

UW-MADISON
DIVERSITY FORUM 2022

Equity Rounds:

An Opportunity for Clinical and Anti-Racism Learning to Intersect

Brought to you by the Department of Pediatrics Health Equity Rounds Steering Committee



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Learning Objectives

- ① Strategize opportunities for creating an educational discussion with your group, team, or department that facilitates confronting implicit biases by exploring concrete examples of racism or bias that impede justice as experienced by those you serve.
- ② Appraise how historical racism or other forms of bias impact the current experience of those from historically marginalized groups.
- ③ Propose incorporation of anti-racism techniques into forums that already exist in your work environment.

Please take a moment to complete
a brief pre-survey:



Why are we here?

- More equitable opportunities
- Department of Pediatrics commitment to equity
 - Health Equity Rounds



Health Equity is the *opportunity for everyone to attain their full health potential.*

Equity Rounds Framework

- How can “Health Equity Rounds” be relevant to you?
- Health Equity Perspective → All work environments

Framework Roadmap



Motivation



Planning



Didactic Instruction



Emotion



Skills

MOTIVATION


(5 minutes)

- 1. How can/has bias manifest/ed in your work environment?**
- 2. Think of an event or situation that could serve as a learning moment.**




In one word, what is the root of your motivation?

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Patient Case

- 2 year-old Black female, previously healthy suddenly has trouble breathing.
- Patient awoke from a nap looking lethargic with hard and fast breathing. Parents called 911.

Emergency Department

- Oxygen was given for breathing trouble
- Antibiotics were given for concern for pneumonia
- IV fluids were given for dehydration





Patient Case

Patient improved overnight

- Looking better, needing less oxygen
- Radiologist determined that x-ray looked like a viral infection, not pneumonia
- Viral testing showed Parainfluenza 4 (common cause of colds, cough, trouble breathing)

Medical Team's Plan

- Stop antibiotics
- Possible discharge home in afternoon

Parents were told about the plan and became very upset.



Patient Case

- Social Worker called Patient Relations to discuss the situation
- Patient Relations recommended having the doctor, head nurse, and hospital security meet with the family.
- Patient was transferred to regular room in the Children's Hospital and discharged home the next day.

Security was physically present in the room when the patient was transferred out of the ICU to a regular room.

Framework Roadmap



Motivation

- Identify areas of bias
- Identify an event



Planning



Sense of Belonging at Work

What helps people feel that they are treated fairly, valued, and have a sense of belonging?

- Organization's mission
- Policies
- Practices
- Co-workers
- Leadership



Inclusive Leadership Traits

- Visible commitment
- Humility
- Awareness of bias
- Curiosity about others
- Cultural intelligence
- Effective collaboration

Grand Rounds

- Rounds is a time-honored process through which physicians teach and learn from one another.
- Grand Rounds is a lecture-style presentation given by a rotating group of content experts.
 - Existing weekly programming within the department
 - Consistent turnout of over 100 participants
 - Didactic/panel

Health Equity Rounds

- Case-based educational presentation
 - Examines a clinical encounter
 - Uses an equity lens
- Opportunity to review objectively
 - Role of implicit bias and structural racism in health care
 - How we can provide the best care possible to our patients/families
- Intervention that will enable participants to...
 - Recognize health inequities
 - Identify tools and skills that can be utilized in the future

Goals of Health Equity Rounds

- Identify and analyze the effects of **implicit bias** and **structural racism** in clinical scenarios.
- Describe the **historical context** and **present-day role** of **structural racism** and its impact on the health care system.
- Employ **evidence-based tools** to recognize and mitigate personally held implicit biases.
- Use newly learned strategies to **combat structural racism** at the institutional level and **reduce the impact of implicit bias** on patient care and interprofessional relationships.

PLANNING

(5 minutes)

- 1. Identify a core group of equity champions in your workplace who have interest in this work. Identify 1 person who will be responsible for keeping the group on task, scheduling meetings, etc.**
- 2. Identify leaders in your department who will openly support your effort. This may include someone already identified as an equity champion!**
- 3. What are the possible settings for Equity Rounds? What setting will have the greatest impact on your department? What meeting format will work best?**
- 4. Decide on a central online location to store resources like articles, presentations, documents...**

Framework Roadmap



Motivation

- Identify areas of bias
- Identify an event



Planning

- Establish equity champions
- Identify inclusive leaders
- Identify a setting and format
- Organize materials



Didactic Instruction



Seeking Security Learning Objectives

- ① Analyze the responses health care teams have to clinical encounters involving Black patients/families.
- ② Evaluate why responses from Black families are perceived and responded to differently by health care teams.
- ③ Discover why security is more likely to be called on Black patients/families.
- ④ Examine how using a trauma informed lens can facilitate positive and equitable outcomes.



Family is **very upset** (yelling) about potential discharge today. She was **unable to speak civilly**.

Mother **refused to listen** to the plan to monitor child through a nap and re-assess.

Mother **insisted** we (AFCH) mismanaged her other child and said she would sue the hospital if we made her leave today.

Family is **frustrated and concerned** about potential discharge today.

Mother states she “**does not understand** how patient can be just diagnosed with pneumonia and then sent home.”

Mother shared her **mistrust** in AFCH as she felt her other child was not treated properly and **was misdiagnosed**.



Historic Mistrust

Historical Roots

- Experimental surgeries on enslaved people...without anesthesia
- Eugenics Movement: pro-sterilization laws and forced sterilization
- Tuskegee Experiment
- Racial segregation in hospitals in the Jim Crow South

Modern Day

- Black women have ~3.5x mortality rate from childbirth compared to white women
- Black people, including children, receive less pain medication than white people
- COVID-19 pandemic has brought further attention to racial/ethnic health disparities

**Historical institutional racism and current disparities
contribute to mistrust.**

Security Data



Table 1. Descriptive results of security standby requests by patient age, 2006 to 6-30-2014.

Age in years	Standby requests; N (%)
<21	519 (50.7%)
21–40	147 (14.4%)
41–60	174 (17.0%)
61–80	140 (13.7%)
Unknown	43 (4.2%)
Total	1023 (100%)

Table 2. Descriptive results of security standby requests (SSR) by patient's race/ethnicity by hospital census race/ethnicity, 2006 to 6-30-2014.

Patient race/ethnicity	Unweighted patient hospital census average by race/ethnicity (%)	Expected SSR; N	Observed SSR; N(%)
Black	(12%)	123	275 (27%)
White	(79%)	808	642 (63%)
Other	(9%)	92	106 (10%)
Total	(100%)	1023	1023 (100%)

Other: Non-White/Non-Black/Unknown race.

Green, C. R., McCullough, W. R. & Hawley, J. D. Visiting Black Patients: Racial Disparities in Security Standby Requests. *Journal of the National Medical Association* 110, 37-43, (2018).

Panel

- Craig Becker, MSSW
- Shiva Bidar-Sielaff, MA, CDM
- Alisha Ching, MD
- Sheryl Henderson, MD, PhD
- Solomy Ntambi, MSSW, CAPSW
- Jason Stephenson, MD



Framework Roadmap



Motivation

- Identify areas of bias
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Planning

- Establish equity champions
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Didactic Instruction

- Establish learning objectives
- Highlight perspectives
- Identify an equity principle
- Consult a subject matter expert



Emotion



We operate with the shared view that...

- All participants should participate **freely and respectfully**.
 - *No blaming. No shaming.*
- Providers involved were acting in what they felt to be in the **patient's best interest**.
- Patient and provider team **confidentiality is important**.
 - *To that end, private health information has been altered.*
- A **common vocabulary** is critical.
 - *Please refer to the glossary (link in the chat) to ensure we use shared language.*



Think about the parents' perspective.

How might you feel about this plan...

Based on what you experienced yesterday?

Based on what you experienced with your other child?

Would you feel secure?

Think about the team's perspective.

How might you feel about the family's reaction to your plan?

Would you feel secure?



*What contributes to such
disparate perspectives?*

What information is missing?

*How does environment contribute to different
perspectives?*



Take a moment to reflect on this case and welcome the discomfort it may bring.

Framework Roadmap



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Didactic Instruction

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Emotion

- Create community agreement
- Address well-being



Skills

Evaluation

Q13 - Wi

"I will have a conversation with my own department leaders about their practices calling security and if data is being gathered on this

"Appreciating the tools to help deescalate and considering the different ways security can be involved that may not be as intrusive to the patient/family interaction."

"Thinking about our biased perspective is coming from the disconnect between the team and the family. Making sure that what I see as routine is discussed with the family."

"Nothing was new, but it was so crucial to have this topic brought to scrutiny. Having grown up in the South, I feel the bias against the Black patients is not 'implicit'—it is egregiously present and accepted in Wisconsin."

"I will continue to work on the way I continue with others, utilizing my position of power in the healthcare team and inue to work on recognizing my individual biases."

Moving Forward

- Expand committee
- Recurring series
- Resident/Fellow education
- School of Medicine and Public Health collaboration

Framework Roadmap



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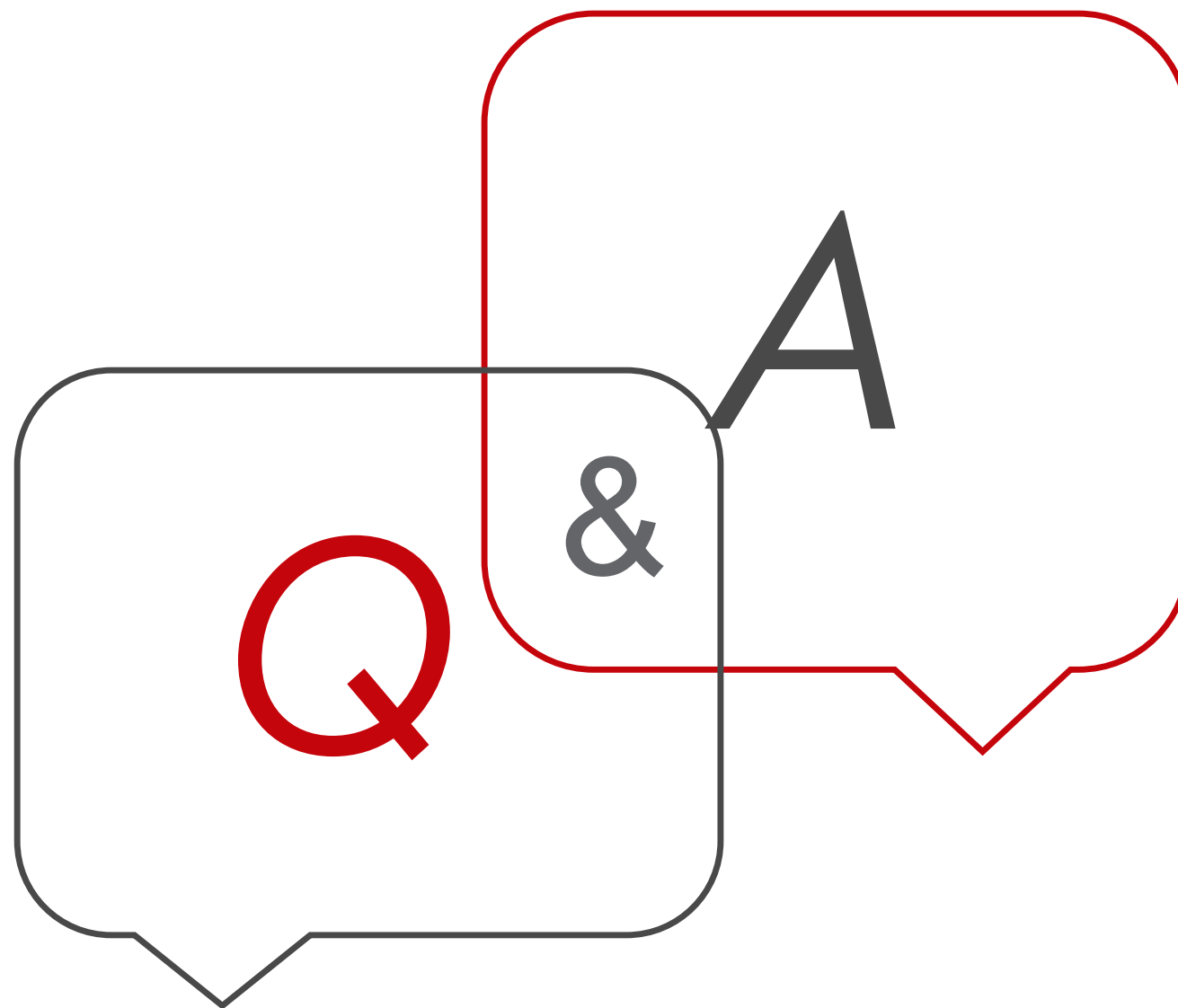
Emotion

- Create community agreement
- Address well-being



Skills

- Hold the Equity Rounds event
- Evaluate impact
- Identify relevant stakeholders



Please take a moment to complete
a brief post-survey:



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Thank you!