

## Small Group Session Racial Bias in Medicine

### Facilitator's Guide

#### Introduction and Ground Rules (10 minutes)

- 1) Listen actively
- 2) Communicate in a nonjudgmental fashion
- 3) Do not be afraid to respectfully challenge each other by asking questions, but refrain from personal attacks
- 4) Use "I" statements—speak from your own experience
- 5) Maintain confidentiality
- 6) Reveal only what you feel comfortable revealing about yourself
- 7) There is no one "right" answer
- 8) *The goal is not to agree; it is to gain a deeper understanding*

#### Facilitator's notes:

*Read the ground rules and ask if clarification is needed. Ask if anyone would like to add items. Elicit from the group members the steps they want to take if the ground rules are violated. Each participant can remind the group of the ground rules during the session.*

*Each case in the facilitator's guide includes notes, which may help you to guide the students in discussion when they seem reluctant to speak or when they are stuck in the discourse. These notes will provide you with context, but it is important to avoid dominating the conversation. Encourage the students to discourse with one another, rather than responding directly to you, the facilitator. When questions are directed to you specifically, if appropriate, reflect the questions back to the group to come up with suggestions. To keep the conversation moving, ask questions similar to: "Did anyone have a similar or different reaction?" or "How would you respond to that comment?"*

#### Review of frameworks (5-10 minutes)

*Review the frameworks below with the students. Throughout discussion of the cases, it can be helpful to frequently come back to the CHARGE<sup>2</sup> and INTERRUPT frameworks to help the students navigate the discussion.*

#### CHARGE<sup>2</sup>

- C-** Change your context: is there another perspective that is possible?
- H-** Honesty: Be honest with yourself, acknowledge and be aware
- A-** Avoid blaming yourself; know that you can do something about it
- R-** Realize when you need to slow down
- G-** Get to know people you perceive as different from you
- E-** Engage: Remember why you are doing this
- E-** Empower your patients and peers

## **INTERRUPT**

**I-** Inquire: Encourage elaboration, leverage curiosity. "I'm curious, what makes you think that?"

**N-** Non-threatening: Convey the message with respect. Separate the person from the action or behavior. "Some may consider that statement to be offensive." Communicate preferences rather than demands. "It would be helpful to me if..."

**T-** Take responsibility: If you need to reconsider a statement/action, acknowledge and apologize, if necessary. Address micro-aggressions and revisit them if they were initially unaddressed. "Let's go back..."

**E-** Empower: Ask questions that will make a difference. "What could you/we do differently?"

**R-** Reframe: "Have you ever thought about it like this?"

**R-** Redirect: Helpful when an individual is put on the spot to speak for their identity group. "Let's shift the conversation..."

**U-** Use impact questions: "What would happen if you considered the impact on..."

**P-** Paraphrase: Making what is invisible (unconscious bias), visible. "It sounds like you think..."

**T-** Teach by using "I" phrases: Speak from your own experience. "I felt x when y happened, and it impacted me because..."

### Case (10 minutes)

Two medical students, a Black woman and a White woman, are on their first day of an OB-Gyn outpatient clinic rotation. The preceptor has not yet arrived, so the nurse asks both students to get a history of a patient waiting in the exam room. As the students are completing the history with the patient, the attending walks in and addresses the Black student, assuming she is the patient, “So, when did you last see your obstetrician?”

Prompting questions:

- 1) How might each student be feeling/thinking in this situation?
- 2) Do you worry that you may be mistaken for someone other than a doctor or medical student, even when in your role? What would you say in this situation if the assumption were made about you? If it were made about a fellow student?
- 3) Reflect on your own experience taking the IAT. Based on your results, can you imagine making an assumption about someone based on one of the categories tested in the IAT? What would you do if you were the person who mistook the student for a patient in this scenario?

*Facilitator’s notes:*

*Case themes: Unconscious bias manifesting as a microaggression in the culture of medicine, power shifts in the healthcare team*

*Students may discuss that the attending has no ill intention, and that because she was running late she is less observant and relying more on her automatic thought processes. However, the effect can be profound, particularly on the black student. She is in effect “demoted” from her position in the room as the doctor-in-training, leading to a power shift. She must try to process and confront the unconscious bias that influenced this mistake, and because of stereotype threat, this can be paralyzing. This can be very difficult for the students to have to process and react in the moment—especially in light of the hierarchy in the room. Students may discuss that the white student may feel confused, and even guilty—her status is recognized and understood to be the healthcare worker in the room, which can make her feel exposed for her privilege of having a positive assumption made about her.*

*This is a scenario that can occur frequently in the healthcare setting, particularly for healthcare workers of racial/ethnic minority groups and women. Unconscious bias is at work here; our brains are hardwired to associate certain types of people with the role of physician—and we can even be biased against our own groups. This is further exacerbated by the fact that racial/ethnic minority groups are underrepresented in the physician workforce. It can be important avoid blaming (A-CHARGE<sup>2</sup>) for the workings of our brains that make automatic assumptions. At the same time, it is critical to try to address the incident, if not in the moment (since the patient is present in the room), then after the fact, so that everyone in the room can learn from it. Multiple elements of the INTERRUPT toolkit could be helpful: N-non-threatening, T-teach by using “I” phrases, and T-take responsibility to address the issue.*

*It is important to recognize that we will all find ourselves in a similar position of having made an incorrect assumption about a co-worker, a patient, or a patient’s family member—especially given the fast-paced and high-stakes atmosphere in medicine. Each of the elements of CHARGE<sup>2</sup> are relevant here, but in particular R-realize when you need to slow down, and E-empower yourself and your colleagues. Had the attending taken the time to fully evaluate the scene in the room and to go through proper*

*introductions at the beginning of the encounter, this may not have occurred. For INTERRUPT, T-take responsibility means owning up to your bias and assumptions and apologizing for the error.*

*Students may discuss and feel disconcerted about the fact that the information of whether the black student is wearing a white coat is not provided in this scenario. They may also discuss that sometimes social cues around race, gender, or other factors may be stronger than cues related to dress. Students of color may also note that they are more likely to be stopped by security at the hospital entrance, more likely to be judged by their presentation or dress, and more likely to be mistaken for another role even when dressed in white coats. Again, taking the time to slow down can be time saving in the end when situations like these are avoided, and can help to avoid power shifts in the healthcare team.*

*Importantly, programs that support diversity in medicine are critical to creating and maintaining inclusive and supportive work environments. Minority representation in medicine plays a vital role in changing the context (C- and G- of CHARGE<sup>2</sup>), and in enhancing the quality of care that we provide to diverse patient populations through teamwork and research.*

**Wrapping up (10 minutes):**

*After the case discussions, elicit from 4-5 take-home points. Possible take-home points include:*

- 1) You will see racism and racial bias (among other biases) in medicine—in patients, yourselves, colleagues, and systems.*
- 2) Race is a structural barrier to health shaped by institutional, personally-mediated, and internalized racism.*
- 3) Challenge your assumptions. Check in with yourself before, during, and after these types of encounters to process and learn from them. (CHARGE<sup>2</sup>)*
- 4) Recognize that we all have bias, and we will ALL take unintentional missteps. Acknowledging these biases, addressing them directly and respectfully, and maintaining an open dialogue are key to transforming the culture of medicine. (INTERRUPT)*
- 5) Understanding the patient's perspective is an important tool for combatting unconscious bias/assumptions, for enhancing communication, and for providing equitable care.*
- 6) Be cognizant of the hierarchy of medicine and become familiar with the role you must play as a student in order to preserve the team dynamic. Know the power you have to effect change, such taking extra time with patients to dissolve misconceptions about healthcare, along with bringing attention to biases and toxic working environments in order to create positive changes.*
- 7) Know where to turn for debriefing, help, and action: clerkship directors, Student Affairs, The Office of Diversity and Community Engagement, Ombudsperson, the hospital chaplain.*
- 8) Reach out to and support each other*

Source: DallaPiazza, M. et al 2018. Exploring Racism and Health: An Intensive Interactive: Session for Medical Students [https://www.mededportal.org/doi/10.15766/mep\\_2374-8265.10783](https://www.mededportal.org/doi/10.15766/mep_2374-8265.10783)

Note, Interrupting RIMAs handout link: <https://goto.unm.edu/usx02>

<b>TOOL: INTERRUPTING RACIAL AND INTERSECTIONAL MICROAGGRESSIONS</b>		
<b>RIMA THEME AND EXAMPLE</b>	<b>THIRD-PARTY INTERVENTION EXAMPLE</b>	<b>COMMUNICATION APPROACHES</b>
<b>Alien in One's Own Land</b>		
To Latinos or AAPI folks from U.S.: "Where are you <i>really</i> from?"	"I'm just curious. What makes you ask that? I already told you that I am from Colorado."	<b>INQUIRY:</b> Ask the speaker to elaborate. This will give you more information about where they are coming from, and may also help the speaker to become aware of what they are saying.
<b>Ascription of Innate Ability versus Hard Work:</b>		
To an AAPI person, "Of course you got an 'A', you are Asian!"	"It sounds like you think I get A's because I am AAPI, and not because I studied. What makes you believe that?"	<b>KEY PHRASES:</b> "Say more about that." "Can you elaborate on your point?" "It sounds like you have a strong opinion about this. Tell me why." "What is it about this that concerns you the most?"
<b>Color-Evasive Racism:</b>		
"I don't see race."	"When you say that, it does not acknowledge my experiences, culture, [if applicable:] and language."	<b>PARAPHRASE &amp; REFLECT:</b> Reflecting on essence of what the speaker has said by briefly restating in your own words demonstrates your desire to understand them and reduces defensiveness. Reflect with speaker on both content and feelings as appropriate.
<b>Myth of Meritocracy:</b>		
"Everyone can succeed in this society, if they work hard enough."	"So, you feel that everyone can succeed if they work hard enough. Can you share examples?"	<b>KEY PHRASES:</b> "So, it sounds like you think..." "You're saying..." "You believe..."
<b>Pathologizing Expression &amp; Communication Styles:</b>		
To Black student, "Why do you have to be so loud/animated? Just calm down."	"It appears you were uncomfortable when ___ said that. I'm thinking that there are many styles to express ourselves. Let's talk about how we can honor all styles of expression."	<b>REFRAME:</b> Create a different way to look at a situation. <b>KEY PHRASES:</b> "What would happen if ....?" "Could there be another way to look at this....?"
<b>Second-Class Citizen</b>		
You notice that your female colleague is frequently interrupted during a meeting	"Responder addressing the group: ___ brings up a good point. I didn't get a chance to hear all of it. Can we ask ___ repeat it?"	"Let's reframe this..." "How would you feel if this happened to your _____?"
<b>Assumptions about intelligence and academic success</b>		
To a BIPOC woman: "I would've never guessed that you are a scientist." Or: "You read well!"	"I'm wondering what message this is sending her. Do you think you would have said this to a White male?"	<b>INQUIRY &amp; ACCURATE INFO:</b> <b>KEY PHASES:</b> "What does a scientist look like?" "She has a Ph.D.; she should be able to read well!"
Sources: Harwood et al (2010); Zerai et al (2021); Adapted from: Kenney (2014); Kraybill (2008); LeBron (2008); Peavey (2003); Sue (2010); Annamma et al (2017).		

<b>TOOL: INTERRUPTING RACIAL AND INTERSECTIONAL MICROAGGRESSIONS (Pg. 2)</b>		
<b>RIMA THEME AND EXAMPLE</b>	<b>THIRD-PARTY INTERVENTION EXAMPLE</b>	<b>COMMUNICATION APPROACHES</b>
<b>Myths about Meritocracy</b>		<b>STRATEGIC QUESTIONS:</b>
In a hiring/admissions committee meeting: “We are not discounting people on basis of race or gender! There are no qualified BIPOC/women applicants.”	“How might we consider and mitigate the impact of implicit bias to ensure that we have a fair hiring process in regards to gender and race?”	Ask the speaker to elaborate. This will give you more information about where they are coming from, and may also help the speaker to become aware of what they are saying.
Unsolicited comments to Black student from a White student: “I think Affirmative Action is unfair”	“How does what you just said honor your colleague?”	<b>KEY PHRASES:</b> “Say more about that.” “Can you elaborate on your point?” “It sounds like you have a strong opinion about this. Tell me why.” “What is it about this that concerns you the most?”
Attending physician to BIPOC woman medical student in response to her presentation in which she proposed a new treatment: “I didn’t know you were smart!” (despite fact that she spoke up as much as male students during rounds that week)	“What impact do you think your statement has on this student and on dynamics among medical students? Have you considered taking the gender and science implicit associations test? How might you rephrase your feedback next time?”	
<b>Representative for the Entire Race (or SOGIE or PWD)</b>		<b>REDIRECT:</b>
U.S.-born AAPI student whose heritage is from Japan being expected to comment on Chinese culture	“June, we would love your opinion, as much as we would appreciate opinions from the rest of class; in fact, let us open up this question to the entire class and then take a look at informed perspectives from the literature.”	Shift focus to a different person <b>KEY PHRASES:</b> “Let’s shift the conversation...” Let’s open up this question to others...” “Let’s consult the academic literature on this one instead of relying on opinions.”
<b>Second Class Citizen</b>		<b>STRATEGIC QUESTIONS:</b>
Calling things “ghetto”; other examples include calling things “white trash”.	Asking questions to find language that does not marginalize on basis of race and class. Provides a learning opportunity on the power of words and the way we use them.	Asking questions to help speaker find language that does not marginalize on basis of race and class. Provides a learning opportunity on the power of words and the ways we use them.
“I have been called a [SOGIE expletive] by fellow students on several occasions. This typically happens in residence halls after hours”.	To affected student: “I am sorry to hear that, [name]. Would you like us to host a SafeZone (SOGIE awareness) workshop in your residence hall?” To individual committing RIMA: “That language is offensive and unacceptable”.	<b>ACKNOWLEDGEMENT OF EXPERIENCE:</b> Being an upstander means acknowledging experiences of individuals experiencing RIMAs and offering to serve as an ally and advocate. We must confront hate speech head on.

<b>TOOL: INTERRUPTING RACIAL AND INTERSECTIONAL MICROAGGRESSIONS (Pg. 3)</b>		
<b>RIMA THEME AND EXAMPLE</b>	<b>FIRST or THIRD-PARTY INTERVENTION EXAMPLE</b>	<b>COMMUNICATION APPROACHES</b>
<b>Lack of Bystander Intervention</b>		
<i>On part of classmates:</i> BIPOC student uncomfortable being put in the situation of confronting use of “n word” when they did not witness this.	“Thank you for bringing this to my attention. It is a bit taxing for you to expect me to intercede when I wasn’t even there when it happened. You can file an ethics point grievance or tell our professor.”	<b>INQUIRY &amp; ACCURATE INFO:</b> It is not the job of BIPOC students to intercede when someone uses a racial epithet. There are university and legal processes to handle this and even federal procedures to investigate hate speech. <b>KEY PHASES:</b> “Let us help you find more appropriate parties to whom to report your concerns.”
<i>On part of faculty:</i> When BIPOC, WOC, women student(s) report academic bullying & harassment from other students during group work	“It is vital that we create an inclusive process for group work. Research shows that diverse groups can create the best outcomes. Your colleagues will assess your group work participation.”	<b>INQUIRY &amp; ACCURATE INFO:</b> Share studies providing evidence of strength of diverse work groups. Model an effective group work process by discussing RIMA survey results and asking class to devise a rubric for inclusive group work.
<i>On part of university administration:</i> Faculty delays or dismissals of requests for academic accommodations from PWD	Send out regular reminders of policy regarding accommodation requests. Set up a procedure to check a sample of departments annually to assess success with providing accommodations.	<b>ACCURATE INFO:</b> Notification of policy and acting on policy (and ADA) violations. Enhancing compliance by assessing units. Remind faculty that all students deserve equitable access to education.
<b>SOGIE-Evasive Trans/homophobia</b>		
“Transphobic undertones are just so rampant in my academic program. People are really well intentioned, but they just act like trans people don't exist ... and show notable discomfort (uncomfortable laughing, grimacing) when I bring up trans bodies and experiences...”	“According to Youth Risk and Resilience Survey (YRRS) data for NM, in 2017 6.3% identified along the trans spectrum. This means that in a student body of 20,000 it is possible that over 1,000 students are transgender. In order to enhance inclusiveness, we need to do all that we can to make sure everyone feels they belong.”	<b>ACCURATE INFO:</b> A 2016 survey indicates that .6% of U.S. adults are transgender. However, it is severely underreported, as shown by recent YRRS data. The suicide rates for LGBQIA folks are 5 times higher than the national average. For trans folks, 41% attempt suicide at least once. Transphobia and acting to interrupt it is a matter of life and death.
“Being misgendered regularly despite having my pronouns worn or in my zoom name”	“Hey _____, I don't know if you're aware, but they actually use they/them pronouns. I wanted to let you know before you make a mistake. We would hate for [name] to have a negative experience.”	<b>INQUIRY &amp; ACCURATE INFO:</b> Ask whether individual committing RIMA is aware of target’s preferred pronouns. Organize a SafeZone workshop; share Dr. Ben Barres’ story <a href="https://mitpress.mit.edu/books/autobiography-transgender-scientist">https://mitpress.mit.edu/books/autobiography-transgender-scientist</a>
Sources: Harwood et al (2010); Zerai et al (2021); Adapted from: Kenney (2014); Kraybill (2008); LeBron (2008); Peavey (2003); Sue (2010); Annamma et al (2017; Williams Institute 2016).		

ACRONYMS: AAPI-Asian/Asian American and Pacific Islander; BIPOC-Black and Indigenous People of Color; LGBTQIA-Lesbian, Gay, Bisexual/Pansexual, Transgender, Queer/Questioning, Intersex, Asexual PWD-Persons with Disabilities; RIMA: Racial and Intersectional Microaggression; SOGIE-Sexual Orientation, Gender Identity or Expression; YRRS-Youth Risk and Resilience Survey

CONSIDERATIONS (from Harwood et al 2010):

- The communication approaches are most effective when used in combination with one another, e.g., using impact and preference statements, using inquiry and paraphrasing together, etc.
- Separate the person from the action or behavior. Instead of saying “you're racist”, try saying “that could be perceived as a racist remark”. Being called a racist puts someone on the defensive and can be considered “fighting words”.  
Avoid starting questions with “why”; it puts people on the defensive. Instead try “how” or “what made you ...”.
- When addressing a microaggression, try to avoid using the pronoun “you” too often-it can leave people feeling defensive and blamed. Use “I” statements describing the impact on you instead or refer to the action indirectly, e.g., “when \_\_\_ was said ...” or “when \_\_\_ happened ...”.
- How you say it is as critical as what you say, e.g., tone of voice, body language, etc. The message has to be conveyed with respect for the other person, even if one is having a strong negative reaction to what's been said. So it is helpful to think about your intention when interrupting a microaggression, e.g., do you want that person to understand the impact of his/her action, or stop his/her behavior, or make the person feel guilty, etc. Your intention and the manner in which you execute your intention make a difference.
- Sometimes humor can defuse a tense situation.