



University of California
San Francisco

Inclusion & Equity in the Clinical Environment

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<https://meded21.ucsf.edu>

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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.

Disclosure

This talk **MAY** make you uncomfortable...

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

Agenda



What gets in the way
of an inclusive
environment?
Interpersonal Bias
Structural Bias

Introduction:
Definitions & Mindset

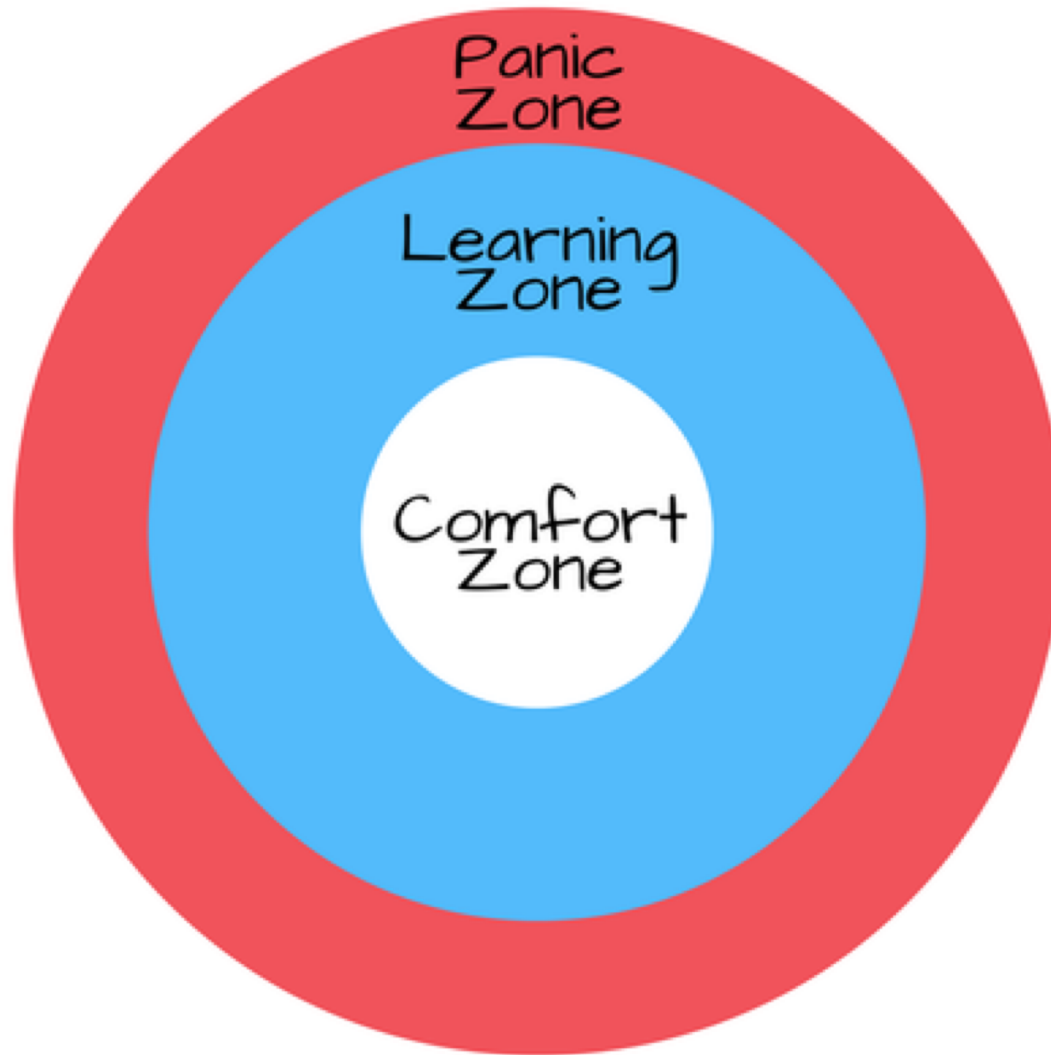
Where do we go from here?
Creating an inclusive
environment

Why do we care
about creating 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





Exploring diversity & identities

Additions or subtractions are not positive or negative reflections upon individuals

Reflect in silence

Maintain confidentiality and privacy

Feel free to skip questions if you are uncomfortable



If you struggled to schedule study time because you were working while in med school, subtract 1

If your parents/guardians
attended college, add 1

If you do well thinking on your feet in rounds, add 1

If you can sit anywhere in a classroom
and feel confident you can hear the
speaker, add 1

If you are one of the few members of your childhood social circle who went to college, subtract 1

If your family automatically expected
you to go to college, add 1

If a patient or colleague ever assumed
you were the nurse, and not the
doctor, subtract 1

If you ever put your hospital ID badge on because you were worried people would otherwise question why you were in the hospital, subtract 1

If you ever tried to change your speech, appearance, behavior or mannerisms to gain credibility,
subtract 1

Reflection: Diversity & Identities

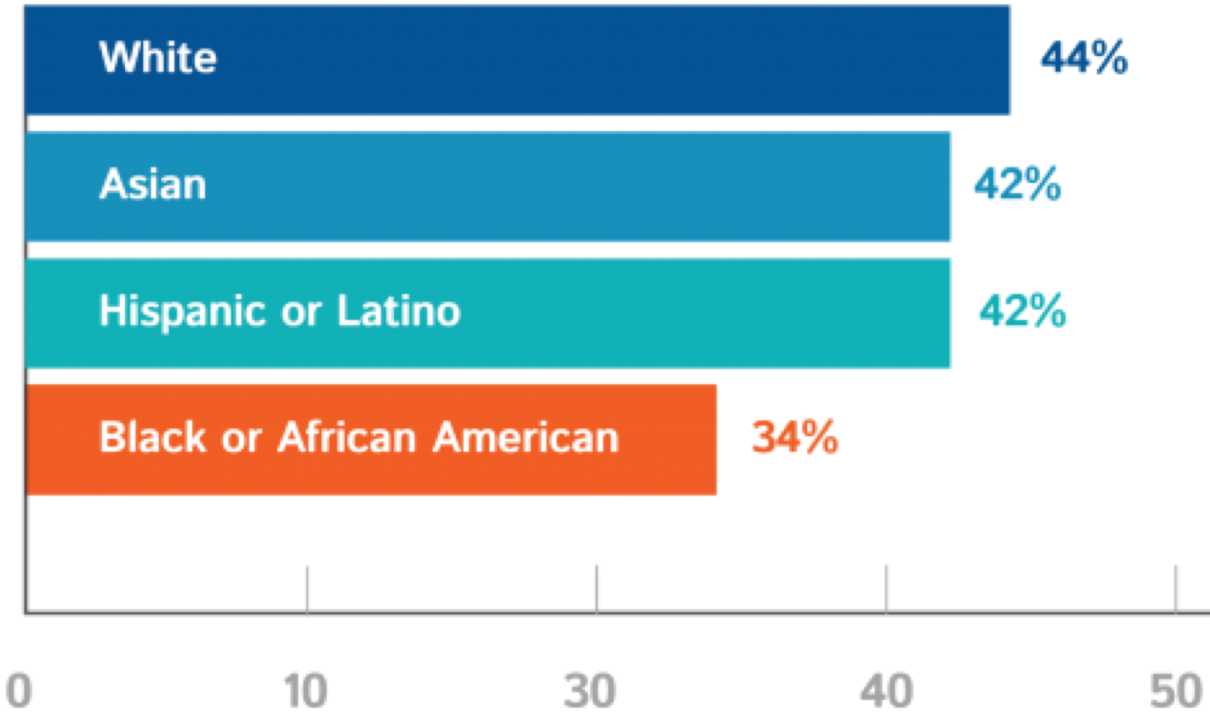
Come up with one dimension of diversity from this activity that is most salient or surprising to you

Turn to the person next to you and discuss

Why do we care?

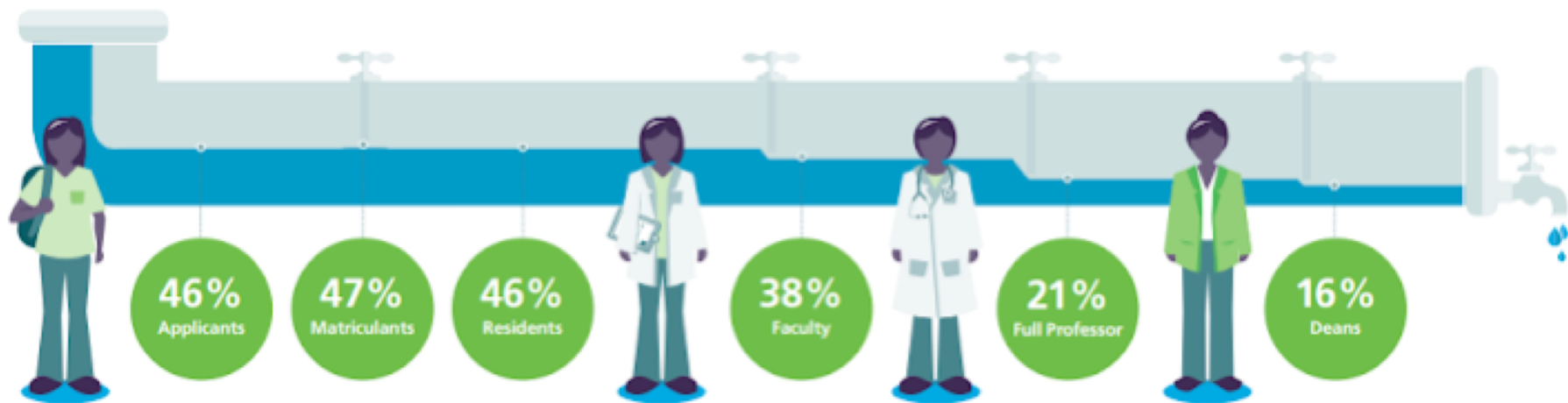


Black or African American applicants have lower medical school acceptance rates than peer applicants



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 unevenly. 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-words 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 it 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.⁴ Finally, through evaluations critical to career advancement, attending physicians influence the career trajectory of students and trainees, rendering confrontations high-stakes interactions.⁵ 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.⁶ 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



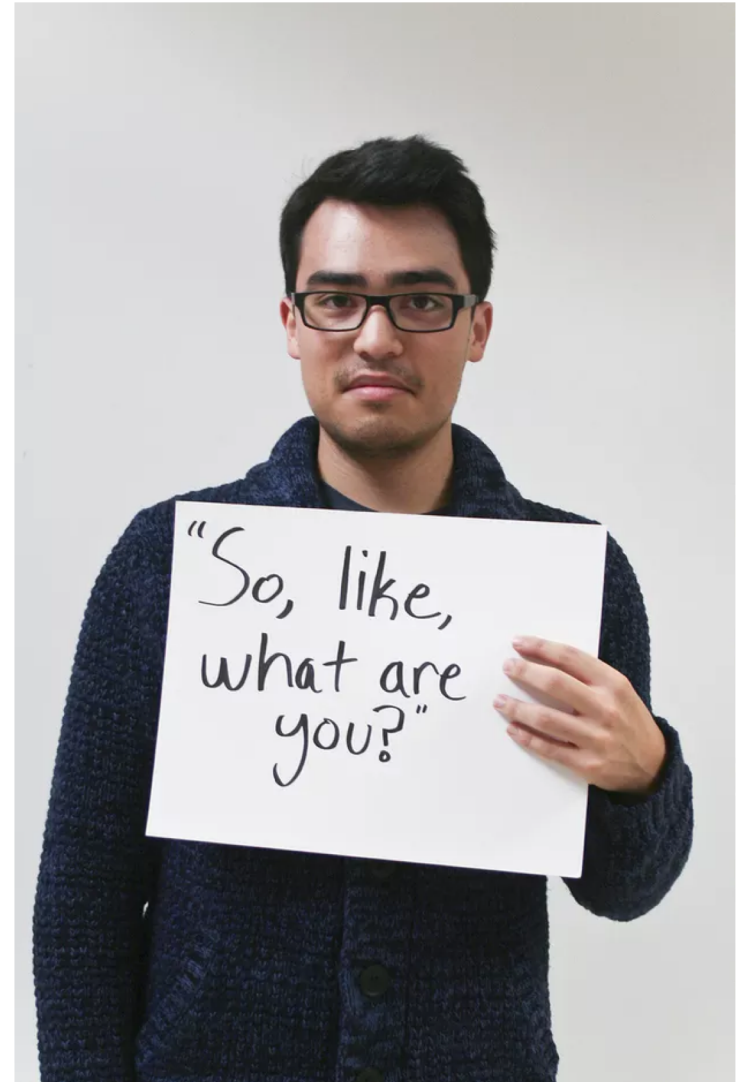
Microaggressions



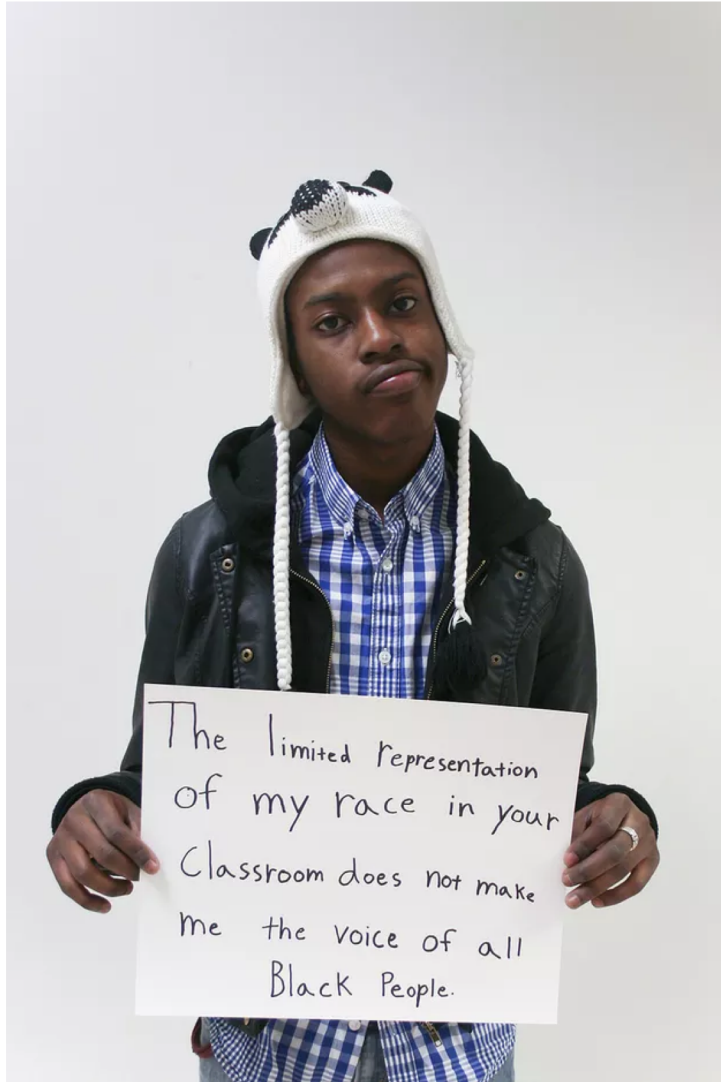
Microaggression

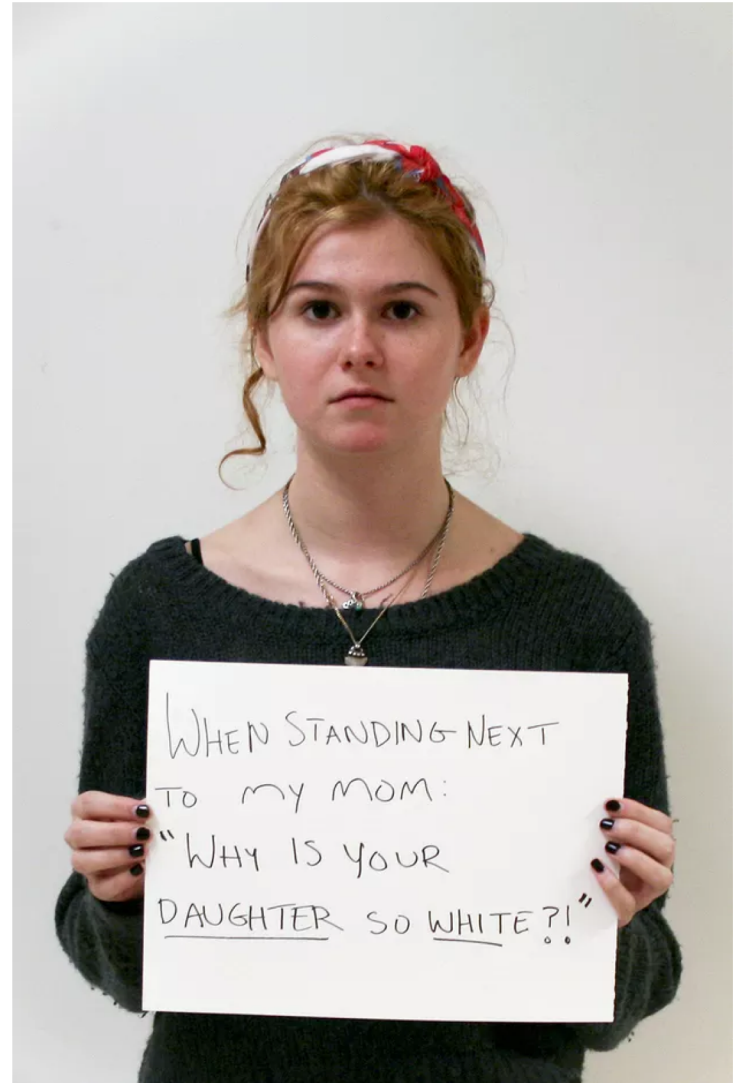
Brief exchanges, made intentionally or unintentionally, that invalidate or hurt a marginalized group

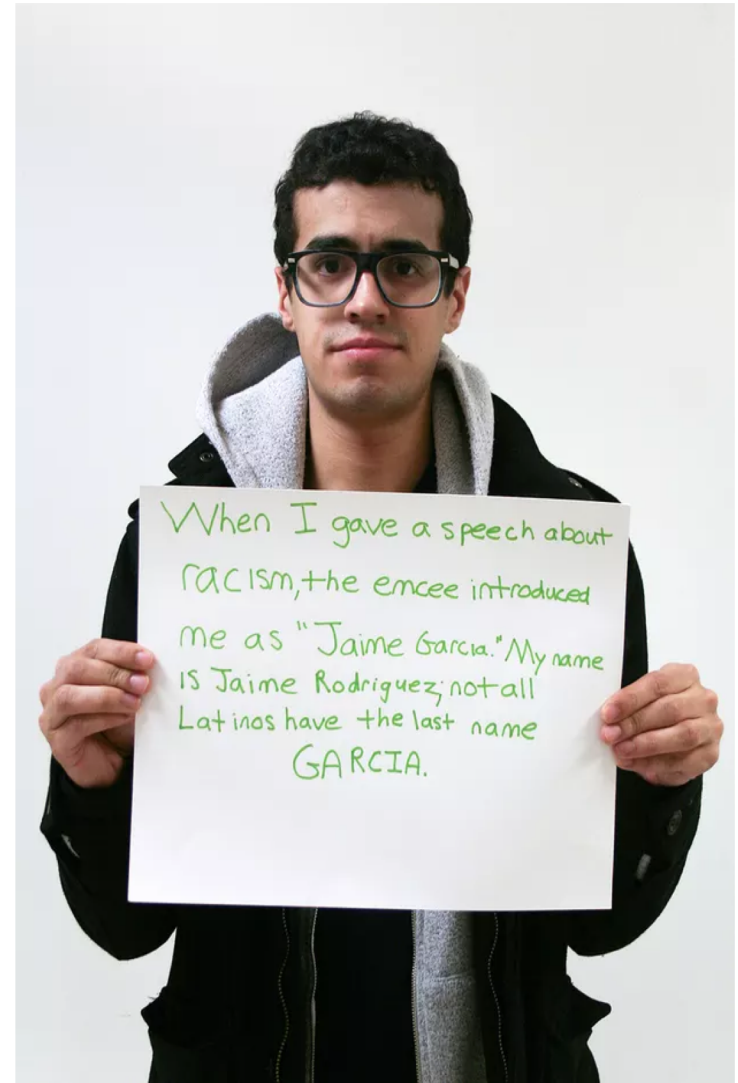












How do microaggressions detract from the learning environment?

Case: Addressing Microaggressions

You are attending in clinic. A Native American patient is scheduled for an appointment today, after being hospitalized with pancreatitis at an unaffiliated institution. There are no records available, so the cause of this patient's pancreatitis is unknown. Before the visit, your co-attending tells the medical student that there is a high rate of alcoholism in Native American communities and that he should definitely screen for alcohol abuse. You know one of the other students in the room is Native American and you see him roll his eyes behind your colleague during this conversation

How do you respond?

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

Racism

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

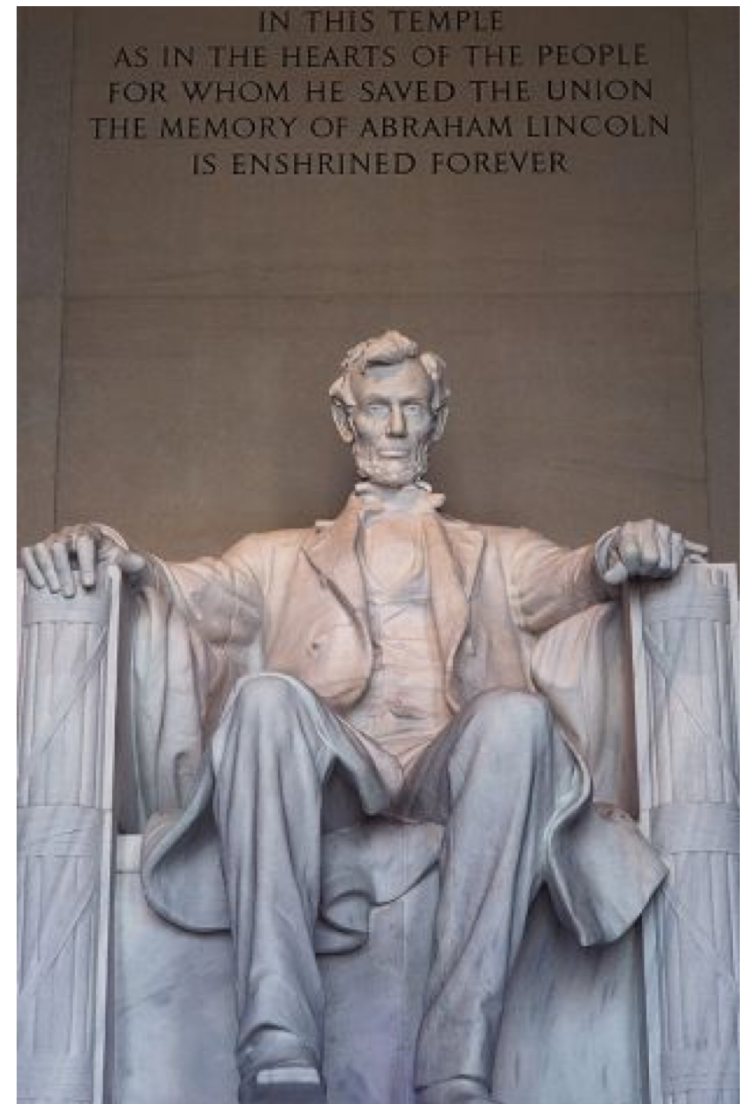
David Welman

Why talk about Structural Racism?

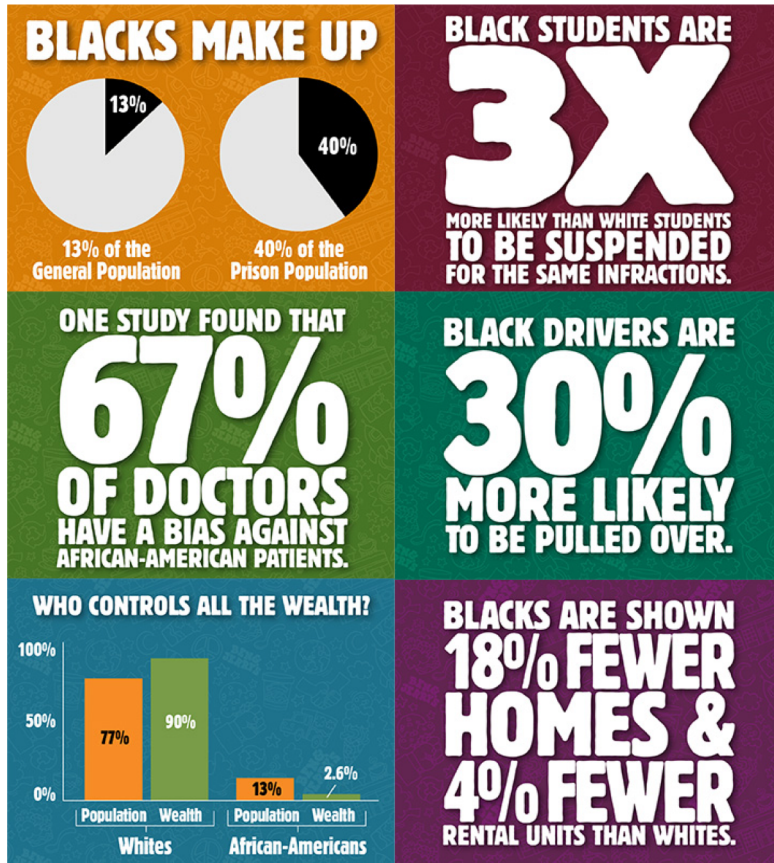


Who said this?

I will say then that I am not, nor ever have been, in favor of bringing about in any way the social and political equality of the white and black races, [applause]-that I am not nor ever have been in favor of making voters or jurors of negroes, nor of qualifying them to hold office, nor to intermarry with white people; and I will say in addition to this that there is a physical difference between the white and black races which I believe will forever forbid the two races living together on terms of social and political equality. And inasmuch as they cannot so live, while they do remain together there must be the position of superior and inferior, and I as much as any other man am in favor of having the superior position assigned to the white race."



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



You know, the laws, the desire to legally engage in racism against people came first. *And then all the ignorance, the blackface, the Sambos, came as a result of the laws.*”

Rev. Dr. William Barber

Biased systems
CREATE
and
SECURE
inequality

Maria comes to her clinic appointment late...

Traditional lens

Social determinants
of health lens

Structural racism
lens



Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity



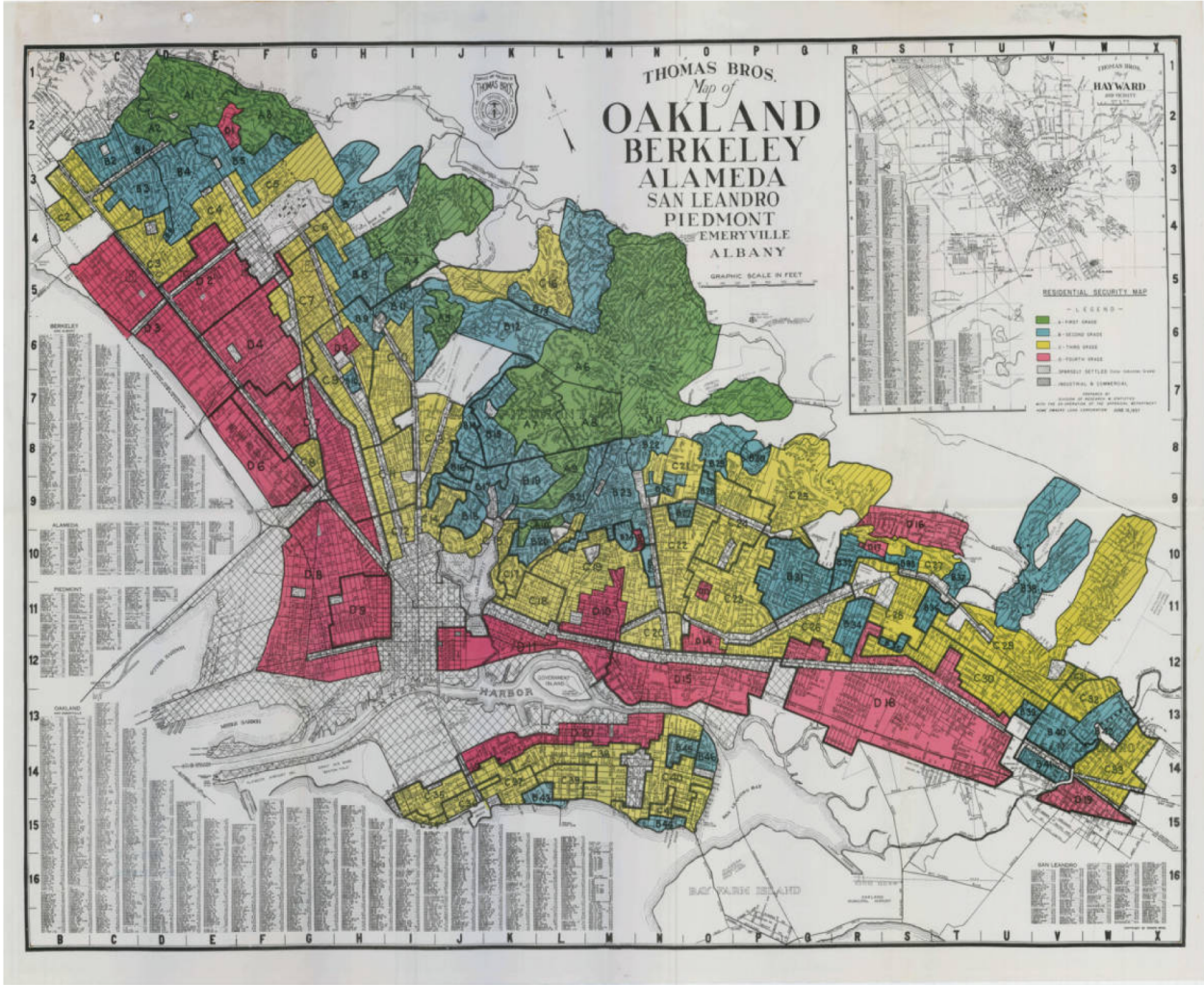
Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

Redlining



Implications of each framework on a solution to help Maria

Equality



Sorry you missed your appointment. We'll reschedule. Get here on time next time

Equity



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

Justice



Let's give you a taxi voucher, and let's figure out how we can partner with community policy/advocacy groups working on transportation policy

Case: Structural Racism

In a classroom discussion about societal determinants of health, a white student states, “I grew up poor and had a really rough childhood. I didn’t and still don’t benefit from any privilege – I had to claw my way up into medical school. I am so tired of talking about race in every single class. I’m here to get a medical education.”

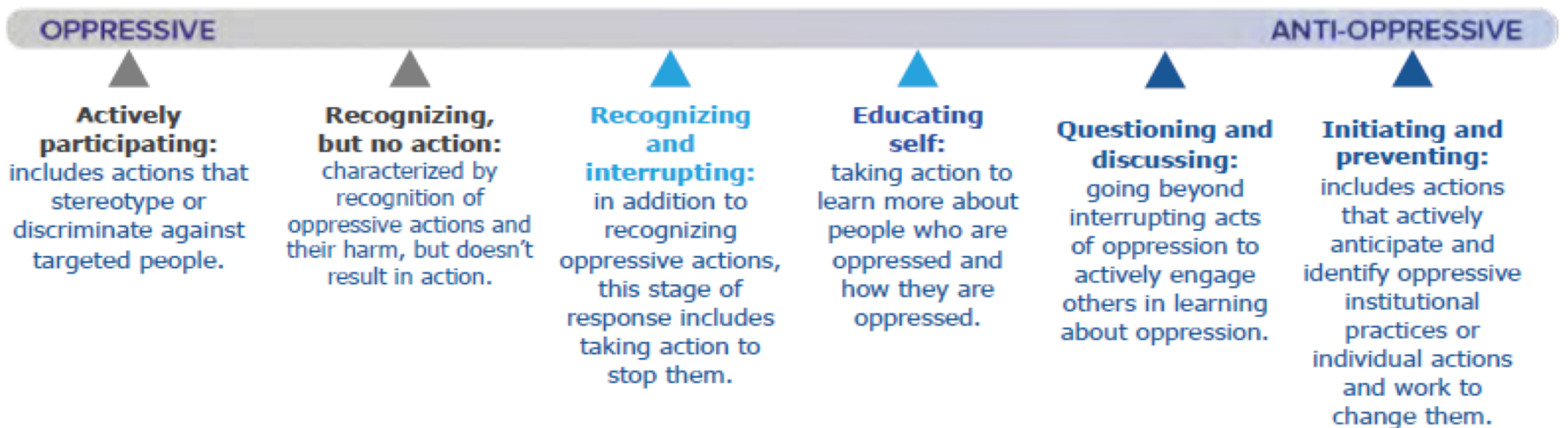
How do you respond?

How do we create inclusive environments in medicine?



Anti-Oppression Continuum

There are 6 stages of response described on this continuum.
The action moves from being extremely oppressive on one end of the continuum,
to extremely anti-oppressive on the other.





Adapted from: The Power of Personal Accountability, by Mark Samuel & Sophie Chiche, Xephor Press, 2004

Be an Inclusive Teacher

Ask about learning styles - Get to know your learners!

Don't make assumptions

Set objective standards for learner assessment and feedback
(bias thrives in ambiguity)

Promote wellness and resilience

Be an Inclusive Leader

Use names

Get to know each other personally

Explicitly state that you value diversity

Acknowledge mistakes and apologize

Be aware of in group favoritism



Hold your team accountable

Create a culture of calling out bias

Make others justify decisions

Make collective decisions

Be aware of what you say behind closed doors



Be an Ally

Ally is a verb

Listen

Think about intention versus impact

Be aware of your own biases

Hold yourself accountable



Consider your role in addressing structural racism

- Acknowledge pt identity and experiences and form an alliance (trauma informed care)
- Design and implement programs - people who are impacted should own the program
- Know and work with community organizations invested in systems change
- Consider how you might add a policy dimension to your work

Closing Commitment

What is one thing you can do differently as a result of this session?

Thank you!

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