Proactive and Responsive Approaches to Racial Bias in Clinical Learning

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Welcome

“The land that surrounds us is part of who we are; it reflects our histories.”

We would like to acknowledge the Native people who are the traditional custodians of the land, wherever we may each be physically situated. We pay our respects to indigenous elders, past, present, and future who call this place their home; we are grateful for their stewardship. We acknowledge the historical genocide and forced removal of Native people from this land, as well as their continued presence, strength and contributions. We aim to right the past through action in the present.

For more information about land acknowledgement: https://nativegov.org/a-guide-to-indigenous-land-acknowledgment/
The program provides a path for participants to develop focused teaching and related educational skills and receive a certificate in recognition of their efforts.

Participants in the Teach for UCSF Certificate in Teaching for Equity and Inclusion develop best practices in equitable and inclusive teaching for didactic and clinical settings across health professions education. This certification consists of 7 required workshops and one selective. Participants complete assessment exercises during the workshops.

**Learning Objectives**

- Select and design inclusive instructional materials and activities that reflect diverse perspectives, participants and learner needs.
- Design assessments that minimize bias, and address biases that arise in assessment decisions.
- Diagnose individual learner needs using an equity lens.
- Develop skills to confront bias and microaggressions in the learning environment.
- Engage with differences and similarities to maximize connection and support.
- Provide feedback that is sensitive to learners’ individual backgrounds and lived experience.

**Required Workshop Topics (titles may vary)**

- Creating and Assessing Curricular Materials for Equity and Inclusion
- Microaggressions
- Equitable Assessment
- Learning Climate in Medical Education
- Feedback Fundamentals - 4hr
- Advanced Feedback across Differences
- Foundational Relationship-Building with Learners

**Selective Workshops** (one is required)

- Racial Bias in Clinical Learning
- Inclusive Leadership
- Holistic Approach to Hiring and Selection (in development)
Workshop Dashboard

- [http://tiny.ucsf.edu/TEI4](http://tiny.ucsf.edu/TEI4)

- Contains: link to slides, **strategies and resources handout**, skills assessment *(required)* and evaluation form.
You are free:
• to copy, distribute, and display this presentation, and/or
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• **Attribution** — You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.
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See [https://creativecommons.org/licenses/by-nc-sa/4.0/](https://creativecommons.org/licenses/by-nc-sa/4.0/) for full license.
Zoom Workshop Etiquette

- Turn on your video if possible.
- Include your pronouns in your Zoom name.
- Mute yourself unless speaking.
- Use the reactions buttons.
- Use the chat and participant feedback features.
- It is our job to make this interactive--- our ask of you is to give feedback along the way
Agenda

1:00-1:50 welcome, logistics, presentation
1:50-2:00 break
2:00-3:05 demo and small group practice
3:05-3:30 presentation and demos
3:30-3:45 break
3:45-4:45 small group practice
4:45 - 5:00 closing
Objectives

At the end of the workshop, participants will be able to:

▪ Define stereotype threat.

▪ Describe how interpersonal and structural racism manifest in healthcare and healthcare education.

▪ Employ self-awareness in how identities and unconscious biases impact interactions with students, preceptors, and families.

▪ Apply proactive and responsive strategies to counteract the impact of racism and stereotype threat in clinical interactions.
Community Agreements

1. Listen actively.
2. Participate fully; safety does not equal comfort.
3. Take space, make space.
4. Share your own story and experience; use “I” statements.
5. Multiple and different perspectives welcome.
6. Make space for people to learn and grow; maintain confidentiality of other participants.
7. Own your impact; be conscious of body language and non-verbal responses.

adapted from Black Infant Health Group Intervention Ground Rules
Small Group Introductions

Small group breakout (15 minutes)

Name/pronouns
Role

What identity-based privileges do you hold in the clinical setting, seen and unseen?
Baseline Assumption

"This work is lifelong work. There is no end to reach, but rather a daily, moment-by-moment choice to live and work in ways that are as non-oppressive to BIPOC as possible. This will be hard because white supremacy is and will continue to be deeply rooted within you, and because racism isn’t just about privilege and prejudice, but also about power. This internal work of examining, reflecting, changing and acting differently is just one prong in the work to dismantle white supremacy. For real change to happen, you must also be challenging systems and working to create structural changes, dismantling white supremacy institutionally, as well as personally.

Survey responses - labels, assumptions, inequity of student evaluation

- “People of color, most often African American, get labeled as ‘difficult’ or ‘noncompliant’ by the care teams…this leads to a certain kind of care... and interventions”
- “Most often, my experiences have been in the form of microaggressions along the basis of race (ie. nurses confusing me with other black residents, others assuming I'm part of the custodial staff, etc )”
- “Assumptions are made about their [students of color] intellect, their health, their culture and even their potential.”
- “…judged negatively when they do not assimilate to mainstream white middle class norms”

Based on a 2018 survey of students, alumni and preceptors re: experiences of racism in midwifery, \( n=182 \)
Key Concept: Stereotype Threat

Stereotype threat is defined as:

“a situation where an individual is at risk of confirming negative stereotypes about one’s group as a self-characteristic.”

Stereotype threat can keep learners from performing at their peak and takes a real physical toll.
Stereotype Threat

Consequences:

- Decreased performance
- Self handicapping strategies
- Internalizing attributions of failure
- Task Discounting
- Distancing from stereotyped group
- Disengagement and dis-identification
- Altered professional identities and aspirations

Survey responses: examples of stereotype threat

“students of color in our midwifery program have felt the effects of bias in their clinical training [which has] undermined these students' confidence in their abilities”

“As a white preceptor, in order to not be perceived as ‘racist’ not giving students of color as much effective corrective feedback as their white peers, which in the long term backfires when they are not where they need to be down the road.”
Strategies
Proactive Strategies

Creating a welcoming and safe environment:

- Engage in critical self-reflection, transparently
- Correct name pronunciation and pronouns
- Build rapport and social belonging
- Microaffirmations
- Create identity safe environments, with visual cues and actions
- Examples of tools: Combating Stereotype Threat

Márquez-Magaña 2010, Aronson 2013
Proactive Strategies: Creating a welcoming environment

ZSFG Orientation for midwifery students

Our commitment to you:
- Partnership
- Transparency
- Modeling
- Critical self-reflection
- Creating identity-safe environments
- Social belonging

Our hope for you:
- You belong here. Period.
- Tap into your gifts
- Participate in team communication opportunities
- Be curious
- Hold us accountable
- Come prepared for success
Proactive Strategies:
Maintaining safety and welcome

Using AIR (Anticipate, Implement, Reflect)

- Anticipate
- Implement
- Reflect

Márquez-Magaña 2017
Proactive Strategies: Maintaining safety and welcome

Using AIR (Anticipate, Implement, Reflect)

- **Anticipate:**
  - check-in before shift
  - relationship building/esteem boosting
  - identify resources
  - reference growth mindset
  - grounding, even power pose!
  - name that bias is present in the setting

Márquez-Magaña 2017
Proactive Strategies: Maintaining safety and welcome

Using AIR (Anticipate, Implement, Reflect)

- Implement:
  - remind and cue throughout shift
  - offer time-out/self-care
  - remind of competent identity (impostor syndrome)
  - actively combat stereotypes/call out racism/bias

Márquez-Magaña 2017
Proactive Strategies: Maintaining safety and welcome

Using AIR (Anticipate, Implement, Reflect)

- **Reflect:**
  - check-in after shift
  - address any unfinished debriefing
  - model self-reflection and loving kindness
  - set measurable goals for next encounter
  - make plan for follow-up, designate responsibility
Stretch Break (5 min)
Demonstration
please turn off cameras
Skills Practice
Small group breakout; bring skills and resources handout
Responsive Strategies

How can we name and address the witnessing of or participation in or impact of racism with the goal of (re)building a trusting and supportive learning climate?
Responsive Strategies - Identify

Begins with being able to identify when incidents are occurring or have occurred

- Blatant vs. Subtle
- Trusting your intuition
- Taking a risk
- Identifying the system or person involved
  - Patient/Provider/Leader
  - System vs Individual
Responsive Strategies - Talking with learners

- Address in the moment when possible -
  - If time and space do not permit or are not appropriate in the moment, make sure the learner is aware that you know about and want to address the incident, and make it a priority to make space to discuss.
- Name it - call it what it is, if you’re not sure, do your best.
  - Name your experience or lack of experience and your intentions.
- Start with yourself - how it impacted you.
- Check in with the learner - refer back to creating a welcoming environment.
Responsive Strategies - Opening the Door

The power of reflective listening, empathy and inquiry

- Using a learner’s own words demonstrates listening and also reduces the extent to which we impose our assumptions
  
  *I heard you say that you feel you’ve been treated differently than others. I care about your experience. Can you share more…*

- Recognizing and responding directly to cues of concern about racial bias normalizes the topic and invites dialogue
  
  *You’ve highlighted the patient's race several times. Racism affects healthcare generally and in our hospital. I'm eager to hear more about your perspective.*
Responsive Strategies - When the feedback is for us

- Humility and openness
- Self-awareness
  - How do my identities and experience inform my reactions?
  - Notice if defensiveness is emerging - choose not to go there
- Empathy for and responsibility to the learner
  - Reach for connectedness
- Practice self-compassion
  - Utilize your resources for support and/or to process
Responsive Strategies - “Rules of Engagement”

"When you insist that BIPOC talk about their painful experiences with racism without expressing any pain, rage or grief, you are asking them to dehumanize themselves. You are expecting them to detach themselves from the true feelings of what it feels like to be discriminated against and oppressed."

-Layla Saad
Responsive Strategies – Responding to Feedback

- Validate their experience (focusing on impact, NOT intent)
- Verbalize commitment
  - Your experience matters to me, and you/our patients deserve to be treated respectfully at all times. I am committed to addressing your concerns and providing equitable care.

- Clarify expectations and invite input about next steps
  - What are your needs now and moving forward?
  - What would it look like for me/us to earn your trust?

- Check understanding and clarify next steps
  - I want to be sure I’ve heard and understood your preferences about next steps…
Demonstration
please turn off cameras
Responsive Strategies- Allyship

Providing feedback to team members

- Readiness, time, and place
- Open the conversation and listen reflectively
  - *What are your thoughts about the interaction with Learner Y at sign-out?*
  - *You wondered if the patient might be more likely to trust them...*
- Name behaviors and impact
  - *When you said “X”, I was concerned that Learner Y might feel as though they are expected to represent their race.*
- Invite response
- Invite collaboration in verbalizing expectations and equitable standards
Responsive Strategies - Examples

Verbalizing expectations to a patient or a colleague

- *I need to interrupt you. This language is racially discriminatory and harmful.*

- *It sounds like you have strong feelings about this; we need to find a way forward that ensures respect for everyone on the team.*

- *In what you said, I heard a generalization about an entire group of people. How can we move from common stereotypes to recognizing our patients as individuals?*
Demonstration
please turn off cameras
Break (15 min)
Skills Practice
Small group breakout; bring skills and resources handout
Evaluation and Skills Assessment

Link to workshop dashboard: http://tiny.ucsf.edu/TEI4

The Skills Assessment must be completed in order to receive workshop credit.

• Can find it on the workshop dashboard
• Direct link: https://ucsf.co1.qualtrics.com/jfe/form/SV_37MDfBOCDGBo0Zf
Closure
Faculty Development at UCSF

All of us have a responsibility to hone our skillsets as educators—we owe it to our learners.

-Dan Lowenstein, MD
Executive Vice Chancellor and Provost

What is offered?

- Free weekday and accelerated weekend workshops
- Various locations in the Bay Area
- CME/CE credit available for certain health professions
- A community of like-minded educators

Why participate?

- Demonstrate a commitment to your learners by building teaching skills
- Develop your career as an educator
- Contribute to UCSF’s mission via teaching and education research
- Be recognized!

How do faculty development programs work together to enhance education at UCSF?

FACULTY DEVELOPMENT COMMUNITY

- UCSF Educational Skills Workshops
- Teaching Observation Program (TOP)
- AME Meetings
- Med Ed Grand Rounds
- Faculty Development: UCSF and non-UCSF
- AME Service
- Scholarship

Develop skills as a teacher

Specialize your teaching

Teach peers

Identify as an educator with career development

UCSF Center for Faculty Educators

http://tiny.ucsf.edu/FDWorkshops

http://tiny.ucsf.edu/T4UCSF
Educational Skills Development

Step-by-step.

How to get started?

1. Register for workshops and get involved with the education community.
   - Register for workshops based on interest. http://tiny.ucsf.edu/FDWorkshops

2. Develop and hone specialized teaching skills through practice and certification.
   - Enroll in one of six Teach for UCSF Certificates: http://tiny.ucsf.edu/T4UCSF
   - Participate in the Teaching Observation Program (TOP). http://tiny.ucsf.edu/TOP

3. Identify as a health professions educator.
   - Join the weekly, lunchtime Education Scholarship Conference, ESCape. http://tiny.ucsf.edu/ESCake
   - Apply for the yearlong Teaching Scholars Program for longitudinal development.
   - Apply for intramural AME Innovations Funding. http://tiny.ucsf.edu/innovations
   - Apply for membership in the Academy of Medical Educators (AME) with an Educator's Portfolio.
   - Engage in mentoring with an educator from the CFE or AME.

New to UCSF? Explore the CFE website.

http://tiny.ucsf.edu/ForEducators

http://tiny.ucsf.edu/EngageInEdResearch

Contact: Victoria Ruddick | Faculty Development Manager | ruddickv@ucsf.edu | 415-478-7164
Background

- Driven by our midwifery learners who have been asking for this type of faculty development for years.
- Jointly developed by midwives and student midwives at UCSF, SFGH, and Highland Hospital.
  - Jennifer Braddock, MS, CNM and Rebekah Kaplan MSN, CNM
  - SNMs: Talita Oseguera, Nancy Rivera-Hancock, Darcy Stanley
- Funded by the California Office of Statewide Health Planning and Development, Song Brown Workforce Development Program
References

- Márquez-Magaña, Leticia. Resiliency to stereotype threat: how can we recognize and cope with the “Threat in the Air”? July 17, 2017.