



The Toxicity of Patient Bias

PARTICIPANT GUIDE





The Call



Use the space below to jot your thoughts

What are your initial reactions?

What do you think it would be like to experience this as an employee?

What questions do you have?



1. Clinical Stability of the Patient Is Primary

- Is the individual experiencing a medical emergency that requires immediate treatment in order to stabilize?
- Does the care the individual needs require specialized skills that only this caregiver can render?

Note: If either of the above circumstances exist, personal preferences on the part of both the patient and the caregiver must be put aside in order to stabilize the patient and keep him or her safe.

2. Communication Is Critical

- Whenever possible, leaders should communicate openly with the patient or member to understand and respond to their concerns, express support for and confidence in the skills of our colleagues and keep the focus on common patient care goals and member service
- It is appropriate for leaders to intervene in hostile or otherwise unacceptable patient and member interactions to express that while we are trying to help the individual it is not acceptable for him or her to talk to or treat our colleague in this way

3. Capacity of the Patient or Member Must Be Evaluated

- To what degree is the patient or member responsible for his or her behavior? For example, does the individual have a mental illness or condition (such as delirium, dementia or psychosis) or is the individual under the influence of drugs or alcohol that could interfere with their judgment or ability to control their impulses?
- The organization's responsiveness to the individual's request or tolerance of their behavior will increase as needed to provide safe care for the patient in situations where the individual has less capacity to control or understand their own behavior

4. Cultural and Personal Context Are Relevant

- Is the individual's request to change caregivers due to their cultural background or personal history? Or is the request driven by bias, disrespect or blatant discrimination?
- Cultural/personal context is never justification for disrespectful or abusive behavior toward a colleague, which will not be tolerated, even if the request to change caregivers *is* attributable to cultural/personal context
- In all interactions, we strive to lead with cultural humility, avoiding assumptions and seeking to understand patient and member needs

5. Caregivers and Other Colleagues Must Be Supported

- *All* colleagues should be empowered and encouraged to report inappropriate words and behaviors when observed, even if not directed at them personally; the burden of recognizing and responding to intolerance and discrimination should not be borne solely by the person being targeted
- When clinically appropriate and alternative resources are available, caregivers and other colleagues should be consulted before any decisions are made regarding a change request; colleagues may choose to continue caring for the individual if they believe they can do so safely, objectively and professionally

6. Personal Safety Is Important

- Would the patient or member be so resistant to being treated by a particular caregiver that he or she would likely suffer physical or psychological harm if cared for by that person?
- Would the colleague who has been "targeted" be at risk for physical or psychological harm if the care relationship were to occur or continue?

7. Legal Requirements Must Be Followed

- Would transferring the patient or refusing to provide care comply with organizational policies about emergency or active labor situations (EMTALA)?

Would transferring the patient or member or refusing to provide care or service comply with government programs requirements?



Principle # _____

Review the principle and discuss the following questions at your table. Write your responses below.

What does it mean?

Why is it important?

Would you apply it in your organization?





Example

Dr. Angela Rowe, a pediatric emergency medicine doctor at a rural hospital walks into her next patient's room and sees a 3 year old girl, a woman, and a man. She smiles and greets them.

As she typically does to begin a visit, she kneels down to engage the 3 year old patient who is cowering on her mother's lap. Before she is able to stretch out her hand, the patient's dad says quietly, "I'm sorry. Please do not touch my daughter. We would prefer a different doctor."

Dr. Rowe is taken aback initially but figures there must be a religious or cultural reason that they prefer a different doctor. "May I ask why?"

"We want a white doctor," the father states calmly.

Which standards apply?





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**De-escalate & Stay/
Disengage & Leave**

- It’s unfortunate you feel that way. I’m here to help.
- I’m going to step out for a moment. Someone will return to address your concerns. (Go get help)
- Please do not speak to me that way. I’m here to help.

Colleague is supported

- I’m sorry that happened. What would you like us to do next?
- I want you to know that is not our value. How can I/we support you?
- Based on principles, make a decision

Talk to the patient

SAGE MODEL (NEXT SLIDE)

Restoring Culture

- I want to loop back to the incident that happened yesterday.
- It is important to me that you know you are valued and supported. Did the resolution feel that way to you?
- If that happens again, how can we be more effective in supporting you?

Other important notes/considerations



SAGE: Talking to the Patient

Seek to Understand

- It is important to me that you get the best care possible. Help me understand the reason for your request so that I can support you.

Address Care Concerns

- I understand you are having concerns about your care. Can you share those with me?

Give Choice

- Dr. Smith is the doctor available to care for you today. We are unable to meet your request. What would you like to do?
- This is the nurse available to care for you at this time. You are welcome to get back in line and wait for another nurse/provider team. This may delay your care. What would you like to do.

Explain Our People and Our Values

- Dr. Smith is one of our best cardiologists. I know that you are in good hands with him.
- We are all trained the same way.
- We're committed to a diverse workforce, so there may be people providing care for you who are from different backgrounds.
- We value inclusion and do not assign staff based on race/gender/language/etc.





A transgender Hmong man has been referred for an upcoming procedure. When he calls to schedule the procedure, he makes a request of the scheduler.

“During my care I do not want to be treated by any Hmong staff members.”

“May I ask why?” the scheduler inquires.

“I am not out in my community and word travels fast. Can you make sure that no Hmong providers see me?”

Which principles apply?

Would you de-escalate & Stay or Disengage & Leave?

How would you support the colleague in the moment?

Using SAGE, what would you say to the patient?

How would you support the colleague afterwards?

Other important notes/considerations





At a clinic in a rural area, the recently hired Family Medicine physician speaks English as a second language, having grown up outside the United States.

Mr. Edwards is an 43 year old male patient who first sees this physician for a routine visit.

On his way out, Mr. Edwards stops the clinic nurse and says, "I don't want to see that foreign doctor again. I can't understand what he's saying half the time."

Which principles apply?

Would you de-escalate & Stay or Disengage & Leave?

How would you support the colleague in the moment?

Using SAGE, what would you say to the patient?

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Discussion

Write your responses below.

How do these situations show up in your own organization?

What unique challenges does your organization face when it comes to addressing this kind of bias?



Action Plan: 3 Key Things

What are the three phrases, sentences or ideas that you are taking away from today?



