# Supporting Inclusion Culture: Creating a Forum for Safe Discussion

Joel Shaw, MD, Director of Medical Education, Grant Medical Center Nanette Lacuesta, MD Program Director, Physician Diversity Initiatives OhioHealth, Columbus, OH AIAMC Annual Meeting March 26, 2020 Austin, TX



# Learning objectives

- 1. Identify modalities to evaluate your program's inclusion efforts and gaps
- 2. Create an action plan to develop an inclusion culture with resident and faculty engagement
- 3. Use case discussions with EQ-based facilitation to open discussion and learning around inclusion and cultural competence

## **Self-assessment**

## What is OhioHealth?



## **OhioHealth Residency Programs**

#### Adult Psychiatry

Riverside Methodist Hospital

#### Anesthesiology

Doctors Hospital

#### Dermatology

Riverside Methodist Hospital

#### **Emergency Medicine**

Doctors Hospital

#### ENT

Doctors Hospital

#### Family Medicine

Doctors Hospital

**Dublin Methodist Hospital** 

Grant Medical Center

O'Bleness Hospital

Riverside Methodist Hospital

#### Foot & Ankle Surgery

Grant Medical Center

#### General Surgery

Doctors Hospital

Riverside Methodist Hospital

#### Internal Medicine

Doctors Hospital

Riverside Methodist Hospital

#### Obstetrics & Gynecology

Doctors Hospital

Riverside Methodist Hospital

#### Ophthalmology

Doctors Hospital

#### Orthopedic Surgery

Doctors Hospital

#### Osteopathic

#### Neuromusculoskeletal Medicine

O'Bleness Hospital

#### Preliminary Medicine

Riverside Methodist Hospital

#### Preliminary Surgery

Riverside Methodist Hospital

#### Transitional Year

Riverside Methodist Hospital



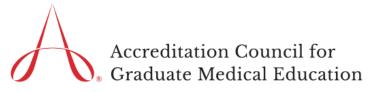














#### Our Values

Compassion, Excellence, Stewardship, Integrity, Inclusion

# Small group work

N = 38

Accreditation Council for Graduate Medical Education

"Negative" or "Extremely Negative" = 21%

#### Significantly below national average:

- Faculty and staff are interested in resident education and create environment of inquiry
- Satisfied that evaluations of faculty and residency program are confidential
- Satisfied that program uses evaluations to improve the program
- Satisfied with process to deal with problems and concerns
- Residents can raise concerns without fear



Image Credit: Carol Kohen Getty Images

# Case study development

You are a female Muslim resident doing an admission overnight for sepsis with the new Asian female junior resident. The patient needs a central line placed so you begin to obtain verbal and written consent. The patient states, "I want the procedure done if it's going to help me, but I don't really want YOU to do it."

You ask for further explanation of her specific and the patient states, "Well, my son's a doctor and my doctors usually look different, you know what I mean?"

She looks over to the middle aged White male medical student, and gestures to him saying, "You know what I mean, right? I would just feel safer if you did it."

You are rounding as a team and the patient refuses to have a procedure completed by the female resident and only wants the male medical student to complete the procedure.

How would you handle this interaction?

Pt presents for follow up appointment. You walk in and the patient says, "I am so happy to finally get a real doctor! I usually see that doctor 'Bulabula' or whatever her name is, and I can't even understand what she's saying."

You enter an exam room and the patient says they will only talk with a white physician.

How would you respond?

## **Facilitator Guide**

Standardized guide to introduce the topic to participants

Background—why practice in responding to bias and discrimination is important

**Ground Rules** 

## **Facilitator Guide**

Why does D&I matter to you?

What is your story?





You might hear something you don't agree with or causes a negative feeling

Everyone is here because they want to learn and improve



Show respect to other's point of view and ideas

Listen, don't interrupt, show grace your responses



Everyone has different experiences that shape their reality

Use the exercise as an opportunity to learn from others



## This is a pilot

We are open to your feedback and hope to continually improve this process to make this a useful educational experience

## Cases

- Physician developed
- Physician led
- Supported by HR

## **Facilitation**

Read case

**Think** 

Share

Pair

Report out

How do you feel?
How could the people in the case feel?
How would you react?
What did you hear?

# Let's try it!

## Case 1

A) You enter an exam room and the patient says they will only talk with a white physician.

How would you respond?

B) To a faculty member:

A resident comes to you and says the patient they are currently scheduled to see refuses to be seen by them because they only want to be seen by a white physician.

How would you respond to the resident and patient?

SELF SOCIAL SELF **RELATIONSHIP EMOTIONAL** INTELLIGENCE **AWARENESS** MANAGEMENT **AWARENESS** MANAGEMENT **DOMAINS EMOTIONAL EMOTIONAL EMPATHY ADAPTABILITY** INFLUENCE SELF BALANCE MENTOR **AWARENESS EMOTIONAL** ORGANI-INTELLIGENCE CONFLICT **ACHIEVEMENT POSITIVE TEAMWORK** ZATIONAL **LEADERSHIP** OUTLOOK **AWARENESS** COMPETENCIES INSPIRATIONAL GOLEMANCI

SELF SELF **EMOTIONAL** INTELLIGENCE **AWARENESS MANAGEMENT DOMAINS EMOTIONAL** SELF **ADAPTABILITY** BALANCE **AWARENESS EMOTIONAL** INTELLIGENCE **ACHIEVEMENT** POSITIVE **LEADERSHIP** COMPETENCIES

How do you feel?

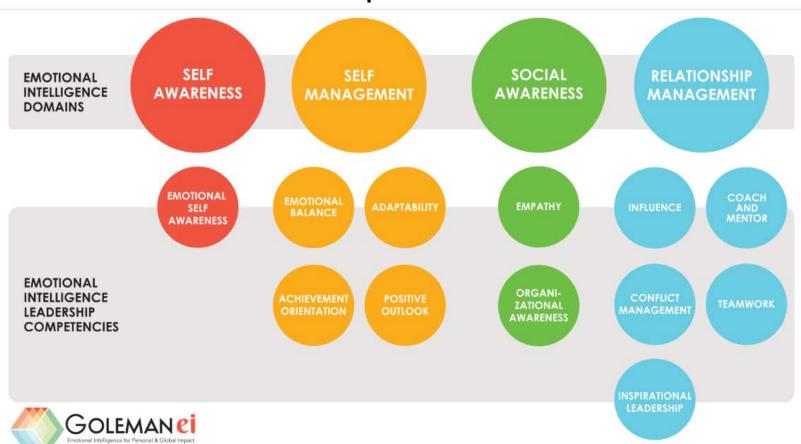




How might the people in the case feel?



## Think-pair-share



## What did you hear?



## Case 2

A) An MA comes to you and says the patient you are about to see used negative slurs directed at them due to being black.

How would you respond to the MA and patient?

B) You witness a staff member making an inappropriate racist comment or joke.

How do you approach this situation with the staff member?

## **Facilitation**

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**Think** 

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