



University of California
San Francisco

Inclusion & Equity in the Clinical Environment

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<https://meded21.ucsf.edu>

 #UCSFMedEd21

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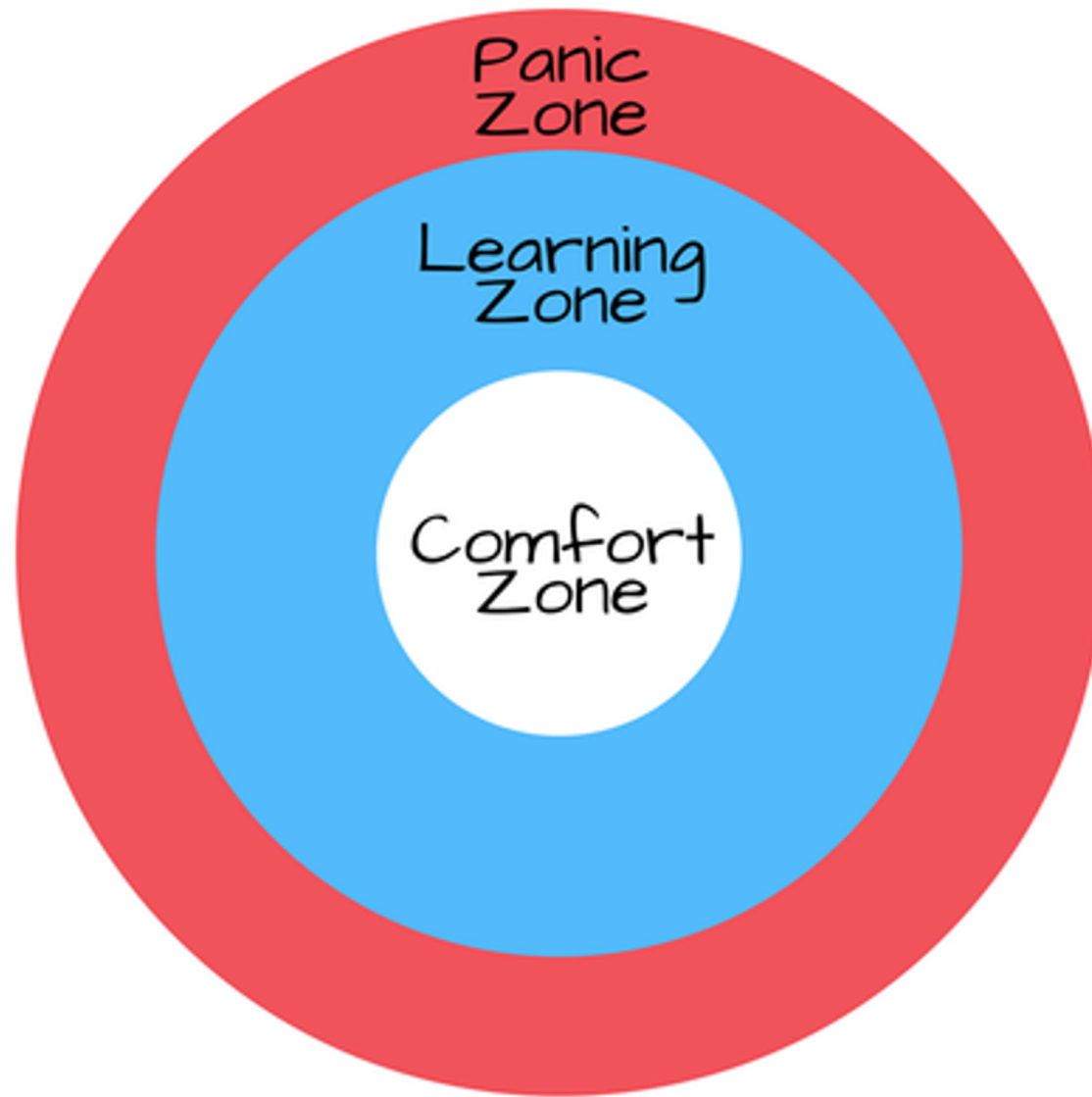
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Disclosure

No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose.

Acknowledgements

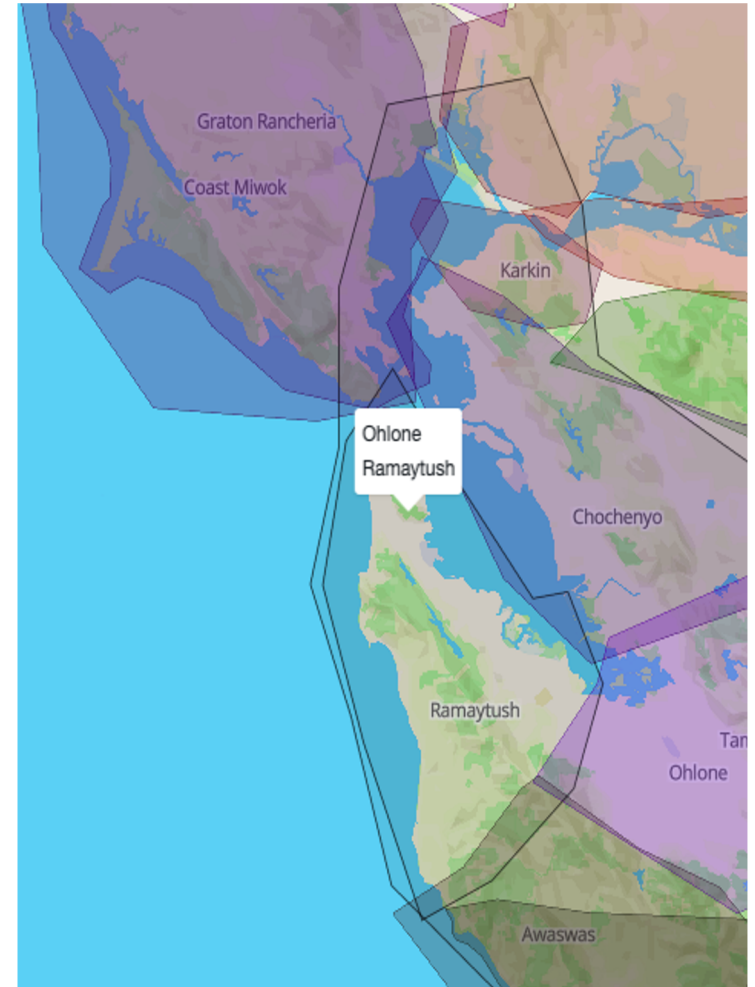
1. We are each experts in our own lived experience
 1. This talk *MAY* make you uncomfortable...



Territory Acknowledgement

*We are on the land of the
Ramaytush Ohlone people.*

For more on territory acknowledgements, see:
native-land.ca/territory-acknowledgement



Learning Objectives

- Differentiate between structural and interpersonal bias
- List types of biases that can interfere with the learning environment and describe their impact on the clinical learning environment
- List strategies you can use to create an inclusive learning environment

Guidelines for Discussion

- Avoid interruptions
- Avoid generalizations
- Be specific and use examples
- Assume good intentions
- Own impact
- Share the space
- What happens here stays here



Case 1

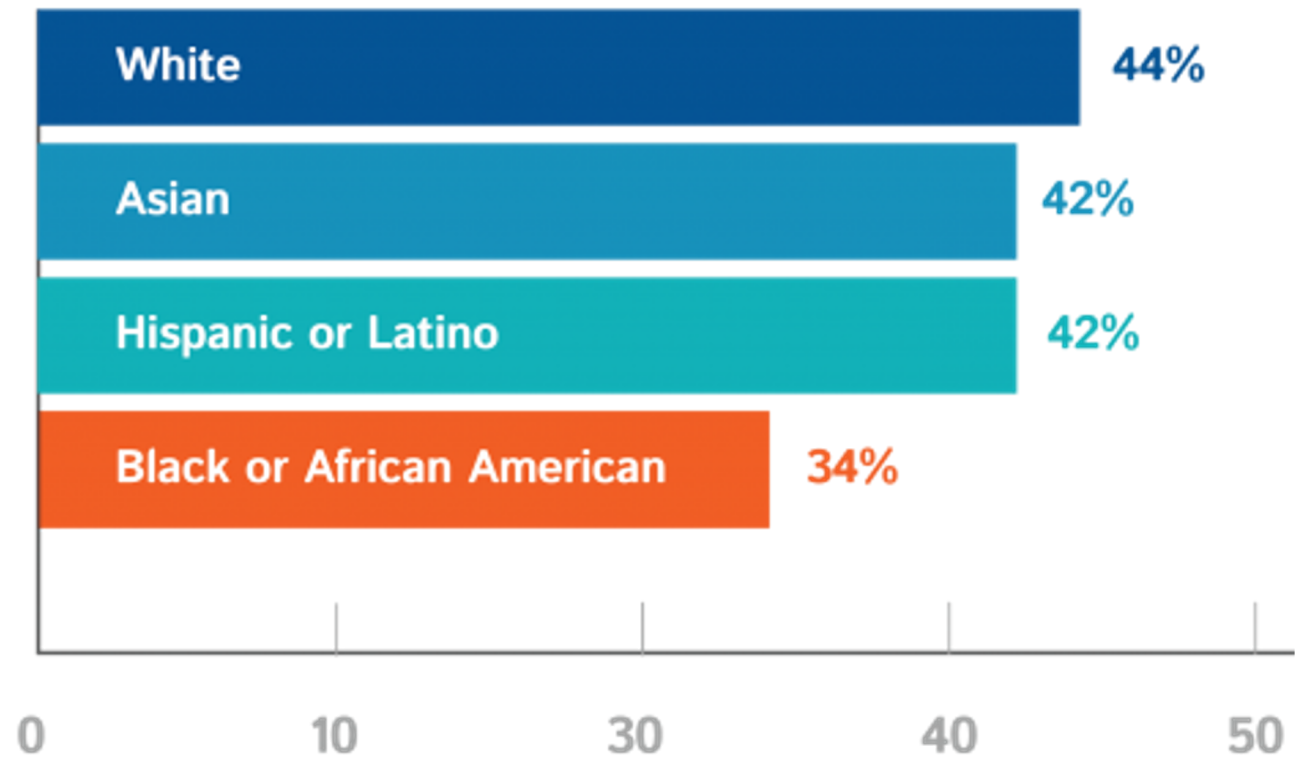
You take over the ER care of Jarvis, a somewhat reserved 11 year old African American boy who is awaiting surgery for appendicitis. Introducing yourself, you observe that he is in pain and somewhat breathless from it. All of his diagnostic tests obtained in the ER indicated appendicitis, likely without rupture. You look to see how much pain medicine he is requiring in the ER. You see that though Jarvis reported a pain score of 8 about 90 minutes ago, he has not received any pain medicine since he first arrived to the ER 4 hours ago.

- 1) What are some of the reasons Jarvis might not have received adequate pain relief?
- 2) What are some of the historical contexts/beliefs that might fuel implicit bias here, making Jarvis' pain less urgent than a child of another race?
- 3) How can you know whether this patient reflects an institutional/structural pattern?

Why do we care?

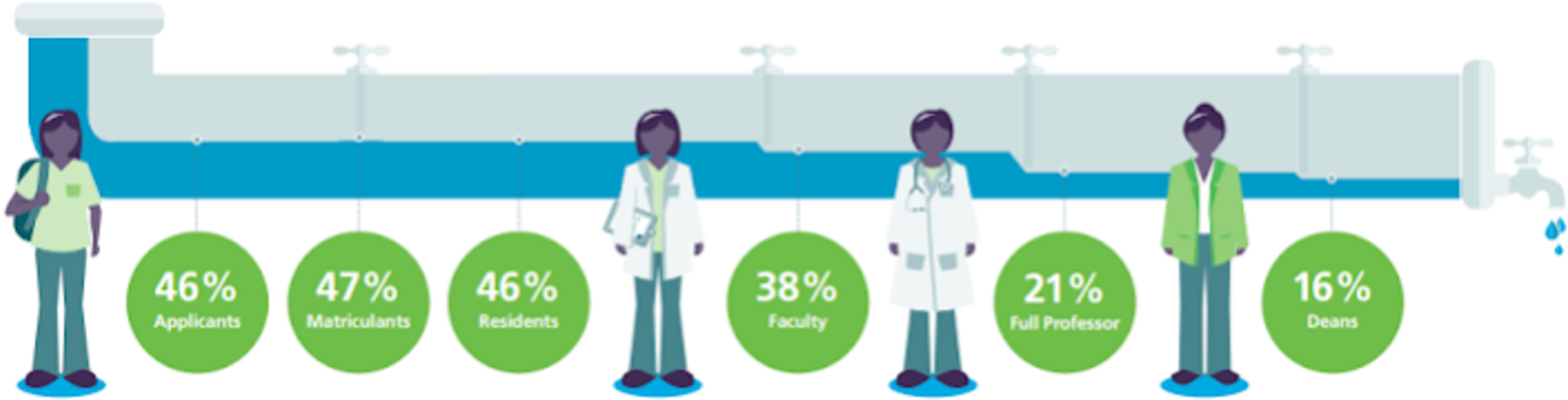


Black or African American applicants have lower medical school acceptance rates than peer applicants



www.aamc.org

Women are underrepresented in academic leadership



www.aamc.org

A Hostile Work Environment

Opinion

VIEWPOINT

PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Making All Lives Matter in Medicine From the Inside Out

Michael O. Mensah, MD
University of California, San Francisco Medical School, San Francisco, and Semel Institute for Neuroscience and Human Behavior, Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles, Los Angeles.

Invited Commentary
page 1415

I was in medical school when I learned that I did not matter in medicine.

One particular day on service started uneventfully. However, after the team's discussion of a patient, all attention turned toward me when a senior physician asked me a question about the rap music that had been playing in the background.

"Help me understand something," I recall the physician saying. The physician asked about word choice in rap lyrics, and then, pretending to quote a rap song, repeated the word "nigger" several times in rapid-fire succession.

Hearing the n-word sent my pulse racing. Suddenly on defense, I was thrown into the all-too-familiar role of race ambassador: spokesperson for all people and culture considered to be black. I had a repugnant choice: swallow my lump of anger and sadness to preserve group harmony, or risk my grade and reputation by confronting my superior.

My dignity withered during my chosen moment of silence. The subintern of color offered me a weary glance, but my superiors ignored the incident. Like when another physician mocked Jamaican patients a few months earlier, skin color obscured human dignity. I felt 17 again, when a police officer had me at gunpoint—poised to erase decades of my family's struggle in seconds with my body's fate in hand—for walking in my neighborhood. On the street or the hospital ward, I "fit the description." I did not matter.

according to 1 study.⁶ Finally, through evaluations critical to career advancement, attending physicians influence the career trajectory of students and trainees, rendering confrontations high-stakes interactions.³ These factors explain why my team did not defend me: I was a temporary addition to their busy team, they felt uncomfortable, and they had a lot to lose.

Notwithstanding barriers to confronting racial bias, medical students of color experience racism in the health care workplace. Compared with their nonminority peers, medical students who are racial minorities have reported nearly 5-times higher odds of experiencing racial discrimination, prejudice, and feelings of isolation.⁸ Moreover, students with these experiences were more likely to screen positive for depression and report lower mental quality of life.⁴ Enduring racial bias adds to the stress of medical training, unfairly burdening medical students of color.

Racial bias among attending physicians presents a particularly harmful threat to students and trainees of color. However, according to 1 study⁶ in 2017, faculty self-report little to no racial bias. Researchers administered the Black-White Implicit Attitudes Test (IAT) to 140 faculty and medical students from the medical school admissions committee at the Ohio State University. The Black-White IAT detects implicit racial bias. For example, if a study participant associates images of white people with positive words

Mensah M. Making all lives matter in medicine from the inside out. *JAMA Int Med* 177(10) 2017.

In the learning environment...

UIM medical students are nearly 5x more likely to experience racial discrimination, prejudice and isolation (Dyrbe 2007)

For UIM students, an adverse climate may be decreasing the attractiveness of careers in medicine, impairing their academic performance, and increasing social attrition (Orom et al 2013)

UIM residents experience “a daily barrage of microaggressions and bias” (Osseo-Asare 2018)

UIM faculty have a lower sense of inclusion, trust and relationships than non UIM peers (Pololi et al 2013)

The Opportunity

By being aware of privilege and bias, we can:

- Create safe and inclusive learning environments
- Educate learners and peers
- Take action
- Gain insight into our own biases, as well as the structural biases that impact how we practice
- Actively work to mitigate bias

Our goal is to create an inclusive environment

An environment
where all people feel
equally valued and
are able to flourish.



AND

We must take
responsibility for and
address interpersonal
bias

We must ALSO
recognize the
structural biases built
into our systems

Interpersonal Bias



How does bias show up in the learning environment?

Overt bias

Unconscious Bias

Microaggressions

Stereotype Threat

In-Group Favoritism

Bias: Inclination for or against a person or group of persons on the basis of certain forms of identity or inherent characteristics.

Basis for Bias

- Gender
- Gender identity
- Race
- Ethnicity
- Religion
- Sexuality
- Ability
- Socio-economic status
- Class
- Weight
- Citizenship
- Native Language

Intention v. Impact



Intention: What I meant to do

Impact: What I actually did

Focus on intention is an act of privilege

Interpersonal Bias Ranges from Subtle to Overt

- Harassment
- Rude, discourteous behavior
- Interrupting
- Ignoring
- Overlooking, belittling colleague's contribution
- Eye-contact
- Amount of time spent



Subtle:

You are so articulate

Where are you really from?

Oh, you're the doctor?

Oh wow, how'd you get into

THAT program?

Overt:

*I want to see a white
doctor*

*Women don't make good
doctors*

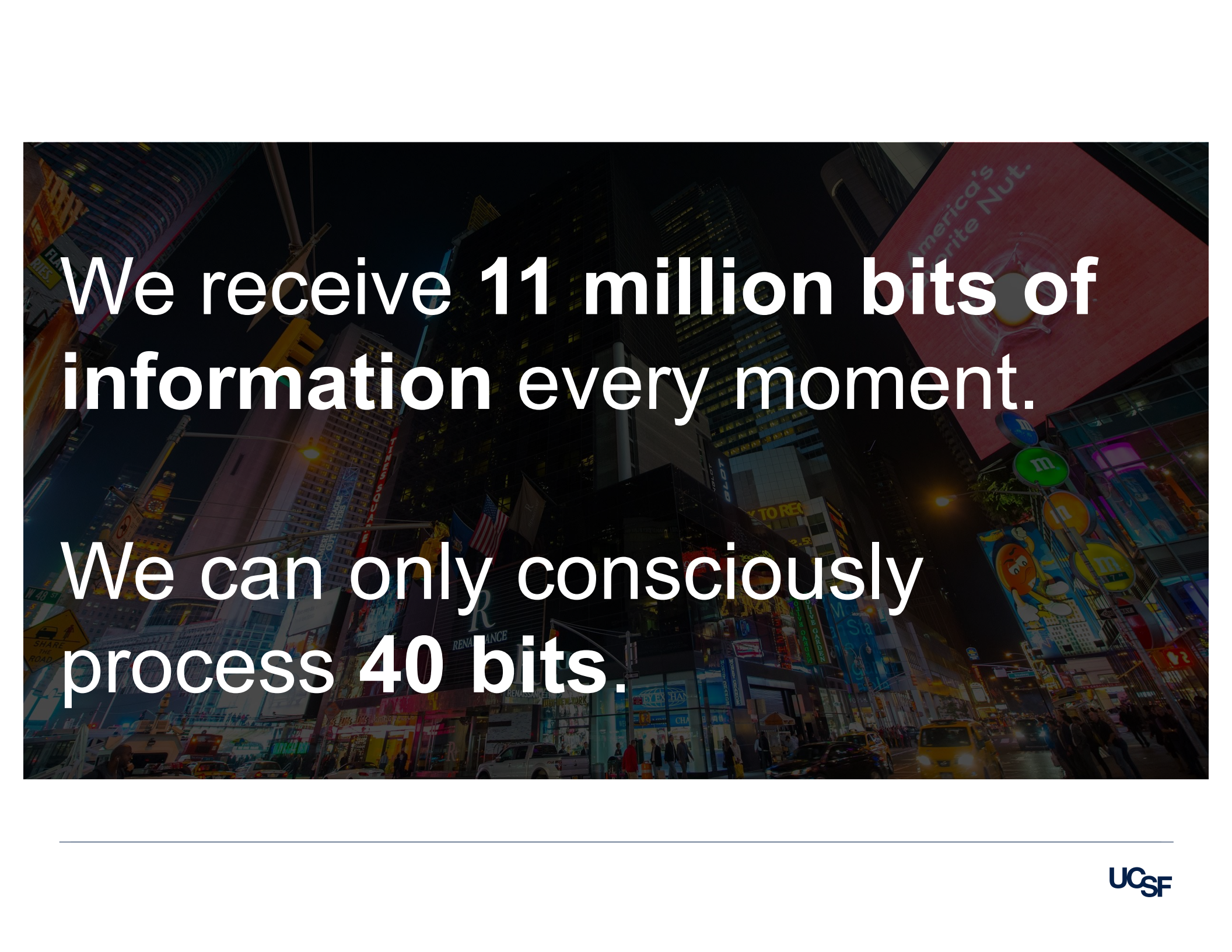
Racism is changing in America



Unconscious Bias







We receive **11 million bits** of
information every moment.

We can only consciously
process **40 bits**.

99.9999996%
UNCONSCIOUS

YOU are biased.

(So am
I.)



It matters.



What activates bias?

Stress

Time constraints

Multi-tasking

Need for closure



Unconscious Bias: What can we do?

Use tools to explore your own biases (IAT: <https://implicit.harvard.edu>)

Slow down/practice mindfulness

See diverse others as individuals, not a group

Have direct contact with members of other groups

Solicit 360 feedback

Manage your context & environment



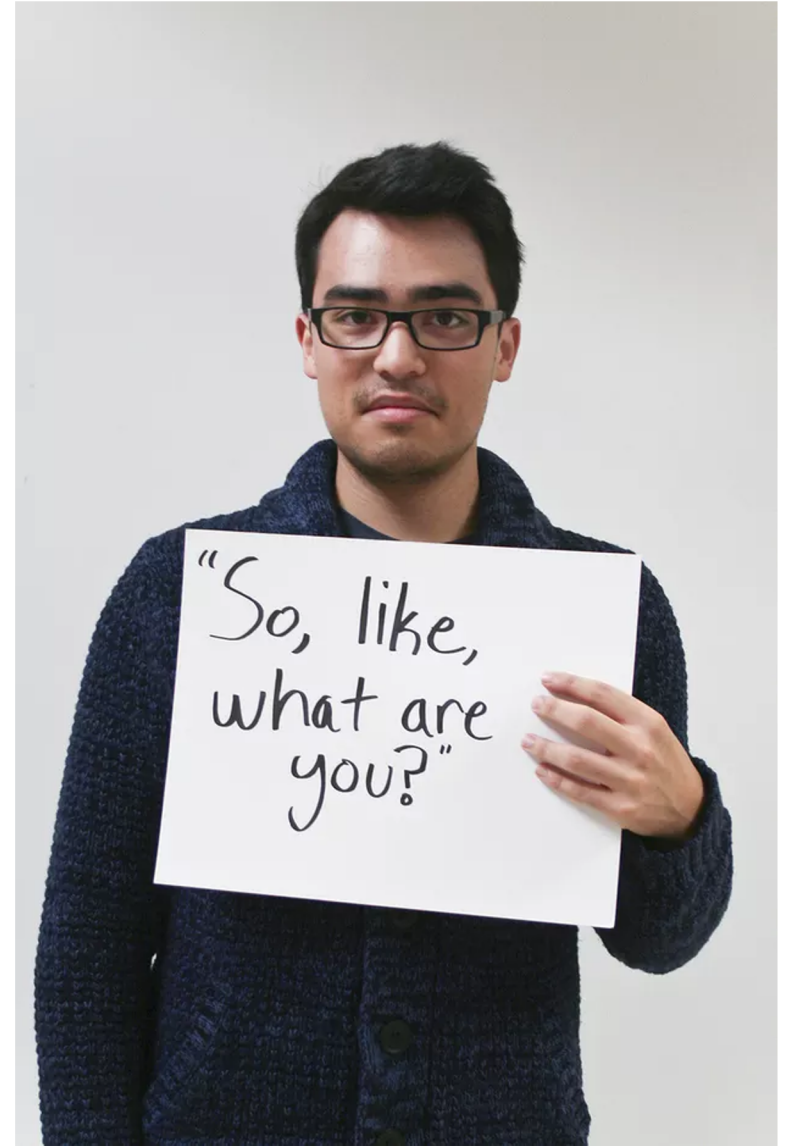
Microaggressions



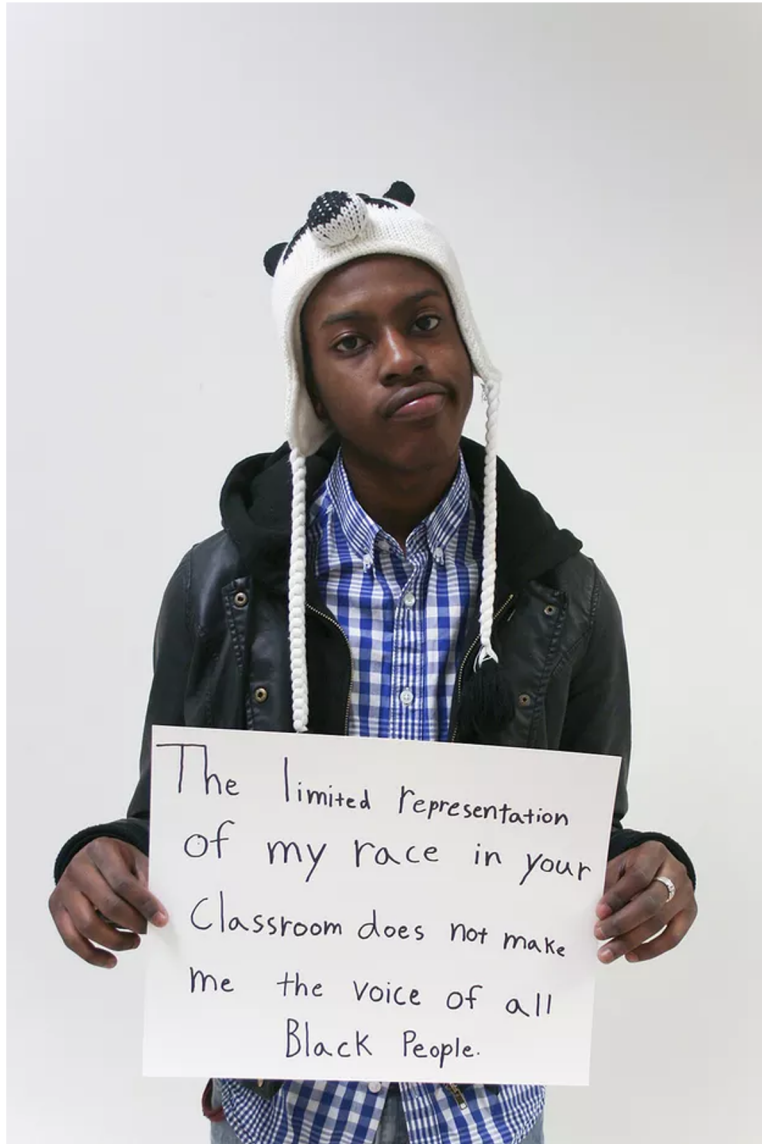
Microaggression

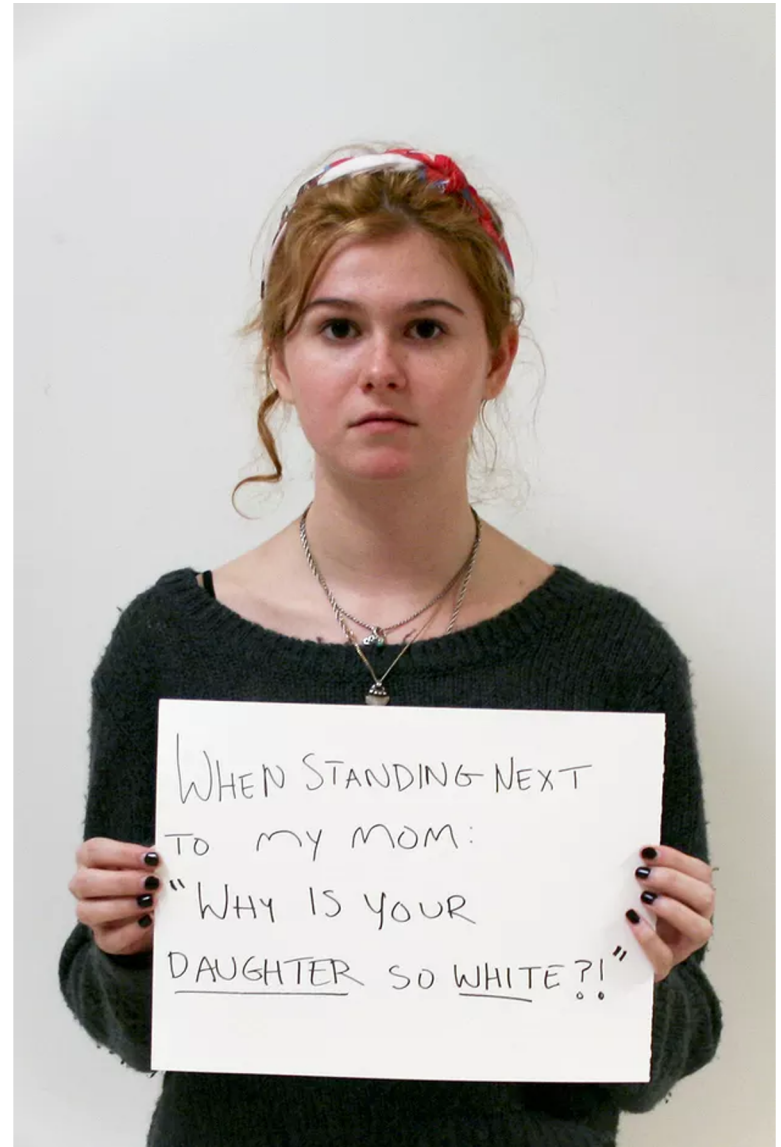
Brief exchanges, made intentionally or unintentionally, that invalidate or hurt a marginalized group

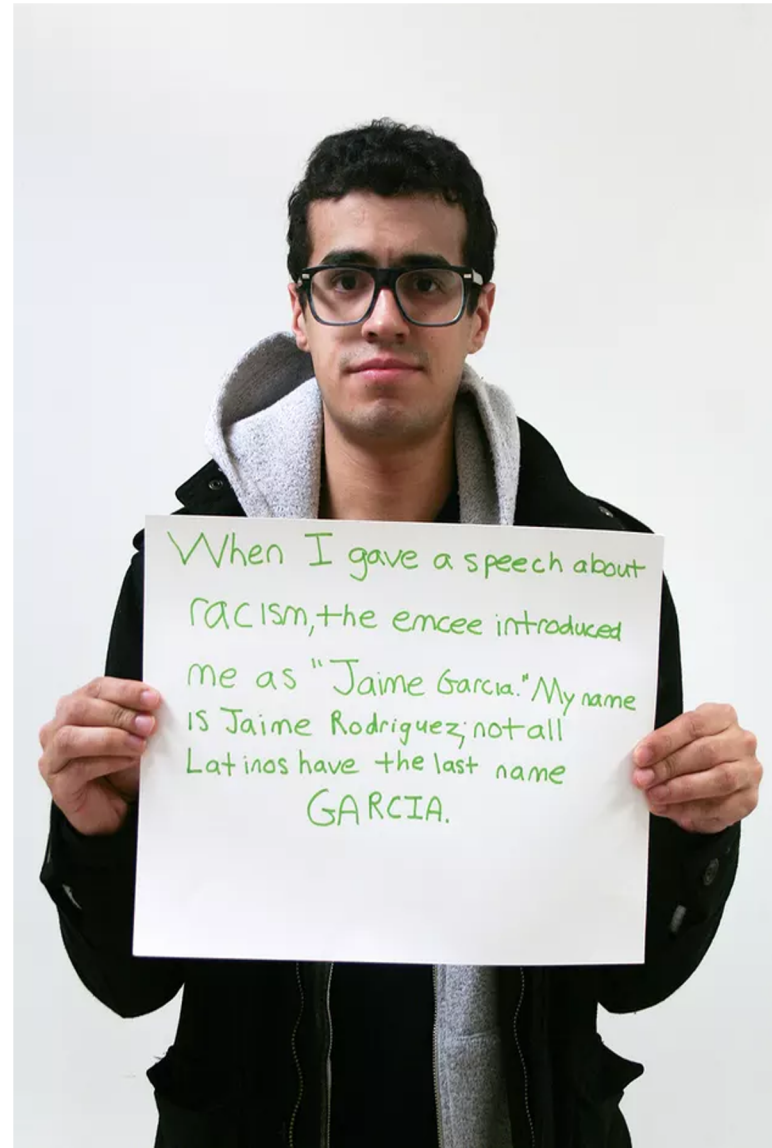












How do microaggressions detract from the learning environment?

Case: Addressing Microaggressions

Challenges in interrupting microaggressions

Did a microaggression really occur?

Potential negative consequences of responding

Power dynamics

Lack of research on how to change behaviors around microaggressions

Interrupting Messages

I'm just curious...what makes you ask that?

I heard you say XXX. What makes you believe that?

Can you give me some examples?

XX brings up a good point but I didn't get to hear all of it. Can XX repeat it?

I'm wondering what message this is sending her. Do you think you would have said this to a white male?

Interrupting Messages

When I hear that remark, I'm offended too because I feel that it marginalizes an entire group of people that I work with.

I don't think this is funny. Please stop.

I want to go back to something I heard you say yesterday. I'm wondering what made you ask that/say that

Tips for interrupting microaggressions

Use impact and preference statements together

Separate the person from the behavior - “you’re racist” versus “that could be perceived as racist”

Try using “what made you” or “how” instead of “why”, which can put people on the defensive

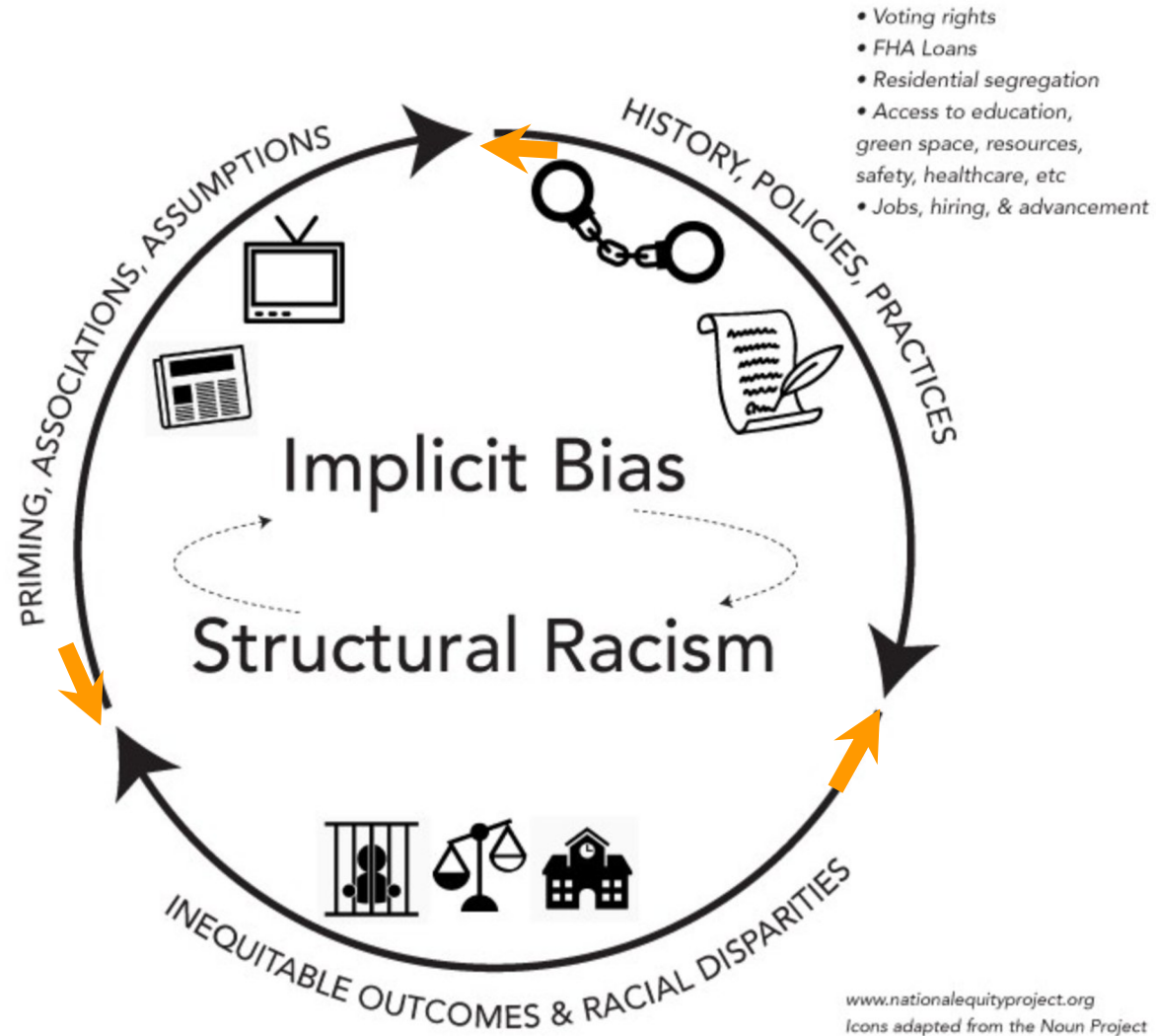
Think about your own intention versus impact in interrupting the microaggression

Why talk about structural racism?

Racism

System of advantage
[and unequal health
care quality] based
on race at the root of
social inequities

David Welman



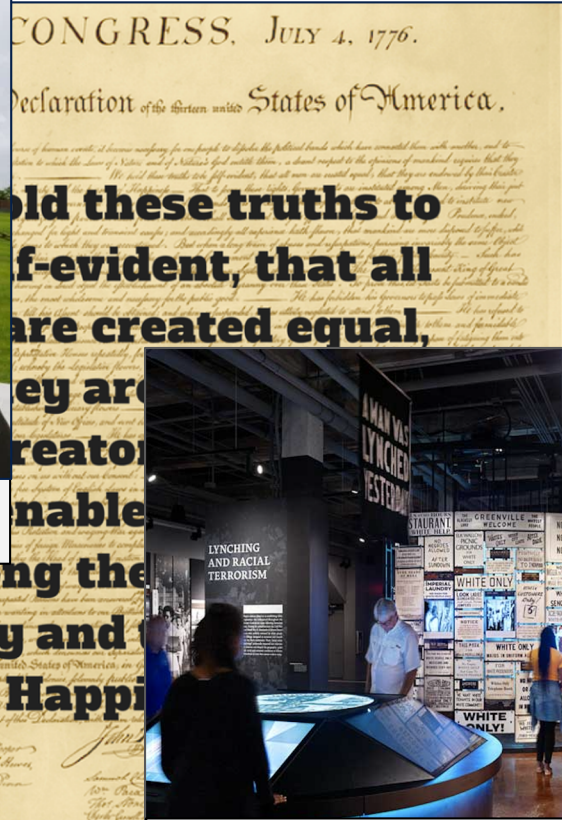
Implications of Structural Racism in the Clinical Environment

- Affects who is in the clinical environment
 - Caregivers
 - Patients
 - Learners
 - Teachers
 - Decision makers
- Affects patient health outcomes

Our Country was Built on a Narrative of White Supremacy



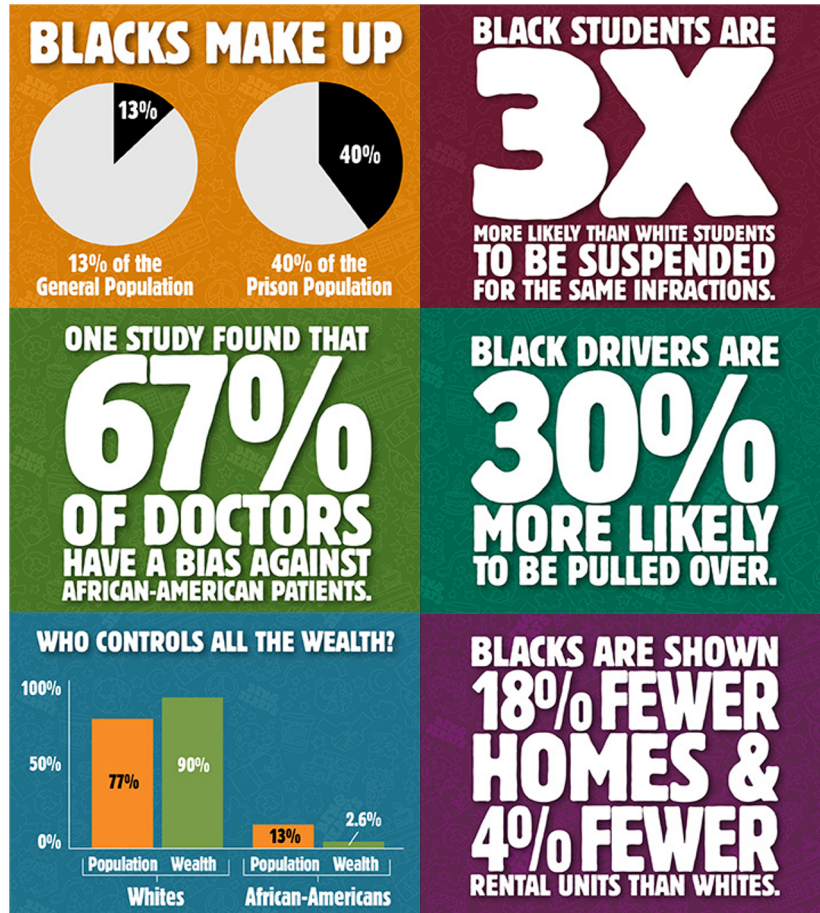
National Memorial for Peace & Justice, Montgomery AL



Legacy Museum, Montgomery AL

(photo: EJI)

Where do we see structural racism show up?



- Housing
- K-12 and higher education
- Transportation
- Employment
- Healthcare access
- Financial security
- Social network
- Prison system

EVERYWHERE

Biased systems
CREATE
and
SECURE
inequality

In 2017...

Congress: 90% white

Governors: 96% white

Top military advisers: 100% white

President and Vice President: 100% white

President's cabinet: 91% white

Teachers: 83% white

Full-time college professors: 84% white

People who decide what:

- **TV shows we see:** 93% white
- **Books we read:** 90% white
- **News is covered:** 85% white
- **Music is produced:** 95% white

Pair Share: 5 min

What are some examples of bias you have seen in the clinical environment? Are they structural, interpersonal, or both?

A Justice Framework

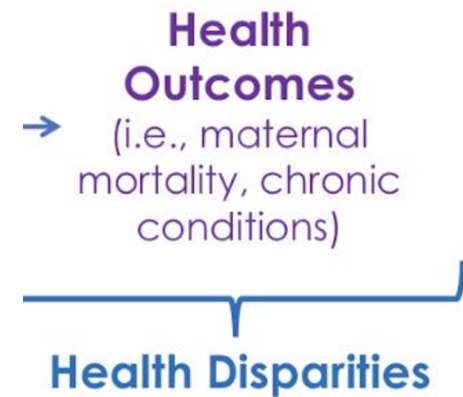


The Approach to SDOH in Medical Education

“

*In many ways, the current approach to the SDOH within medical education positions them as "**facts to be known**" rather than as "**conditions to be challenged and changed.**"*

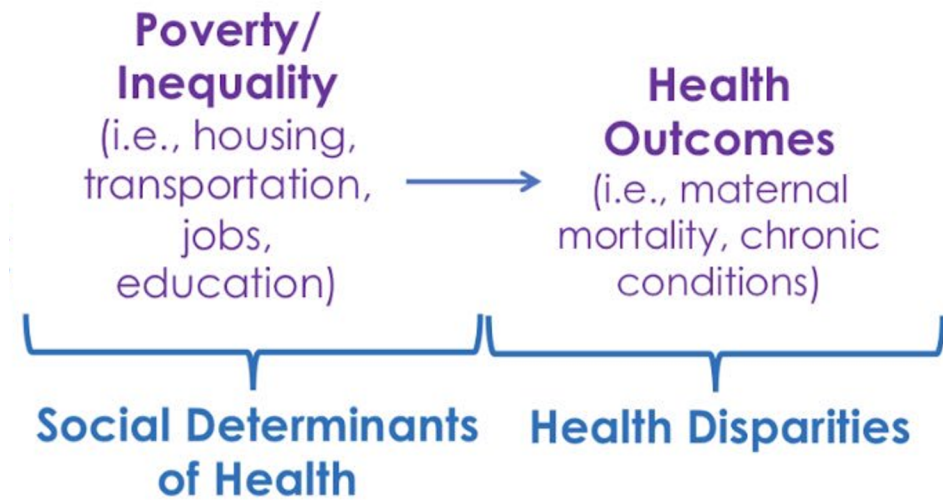
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“Structural determinants of the social determinants of health”



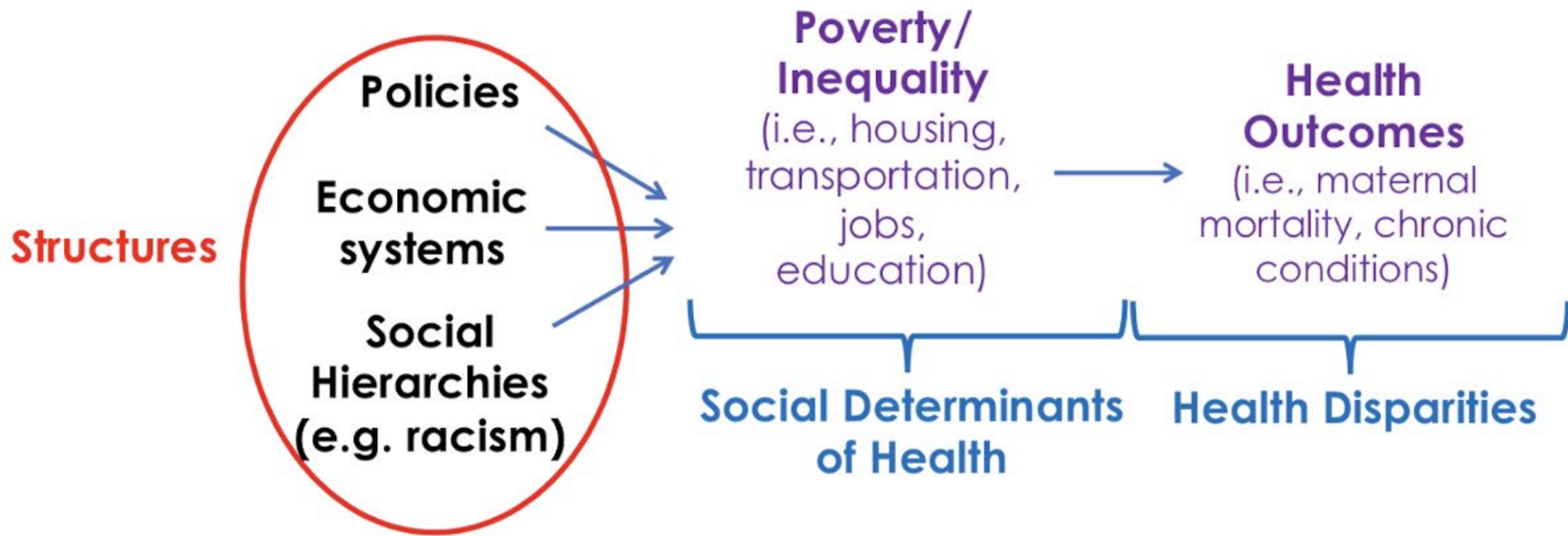
Dismantling Power, Privilege and Oppression in Healthcare - **Uché Blackstock, MD**



“Structural determinants of the social determinants of health”



Dismantling Power, Privilege and Oppression in Healthcare - **Uché Blackstock, MD**



“Structural determinants of the social determinants of health”



Dismantling Power, Privilege and Oppression in Healthcare - Uché Blackstock, MD

Maria comes to her clinic appointment late...

Traditional lens

Social determinants of
health lens

Structural lens



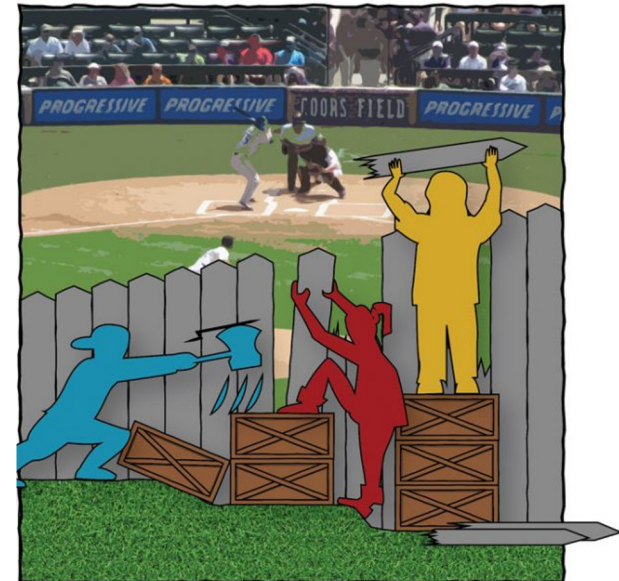
A Framework (discuss...)



EQUALITY



EQUITY



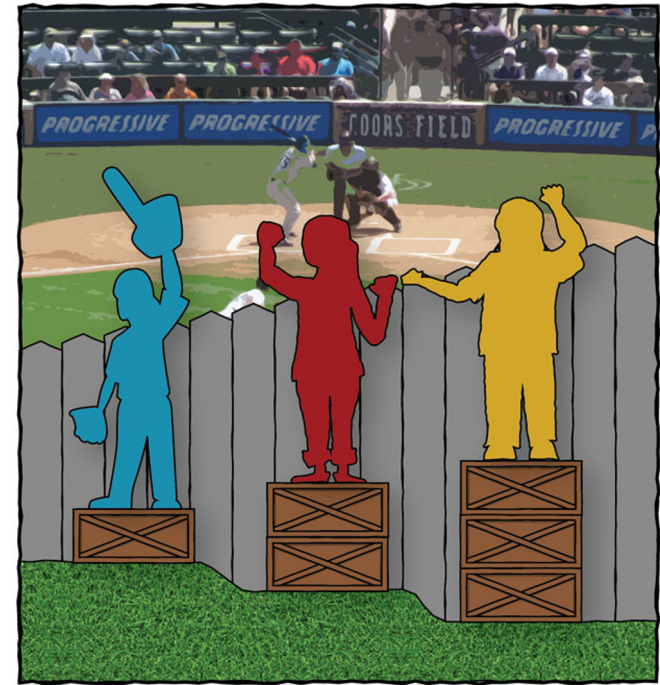
JUSTICE

Traditional lens

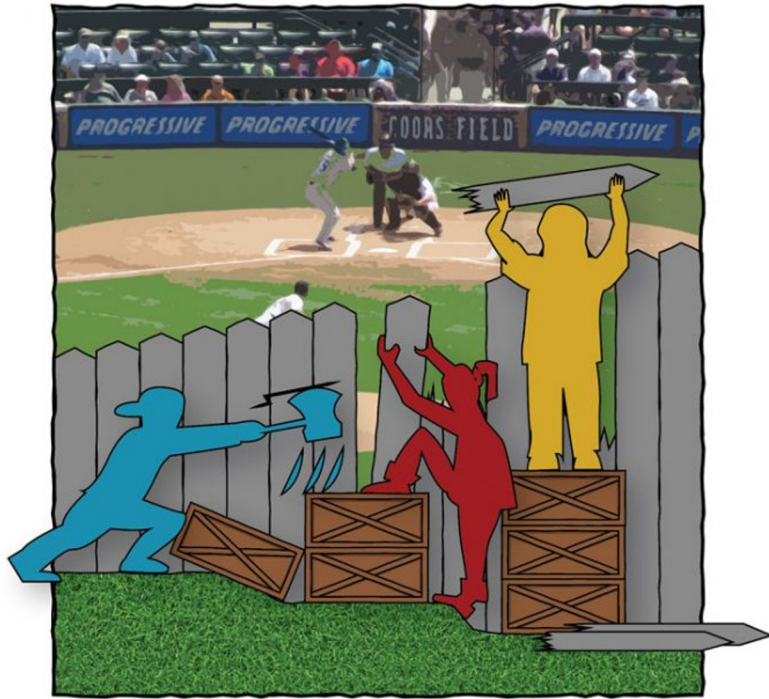


EQUALITY

Social Determinants lens



EQUITY



JUSTICE

Structural lens



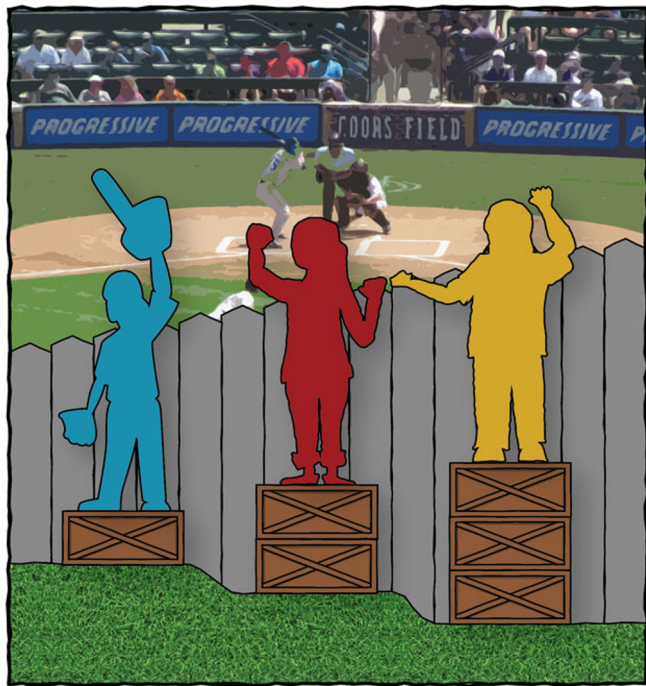
Implications of each framework on solutions



EQUALITY

You missed your appointment. We'll reschedule, but be here on time next time

Implications of each framework on solutions



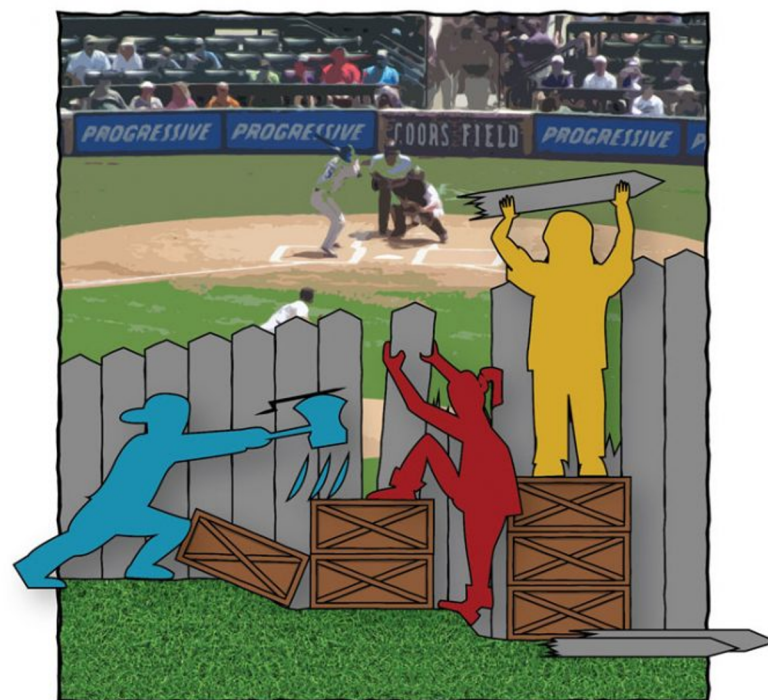
EQUITY

*I understand that you
have to take 3 buses to get
here...Let's give you a taxi
voucher for next time*

Implications of each framework on solutions

Let's give you a taxi voucher.

How can I support community policy/advocacy groups working on transportation policy?



JUSTICE

Small Groups:

- Rafael is a 13 year old Native American junior high school student who is proud that his ancestors lived on and respected the land that is now considered Oakland, CA. Ever since Heritage Day in 1st grade, some of Rafael's peers today, who attended the same elementary school, have taunted Rafael occasionally about his Native American ancestry. Though administrators advised Rafael that he avoid these boys and ignore their "ignorance," as Rafael was such a good student, Rafael finally punched one of them in the nose, making it bleed. The boy's mom wanted Rafael arrested for assault, which the principal advised against. Instead, Rafael was suspended for 5 days, and has since been more withdrawn at home and forgetting even the simplest of things like a writing utensil. This has ended him up in In-House Suspension. It seems the "light" in his eyes that you enjoyed in the past with Rafael's visits has left. His mother is deeply concerned.
-

Small Groups:

- What is the name of the Native nation that lived on the Oakland/East Bay area before the arrival of Europeans and *Californios*?
- How does Rafael's case reflect structural inequalities in our society?
- What can you do?

How do we create inclusive environments in medicine?

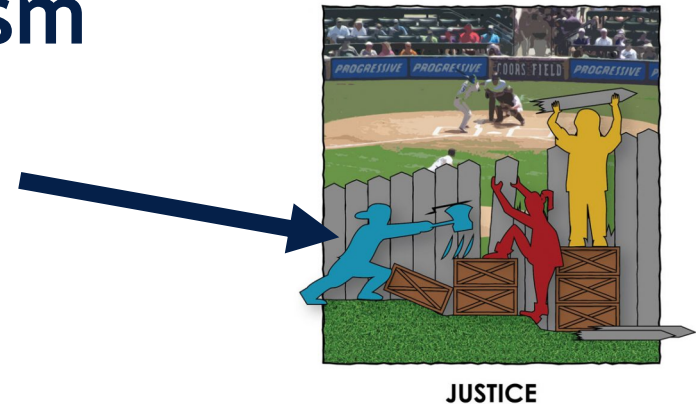


1. Be an inclusive teacher

- Learn more about diversity/equity/inclusion issues
- Explicitly state that you value diversity
- Use names and get to know the people you work with
- Set objective standards
- Promote wellness
- Acknowledge mistakes and apologize
- Be willing to be uncomfortable

2. Talk about race and racism

“If you’re white, you have a choice about whether or not you engage in uncomfortable conversations about race, and you have a choice about how much you feel the racial inequities of our society.



If you’re a person of color, however, conversations about race are unavoidable...the reality of racism is neither optional nor conceptual; it is deeply and painfully felt.”

Kelsey Blackwell

3. Interrogate and change systems and practices

- Strive for transparency in all systems
 - Build intentionally diverse teams
 - Incorporate discussions around bias and racism and its impact on both caregivers and patients
 - Think about how you can make systems more just
-

4. Take big steps:

Be an ally or accomplice

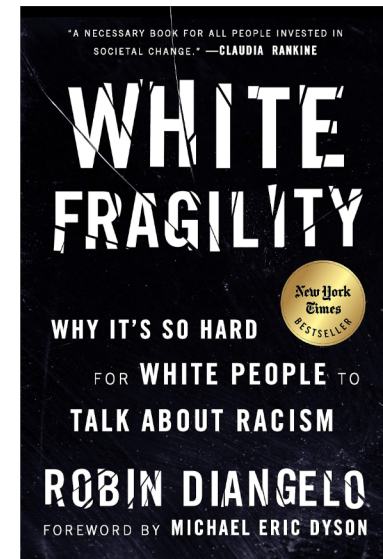
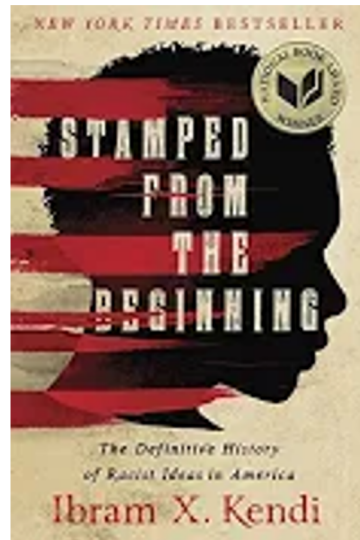
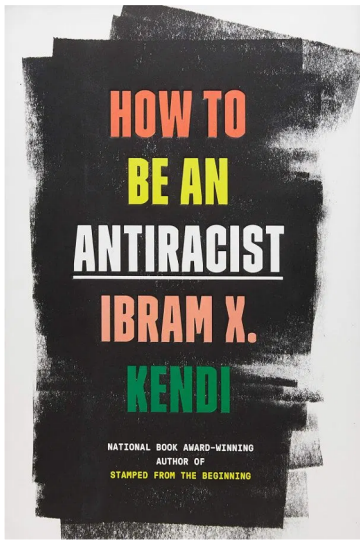
- Acknowledge and call out biases. Ask, “what role does bias play here?”
- Use your privilege to advocate for systems change
- This work we all must do - not just people of color
- Remain hopeful

Closing Reflection

What is something you are taking away from this workshop?

How can you apply this knowledge in your daily work?

Want to learn more?



Podcasts: 1619; CodeSwitch

What else?

Thank you!

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