Proactive and Responsive Approaches to Racial Bias in Clinical Training

Haywood L. .Brown, MD

Professor Obstetrics and Gynecology

Associate Dean, Diversity

Morsani College of Medicine

Vice President Institutional Equity

University South Florida

Objectives

At the conclusion of this presentation, participants will be able to:

- Appreciate the dimensions of multiculturalism in medical education
- Gain knowledge of how certain biases, beliefs and attitudes about cultural differences can impact the achievement of exceptional patient care and patient-physician interactions
- Discuss strategies to dismantle bias in achieving diversity in higher education, health care and society

Cultural Competence in Medicine

- Cultural competency
- Cultural awareness
- Cultural sensitivity
- Multiculturalism

Diversity & Inclusion Healthcare Workforce

The Current State - In a 2014 review of cross-sectional studies and analysis of Association of American Medical Colleges (AAMC) workforce data it was noted that there is evidence of bias towards underrepresented minorities (URMs) in academic medicine" (1).

Approaches to Diversity

- The Golden Rule
  - 1960s – assimilation, “Stop treating people badly”
- Right the Wrongs
  - 1970s – Affirmative Action, created “us verus them”
- Value Differences
  - 2000s and beyond, “Diversity is an asset”

This Photo by Unknown Author is licensed under CC BY-SA-NC

Why Diversity Matter?

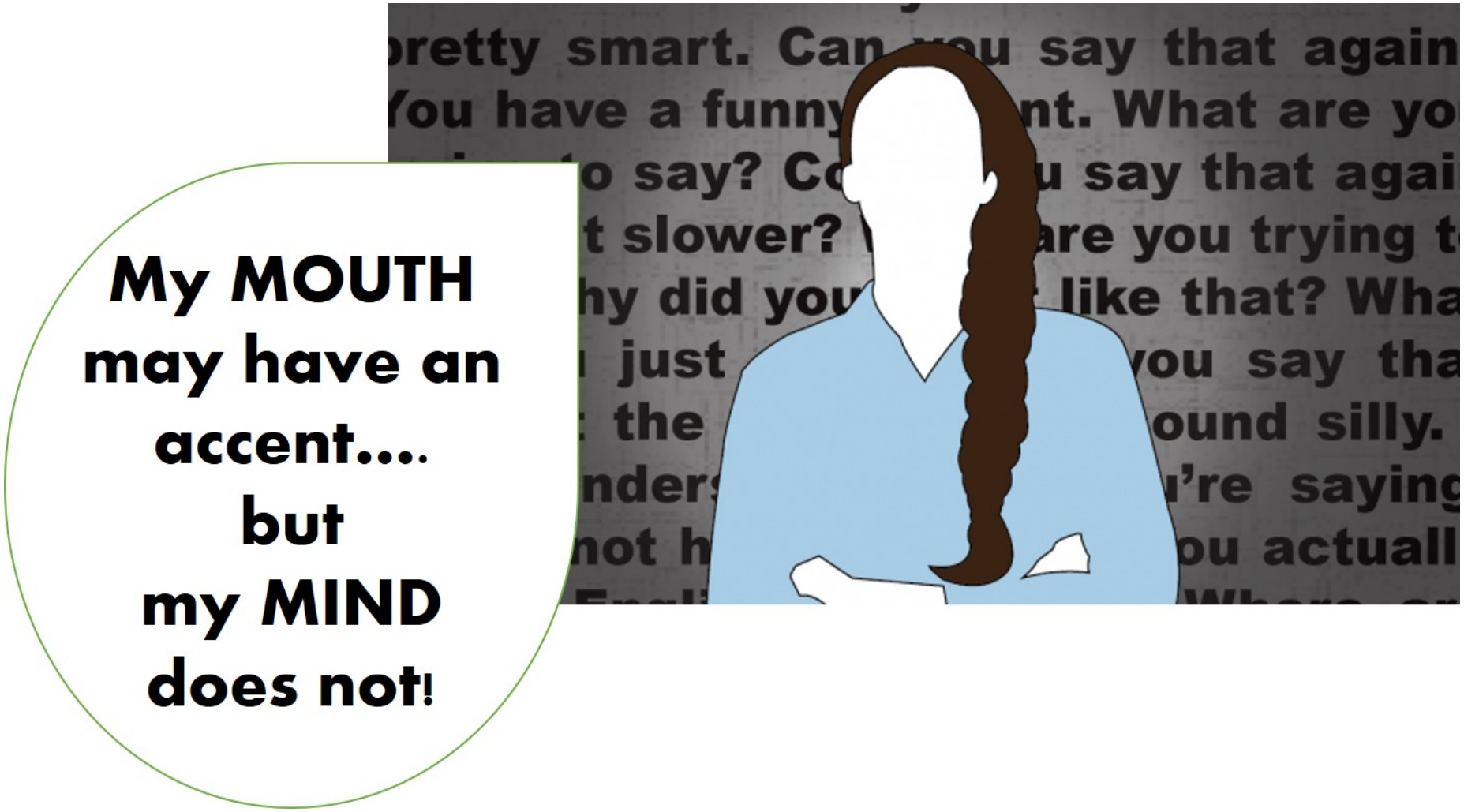
- Prejudice
  - Generalized attitude toward members of a group
- Bias
  - Generalized belief about members of a group
- Discrimination
  - Behaviors directed toward people on the basis of their designated group membership
- Systemic Racism
  - Racism that is embedded as normal practice within society or an organization

Why Diversity Matters

Microaggressions:

- everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional,
- Communication of hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.
- Ambiguous and subtle nature of microaggressions are especially frustrating for victims; How to respond?
- Researchers have also suggested that experiencing microaggressions can lead to frustration, self-doubt, and lower mental health
- Example
  - Failing to learn to pronounce or continuing to mispronounce the names of person of a minority race as an act of disrespect after being corrected.
  - **Microassaults** - using a derogatory term to refer to a person of color would be a microassault

Microaggression: How to Respond



Health Inequity (Disparity)

Phillip Lee, MD

- Assistant U.S. secretary for health and scientific affairs under LBJ 1965.
  - Created Medicare, the federal health-care insurance program for Americans 65 and older.
  - required racial integration of any hospital that wished to receive Medicare funds/
    - Encountered resistance in the South
    - By February 1967 nearly 95% of hospitals compliant.
    - Medicare play major role in desegregation of hospitals.

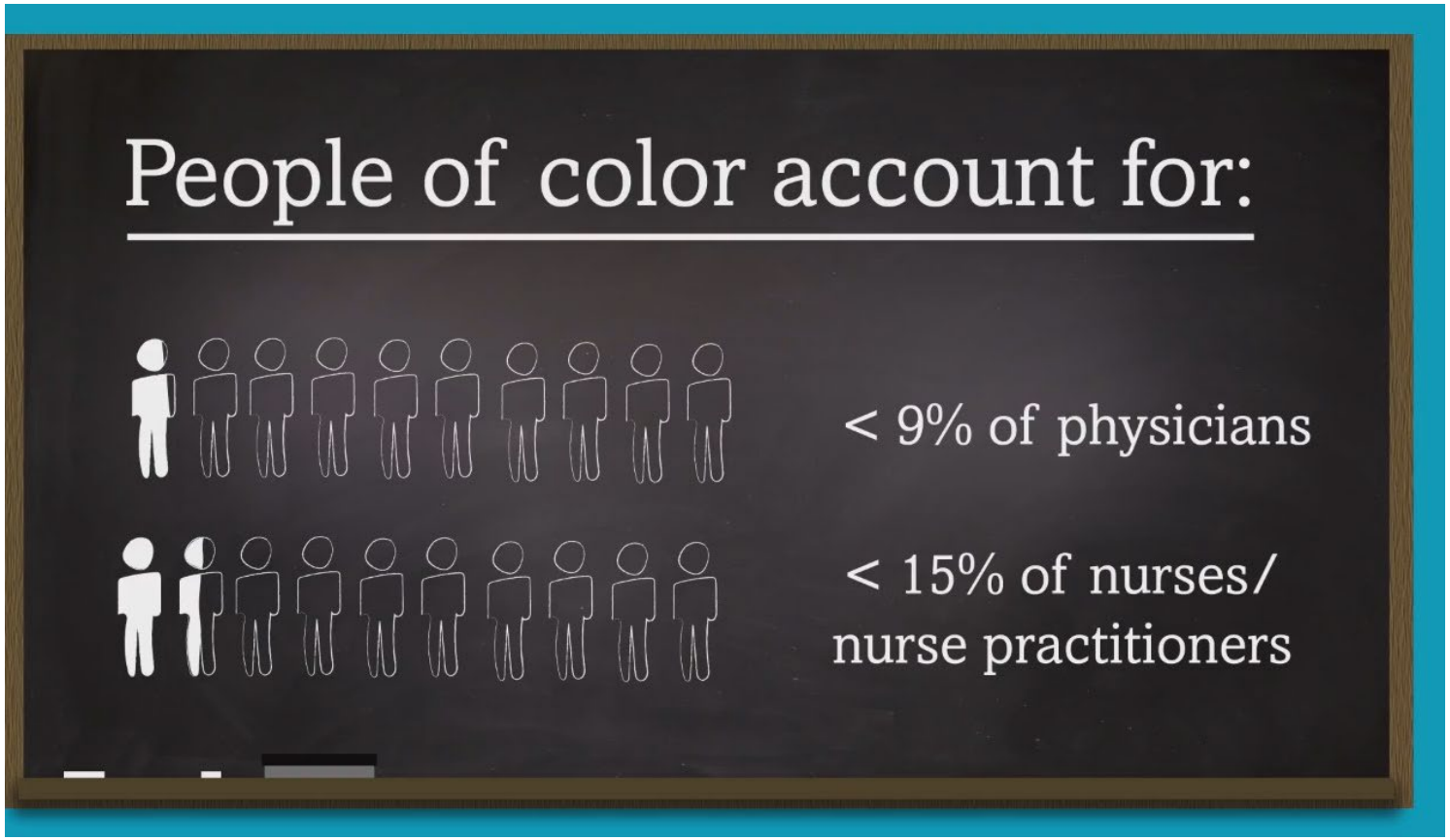
Diversity and Inclusion

Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. (2003)

- The committee found that “when social-cultural differences between patient and provider aren’t appreciated, explored, understood, or communicated in the medical encounter the result is patient dissatisfaction, poor adherence, poorer health outcomes, and racial/ethnic disparities in care.

> The popular media have widely reported the results of recent studies finding that even when insurance status, income, age, and severity of condition have been adjusted for, minorities tend to receive lower quality of care than whites do.

Diversity and Inclusion



- In 2005, only 1043 US medical school graduates were black, only 936 were Hispanic/Latino, and only 96 were Native American
- These graduates comprised fewer than 13% of all graduating MDs that year.
- That is about half of the representation of these minority groups in the US population—a population that is increasingly diverse.

Cohen JJ. Building a diverse physician workforce. JAMA.2006;296(9):1135-1137

Racial/Ethnic Disparities in Clinical Grading

Comparing Medical Student Clinical Performance evaluations by race and ethnicity

- Summary words (outstanding, excellent, very good, good)
- The association between summary words and clerkship grades with race/ethnicity assessed by logistic regression
- Results
  - White or female students with higher USMLE Step 1 written exam scores consistently received higher final clerkship Clinical grades, than URM students
  - URM students consistently more likely to receive lower category summary word adjusting for student demographics and USMLE Step 1 scores
  - In 4 of 6 required clerkship URM grading disparities after accounting for all confounders favor white student vs. URM or non-URM minority students.
- Conclusions
  - Factors other than performance on standardized test impact grading on clinical phase of medical school
  - Grading disparities has long term impact on career advancement for students of color
  - Black and Asian students less likely than White students for membership in AOA after accounting for USMLE scores*

Low et al. Teaching and learning in Medicine 2019. https://doi.org/10.1080/10401334.2019.1597724
*Boatright et al. JAMA internal med. 2017;177(5):659-665.

Bias towards URM in Healthcare Workforce

How is URM bias manifested?

- Racism
- Promotion disparities
- Funding disparities
- Expectation disparities
- Lack of mentorship

What are the results?

- Inequitable treatment
- Stressful & unhealthy environment
- Burnout

2 Processes have a significant impact on the experiences of URM faculty

Exclusion & Control

- Invalidation of self
- Othering
- Unequal standards
- Unequal access to resources

Surviving & Thriving

- Strategic engagement
- Strategic disengagement
- Living one’s values

Self reported burnout by Medical School Faculty

Results

- 31% of faculty providing patient care report one or more symptoms vs 28% of those not providing patient care and 26% of those in basic science
- 43% of faculty reported feeling under Stress
- Women faculty higher level of burnout than men
- 35% of UR Minority women and 35% of non-URM women reported burnout compared to 26% of non URM men and 21% of URM men.
  - Race, stress, bias, personal expectations and burnout

AAMC, vol 19, February 2019

Burnout and psychiatric manifestations

- Suicide is the second-leading cause of death in the 24–34 age range
- Physicians have higher rates of burnout, depressive symptoms, and suicide risk than the general population
- The suicide rate among male physicians is 1.41 times higher than the general male population
- Among female physicians, the relative risk is even more pronounced — 2.27 times greater than the general female population
- 28% of residents experience a major depressive episode during training vs. 7–8 percent of similarly aged in the U.S. general population
- 23 percent of interns had suicidal thoughts in one survey
- risk for suicide increases when mental health conditions go unaddressed

Burnout

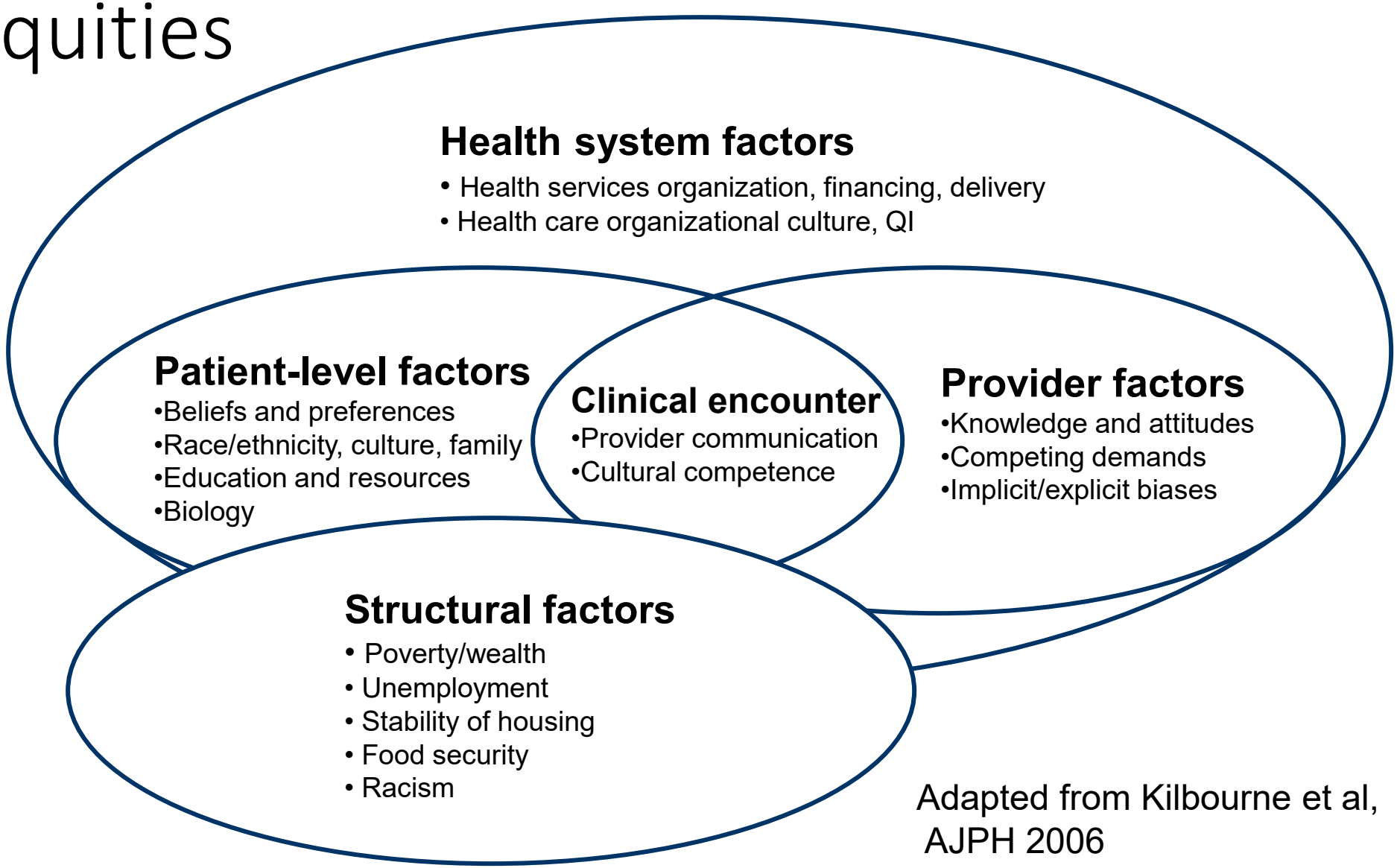
Resilience

- The capability of a strained body to recover its size and shape after deformation caused especially by compressive stress.
- An ability to recover from or adjust easily to misfortune or change
- The ability to be happy, successful, etc. again after something difficult or bad has happened
  - Self shaming – Why did this happen? i.e.- poor patient outcome, malpractice suit

Resilience

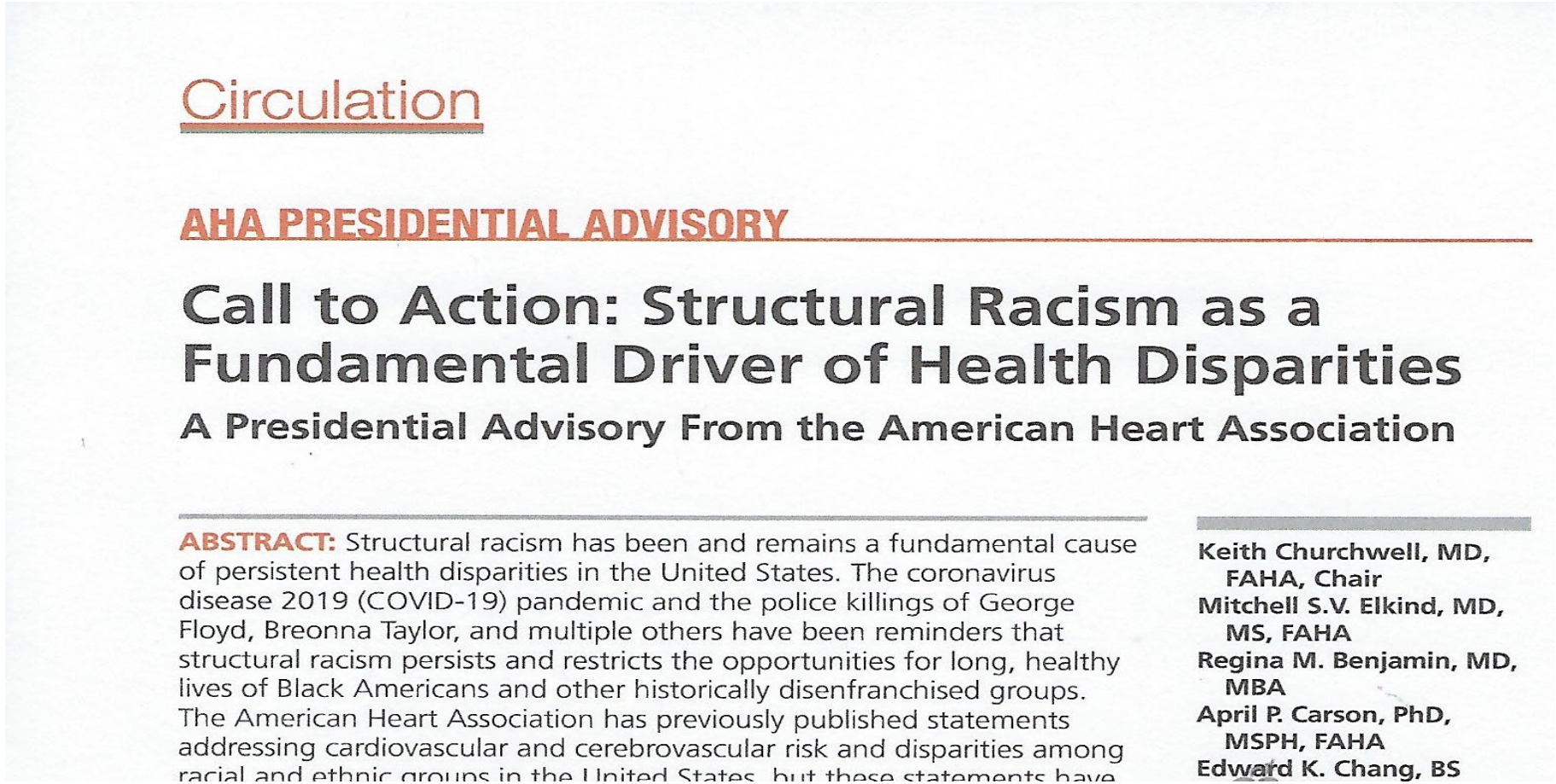
- Adaptation
- Important in addressing trauma, stressful relationship, workplace problems, etc.
- Regularly connecting with "Personal" sense of purpose
  - "Why did I become a medical doctor?"

Contributors to health and health care inequities



Adapted from Kilbourne et al, AJPH 2006

Diversity, Racism and Health Disparities



Circulation

AHA PRESIDENTIAL ADVISORY

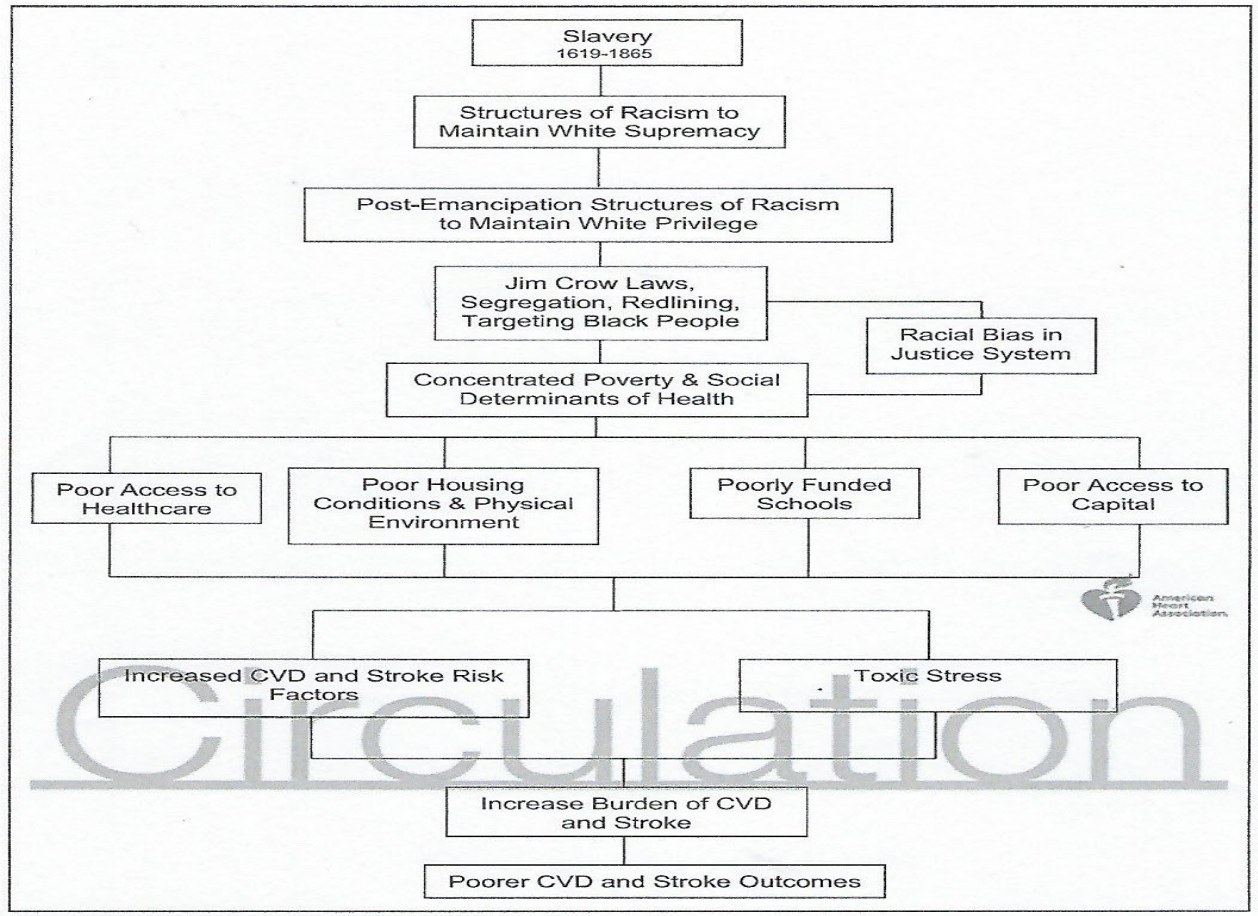
Call to Action: Structural Racism as a Fundamental Driver of Health Disparities

A Presidential Advisory From the American Heart Association

ABSTRACT: Structural racism has been and remains a fundamental cause of persistent health disparities in the United States. The coronavirus disease 2019 (COVID-19) pandemic and the police killings of George Floyd, Breonna Taylor, and multiple others have been reminders that structural racism persists and restricts the opportunities for long, healthy lives of Black Americans and other historically disenfranchised groups. The American Heart Association has previously published statements addressing cardiovascular and cerebrovascular risk and disparities among racial and ethnic groups in the United States, but these statements have

Keith Churchwell, MD, FAHA, Chair
Mitchell S.V. Elkind, MD, MS, FAHA
Regina M. Benjamin, MD, MBA
April P. Carson, PhD, MSPH, FAHA
Edward K. Chang, BS

Diversity, Racism and Health Disparities



Circulation

Figure 2. Linking anti-Black structural racism and poor health.
CVD indicates cardiovascular disease.

Downloaded from http://ahajournals.org by

The role of underrepresented physicians in Patient Care

2018 report from AAMC

- When health care providers have life experience that more closely matches the experiences of their patient, patients tend to be more to be more satisfied with their care and to adhere to medical advice
- Diversity has been shown to be good for business, including contributions to improved financial reurns, income growth, group thinking, objectivity and innovation

https://www.liebertpub.com/doi/pdfplus/10.1089/heq.2019.0040

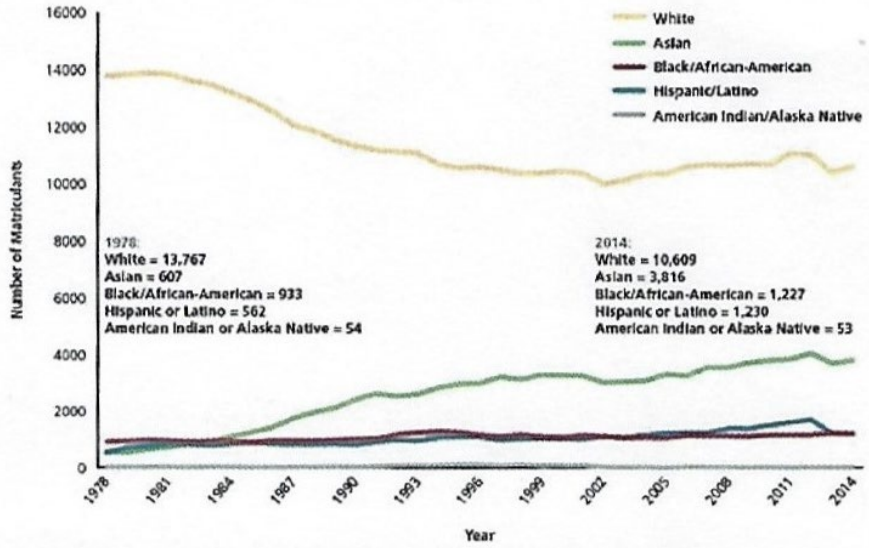
EDITORS' PICK | 1,129 views | Aug 11, 2020, 06:50am EDT

Why Are Black Male Doctors Still So Scarce In America?

Dana Brownlee Senior Contributor ⓘ
Careers
I help professionals navigate workplace challenges

GETTY

matriculants
y, 1978–2014.

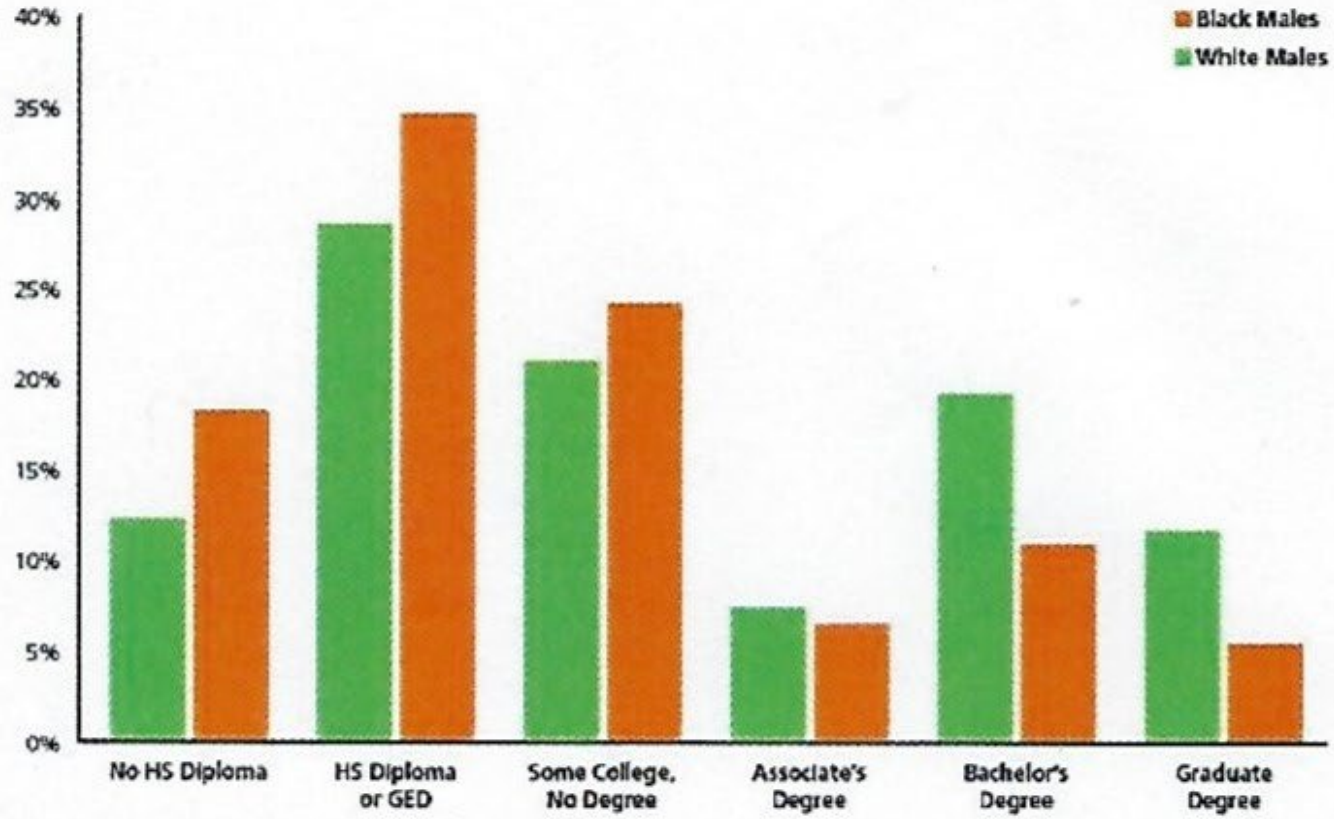


Note: The figure does not include non-U.S. matriculants, U.S. matriculants who designated "Other" racelethnicity, U.S. matriculants who designated multiple racelethnicity categories, or any matriculant for whom race data are not available.

Source: AAMC Data Warehouse: Applicant and Matriculant File, as of 5/11/2015.

Diversity in Health Providers

FIGURE 4. Educational attainment of males ages 25 and over by race, 2012.



Source: 2012 American Community Survey, one-year estimates.

The 2014 AAMC Altering the Course Report reported that Black males significantly trail white males ... [+] AMERICAN ASSOCIATION OF MEDICAL COLLEGES

What are we in health care doing about diversity & inclusion?

Leadership from the top – Strategy & Accountability

- Recognizing that diversity and inclusion are driving indicators of excellence in in medicine
  - develop and implement a Diversity Strategic Plan (DSP).
- Implicit bias training for faculty and staff geared toward quality and safe care.
- The Chief Diversity Officer is involved in all senior level searches and hires.

USF Morsani College of Medicine

The vision of the MCOM's Student Diversity and Enrichment programs is to encourage and promote an environment that welcomes and embraces diversity in the student and resident body. We diligently ensure that all students and residents feel supported and accepted in order to optimize their educational experience. USF MCOM defines diversity not solely limited to race and ethnicity, but also encompass talents, life skills and special attributes.

Our commitment to diversity extends to:

- Enlarging the pool of qualified under-represented minorities and individuals from disadvantaged backgrounds who are interested in pursuing medicine as a career.
- Supporting the holistic review processes by which each applicant's experiences, accomplishments, personal qualities and potential to enhance the learning environment.
- Retaining admitted minority and disadvantaged medical students and residents through the provision of support services.
- Coordinating diversity in medical education activities involving USF MCOM faculty, staff and students.

A diverse student body is a legitimate goal of medical education. In accordance with the Liaison Committee on Medical Education (LCME) and Accreditation Council for Graduate Medical Education (ACGME), USF MCOM believes that aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of diversity and inclusion. As a member of the Association of Medical Colleges (AAMC), USF MCOM is guided by the (LCME) Standards on Diversity. View the Standards on Diversity.

What strategies are helping with awareness?

- Diversity Engagement – Assesses for 8 engagement factors (common purpose, trust, appreciation of individual attributes, sense of belonging, access to opportunity, equitable rewards and recognition, cultural competence, and respect)
- Pipeline programs – K-12 & undergraduate programs seeking to enrich and diversify the applicant pool into medicine

- Black Men in White Coats Video Series – inspire more URM students to consider the field of medicine by showing examples of others who have been successful

- Create a strategic plan to hire a diverse faculty and staff
  - Hire a more diverse workforce
  - Invest in hiring and retaining full time faculty and administrators of color
  - Diversity in faculty tenure committee

- Conversation about Race – discussions with faculty, staff & students moderated by University officers that explore issues around race

Diversity Training - USF

DISMANTLING RACISM

USF Diversity, Inclusion & Equal Opportunity

Dismantling Racism Team Study Circles

Six (6) Week Program meeting one day each week for 2 hours culminating on an ACTION GROUP PROJECT. A study circle is a small group, democratic, participant-driven discussion where people can express their views in a candid, safe environment. It explores the assumptions and values that underlie long-held beliefs and allows participants to try on new ideas and understand better the views of those with whom they differ.

USF Anti Racism Initiative

Dismantling Racism Study Circle Initiative

- Goals
  - Leaders are calling on Americans to hold thoughtful dialogue on race relations
  - Dialogue alone is not the answer but is an essential step
- Study Circle
  - Small group, democratic, participant-driven discussion where a diverse group can express their views in a candid, safe environment
  - Provides an opportunity to explore the assumptions and values underlie long-held beliefs and participants try on new ideas and understand better the views of those with whom they differ

Institutional Racism in the Health Care System

The AAFP opposes all forms of institutional racism and supports family physicians to actively work to dismantle racist and discriminatory practices and policies in their organizations and communities.

The AAFP recommends that all health care systems, hospitals, clinics and institutions adopt anti-racist policies that advocate for individual conduct, practices and policies that promote inclusiveness, interdependence, acknowledgment and respect for racial and ethnic differences.

> Of all the forms of inequality, injustice in health care is the most shocking and inhumane.
>
> –Dr. Martin Luther King

Proactive and Responsive Approaches to Racial Bias in Clinical Learning

Questions?