

Cultivating a Therapeutic Alliance to Address Discrimination in the Clinical Setting

By the UC Davis Internal Medicine Diversity, Inclusion and Community Engagement Committee;

Support from the UC Davis Office of Equity, Diversity and Inclusion (OEDI) and Office of Student and Resident Diversity (OSRD)

This brief report summarizes a panel discussion that took place on August 1st, 2018. The event was led by Dr. Efrain Talamantes, Dr. Olivia Campa, and special guest Dr. Emily Whitgob, a Developmental-Behavioral Pediatrician from Santa Clara Health and UC Davis medical student alumnus.

Thank you to Dr. Jorge Garcia, the Director for OSRD, and Dr. Adriene Lawson, Director for Institutional Culture/Climate and Community Engagement for providing the additional resources included in this report.

Discrimination

The panel discussion began with a brief overview of the prevalence of mistreatment, including but not limited to, discrimination. A 2015 survey of pediatric residents document that approximately 15 percent had experienced or witnessed medical trainees being mistreated by patients or their families.¹ In addition, approximately 40% of family resident graduates reported intimidation, harassment, and discrimination from patients during their training.²

Discrimination and racial-ethnic microaggressions that impact learners may come from peers, faculty or staff.³ Discrimination occurs when an adverse employment or educational action is based on race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (including cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services.

For full definitions of hate or bias incident, hate crime, discrimination, harassment or freedom of expression please visit (<http://reportheateandbias.ucdavis.edu/definitions.html>).

Discrimination Towards Providers in the Clinical Setting

Discrimination in the clinical setting is even more complex, given that clinicians are caring for patients who are suffering from a variety of physical and/or mental health conditions. Dr. Whitgob reviewed a framework that she developed entitled *“The Discriminatory Patient and Family: Strategies to Address Discrimination Towards Trainees.”*¹

The framework recommends the following steps when discrimination is encountered:

1. Assess Illness Acuity

- How sick is the patient?
- Is there time to safely transfer care?
- Is finding another provider at your institution an option?
- Do you need to consider risk management/legal service involvement?

2. Cultivate a Therapeutic Alliance

- Build rapport by asking “What concerns you?”
- Explore biases without the intention of changing the patient’s mind
- Redirect the conversation to focus on the patient’s health. Express concern. “Let’s focus on how we can help you.”
- Educate the patient and family on team structure; Review expectations with everyone
“In a teaching facility everybody participates. That is part of having access to the expertise and participation of multiple people.”

3. Depersonalize the event

- Remember that discrimination is often motivated by fear and anxiety about the unknown
 - Acknowledge that discrimination may come from a lack of control
 - Name the behavior “Are you discriminating against this physician because of her name/skin color/gender/religion?”

4. Ensure a safe learning environment for everyone

- Provide support and assurance of the trainee/colleague competence
 - “I would trust this physician to take care of me or my family”
 - “I agree with this physician.”
- Ask “What other questions may I answer?”
- Speak to Risk Management staff
- Escalate to hospital administration and or training director/other leadership
- Empower the trainee to come up with next steps (as supported by leadership)

Panel Highlights

The panel shared stories of discriminatory events that have taken place during undergraduate medical training, graduate medical training, and in practice.

Key topics addressed during the panel discussion included:

- Faculty, staff, senior residents and medical students may not know how to respond to a discriminatory event
- Ignoring or minimizing the significance of a discrimination event limits the opportunity for those involved to learn how to respond to an event
- Identification of the appropriate mechanism for reporting a discriminatory event at UC Davis
- Review of the types of training faculty, residents and medical students currently receive to help them to respond to and/or prevent discrimination

- Resources and support that are currently available after a discriminatory event happens at UC Davis
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Available UC Davis Resources and Support

- **Talk to someone...**a Faculty member, Chief Resident, Program Director, Course Chair, or Trusted and Experienced Colleague about the incident.
 - If you do not feel comfortable sharing, please go to #2.
- **For Discrete Resources/Support:**
 - Dr. Maggie Rea – Free and Confidential Counseling Services for residents and fellows
916-734-0676
 - Ombuds Office - Confidential, independent, impartial, and informal problem-solving and conflict management resource for all members of UC Davis Health
 - listening to concerns
 - clarifying issues
 - identifying policies and resources
 - providing coaching and communication strategies
 - problem solving tips, explore and think through a range of options and clarify issues, provide coaching and communication strategies.
 530-754-7233 <http://ombuds.ucdavis.edu/>
 - Academic and Staff Assistance Program (ASAP) - Free Counseling for UCDH employees
916-734-2727 <http://www.ucdmc.ucdavis.edu/hr/hrdepts/asap/>
- **Report Hate and Bias**
If you have been discriminated against by a UC Davis Employee and/or need further support visit <http://reportheateandbias.ucdavis.edu/> and report the incident.
- **Incident Reporting System**
If you have been discriminated against by a patient, consider reporting the incident in the incident reporting system
916-734-7050 or RL solutions - https://rl6-4.rlsolutions.com/UCD_Production
- **Harassment and Discrimination Assistance and Prevention Program (HDAPP)**
 - Assist individuals and campus units to resolve conflicts and complaints related to harassment, discrimination, sexual harassment, sexual violence and hate and bias
 - Serve as the central office for receiving reports and maintaining records of these types of complaints
 - To discuss a discrimination or harassment concern (916) 734-3417
 - Anonymous Call Line for individuals who wish to raise a concern without disclosing their identity (916) 734-2255

Faculty, chairs, advisors, HR and Academic Affairs personnel, Managers and Supervisors are required to report any concerns related to discrimination to HDAPP

References

1. Whitgob EE, Blankenburg RL, Bogetz AL. The discriminatory patient and family: Strategies to address discrimination towards trainees. *Acad Med*. 2016. doi:10.1097/ACM.0000000000001357.
2. Crutcher RA, Szafran O, Woloschuk W, Chatur F, Hansen C. Family medicine graduates' perceptions of intimidation, harassment, and discrimination during residency training. *BMC Med Educ*. 2011. doi:10.1186/1472-6920-11-88.
3. Mensah MO. Making all lives matter in medicine from the inside out. *JAMA Intern Med*. 2017. doi:10.1001/jamainternmed.2017.1981.

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