



Daily DEI & The Resident Experience

Anthony Williams MD, MS

Associate Program Director, Med-Peds Residency Program

Associate Director, Center for the Art of Medicine

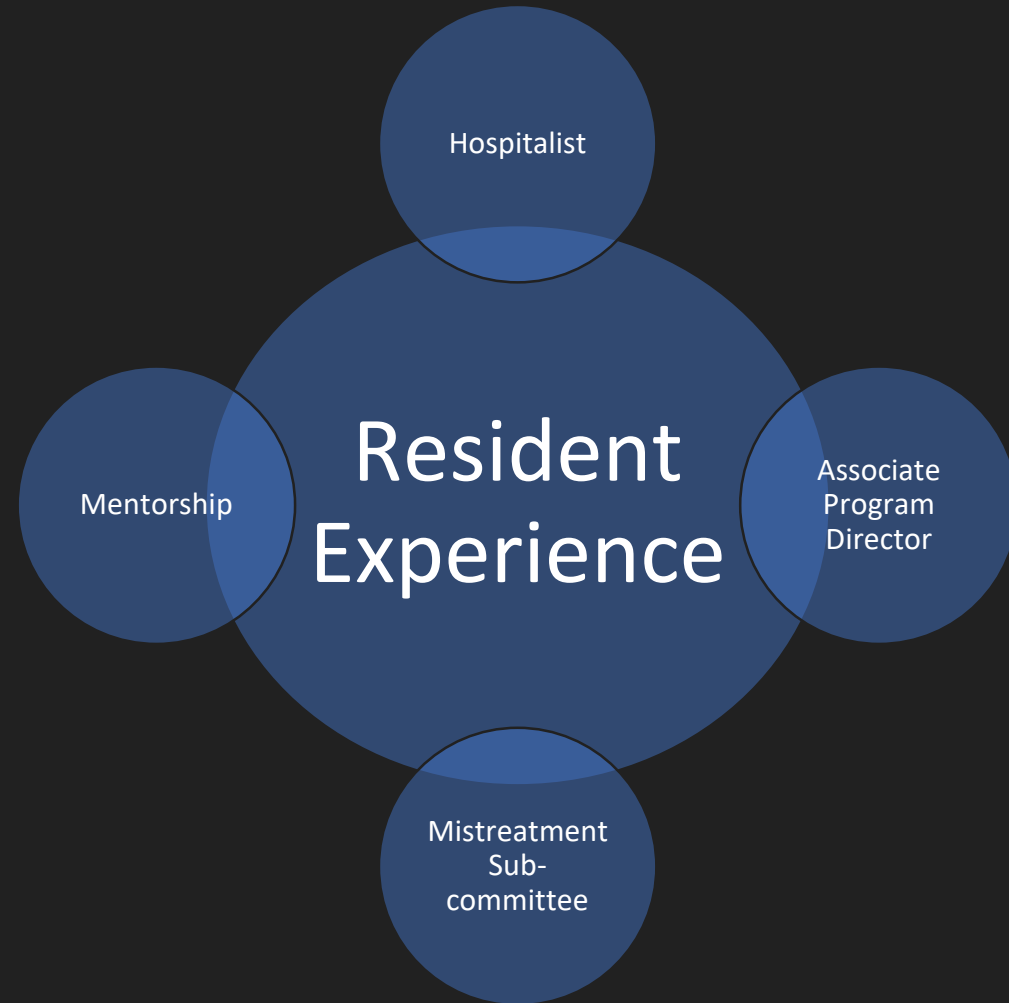
Health Partners Hospital Medicine

September 15th, 2023



Perspective

- Multigenerational problems



Perspective

- Multigenerational problems
- Progress is non-linear and messy
- Signals of progress can be drowned out by the negative consequences of challenging established norms.



Perspective

- Multigenerational problems
- Progress is non-linear and messy
- Signals of progress can be drowned out by the negative consequences of challenging established norms.
- Shifting medical school curriculum.



#HospitalistLife

Tuesday's are really
just Monday's dressed
in their Sunday
best



your  cards
someecards.com

Ideal Tuesday



Actual Tuesday





Team Dynamics

- Post-call day



Team Dynamics

- Post-call day
- Resident team cap: 14 patients
- Team members: 1 senior resident, 1 intern



Team Dynamics

- Post-call day
- Resident team cap: 14 patients
- Team members: 1 senior resident, 1 intern
- Several sick patients



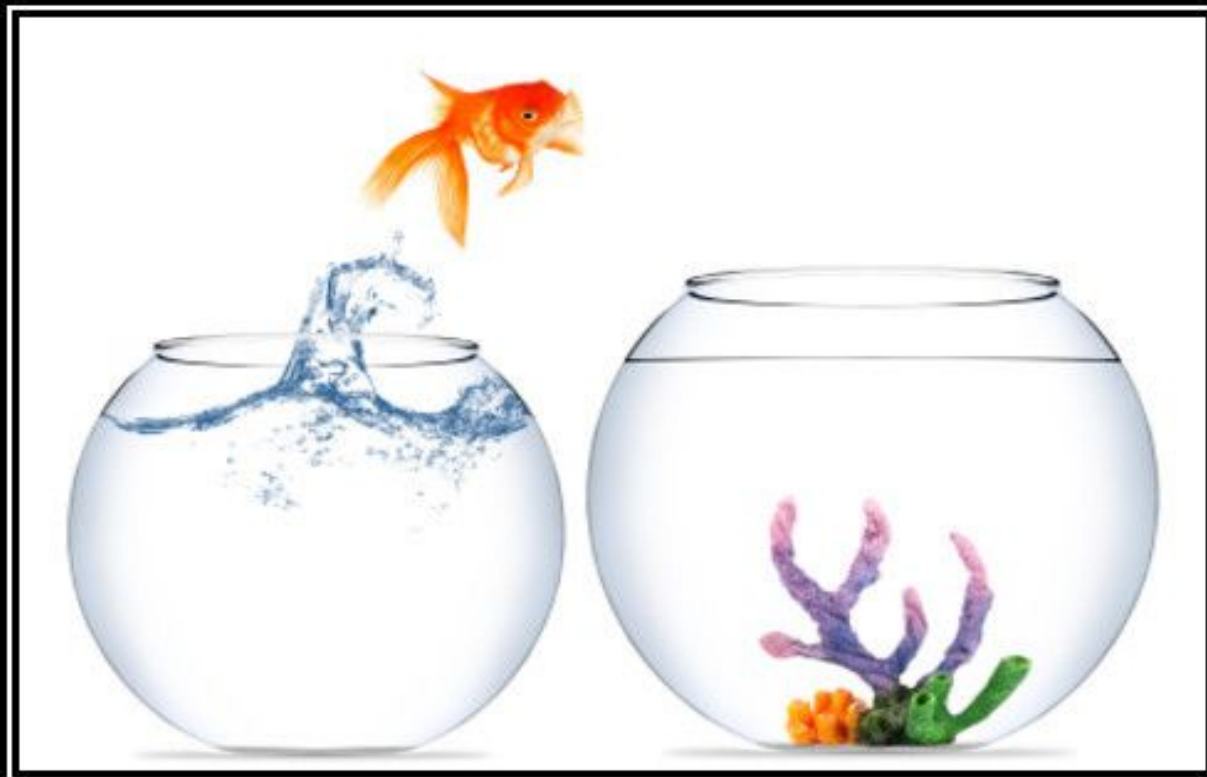
Team Dynamics

- Post-call day
- Resident team cap: 14 patients
- Team members: 1 senior resident, 1 intern
- Several sick patients
- No medical students



INTERNAL MEDICINE

Get comfortable...this is going to take a while...



OPTIMISM

The prelude to disappointment



Patient Care



Patient Care



- Extensive skin lesions
- No mucus membrane involvement
- No signs of acute infection
- Hemodynamically stable
- Needs Dermatology and wound care evaluations
- Probably not discharging today



Patient Care



Patient Care



- Consulted Dermatology and wound care
- Uploaded pictures of patient's skin lesions into epic
- Obtained supplemental history
- Detailed physical exam

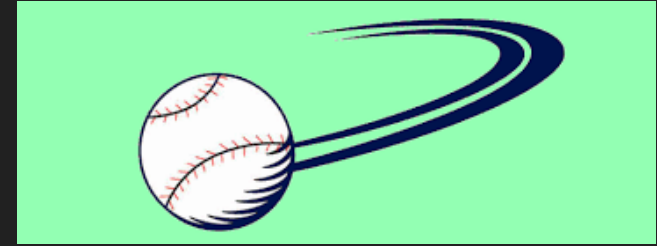


The Problem...





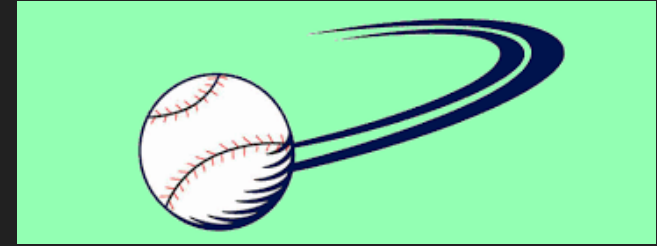
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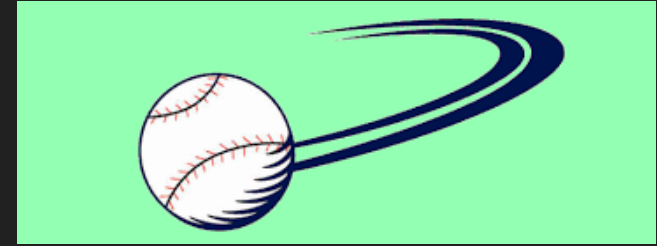
- **Intern:** “No, they’re fine. But Derm just dropped their note, and they say they don’t want a biopsy and we should continue supportive care & risk factor management.”



The Problem...



- **Intern:** “No, they’re fine. But Derm just dropped their note, and they say they don’t want a biopsy and we should continue supportive care & risk factor management.”
- **Intern:** “Sort of. They said the diagnosis is this thing I’ve never heard of. But when I look it up, all the sources say it’s a diagnosis of exclusion. So, shouldn’t we still be getting a biopsy...?”



The Problem...

- **Intern:** “No, they’re fine. But Derm just dropped their note, and they say they don’t want a biopsy and we should continue supportive care & risk factor management.”
- **Intern:** “Sort of. They said the diagnosis is this thing I’ve never heard of. But when I look it up, all the sources say it’s a diagnosis of exclusion. So, shouldn’t we still be getting a biopsy...?”
- **Resident:** “Dr Williams, from what I’ve seen Derm always wants a biopsy. And now, when we just happen to have a patient that’s an uninsured black woman, they don’t want a biopsy?! Has the thought of racism crossed your mind?”



The Problem...



- **Intern:** “No, they’re fine. But Derm just dropped their note, and they say they don’t want a biopsy and we should continue supportive care & risk factor management.”
- **Intern:** “Sort of. They said the diagnosis is this thing I’ve never heard of. But when I look it up, all the sources say it’s a diagnosis of exclusion. So, shouldn’t we still be getting a biopsy...?”
- **Resident:** “Dr Williams, from what I’ve seen Derm always wants a biopsy. And now, when we just happen to have a patient that’s an uninsured black woman, they don’t want a biopsy?! Has the thought of racism crossed your mind?”
- **Intern:** “I THINK THIS IS RACISM! These are racist recommendations! This is why black women have horrible outcomes in our medical system.”



The Plan...



The Plan...

- **Resident:** “Don’t worry Dr. Williams. We have a plan!”



The Plan...

- **Resident:** “Don’t worry Dr. Williams. We have a plan!”
- **Resident:** “This Dermatology fellow put his phone number in the note. First, we’ll call him and tell him that we think his recommendations are racially biased.”



The Plan...

- **Resident:** “Don’t worry Dr. Williams. We have a plan!”
- **Resident:** “This Dermatology fellow put his phone number in the note. First, we’ll call him and tell him that we think his recommendations are racially biased.”
- **Resident:** “If he shuts us down, which he probably will, I think we should escalate this.”



The Plan...

- **Resident:** “Don’t worry Dr. Williams. We have a plan!”
- **Resident:** “This Dermatology fellow put his phone number in the note. First, we’ll call him and tell him that we think his recommendations are racially biased.”
- **Resident:** “If he shuts us down, which he probably will, I think we should escalate this.”
- **Intern:** “Now, we already found phone numbers for the patient advocates, the ethics committee, and risk management, but we’re not really sure which one we should start with...so could you maybe help us with that?”



Processing...



Close



First Instinct(s)



First Instinct(s)

- Catty, sarcastic, makes the situation all about me.

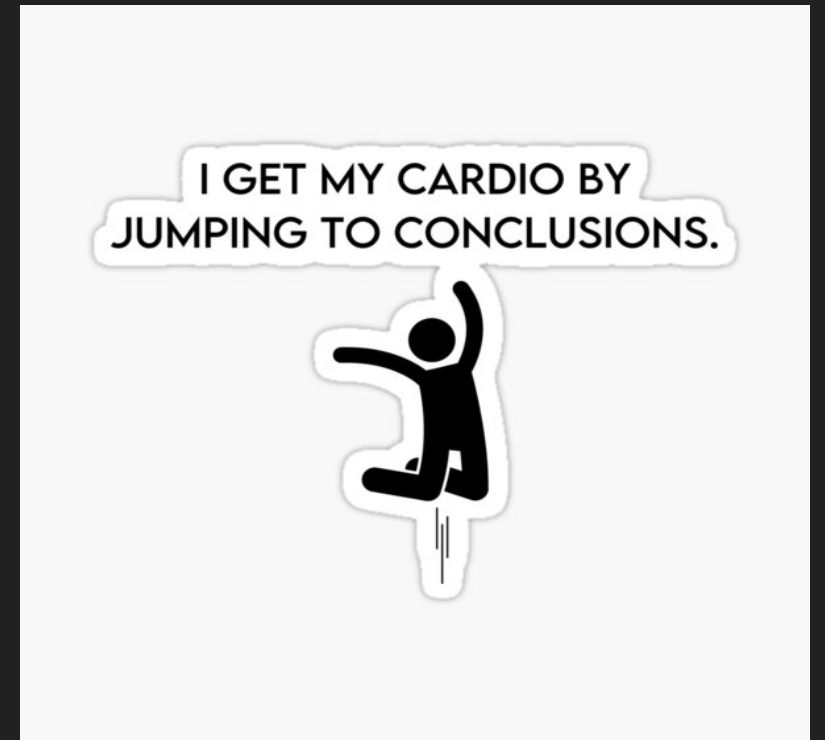


First Instinct(s)

- Catty, sarcastic, makes the situation all about me.
- CYA, preserving the status quo

First Instinct(s)

- Catty, sarcastic, makes the situation all about me.
- CYA, preserving the status quo
- A little better, but still a little “Gaslight-ish”.





The Process



The Process

- Validation – the antidote to gaslighting.



The Process

- Validation – the antidote to gaslighting.
- The art of questioning recommendations...



The Process

- Validation – the antidote to gaslighting.
- The art of questioning recommendations...
- The ‘assumption of best intention’



The Process

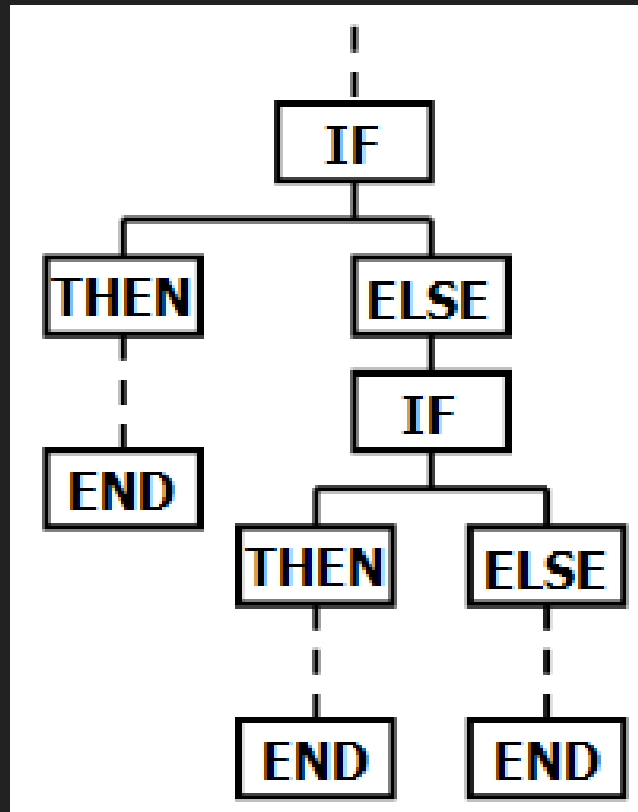
- Validation – the antidote to gaslighting.
- The art of questioning recommendations...
- The ‘assumption of best intention’
- Tactics for ‘professional escalation’



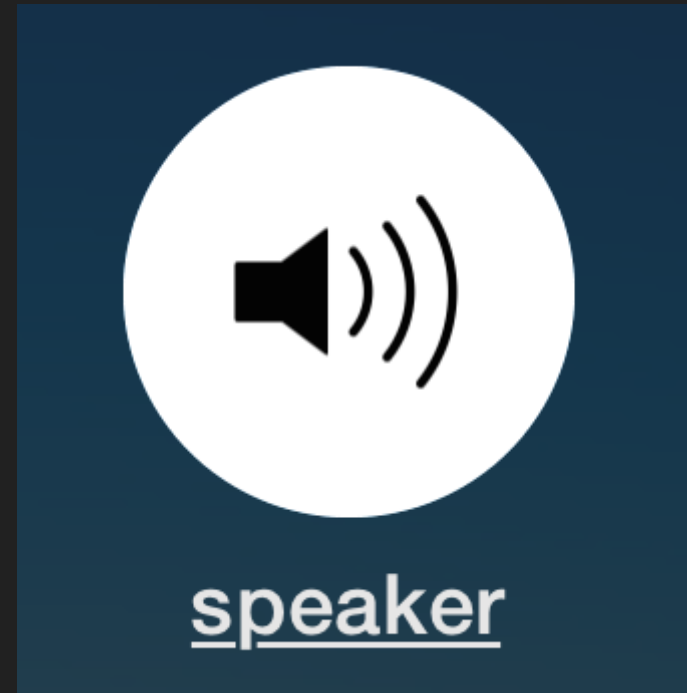
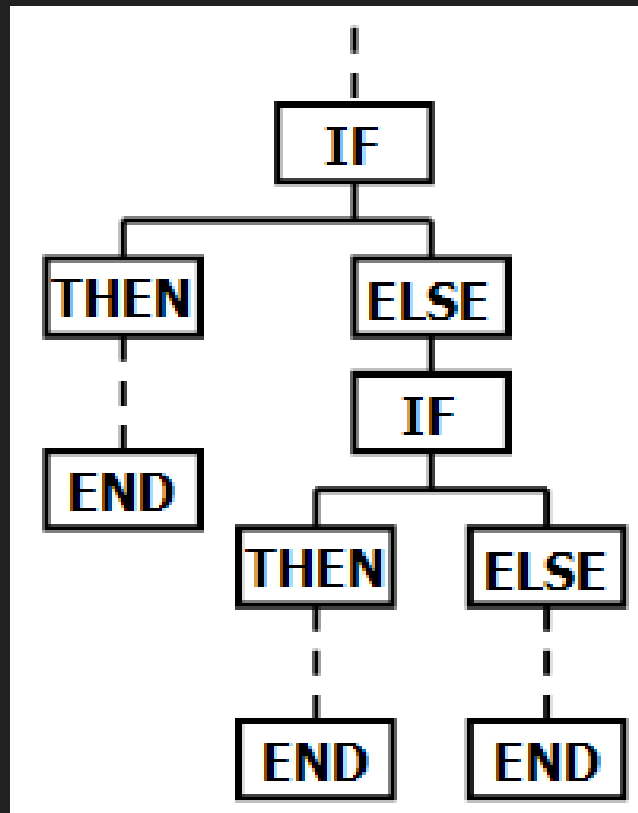
The Process

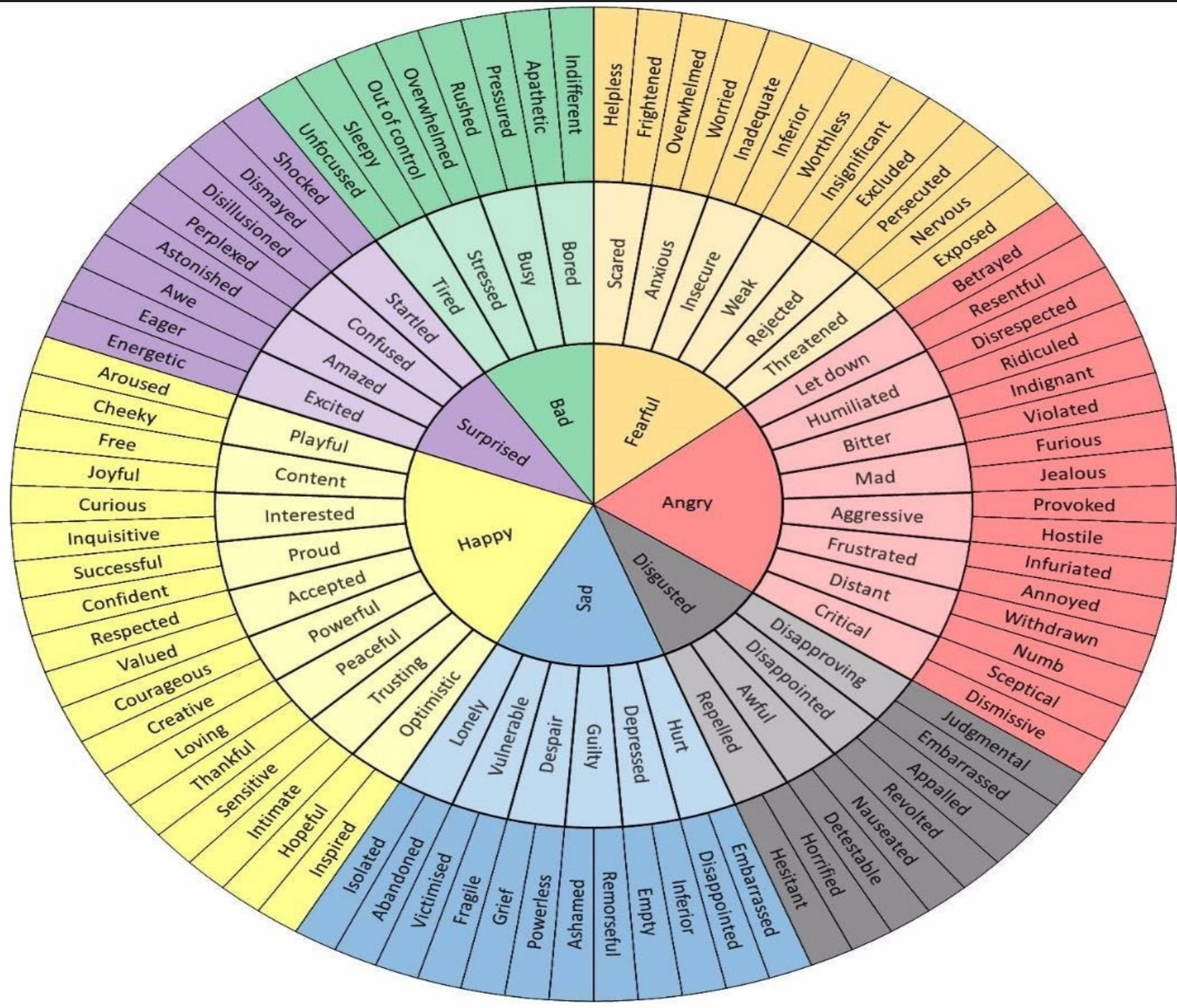
- Validation – the antidote to gaslighting.
- The art of questioning recommendations...
- The ‘assumption of best intention’
- Tactics for ‘professional escalation’
- Defer ethics, risk management, etc...until we have more information.

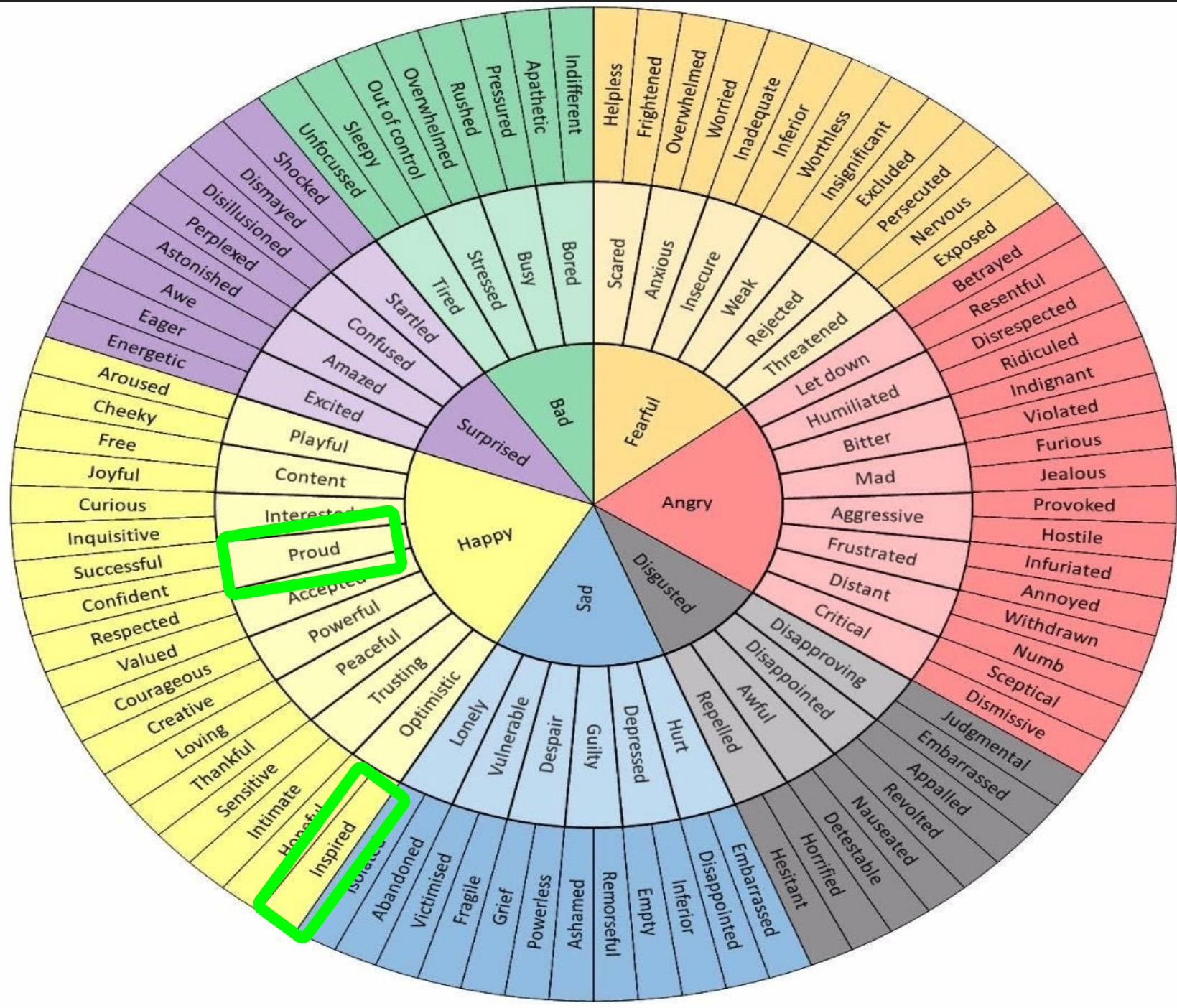
The Updated Plan

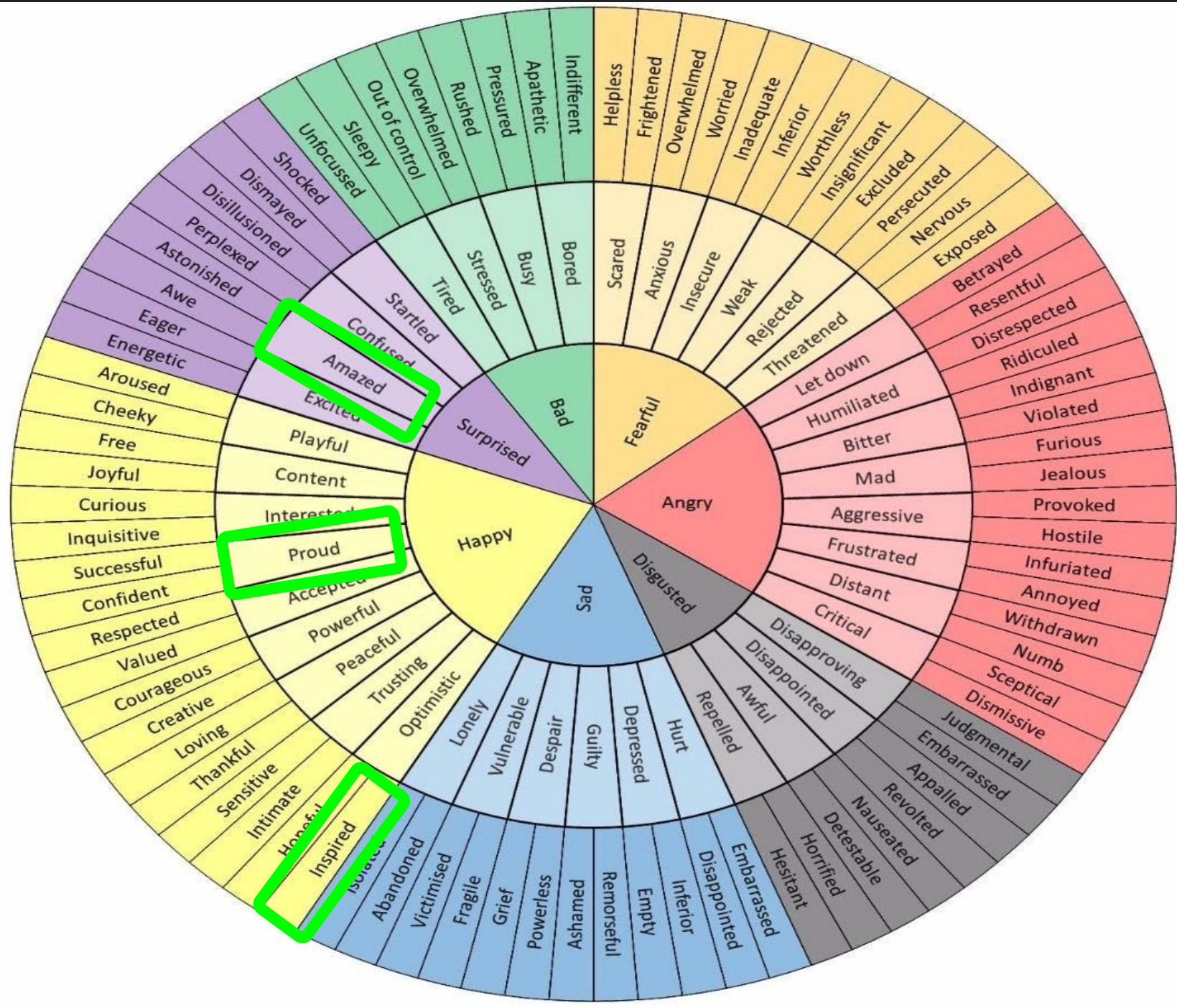


The Updated Plan











Program Evaluation Committee (PEC)

- Quality Improvement of the Residency Program.
- ACGME mandated
- Multiple subcommittees



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- Quality Improvement of the Residency Program.
- ACGME mandated
- Multiple subcommittees
- Bias & Mistreatment subcommittee (2020)



Local Themes

See No Evil, Hear No Evil, Stop No Evil: Institutional-Level Tracking to Combat Mistreatment of Residents and Fellows

Taj Mustapha, MD

Yedam Ho, MA

John S. Andrews, MD

Michael J. Cullen, PhD

TABLE

Frequency of Discrimination and Sexual Harassment Against Graduating Trainees in the Past Academic Year by Patients, Faculty, Trainees, and Interprofessional Team Members^a

Type of Discrimination and Frequency	Group Responsible for Discrimination, n (%)					
	Patients	Faculty in Program	Faculty Outside Program	Interprofessional Team	Trainees in Program	Trainees Outside Program
Direct offensive remarks						
Never	145 (66.8)	206 (94.5)	209 (95.4)	207 (94.5)	214 (97.7)	214 (97.7)
At least once	72 (33.2)	12 (5.5)	10 (4.6)	12 (5.5)	5 (2.3)	5 (2.3)
Microaggressions						
Never	150 (69.1)	198 (91.2)	209 (95.9)	201 (92.2)	211 (96.8)	209 (95.9)
At least once	67 (30.9)	19 (8.8)	9 (4.1)	17 (7.8)	7 (3.2)	9 (4.1)
Indirect offensive remarks						
Never	147 (67.1)	199 (91.7)	205 (94.5)	195 (89.9)	205 (94.0)	203 (93.5)
At least once	72 (32.9)	18 (8.3)	12 (5.5)	22 (10.1)	13 (6.0)	14 (6.5)
Threatened with physical harm						
Never	180 (82.2)	217 (100)	216 (98.6)	218 (99.5)	218 (99.5)	218 (99.5)
At least once	39 (17.8)	0 (0)	3 (1.4)	1 (0.5)	1 (0.5)	1 (0.5)
Humiliated or shamed						
Never	191 (87.6)	185 (86.1)	203 (93.6)	210 (96.3)	214 (98.2)	211 (97.2)
At least once	27 (12.4)	30 (13.9)	14 (6.4)	8 (3.7)	4 (1.8)	6 (2.8)
Sexually harassed						
Never	196 (89.9)	218 (100)	218 (100)	216 (99.1)	217 (99.5)	218 (100)
At least once	22 (10.1)	0 (0)	0 (0)	2 (0.9)	1 (0.5)	0 (0)

National Trends

SPECIAL ARTICLE

Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training

Yue-Yung Hu, M.D., M.P.H., Ryan J. Ellis, M.D., M.S.C.I., D. Brock Hewitt, M.D., M.P.H., Anthony D. Yang, M.D., Elaine Ooi Cheung, PhD, Judith T. Moskowitz, Ph.D., M.P.H., John R. Potts III, M.D., Jo Buyske, M.D., David B. Hoyt, M.D., Thomas J. Nasca, M.D., and Karl Y. Bilimoria, M.D., M.S.

Original Investigation | Medical Education

Minority Resident Physicians' Views on the Role of In Their Training Experiences in the Workplace

Aba Osseo-Asare, MD; Lilanthi Balasuriya, MD; Stephen J. Hurd, MD; Darin Latimore, MD; Dowin Boatright, MD, MBA, MHS

See No Evil, Hear No Evil, Stop No Evil: Institutional-Level Tracking to Combat Mistreatment of Residents and Fellows

Taj Mustapha, MD
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John S. Andrews, MD
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Race/Ethnicity and Success in Academic Medicine: Findings From a Longitudinal Multi-Institutional Study

Women and the Decision to Leave, Linger, or Lean In: Predictors of Intent to Leave and Aspirations to Leadership and Advancement in Academic Medicine

Elizabeth H. Ellinas, MD¹, Nadya Fouad, PhD, ABPP², and Angela Byars-Winston, PhD³





Program Evaluation Committee (PEC)

- Quality Improvement of the Residency Program.
- ACGME mandated
- Multiple subcommittees
- Bias & Mistreatment subcommittee (2020)
- 2019 JGME Study
- Events of 2020



Mistreatment Reporting System (IM)

Mission: Create an easy to use, program specific reporting system. Reporter can be self or bystander, and can be anonymous or identified

Vision: Safe and Inclusive learning environment for trainees.

Action Items:

- Create IM residency program specific reporting system
 - Accessible regardless of site
- Direct support to trainees with closed loop communication
 - Choice to remain anonymous to committee
- Triage individual reports and make formal recommendations to leaderships, departments, individuals etc.
- Gather data to bring about institutional changes



Bias and Mistreatment Reporting

60 submissions Oct 2020 – 1/1/2023

65% identify attendings as source of bias or mistreatment

- 10% Patients
- 10% Nurses
- 10% Other IM Residents

55% identified themselves / 45% anonymous



Bias and Mistreatment Reporting

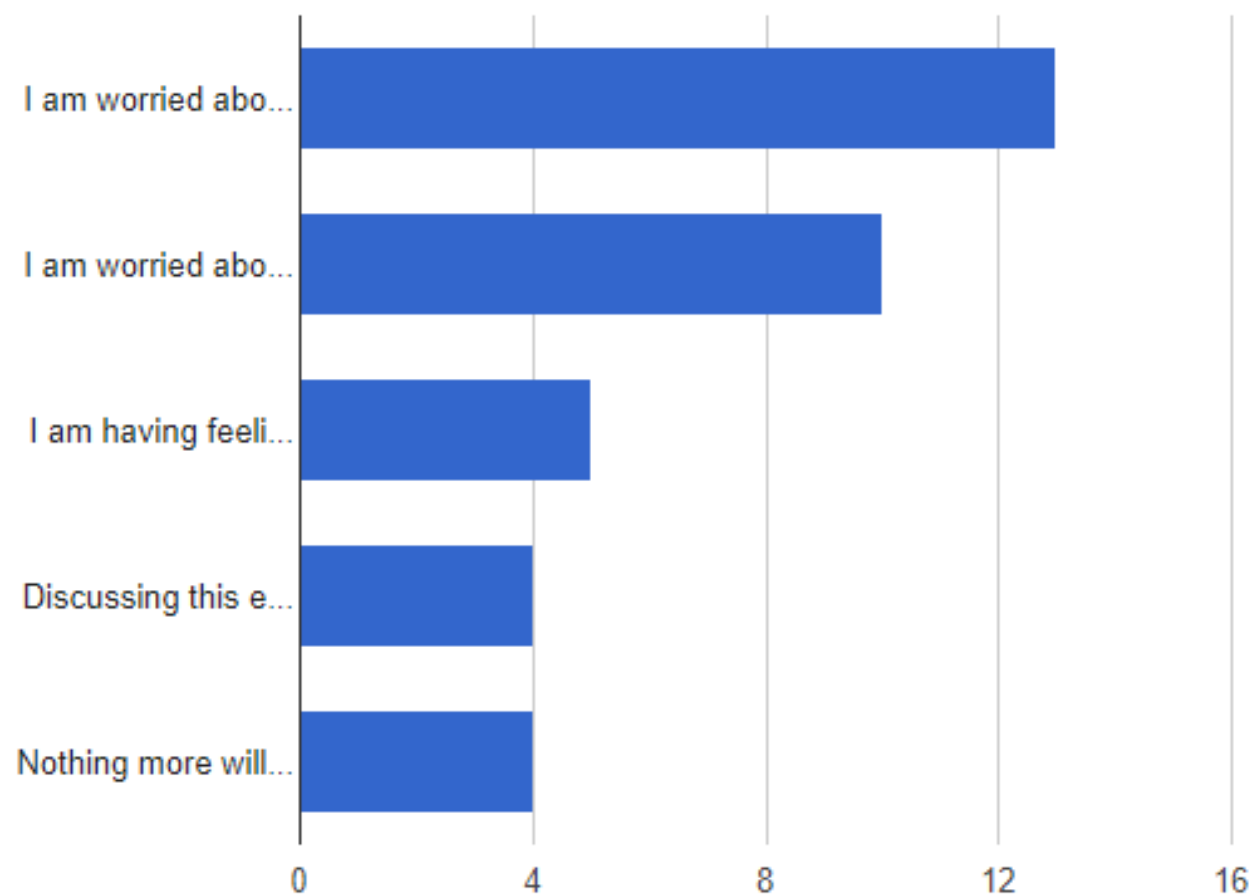
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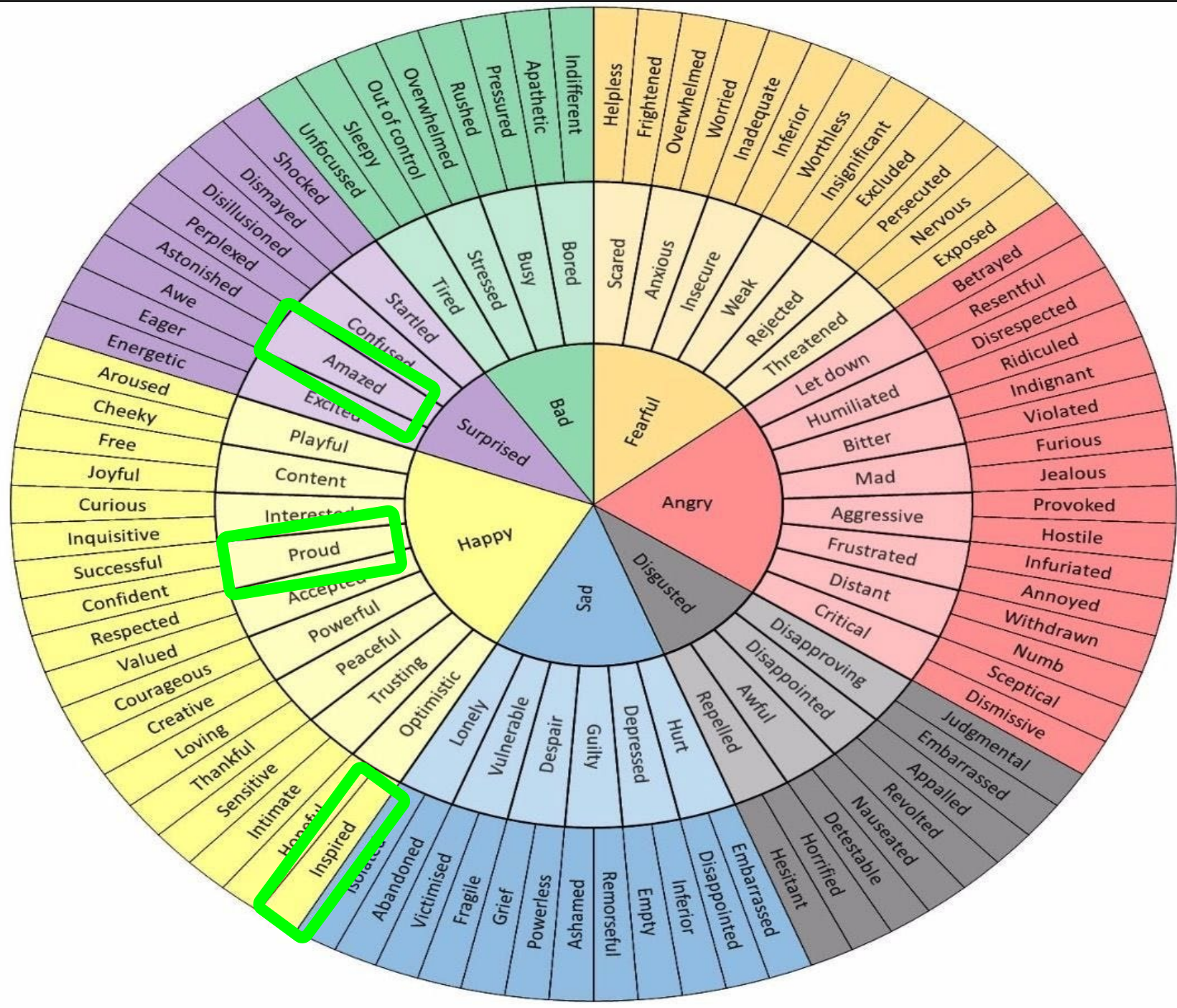
55% identified themselves / **45% anonymous**

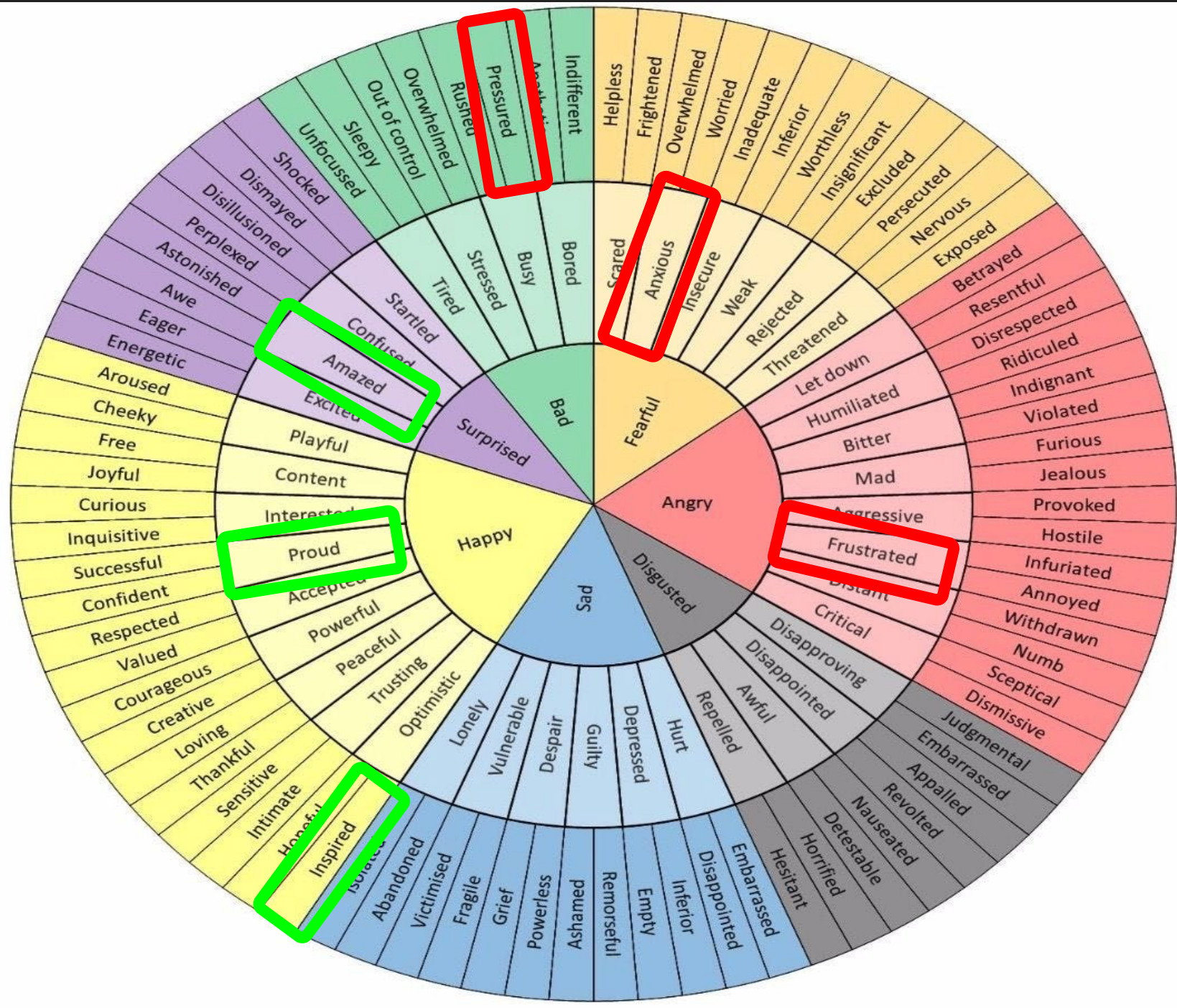
Counts/frequency: I am worried about retaliation from the source of the bias (13, 54.2%), I am worried about retaliation from the program (10, 41.7%), I am having feelings of burnout and don't want to talk further about it (5, 20.8%), Discussing this episode further is painful for me (4, 16.7%), Nothing more will happen if I discuss this further (4, 16.7%)



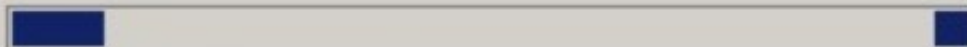
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MY BRAIN AT 3 AM...



Searching for problems...

< Back

Next >

Cancel



Case Example

- Patient interacted and fully engaged with White providers.
- Patient failed to respond or make eye contact with non-White intern & non-White fellow.



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- The following day the non-White intern was in full PPE with the lights off and the patient interacted, but after the light was turned on the patient refused to make eye contact or interact.
- The intern did NOT confront the patient but brought their concerns to the Attending Physician.
- *“...during my feedback session [Attending] dismissed my concerns, said that I was misinterpreting the interaction, and told me that it was unprofessional of me to accuse our patient of racism...”*

Perspective

- Multigenerational problems
- **Progress is non-linear and messy**
- Signals of progress can be drowned out by the negative consequences of challenging established norms.
- Shifting medical school curriculum.



(1) Clinical learning environment (CLER):

- Primary clinical responsibility
- Steep learning curve
- Multiple EHRs
- Long hours
- Working with ancillary staff



(2) Formal Evaluation:

- ITE
- Step exams
- Rotation evaluations
- RAC meetings

(3) Informal Evaluation:

- Daily rounds
- Daily interactions with RN/SW/Pharmacy, etc...
- Colleague interactions

(4) Expected Life Stressors:

- Relocation
- Financial constraints
- Work-life balance

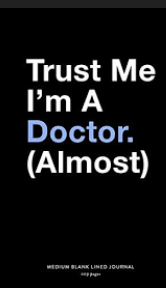


(5) Unexpected Life Stressors:

- Illness
- Burnout/mental health
- Interpersonal relationship strain
- Family emergencies

(6) Post-residency Prep:

- What am I going to be when I grow up?!
- Research
- Fellowship applications
- Interviews



Accepted

Clinical Learning Environment

Formal & Informal Evaluation

Expected & Unexpected Life Stressors

Post Residency Preparation





Accepted

Clinical Learning Environment

Formal & Informal Evaluation

Expected & Unexpected Life Stressors

Post Residency Preparation



Additional

Sexual harassment

Bias

Microaggressions:

Power disparities:
- Fear of repercussion

Humiliation/shame



Accepted

Additional

Clinical Learning Environment

Formal & Informal Evaluation

Expected & Unexpected Life Stressors

Post Residency Preparation

Systemic

- Structural racism

Institutional

- Institutional discrimination

Interpersonal

- Implicit bias
- Interpersonal racism
- Prejudice

Sexual harassment

Bias

Microaggressions

Power disparities:
- Fear of repercussion

Humiliation/shame





Reframe

- A dash of optimism



Reframe

- A dash of optimism
- Check my expectations



Reframe

- A dash of optimism
- Check my expectations
- Intervention = Consequences

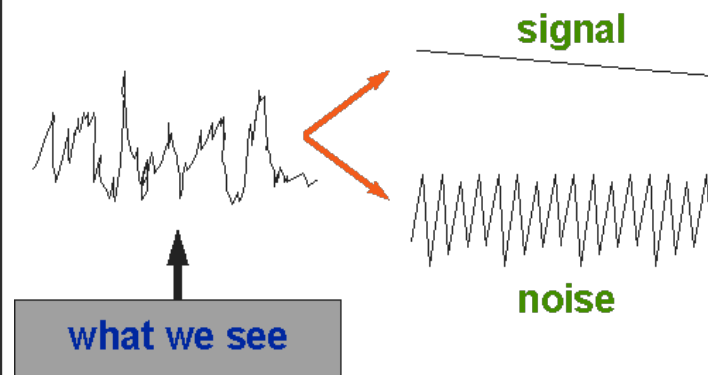


Reframe

- A dash of optimism
- Check my expectations
- Intervention = Consequences
- Indicators of progress?



What we observe can be divided into:





Hospitalist

Resident Experience

Associate Program Director

Mentorship

Mistreatment Sub-committee



Thank you!