

Vital Voices, a podcast from the Josiah Macy Jr. Foundation

Episode 4 Transcript

Holly Humphrey:

Welcome back to Vital Voices, a podcast from the Josiah Macy Jr Foundation. I am Dr. Holly Humphrey, president of the Macy Foundation.

Holly Humphrey:

On today's episode, continuing in our discussion of addressing harmful bias and eliminating discrimination in clinical learning environments, we are going to address a particularly difficult but important topic, how do we as providers, educators, students, institutional leaders handle racism when it comes from our patients and/or their families.

Holly Humphrey:

To help us with this discussion, I am joined by Pooja Chandrashekar, who is halfway through her education at Harvard Medical School and Harvard Business School. Pooja was also recently named a Paul and Daisy Soros Fellow.

Holly Humphrey:

I am also joined by Dr. Sachin Jain, who is the president and CEO of the SCAN Group and SCAN Health Plan and an adjunct professor at Stanford University School of medicine. He is also Pooja's mentor.

Holly Humphrey:

Both Pooja and Sachin have thought about and written extensively on the topic of racist patients. And in our discussion today, you will hear how their own experiences shaped their views on this issue. They will provide some very practical guidance as to how providers, educators, students, and their institutions can handle situations when a patient displays racist or discriminatory behavior toward members of the healthcare team.

Holly Humphrey:

As always, this conversation is a follow-up to our webinar series, discussing the Macy Conference recommendations on taking action on harmful bias and discrimination in clinical learning environments.

Holly Humphrey:

If you haven't already done so, I encourage you to watch the recording of the webinar featuring Pooja and Sachin, as well as our other webinars in this series. You can find all of the webinars, the conference recommendations and other resources on our website at macyfoundation.org.

Holly Humphrey:

And now, here is my conversation with Pooja and Sachin.

Holly Humphrey:

Pooja and Sachin, thank you so much for being here today to talk about a really important topic. And I'm wondering if actually we could start off by asking each of you to share with us how you found your way to working on this issue of managing bias and discrimination from patients. Sachin, let's start with you.

Sachin Jain:

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Yes. In my case, it was an experience that I had when I was a trainee. I was a senior resident at the Brigham and Women's Hospital, and was called to care for a patient. And in the course of talking with the patient about his treatment plan, was told that I should go back to India. This was a shocking experience for me because I had experienced comments like that before, but never in a clinical setting. And I realized after the fact that I had been ill prepared to respond to the patient, and frankly didn't know what to do going forward.

Sachin Jain:

This has been an area of great interest to me, both as a physician and now as a leader of a healthcare organization, where many of the folks that are in our employ are subject to these kinds of attacks.

Holly Humphrey:

Well, that is a powerful way to get started for sure. Pooja, how about you? How did you get involved in interested in this work?

Pooja Chandrashekar:

Sure. From my past work with such Sachin, I had been aware of his pioneering scholarship in this area. And during my first week of medical school, actually, all of us as first-year students were required to read his piece, the Racist Patient. And that's what sparked my interest in the topic.

Pooja Chandrashekar:

But it wasn't until I had my own encounter with a biased patient, that I became more driven to think more deeply about this issue. And during my second time ever seeing a patient in the hospital, as I was practicing my clinical interviewing skills, I met a patient who proclaimed that he hated all Korean and Vietnamese people and expressed disdain for his son for marrying an Asian woman. He also went on to say that nurses at the hospital we were working at were, and I quote, too fat, and that people needed to be stopped from coming over the border.

Pooja Chandrashekar:

As a first-year student, seeing a patient for the second time, I was shocked to say the least, and I froze the moment. I had no idea what to do or say. And my preceptor also didn't say anything. That's what really sparked me to think about how can we actually began to tackle this issue.

Pooja Chandrashekar:

And what I realized from having conversations with my classmates was that so many of them, especially those of color or those from underrepresented backgrounds have a very similar story. And we're encountering patients like this in our clinical skills courses. And they were just such profoundly painful experiences. And that's what propelled me to work with Sachin on this topic.

Holly Humphrey:

Wow, boy. Pooja, thank you for sharing that. I have to say that it was powerful to hear Sachin describe what happened to him as a resident, but to hear you share what happened to you as a brand new medical student, it's chilling. And in so many ways, it's heartbreaking. So I'm very glad that we're having the conversation. And I'm grateful to both of you for your attention to this topic, for raising awareness about the topic and for your combined scholarly work in the area.

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Holly Humphrey:

But Sachin, let me turn back to you. I have heard you on prior occasions, and certainly during our webinar, talk about the importance of debriefing after incidents, such as the ones each of you have just described. We heard from many people on our webinar about the challenges of responding in the moment when these kinds of things happen. And our listeners were really trying to figure out how to properly support trainees and students in the moment, and how specifically to simultaneously manage the patient. Sachin, do you have any recommendations? Are there guidelines available or an approach that can help navigate our way through some really tricky and challenging situations such as the ones you've spoken about?

Sachin Jain:

So I think Pooja nailed it when she referenced her preceptor going silent about the episode after it happened. I think what happens frequently when these situations occur is that the student or the trainee or the affected individual ends up feeling invisible when the trauma or the wound that's inflicted is not acknowledged by others around them. And that was certainly my experience interacting with the patient.

Sachin Jain:

When I talked to others around the hospital that evening, and in subsequent days, it was almost like it didn't happen, and people wanted it to go away as quickly as possible. I think we have a long history of trying to do that in this country. We want to act like everything is okay, even when it's not. And so I think the best practice with any kind of trauma is to make sure that we acknowledge it, that the person who experiences it feels visible and heard, and they're given a space and forum in which to process it.

Sachin Jain:

And that's why I think the debriefing is so important afterwards, and oftentimes is missed. It sounds super common sense, but you can see it playing out almost every day. People have these awful interactions, and subsequently end up not knowing what to do and where to go with it. And we have to create a space, and we have to create a forum.

Sachin Jain:

I would say institutionally, from a leadership perspective, it's so important to have policies and protocols in place that make people who experience these episodes feel protected and supported. And I think the health care industry writ large, whether you're in a health plan or in a healthcare delivery organization, needs to put in place clear policies and guidelines that say, you as a member of the team here do not have to be subject to racist attacks or other forms of bias that you experience.

Sachin Jain:

And that affirmative state is so important to people to feel protected and supported because we operate in a framework in which we believe that the patient is always right. That's what we're taught from the very first days of medical school. But there are a few situations where the patient is not always right, and where actually, the feelings of the staff supersede what the patient is saying. And that's uncomfortable for people to acknowledge in healthcare settings because it goes against this orthodoxy that has been built up over years, which is around listening to patient and trying to drive towards patient satisfaction.

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Sachin Jain:

So again, I think it's this combination of debriefing, but also putting in place strong institutional policies that demonstrate visible support for the people who are delivering care.

Holly Humphrey:

Thank you. That's very helpful, and I think speaks exactly to the multi-leveled response to this kind of thing. Pooja, I wonder if following that example you shared a moment ago, have you actually had any experiences with the debriefing of a situation of the kind we are talking about?

Pooja Chandrashekar:

I have. So in my case with that particular incident, what I ended up doing was bringing it up to the preceptor afterwards and asking, can we sit down and talk about what just happened? Because I have no idea what to do if such a situation arises in the future. And I did find that discussion meaningful and helpful. But I think Sachin referenced this already, but supervisors aren't given much education or training right now on how to navigate these conversations with trainees. And I think that's a real gap that we need to fill in terms of equipping our medical supervisors with the right language and the right examples and the right cases to be able to navigate those conversations with trainees, because you want to be able to set up an environment where it's nonjudgmental. It's safe. It provides the trainee with an opportunity to really share their experiences. But you also want to concurrently guide them in crafting a meaningful future response. And I think we need to provide supervisors with the knowledge and the tools to be able to facilitate that kind of learning.

Holly Humphrey:

Wow. Well, good for you, Pooja, for actually being proactive and approaching your attending physician, asking to debrief. That takes a fair amount of courage being the person at the bottom of the hierarchy, so to speak. But again, real congratulations to you for doing that.

Holly Humphrey:

And I think you're absolutely right that attending physicians historically have not been given the kind of training or support to guide how to manage these kinds of situations. And in fact, we heard a lot about that from the people on the webinar that we hosted on this topic.

Holly Humphrey:

And actually, I'd like to share a specific question that one of our webinar participants raised. As an attending physician, I have arrived in the morning to learn that one of the residents on my team had an encounter overnight with a prejudiced patient and family. I found it somewhat difficult to bring this situation up to the patient and family the following day after everything had been smoothed over. Do you think addressing it in the moment is best? Or is giving some cool off time actually helpful to this kind of situation? Pooja, what do you think?

Pooja Chandrashekar:

Yeah, no, I think this is a great question and a situation that I have seen already come up in the early stages of my medical training. For me, personally, I think addressing it in the moment is best. I've seen the impact of both giving some cool off time and also addressing it in the moment. And I will say that the impact on the patient or the family member is quite different. And when you address the situation in

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the moment, it sends a much stronger signal that these kinds of language, this kind of behavior is not tolerated. It's not acceptable.

Pooja Chandrashekar:

But when you allow time for that incident to be smoothed over, it sends a sort of implicit message that such behavior will be tolerated, not only to the patient or the family, but also importantly, to trainees who may be in the room and who can begin to see such behavior as just part of the job, as we might say.

Pooja Chandrashekar:

And also when we wait, it's sometimes easier for the person who made that comment, who acted that way, to deny the incident ever happened, which can cause a lot of problems with debriefing or trying to remedy such situations from arising in the future.

Holly Humphrey:

Ah, thank you. Sachin, do you have anything that you'd like to add to Pooja's very wise guidance on this question?

Sachin Jain:

I do. And I will say, I rarely disagree with Pooja, but I will make some, maybe what's a difference, a little clear here, which is, I actually don't think it's our job to correct the racism of the patient. I do believe in the moment, there's a need for confrontation, but I think sometimes people take that a step further and feel like it's their job to tell a patient that racism is wrong. And I believe that a 30 or 90 clinical interaction, or maybe a five minute clinical interaction, is not going to undo a lifetime of racist thinking and racist behavior. I think some of us in the medical profession take too much on our shoulders and believe it becomes our responsibility to correct the record.

Sachin Jain:

I remember in my situation, people asked me if I would use it as a teaching moment for the patient. And I thought that this was a preposterous suggestion that I should try to use it as a teaching moment for the patient. I am not the patient's teacher. I am the patient's doctor. And I'm not their parent. It's not my job to teach them right or wrong. It's my job to heal. And ultimately, it's my job to protect the people I work with in the process of healing. Those are my jobs. And it's also my obligation not to subject myself to any traumas in the course of doing my job. And it's my institution's obligation to protect me from that kind of trauma. It is not my job to teach the patient. And it is an unfair obligation that we sometimes put into these clinical interactions that we ask people to suddenly use it as a teaching moment. It is not a teaching moment. It is a moment where we are just trying to create safety for everyone involved and ensure that people feel protected.

Holly Humphrey:

Yeah. Thank you for emphasizing that point about creating safety, because I do think that is one of the first principles in dealing with this kind of situation. And Sachin, your answer really segues very nicely to another question that a participant in the webinar posed. And that question is, given the vast amount of experience that you have had since the time of that encounter with the racist patient when you were a resident, knowing what you know now, how would you respond to that patient who told you to go back to India when you were a resident?

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Sachin Jain:

Yeah. So to be clear about what I did at the time, just because some may not have read the article or heard about the incident. At the time, I told the patient using some expletives, well, why don't you get out of the hospital? And I was a very angry respondent, in part, because I felt like I had been projected back to a playground situation where someone is making a racist comment to me, and I felt like I needed to defend myself and protect myself because I didn't feel safe in that moment. Knowing what I know now, I would not have done that. I might have extricated myself from the situation and then transferred the care of the patient to another physician or another team in the hospital and moved on from it.

Sachin Jain:

But at the same time, I will say there were no protocols in place that even allowed me to do that. There was no escalation pathway, nothing that would enable me to even flag that this was a challenging situation. And so again, I think what I know now as a leader of healthcare organizations is that it's our job as kind of leaders of people to ensure that those protocols actually exist. People do have the escalation pathways that they need to extricate themselves from situations that are uncomfortable for them.

Sachin Jain:

And I will say, it's embarrassing to me for the hospital at which I trained that they did not have those protocols in 2010. It's embarrassing to me that in 2021, knowing what we know, many organizations don't have those protocols even today. And I think we have to make 20 or 30 years of progress in two to three months. And my hope is that everyone who listens to this podcast will go back to their institutions, raise this issue to the level of prominence that it deserves and not accept no for an answer in terms of putting in place the kinds of protections that people need to feel safe.

Holly Humphrey:

Thank you for that. And thanks to you and Pooja, I think awareness on this issue is clearly being elevated. And I agree with you. One of the benefits of this conversation, as well as the many things we've learned from this COVID-19 pandemic, is that our health professionals are not always safe trying to do their jobs. And so I hope that as the profession and as our healthcare institutions move forward, we will have the kinds of policies and procedures in place that will do exactly what you just articulated.

Holly Humphrey:

Pooja, there's another question that came in during the webinar that I think is teed up exactly for you. This question actually came from an undergraduate student who is hoping to apply to medical school and is currently working as an EMT, an emergency medical technician. And in participating in the webinar and learning about these kinds of incidents, which are so upsetting to think about, the undergraduate student is asking, how does one best prepare for this type of encounter? How can you learn to act in a mature manner to a patient who may be treating you inappropriately and poorly?

Pooja Chandrashekar:

That's a great question. And I think it's one that shows a lot of foresight on the part of the student. And I can speak from personal experience on this one. As a student, I think it's really important to have some basic frameworks in mind and also some go-to language to draw from if you do happen to encounter a bias.

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Pooja Chandrashekar:

For example, one framework that is pretty simple to keep in mind is the one that we propose, [inaudible 00:19:23], act after framework. First, being able to quickly assess certain characteristics of the patient and their behavior to see how best to respond. So things like safety, medical condition, their decision-making capacity, the reasons they might be acting that way.

Pooja Chandrashekar:

Second, being able to understand and decide how to act, whether that's exiting the encounter, which is in many cases, your absolute right, whether you should stabilize the patient first or whether it's worthwhile to accommodate their request.

Pooja Chandrashekar:

And third, and I think this is a really important one, knowing what to do after the incident has occurred. Who are the people that should be informed about this? Who are the resources that you can turn to? Is there a way to report such incidents anonymously. And if possible students should try to educate themselves on this. And I think it's not just the responsibility of the student. It's also the responsibility of their educators to be able to provide them with this information.

Pooja Chandrashekar:

It's also important and helpful to have some example language in your back pocket, if possible. And you mentioned how do you respond in a mature manner? This is also tricky as a trainee or a student. This is at the top of our minds is how do we respond in a way that's not overstepping our role. And one way to do this nicely is to say something along the lines of, I don't think you meant to be hurtful, but your comments are making me feel uncomfortable and illustrate that bi-directional relationship. So we promise to treat you with respect, and we expect the same from you. And example language like that can really be a nice go to when these kinds of situations happen because if you're like me, you might freeze in the moment, having never encountered such a situation before.

Holly Humphrey:

Pooja, that's lovely advice and very helpful. So I'm sure that pre-med students everywhere, as well as other future health professionals, will take your advice to heart. And thank you for the specificity of a sharing some language and approaches that I think can be extremely helpful in the moment.

Holly Humphrey:

Unfortunately, it looks like we are out of time on this podcast, but I want to thank both of our panelists today. Pooja and Sachin, thank you so much for your contributions to this conversation, and most of all, for elevating the awareness of very difficult situations that our health professionals are facing day in and day out in offices and hospitals and emergency departments all across America.

Holly Humphrey:

A big thank you to our speakers for their candor and thoughtful expertise on this difficult topic. For more on this discussion, I encourage you to watch the webinar featuring Pooja and Sachin Jain and to read the Macy Conference recommendations and related resources. You can find all of these at the Macy Foundation website at macyfoundation.org.

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Holly Humphrey:

Thank you for listening, and we hope you will share this conversation with others. Be sure to subscribe wherever you get your podcasts so that you will be notified when the next episode drops. And make sure you're signed up to receive email updates from the Macy Foundation.