Ethics and Clinical Instructors' Duty of Care When Students Encounter Patient Bigotry

Michigan Speech-Language-Hearing Association
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Kris English, PhD, University of Akron
M. Dawn Nelson, PhD, Central Michigan University
Saunja T. Burt, AuD, MBA, Oticon

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Introductions:

Kris English, PhD

M. Dawn Nelson, PhD

Saunja T. Burt, AuD, MBA

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All At-Risk Populations!

Ethnic minorities, LGBTQ+, ability status, immigrants, refugees, intersections…

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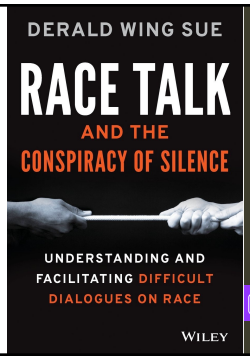
"It is not far-fetched to say that talking about race is one of the most difficult conversations to undertake" (Sue, 2015, p. 6)



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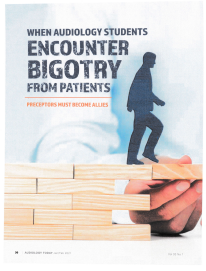
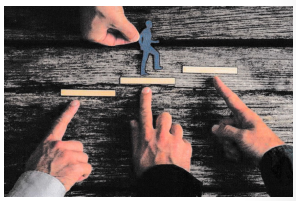
For Example….





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Re: Terminology: Striving for Inclusion!

- Preceptor
- Supervisor
- Clinical instructor
- Clinical Educator…

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What We Already Knew: Long-Lasting Harm to Mental Health

- Emotional exhaustion
- Anger, fear, self-doubt
- Isolation, moral distress, cynicism
- Emotional labor
- Stress lingers post-event
- Learning is undermined (Cottingham et al., 2018)

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What We Already Knew: Long-Lasting Harm to Physical Health

- Effects of repeated exposure to discrimination: "Cascade of biopsychosocial sequelae"
  - Physical exhaustion
  - Elevated blood pressure, cortisol
  - Increased heart rate, hypertension
  - Risk of depression
  - Increased incidence of substance use or abuse
  - Premature cellular aging

(Geronimus et al., 2015; Mitchell, 2019)

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In Sum: Racial Trauma

- "Race-based traumatic stress" (Pieterse, 2018)
  - Stressful racial encounters: reflective of trauma response
    - Avoidance
    - Intrusive thoughts
    - Hypervigilance
    - Confusion, anger, depression
    - Low self-esteem, self-efficacy

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What We Learned About Trainees:

- Only recently reporting problems (only recently been asked?)
- Fnais et al. (2014): systematic review/meta-analysis
  - 59.4% reported verbal harassment, discrimination during training
    - Verbal sexual harassment most commonly cited
      (Attending MDs, staff most commonly cited source)
    - Additionally: patients (34.4%) or patients' families (21.9%)

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JAMA Network Open. 2020;3(11):e2021769. doi:10.1001/jamanetworkopen.2020.21769

JAMA Network | Open

Original Investigation | Medical Education

Resident Physician Experiences With and Responses to Biased Patients

Shalila S. de Bourmont, BS; Arun Burra, BA; Sarah S. Nouri, MD, MPH; Neveen El-Farra, MD; Dinushika Mohottige, MD; Caroline Sloan, MD; Sarah Schaeffer, MD, MPH; Jodi Friedman, MD; Alicia Fernandez, MD

- Online survey, N = 232
- 98% (N = 228) reported experiencing or witnessing biased patient behavior at least once in past year
- 45% of Black or Latinx residents (17 of 38) reported explicit epithets or refusal of care
- 100% of Asian residents (N = 70) reported inquiries into ethnic origins

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Students: Hesitancy to Report

- Supervisor hasn't invited discussion
- Will supervisor be receptive?
- Embarrassment
- Fear of being disbelieved
- Doubt that superiors would act upon complaint
- Repercussions?
  - Perceived as unprofessional, "playing race card"
  - Jeopardize evaluations?

(Morrison et al., 2019; Osseo-Asare et al., 2018; Paul-Emile et al., 2020; Wheeler et al., 2019)

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Preceptors, Supervisors: Hesitancy to Act

- Nonaction understandable
  - Most healthcare centers do have policies re: "challenging patients"
  - Most healthcare centers lack policies re: patients' expressed bias toward providers
  - Most preceptors, supervisors:
    - Lack training, response skills
    - Feel own moral distress, uncertainty
    - Doubt institutional support
    - Doubt value of responding at all (Wheeler et al., 2019; White-Davis et al., 2016)

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Survey (English, Burt, Nelson (2022), *Audiology Today*)

- Created using Survey Monkey
- Three special-interest cohorts:
  1. Audiology students
  2. Practicing Audiologists and SLPs
  3. Email list

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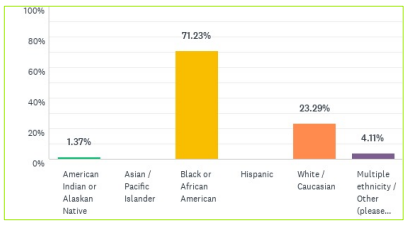
Which race/ethnicity best describes you?



N = 73

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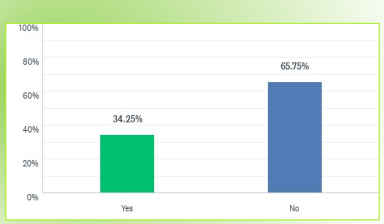
Are you currently enrolled in a graduate program?



N = 73

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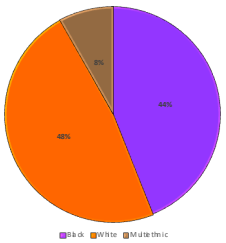
Audiology Students



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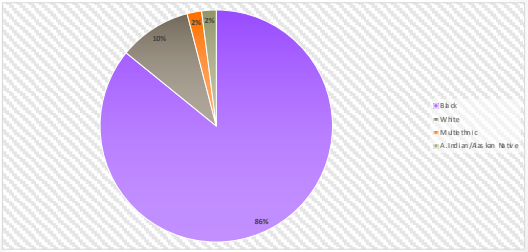
Practicing Audiologists and SLPs



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Does your program offer courses in diversity and inclusion?

N=25 Students:

- Yes: 16%
- No: 80%
- Seminars: 4%

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As a current student, have you experienced patient bigotry?

- Yes: 64%
- No: 36%

"I wouldn't say outright bigotry, but definitely microaggressions."

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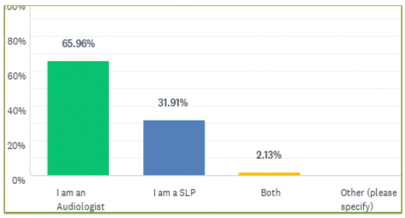
Audiologist and SLP - Practitioners



Total = 47

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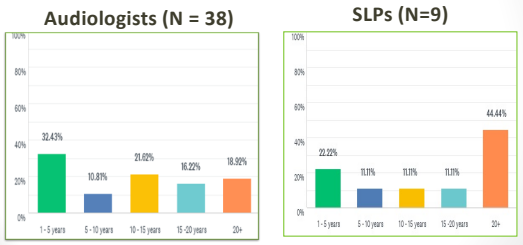
How many years have you been practicing in the profession?



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Did your graduate program offer courses in diversity?

- Yes: 19.1 %
- No: 76.6%
- Other: 4.3%
  - "Multicultural issues in ST."
  - "A counseling class dedicated one session to it."

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Did you experience patient bigotry as a student?

Yes, Often	Yes, Occasionally	No
26%	51%	23%

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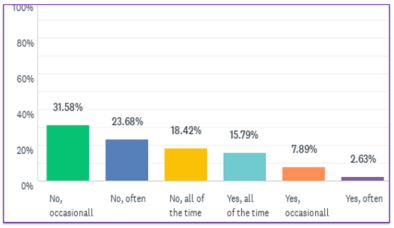
Did you report this experience(s) to your preceptor/supervisor?



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Was the response from the preceptor/ supervisor supportive when reported?

- Of those who reported the incident (N= 38)
  - 35.14% reported the preceptor/supervisor was supportive
  - 64.86% reported the preceptor/supervisor was *NOT* supportive

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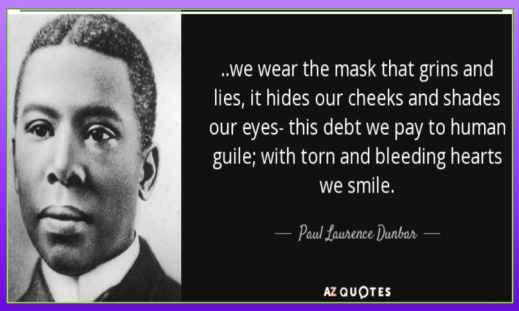

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Q: If You Did Not Report It, Why?

Three Main Themes:(N=25)

1. "They wouldn't have done anything about my complaint"
2. "I just wanted to finish the program"
3. "The comment came from a supervisor"

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1. "They wouldn't have done anything about my complaint" (N=12)

For example:

- "I did not feel my supervisor would take my report seriously and/or would do anything about it. "
- "They were often in the room with me."
- "Supervisors were present when patients were bigoted and did absolutely nothing."

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2. "I just wanted to finish the program" (N=8)

For example:

- "I did not want to draw attention to issue."
- "I didn't want my concern to affect how I was viewed or graded."
- "I figured that it came with the territory of being a minority and to expect to be treated differently."

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3. "The comment came from a supervisor" (N = 5)

For example:

- "A number of supervisors were the source of the discrimination."
- "They were the ones who said comments I consider bigotry."

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Q: How can preceptors/supervisors be an ally or provide support?

Four Main Themes: (N=56)

1. "They should discuss this possibility up front"
2. "They should step in and stop any racist, sexist, or bigoted comments/behavior"
3. "Students should never be afraid to speak up and say something"
4. "Never dismiss these concerns"

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1. "They should discuss this possibility upfront" (N=23)

For example:

- "Have discussions… give students choices… state upfront what the student should do if s/he experiences bigotry… use a questionnaire"
- "Ensure students know they are available for any discussion re: inappropriate, uncomfortable behavior"

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2. "Supervisors should step in and stop any racist, sexist, or bigoted comments/behavior" (N =22)

For example:

- "Address the situation directly and condemn it"
- "Express that bigotry is not tolerated in their facilities"
- "When they see bigotry, it needs to be addressed on the spot so that the student feels supported"

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3. "Students should never be afraid to speak up and say something" (N=6)

For example:

- "Let students know they can go to [supervisors] if they experience bigotry"
- "Let students know they are available for any discussion"
- "Let the person who is being attacked know that they are not alone"

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4. "Never dismiss these concerns" (N=5)

For example:

- "We aren't overreacting"
- "Ignoring or gaslighting me are triggers… the need to be heard and understood are paramount"
- "Listen to Black women"

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Consistent with Abdelaziz et al. 2021

- Data from underrepresented UG, post bac, grad student experiences (N=155)
- Findings:
  - Faculty members observed microaggressions/did little to address them/complicit
  - Often acted as bystanders
    - Witnessed harm being done to students
    - Ignored it or attempted to justify their nonaction
  - Most often, client microaggressions:
    - Rejecting services from students (perceived accents)
    - Requesting that students not review their sessions
    - Using inappropriate racialized language

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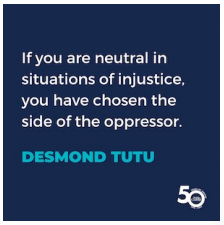
"OK Because It Came From Client"

- Not only did faculty, supervisors not defend student
- Ignored/justified it as "okay because it had come from a client"
- More later re: ethics



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Proposal for Aud, SLP:

"When AuD Students Encounter Bigotry from Patients, Preceptors Must Become Allies" (English, Nelson, & Burt, 2021)

1. Advanced Planning
2. Real Time Response
3. Debriefing

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Who Starts?

- "Supervisors should initiate conversations about cultural identities, attend to impact of culture, privilege, and social justice within the supervisory relationship" (Jones et al, 2019, p. 2)
- Supervisees of color (SOCs) less likely to initiate
  - Discomfort, fear of overemphasizing race, supervisor disinterest
- When initiated by supervisor, SOCs find conversations beneficial
  - Decreases role ambiguity, discomfort
  - Increases a sense of agency within relationship
  - Increases rapport, trust

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1. Advanced Planning

Sample opening:

"Neither of us can predict if or when a patient will express bias against a clinician. I am responsible for your safety, so I'd like to co-create with you a response plan: for instance, how to signal to me if you want me to address it.

If you want to address it, I will back you up. If it gets worse, you can walk away.

I can't promise I will be skilled or effective, but I will try. If something occurs when I am not present, I ask that you let me know as soon as possible.

How would you like us to proceed?"

00:00:32

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"Broachable Moments" (Jones et al, 2019)

- Ongoing opportunities to discuss relevant clinic moments
- Revisit missed opportunities, misunderstandings
  - "I was thinking about our time together last week, and realized I completely missed …. I am sorry, and if you are willing, we could discuss it now…."
- Students decide: Discuss or not discuss?

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2. Real-Time Responses

- Present? Terminate with firm responses
  - "I agree with your clinician. What other questions may I answer?"
  - "We want to provide you with excellent care, and our trainee is the right person to do so"
  - "I would trust this clinician to take care of my own family members"
  - Name the behavior: "Are you discriminating against this clinician because of his/her skin color/gender/religion?" (Whitgob et al., 2016)

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Escalating?

- "I must stop right here and remind you:
  - You signed our clinic's policy statement agreeing to treat all staff with respect. Shall I read it to you?
  - It says, "Abuse and derogatory behavior will not be tolerated, and if it persists, your care may be terminated."
  - I will make sure you have a copy before you leave today…."

(Warsame & Hayes, 2019)

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3. Debriefing

- Not present? Routinely check with student/broachable moments
- How to respond next time?
- Use affective labeling: "Name it to tame it" (Lieberman et al., 2007)
  - Making sense of one's feelings, free self from negative emotions
  - De-personalize intended attack
  - Validate reaction as legitimate, just
  - Re-affirm commitment to safety, support, duty of care

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Professional Development Requirements for the 2020 Audiology and Speech-Language Pathology Certification Standards

Effective: January 1, 2020

Supervision of Staff/Clinical Education of Students

- Ethical issues related to clinical education and supervision, supervisor/staff and clinical instructor/student relationship
- Relationship development and communication skills related to working with staff and students including developing a supportive and trusting relationship between supervisor and supervisee

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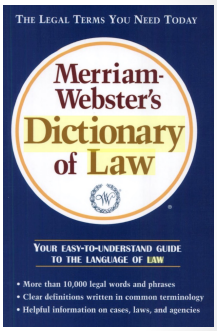
Embracing Our "Duty of Care"

"a duty to use care toward others in order to protect them from unnecessary risk of harm"



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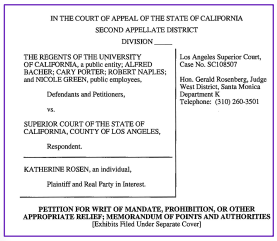
"Duty of Care" Applied to Universities



IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA
SECOND APPELLATE DISTRICT
DIVISION ____

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, a public entity; ALFRED BACHER; CARY PORTER; ROBERT NAPLES; and NICOLE GREEN, public employees,
Defendants and Petitioners,
vs.
SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF LOS ANGELES,
Respondent.
KATHERINE ROSEN, an individual,
Plaintiff and Real Party in Interest.

Los Angeles Superior Court, Case No. SC108507
Hon. Gerald Rosenberg, Judge
West District, Santa Monica Department K
Telephone: (310) 260-3501

PETITION FOR WRIT OF MANDATE, PROHIBITION, OR OTHER APPROPRIATE RELIEF; MEMORANDUM OF POINTS AND AUTHORITIES
[Exhibits Filed Under Separate Cover]

- "Universities have a special relationship with their students and a duty to protect them from foreseeable violence during curricular activities"
- All kinds of harm, including expressed patient bias: a form of social violence (Hamilton, 2020)
- Not foreseeable, but statistically likely

Regents of California et al. v The Superior Court of Los Angeles County, 2018

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Duty of Care: Three Dimensions (Dowie, 2017)

1. Legal obligation: Per common law relative to negligence
   - Taking reasonable steps to avoid causing harm; prevent injury
   - Failure to do so can lead to allegations of negligence
   - "Fabric of society" (social order, made of many interconnected "threads")
2. Professional obligation: Clinical standards, best practices
   - Clinician assumes responsibility for client's safety, treatment
   - Clinician also assumes responsibility for trainee's safety, development

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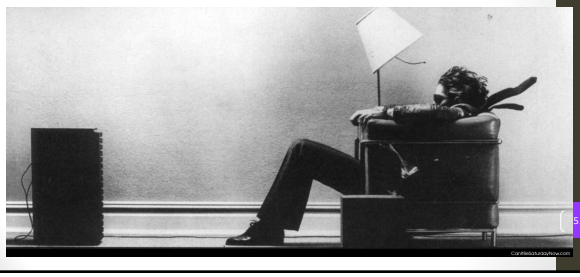
3. Ethical obligation: "Benevolent desire to assist people in need"
(Sokol, 2012)



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3. Ethical obligation: "Benevolent desire to assist people in need"
(Sokol, 2012)

https://www.statnews.com/2017/10/18/patient-prejudice-wounds-doctors

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Six Ethical Principles (more info/see refs)

- Respect for persons (autonomy, self-determination)
- Beneficence (doing good, benefits others)
- Nonmaleficence (avoiding harm)
- Justice (fairness, equitability)
- Veracity (truthfulness)
- Fidelity (faithful to commitment)

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Ethical Duty of Care and Patients:

- AAA Code of Ethics (2019)
  - Principle 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.
  - Principle 4: Members shall provide only services and products that are in the best interest of those served.
- ASHA Code of Ethics (2016)
  - Principle 1: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally
  - Principle 2: Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

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Ethical Duty of Care and Student Trainees:

- AAA Code of Ethics (2019)
  - Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel.
- ASHA Code of Ethics (2016)
  - Principle 1, Rule G: Individuals who hold CCC may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised.

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Competing Responsibilities: Ethical Dilemma?

"When a person must decide between two ethically sound options"

(https://plato.stanford.edu/entries/ethics-ancient)

When one option is not ethically sound = no ethical dilemma

Still have an ethical *problem*

(Braunack-Mayer, 2001)

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Ethical Problem/Issue/Conflict

- No conflict between principles, clearly resolved in professional codes of ethics
- Even with competing values, "right" answer is clear (AAA, 2012)
- "Everyday ethics," but still a source of stress (Ulrich et al, 2010)

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Academic Medicine, Vol. 95, No. 12 / Dec 2020 Suppl

Addressing Patient Bias and Discrimination Against Clinicians of Diverse Backgrounds

Pooja Chandrashekar and Sachin H. Jain, MD, MBA

- Expectation: clinicians must care for patients no matter their behavior
- Some degree of "rising above" derogatory comments necessary to maintain professionalism, workflow
- BUT -- Clinicians also have right to a workplace free of mistreatment

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AMA Journal of Ethics®

June 2019, Volume 21, Number 6: E480-484

CASE AND COMMENTARY

How Should Clinicians and Trainees Respond to Each Other and to Patients Whose Views or Behaviors Are Offensive?

Cory D. Mitchell, D.Bioethics, MA

"Clinicians faced with a patient's race-based bias must balance the ethical principles of respect for autonomy against the equally weighty principles of justice and nonmaleficence—not just for the patient, but for themselves and their fellow clinicians as well" (p. 481)

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Six Ethical Principles per Mitchell

- Respect for persons (autonomy, self-determination)
- Beneficence (doing good)
- Nonmaleficence (avoiding harm)
- Justice (fairness, equitability)
- Veracity (truthfulness)
- Fidelity (faithful to commitment)

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Q: How to reconcile expectation to always "put patients first" with basic rights to be treated with dignity, respect?

A: Clinicians must balance *patient autonomy* with the ethical principles of *nonmaleficence* and *justice.*

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"Balancing" Ethical Principles

"Two Ethically Sound Options?"

Dilemma or Problem?

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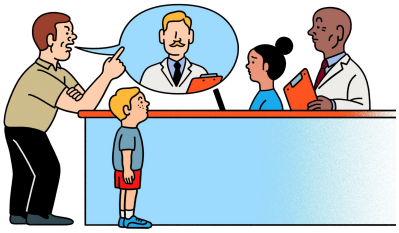
Not Just Students, Of Course …



https://www.nytimes.com/2019/08/06/magazine/should-patients-be-allowed-to-choose-or-refuse-doctors-by-race-or-gender.html

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Is It Ethical…?

- For patients to expect their bigotry to be accommodated? (is it "OK"?)
  - Bigoted behavior isn't ethical
  - Patients are not obligated to be ethical
- Should health care professionals accommodate bigotry anyway?

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Concerns:

- Uncertainty
  - What are institutional policies re: discriminatory patients?
- Fear
  - Will responding compromise professional evaluations?
- Support
  - Colleagues, supervisors, institution?
- Ethics
  - No ethical duty is absolute

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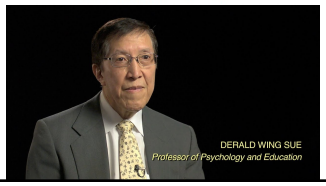
American Psychologist

Disarming Racial Microaggressions: Microintervention Strategies for Targets, White Allies, and Bystanders

Derald Wing Sue, Sarah Alsaidi, Michael N. Awad, Elizabeth Glaeser, Cassandra Z. Calle, and Narolyn Mendez
Teachers College, Columbia University



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For Too Long…

- "Acceptance, silence, passivity, inaction" have been predominant (and ineffective) response/coping strategies
  - Unchallenged = supports proliferates biased behaviors

- Anti-racist actions by Targets, White allies, Bystanders

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Targets of Microaggressions

- "Little has been done to offer people of color the tools and strategies needed to disarm, diminish, deflect, and challenge experiences of bias, prejudice, aggression" (p. 132)
- Proposed strategic framework designed to:
  - Provide repertoire of interpersonal responses
  - Help defend selves, preserve dignity
  - Reduce negative impact on mental health, well-being

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Non-Targets: White Allies, Bystanders

- White allies
  - "Actively work toward eradication of prejudicial practices in personal, professional lives" (p. 132)
- Bystanders
  - Aware of, witness to unjust behavior worthy of comment, action
  - Requirements for bystander action:
    - Ability to recognize acceptable / unacceptable behaviors

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Microinterventions Defined

- Everyday words, deeds that communicate:
  - Validation of experiential reality ("believe the reporter")
  - Value as a person
  - Reassurance of ongoing support
- "Everyday interventions" matter
  - Create positive environment
  - Discourage negative behaviors
  - Reinforce norms, values of respectful interactions

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A New Strategic Framework

Goals:

1. Make the invisible visible
2. Disarm microaggression
3. Educate the perpetrator
4. Seek external reinforcement, support

A LOT TO UNPACK!

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DISARMING MICROAGGRESSIONS

Microintervention strategies

Directed Toward Perpetrator Microaggressions	Directed Toward Institutional Macroaggressions	Directed Toward Societal Macroaggressions
Make the "Invisible" Visible		
• Undermine the meta-communication • Make the meta-communication explicit • Challenge the stereotype • Broaden the ascribed trait to a universal human behavior • Ask for clarification	• Keep a log of inequitable practices as you see them • Run your observations by allies who can corroborate • Solicit feedback from fellow coworkers/students • Monitor trends around recruiting, hiring, retention, promotion	• Create partnerships with academic institutions to analyze data related to disparities in education, health care, employment • Disseminate research on disparity trends to general public and media • Organize peaceful demonstrations

"I just heard you say 'It's too bad your colleague can vote.' Is that what you meant?"

"That could be perceived as a racist remark" (Ancholonu et al. 2020)

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DISARMING MICROAGGRESSIONS

Microintervention strategies

Directed Toward Perpetrator Microaggressions	Directed Toward Institutional Macroaggressions	Directed Toward Societal Macroaggressions
Disarm the Microaggression/Macroaggression		
• Express disagreement • State values and set limits • Describe what is happening • Use an exclamation • Use non-verbal communication • Interrupt and redirect	• Boycott, strike, or protest the institution • Request meetings with intermediary or senior leadership to share perspectives • Exercise right to serve on boards to voice your concerns • Delineate financial repercussions of continued macroaggressions • Notify press or other media outlets	• Protest political leaders who reinforce inequity and division/ support those who do not • Revise and veto unjust community policies, practices, and laws • Lobby to your congressmen or senators • Attend televised town hall meetings to voice your concerns

"Your words/behaviors are inappropriate and hurtful" (Singh et al, 2015)

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DISARMING MICROAGGRESSIONS

Microintervention strategies

Directed Toward Perpetrator Microaggressions	Directed Toward Institutional Macroaggressions	Directed Toward Societal Macroaggressions
Educate the Offender		
• Point out the commonality • Appeal to the offenders values and principles • Differentiate between intent and impact • Promote empath • Point to how they benefit	• Describe the benefits of workforce diversity • Institute long-term mandated training on cultural sensitivity for all levels • Infuse multicultural principles into organizational mission and values	• Raise children to understand concepts like prejudice, discrimination, and racism. • Challenge silence/lack of response to macroaggression • Identify shared mutual goals among people • Increase community's exposure to positive examples of diverse cultures to offset negative stereotypes and biases

"That type of comment is not tolerated per org policy"

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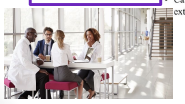
DISARMING MICROAGGRESSIONS

Microintervention strategies

Directed Toward Perpetrator Microaggressions	Directed Toward Institutional Macroaggressions	Directed Toward Societal Macroaggressions
Seek External Intervention		
Alert Authorities Report the act Seek therapy/counseling Seek support through spirituality/religion/community Set up a buddy system Attend support groups	• Report inequitable practices to your union • Create networking/mentoring opportunities for underrepresented employees/students • Maintain an open, supportive, and responsive environment • Call on consultants to conduct external assessments/cultural audits	• Foster cooperation over competition • Foster a sense of community belonging • Create caucuses for allies and targets • Participate in healing circles, vigils, memorials that remind us of the consequences of hate



e.g., weekly "current events group" to process issues

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