Religious Voices⁵

- ⊙ What's important to note from a medical standpoint is to differentiate between what would be considered a medical concern and someone who believed they were experiencing a religious phenomenon.
- ⊙ Following are the distinctions Professor Luhrmann finds between the two.

SCHIZOPHRENIA

- ⊙ **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.”

RELIGIOUS VOICES

- ⊙ **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.”

⁵ SOURCE: Tanya Marie Luhrmann, 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.

Instant Replay!

After listening to the “instant replay” version of the conversation, answer the following questions.

- 1. What do you think about Eleanor’s initial assessment now?**

- 2. What would you have done—either similarly to Eleanor or differently?**

Resource

- © Harvard’s Implicit Bias Test (IAT)
 - <https://implicit.harvard.edu/implicit/>