

131 bias both in your training and the clinical setting and what you say will help to
132 better improve interviews that we go forward with from here...Ok so opening
133 question, in this discussion we do want to get a better understanding of you
134 experiences of learning to recognize implicit bias, and also address implicit bias
135 and specifically we're talking about racial bias, through your home visits and
136 then what you've taken into the clinical setting since then, so have any of you
137 had implicit bias training before?...that's no, no, nobody, Ok. **What kind of, I**
138 **guess you've had no experience whatsoever on implicit bias, right, ok, what do**
139 **you think are some of the challenges to including implicit bias in residency**
140 **training?**

141
142 (07:52)

143
144 R1: I'd, I'd probably say time primarily.

145
146 F1: Time.

147
148 R1: I think t's a hard thing to squeeze in and it's a hard thing to learn form the
149 lecture. I feel like you need a lot of real life experience to learn it well, so

150
151 F1: Ok...R3, what do you think?

152
153 R3: And I apologize, I don't think I've ever had, I wasn't sure how to answer the
154 first question. I know I talked about, we talked about implicit bias in med school
155 but I don't know what you consider training or not training, like I took the
156 implicit test in med school at one point before this, so this was not my first time
157 taking the test with this, with this situation....umm I think...umm you know
158 factors beside time I agree, but we're a very small group and to like be able to
159 talk opening, you're not in like uhh--there's not that shroud of pseudo
160 anonymity that comes with a larger group of people like you will see these
161 people frequently and they likely will remember things and so that can make
162 things harder to be honest about.

163
164 F1: Yeah, ok...R2?

165
166 R2: I think, so in *(reference) to the first question, going to med school at UC we
167 did a lot of *(inaudible), anything with that a little bit of implicit bias but not as
168 explicitly...but, and I think a challenge in residency could be, if people weren't on
169 board or if you're not understanding what it is just low willingness to participate.

170
171 F1: Mhm...Ok, and R4, what kind of challenges do you think there are--is in
172 teaching implicit bias in residency?.....you're muted.....can you unmute yourself,
173 oh

174

Time
Medical system /
Hurry
* Experience
(Experiential
learning)

Taking test =
training

Banner
(Uncomfortable
Honesty)
Being
Difficult being
honest

Uncooperative
unwilling

Personal experience - when I do it to someone or someone does it to me.
Observational: when I see it done on someone else.

- 175 R1: I think she was having some audio difficulty
- 176
- 177 F1: Oh Ok, ok, well we'll go back, ok, **how have you seen implicit bias impact**
- 178 **clinical care in your training so far?.....R4?**
- 179
- 180 R3: ahah ummm I mean
- 181
- 182 F1: have you seen it with patients towards physicians or nurses or PCA's or have
- 183 you experienced it yourself...have you seen it towards patients in any way?
- 184
- 185 (10:56)
- 186
- 187 R4: Yeah, I mean, I mean I think...there is definitely you know you--ah...I mean in
- 188 terms of how it's like effected and not always positive and I think...you know
- 189 *habits have I been thinking it myself, do I recognize myself before this, I mean
- 190 because definitely things that people see pretty regularly in terms of umm...you
- 191 know umm...like the umm...a patient might look at me more than at like the
- 192 female attending who comes in to precept me with me or that sort of thing...like
- 193 I definitely picked up on that sometimes from the patient to the provider's side
- 194 umm and--I mean the clinician *** (inaudible), implicit bias vs things I've like
- 195 overheard like complaints and that sort of thing like different patients and you
- 196 wonder what's going behind those and it's not really implicit at that point it's
- 197 much more explicit I suppose*** (inaudible), talking in like the water cooler
- 198 conversations and stuff like on the floors and those things
- 199
- 200 Mhm..Ok, R2 how about you? Have you seen any forms implicit bias?
- 201
- 202 R2: Yeah I can think of a couple examples, where maybe I've seen the way a
- 203 patient was being treated with maybe some assumptions, for example like
- 204 people thinking someone was drug seeking...or if it's someone of a diverse
- 205 background, like Christ hospital for example doesn't see as many Spanish
- 206 speaking patients as like *** (other hospitals), for the times I've been involved in
- 207 the care of those patients here, certain small implicit biases that*** (inaudible) I
- 208 have...yeah and then in the reverse that R3 was saying like, the countless times
- 209 I've gone in to see the patient and they're like "hold on the nurse is here" and
- 210 you know things like that
- 211 (laughter)
- 212
- 213 R4: Ahh...R4 do you have sound yet? R4 can you hear me? No...Ok R1, R1
- 214
- 215 R1: Yeah I think, kind of mirroring, kind of what they said...I can't think of specific
- 216 examples but I know, I know from personal experience self reflecting, when I see
- 217 a difficultly chart that shows poor medical compliance and like a lot of problems,
- 218 I kind of get my mind set like almost negatively ready for that patient kind of like

Personal Experience
(+ Implicit Bias)
Observation

Explicit bias

Observing Implicit Bias (experience)

Bias against Spanish speaking
Self reflection?

Personal Experience
Explicit Bias

having the bias

Personal experience
Self-reflection

Negative emotion

Barner- judgemental.

Assumption - 219
Pre Judged - 220
Challenge Assumptions - 221

uhhh here we go again and I feel like when I kind of look back at that I wish I wouldn't of judged so quickly because I, you know you never know what the situations are...like, going in with a, with a clean mind set is always better so

(13:52)

F1: Yeah, yeah, yup, alright. How have you felt when you've seen, if you see--Ok let's try this again, have you felt anything seeing implicit bias in your training, the impact of it at all? Have you seen the impact of implicit bias in your training? So R4 like you just gave a good example of prejudging someone based on their chart before you've met the person, has anyone else seen implicit bias in your training where it affected your clinical ideas or what you thought what you thought you were gonna see or any examples with that...where you prejudged somebody...R3?

Unwanted Assumptions -

R3: I mean...I've done what R1 is talking about multiple time and you just you, you see the you read the chart and sometimes you feel like you don't even want to read the chart just cause who knows what you're gonna see if that's accurate or not or what the difference there is, I think for me also I've been working a lot of Good Samaritan Free Clinic...

Barner- Telehealth

F1: Uhuh

Telehealth homevisit
↳ less motivation -

R3: And umm especially right now we're doing so many telephone visits and umm...it's just this...I go into a lot of these visits like with a lower mindset just because it's, it's going to be a phone visit, it's a, its an interpreted phone visit which is just like... there's interpreted visits then there's like interpreted phone visit and its just five times harder and knowing that I'm going in with this like, frustrated mood and then worrying about, you know I just worry, like did I give them as much time as I needed to, to talk to them, and to give them enough opportunity to give feedback and like questioning afterwards umm it's a bad thing

Challenging Frustration -
Regret?

F1: Right Ok, Hey R5, how are you?

R5: Good, how are you?

F1: I'm good, we're talking about implicit bias in case you didn't know...

R5: Yes...I did connect my headphones somehow...or not...alright

F1: I can hear you fine

263 R5: Fine...yeah sorry

264

265 F1: How about you? Have you ever you know ^{implicit bias} kind of thought about someone or
266 something...and maybe it's even people you work with...it doesn't--you know
267 that could impact your clinical care as well? Any examples R2, that you can think
268 of?

269

270 R2: Umm..wait I... sorry first I thought you were asking R5 and then I heard you
271 were asking me

272

273 (16: 49)

274

275 F1: Sorry

276

Pre-assumed / prejud

277 R2: No you're fine, yeah I can't--I mean my brains a little foggy but I know that its
278 definitely happened...umm that I...pre-assumed and prejudged or my own
279 internal preferences have made me feel *(inaudible) prior to an encounter so it's
280 definitely present

281

282 F1: So R5 we're talking about implicit bias in terms of you judging someone or
283 prejudging someone...because you've seen a chart or talking about that person,
284 so is there an example you can give, for example

285

286 R5: Oh yeah totally there's like 5 million

287 [laughter]

Personal experience

288

Bias against frequent admissions

289 R5: So if I think if I--well so from the family med side or the psych side I think if I
290 am, if I see like that someone has been admitted has gone to the emergency
291 room like 20 times in the past five months.....

292

293 F1: Ohh you froze

294

295 R5: Oh I was getting a call sorry...

296

297 F1: Oh Ok

298

Assumption Negative emotion implicit bias

299 R5: So if I, if I see someone who has those many visits, I might immediately be
300 like...oh gosh like, like not--its not that I think I actually treat them differently but
301 I do have this like I know I have an internal reaction that I'm sure biases me in
302 some way, like momentarily though I hope that I put enough of my doctor cap - Report
303 on when I, when I, when I see them in whatever setting....I think I feel that way
304 about also like the diagnosis of "borderline" (air quotes) umm in a persons chart,
305 I think that, that is stigmatizing or at least on the psych--again maybe I can think
306 too easily of stigma--of of umm...things on...the psych side, but I think also to

Border stigma

Bias against obese/overweight & poor health

307 some degrees even if I see like someone is very overweight and like has
308 uncontrolled diabetes there is a like a like you know or if they have horrible foot
309 ulcers there is a snap judgment that happens in my brain for a second that
310 is...they're not taking care of themselves, right, and I'm just saying that's a snap
311 judgment that doesn't end up effecting what we decide to do or what I talk
312 about but it's a different response than when I have a healthy young patient
313 walk in the room, who then ends up having some weird cancer, like it's just a
314 different like relationship...

Prejudgement has no impact on care

F1: Mhmm

Challenging assumptions that lead to negative emotions

317
318 R5: And but I think our job...is to like un-filter, like to remove those biases that
319 aren't helpful and I think anything that like leaves me with a negative
320 connotation towards a person is, is not...usually helpful though its important for
321 me to be attuned to how that person makes me feel because that tells me a lot
322 about the interaction as well...umm so it's like our implicit biases or judgm--or
323 our implicit judgments can be useful we just have to very cognizant of them and
324 like know when to discard them and know when they might be helping you know
325 how to respond to a person...umm better

Self-awareness

(20:22)

Implicit Bias - Can be useful sometimes

326
327
328
329
330 F1: Yeah...and I guess...have you ever felt the effect of implicit bias? We're
331 talking about racial bias but in this case it could be gender bias or like she was
332 talking about being overweight bias, you know, I have certainly felt that several
333 times in my life

Personal experience - IB (Gender Bias)

334
335 R5: Yeah have I ever...I mean...well sure, I've walked by a room and a patient will
336 be like NURSE...you know that's happened to almost all of us female physicians
337 or researchers or scientists that we get categorized because we're a women, and
338 I think also that people think that because I'm soft spoken that I'm not confident
339

F1: Ok

R5: So that's happened

340
341
342
343
344 F1: Yeah, R4 can you hear us now? To participate...R4? Can you, F2 can you
345 unmute her or she muted herself

346
347 R5: I think she might be dealing with a, a eighteen-month old
348

349 F1: Oh oh Ok, *(inaudible) I'm having such a hard time to...Ok, R2, have you ever
350 felt implicit bias yourself?

Personal (Gender Bias)
experience 7 7B

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R2: Yeah, like I had mentioned the nurse thing before before R5 joined and then ethnically...umm that's definitely happened throughout my life like I went to Notre dame for undergrad, that's like the most I've ever felt it coming from a like a diverse New York high school and then going to Notre Dame it happened a lot, And then even ***(inaudible) I think it must've been at Children's somewhere, where I have the little badge that says I'm like bilingual qualified person and was speaking with families and like people, there was some people that like assumed that I was the the interpreter and were like "oh can you", like they didn't realize that I was the doctor and they thought I was like the little interpreter worker

F1: [laughing]

R2: Inaudible***done also

F1: I guess I, just personally, how are you treated as a doctor being this you know short kind of soft spoken women...have you been, you said you've been talked about as a nurse, anybody think you're a student?

(23:12)

R2: Yeah all the time and I'm not really that far from a student so they're not wrong, I'm still learning

F1: No I mean younger than that cause you look really young.
(laughter)

R2: Oh Yeah I get that a lot too where I walk in and they're like "What are you 12?"
(laughter)

Like ***(in front of) the whole team too, last month actually someone was--he needed an interpreter for a very interesting language and he's like "you, you are 13"

(laughter) and I was like no, so umm I don't know, it goes both ways, I mean I've definitely had other clinical situations where I was able to step-up and take charge of the room, maybe like some examples on OB I'm thinking of, where the room is crazy and I'm like NO we're * (inaudible)
(laughter) so, size and age appearance doesn't always matter

F1: Yeah right good, that's good. How about you R1? ...Ever experienced implicit bias?

R1: Yeah, yeah so luckily it hasn't been too much to my face I don't think, at least during this residency...

Personal experience
(Gender Bias)

Personal experience
(Age Bias)

Personal experience
7 challenging
Biases / stereotypes

395
 396 F1: Yeah
 397
 Personal experience
 (Gender bias)
 Explicit 398 R1: The one time I can think of like explicitly was when I was on OB just being a
 399 man, especially, especially with no kids, umm I you know...there was a lot of
 400 times where...I feel like a lot of patients definitely didn't want me providing the
 401 care, that's for sure
 402 (laughter) but other than that I think umm...I haven't felt the brunt of it too
 Personal experience
 Racial bias 403 much to my face, I might've like thought of it passively but I haven't had too
 404 many.
 405
 406 (24:51)
 407
 408 F1: Well that's implicit bias, so have you implicitly ever felt that someone was
 409 you know looking at you differently or treating you differently, specifically
 410 because of race?
 411
 Strategy 7
 Acceptance 412 R1: I, I'm sure but I, I just, I...I don't know if I've just learned to kind of live with
 413 that to be honest
 414
 415 R5: mhmm
 416
 417 R1: I can't think of any specifics so umm...
 418
 419 F1: and R3 have you ever experienced implicit bias and for what reason?
 420
 421
 422 R3: Yeah, *thinking of explicit is not—that's my forte in general, I think, umm I
 Personal Exp (age bias) 423 remember, and I get this one less and its not that implicit anymore now that
 - 424 they're saying it but I get the how young are you thing less now that I have a
 425 bigger beard so
 426 (laughter) maybe Dr. Hartman is getting that one again I'm not sure now he had
 427 to shave but (laughter)
 428 now I mean, if anything else like I said—like the earlier ones, it's kind of that, the
 429 other side of implicit bias of people assuming that you're, I know what I'm doing,
 Personal experience,
 (gender + race bias) 430 people assuming like that I'm the one in charge, the doctor, you know those
 431 things that just come by being the white man in the room, umm...you know try—
 432 I, I definitely notice like people talking more towards me or looking to me even
 433 like when you know someone's on the patient and I'm the person just sitting in
 Observational bias? 434 the corner typing because I'm a third year now, so I'm not like directly in there
 435 and patients like asking their questions more toward my corner of the room and
 Bias against female
 physician & toward male 436 stuff and it's umm it's...actually it's a lot of the rooms that happens in so...
 437

438 F1: Mhmm...alright, and...how have previous implicit bias trainings, education,
 439 you know since you've had this experience now, has it helped to impact or not
 440 impact your clinical practice, now that you know kind of what it is...you know
 441 where you stand on the scale...how has it impacted your training, your clinical
 442 care...I mean how has the training impacted your clinical care, sorry I've been up
 443 since 5am too
 444 (laughter) Ok
 445

446 (27:22)
 447

448 F2: I just wanted to let you know F1, R4 is here and she is available
 449

450 F1: Ok
 451

452 R4: I am here finally
 453

454 F1: How has implicit bias training impacted your clinical practice? Now that you
 455 know what it is, you've been through it, you know your trying to be aware of it in
 456 your practice, has it impacted your clinical care at all?.....R4?
 457

458 R4: I'm thinking, Yeah I...you know I...what I...recognize when I was first exploring
 459 what my implicit biases were is not, I actually ranked umm pretty equitably umm
 460 in terms of race implicit bias so for me that, that was I guess that was pleasantly
 461 surprising for me, but what umm I found I did have a lot of implicit bias was
 462 towards...umm patients who were struggling with obesity, so that's been, that's
 463 been something that I've been trying to challenge within myself for a while...and
 464 I found that being aware of it has helped me to be a...to listen to patient--to
 465 listen to a large of my patient population a lot more and be more compassionate
 466 towards them "
 467

468 F1: Mhmm
 469

470 R4: And I guess, cause I think there's a lot of judgment, but umm...but * kind of
 471 like underlying a lot of my thoughts about some of my patients that I wasn't
 472 aware of before that
 473

474 F1: How about you R1, how has this training or education helped impact your,
 475 how, well I'm not asking you how did you share this implicit bias but like R4 said
 476 she shared pretty, I want to ask what were you surprised about how you scored
 477 on the implicit bias, anybody surprised about how they scored?
 478

479 R1: I, I honestly don't even remember what I scored but I think, I think...
 480

481 F1: Let me get it out for you

IAF- surprised

quote

Self-awareness

Listen-more
Compassion

Unaware of IB
Before test

Score not important
(degree not important?)

482 (laughter)

483

484

485

Self aware - 486

487

Introspection vs - 488

staring down 489

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491

492

F1: R3, how about you?...muted

493

494

(30:26)

495

496

497

498

Surprised - 499

consistent - 500

501

interesting / Surprised - 503

504

3- late in medical - 506

training. Timing? - no time - 507

to practice / implement 508

509

510

F1: Yeah

511

512

R3: So I don't know how much I've actually changed since

513

514

F1: Practice

515

516

R3: Yeah I've had other things more change in my practice since then

517

(laughing)

518

519

F1: what kinds of things?

520

521

R3: yeah...

522

523

F1: You hate Telehealth calls?

524

525

R3: Sorry what?

- 526
- 527 F1: You hate the Telehealth calls?
- 528
- 529 R3: I actually don't mind it too too much, it would be nice to have more video
- 530 but it's just more, the constant, the constant changes leading to the constant low
- 531 level stress kind of going on so
- 532
- 533 F1: Yeah
- 534
- 535 (32:03)
- 536
- 537 R3: it was interesting like to work with more people without seeing their faces
- 538 and trying to just look into like inflections and these things and you know losing
- 539 all those other stuff, then we do kind of subconsciously of which, like you know
- 540 everything, you know all of their like expressions and everything that goes
- 541 into...not having that's been interesting so
- 542
- 543 F1: In Claremont county, F2 and I are the only people wearing masks, so like
- 544 people are staring at me at Walmart or Kroger, like why you wearing a mask?
- 545 You know we're free now, you don't have to do that it's your choice. (muffled-
- 546 hands covering mouth)- This is my choice, go away
- 547 (laughter) R2 how about you? Training since you've had it, has it impacted your
- 548 clinical practice? Made you more aware?
- 549
- 550 R2: Yeah absolutely also echoing a lot of R5's initial comments, just raising the
- 551 awareness is so critical, like when you're starting to have thoughts, feelings,
- 552 sentiments, being able to pause and recognize and reflect on what you're feeling
- 553 and try to understand why...and I have a couple times found myself in the middle
- 554 of a patient encounter and I'm listening and typing and starting to feel a certain
- 555 way, kind of pause and try to just like reset, see them as a person and not try to
- 556 get any sort of *******(inaudible) wound up in it
- 557
- 558 F1: R4, can you participate? Are you there?
- 559
- 560 R4: Yeah I, I...
- 561
- 562 F1: Oh good Ok. So how, since you've had the implicit bias training has it
- 563 impacted your clinical care practice at all?
- 564
- 565 R5: I think she went first
- 566
- 567 F1: Oh she already answered, R4...I can't keep track of all this...
- 568

constant changes
constant low-level
stress

learning to communicate
without video

Self awareness

slowing down
introspection

slowing down/
human individuation

569 R5: Yeah I think I might be the last one, so you know, I think the things that I
570 carried over are some of the umm...lessons that I'm not gonna be able to call to
571 mind, just like bringing mindfulness, looking for shared ground or like common
572 experiences and...like imagining like you're in their shoes kind of thing, and I, I
573 think those are things that I came to residency some, somewhat doing but I
574 think, I think it's especially to avoid like becoming burnt out or dated that those
575 are practices we need to implement throughout our career...and so for me
576 particularly for those...for the patients where I did, where I might have that
577 reaction and also just like a way to bring me closer to understanding or imagining
578 all of my patients lives, which I think is what I really want to do because...you
579 know it's absolutely 100% true, like R4 was saying, like if I have a negative bias
580 towards someone that's not going to help me help them, it's just never going
581 to...cause they're probably always going to feel some type of like, if they have
582 good intuition...or like emotional language they're going to feel that, so...yeah, so
583 I think for me it's kind of like taking that deep breath before each room, like
584 before each encounter and kind of like trying to remember what it's like for that
585 person no matter who they are, cause--and I think coronavirus has done a really
586 nice of job of reminding us that we're all humans, we're all on the same playing
587 field and that the inequalities and things that exist really do need to stop
588 because...I mean that's been obvious to many of us for a long time but I think
589 coronavirus highlights it even further
590
591 (36:12)
592
593 F1: Yeah agreed, I guess I was just doing my implicit bias when I said F2 and I
594 were the only ones wearing masks
595 (laughter)
596
597 F2: I almost pointed at you yes, good example, good example
598
599 F1: what, of me doing implicit bias? Yeah
600
601 F2: *Claremont county peeps yes
602 (laughter)
603
604 F1: I've lived with someone who thinks it's a conspiracy theory, so it's a way to
605 reset the economy, do know anyone even who even knows anyone whose had
606 coronavirus, get that question all the time, now I can finally say yes, I do know
607 someone who has a mother-in-law with coronavirus, actually our chair's first son
608 and his wife had coronavirus, so yeah I know people
609
610 R4: Plenty of people have had it I'm sure
611

612 F1: Ok, **how did you feel when trying to apply these strategies** *** (inaudible)
 613 does anyone remember that, how it made you feel trying to ** (inaudible)

614
 615 R5: I actually may have to go in a few minutes so I'll answer, I, I think I really...I
 616 think when I first took my implicit bias test of course maybe like all of us, there
 617 was like this--I had this internal feeling of like well I'm not implicitly biased, so
 618 like even though of course I am in some ways, like there's just no way that I can't
 619 be and so when I took a few I think, the things that surprised me, like I grew up
 620 sort of in an agnostic household and...so I took the Christian-Muslim one and I
 621 was pretty sure that I was like oh it was gonna be equal or it's actually gonna be
 622 like negative towards Christians, sorry to anyone like in Cincinnati...but I was like
 623 the opposite I had like a negative implicit bias towards like Islamic images
 624 according to the test, and umm that you know sort of was a wake up call to me,
 625 just to remind me and so like when I've been implementing them, I see it
 626 as...umm I mean I just see it as part of becoming like a more aware person, I'm
 627 bringing to conscious light things that may happen in a, in a split second and
 628 that's...that is like a positive experience for me

629
 630 (38:56)

631
 632 F1: Because we're kind of running out of time, I think I really want to skip ahead,
 633 you wrote down the change that you wanted to make, **have you been able to**
 634 **implement that?** I'm not gonna call on R3 cause he probably hasn't, have you?

635
 636 R3: Probably had what?

637
 638 F1: Have you made the change that you hoped to make that you wrote down?

639
 640 R3: To be completely honest, I just redid the thing, I think I forgot what my
 641 change I said was, so I don't, I, you know to be honest I don't think I engrained
 642 that hard into my head unfortunately so
 643 (laughter)

644
 645 F1: And yours was probably the most recent right

646
 647 R3: I know, I know yeah

648
 649 F1: How about you R1? Do you remember the change?

650
 651 R1: Yeah I remember, it was more of the **self-reflection** type thing...umm I've
 652 been ok at it, but honestly, being an intern I really have been focused on the
 653 medicine to be honest, I haven't had much time for reflection on things, I've
 654 been trying not to sound like an idiot in the rooms
 655 (laughter) but I've, I've tried to do it for a couple...

Implicit Bias Focus Group Session 1

Surprised →

IB-religion →

Self awareness →

self reflection
= self awareness 2

Time (barrier)

Expectations →

656
 657 F1: Ok, oh I'm sorry
 658
 659 R1: So it's been tough. No that's it.
 660
 661 F1: R2, how about you? Do you remember the change?
 662
 663 (40:23)
 664
 665 R2: Yeah and I think initially mine was more related to like in the office or in
 666 clinical situations, so I think initially it was easier to accomplish and then there
 667 was a longer period of time with everything going on and then everything got
 668 flipped and turned upside down so I haven't been able to focus on it as much...in
 669 recent weeks
 670
 671 F1: I'm gonna pick on R5, if she has a minute still to talk, did you make a change?
 672 Did you remember your change?...you're muted
 673
 674 R5: I, I don't remember my specific change, like I think what it did is sparked me
 675 to be more active in my awareness and my mindfulness, like if I chose something
 676 it was probably around being mindful...and...I think I have caught myself,
 677 recognizing that the way I scan people with my eyes is sometimes different
 678 depending on how similar they ar--I evaluate them to be, to be to me...and if
 679 there similar to be like I probably like have a slightly more, like favorable or
 680 connected feeling that arises, so I'm just a little more aware of that and so then I
 681 make an effort to recognize that that's not like what has anything to do with like
 682 connection...umm at its core...umm so I think that's that's the change I've
 683 noticed.
 684
 685 F1: Ok...
 686
 687 R5: And I do have to go now I'm so sorry
 688
 689 F1: That's fine, that's fine
 690
 691 R5: Ok, thanks everybody
 692
 693 F1: *(inaudible) R4 did you remember the change?
 694
 695 R4: Yeah so my, the goal was for me was to try to whether, regardless of...what
 696 the pati--who the patient was, was to find some...some bit of common ground
 697 just like some shared common ground between each patient that I see...and I
 698 think I found that it was initially easier and then it got a lot harder when a lot of
 699 my visits when to telephone visits...I think that there's, I think a lot of that was

more time doing
 home visits

Self-awareness/
 mindfulness
 Self-reflection
 Connection to pts
 that are similar
 to Resident
 Self-awareness

Similarity with pt

Barrier- Telephone
 visits

700 that there's--it loses a lot of the personal interaction when you're staring at the
701 computer screen and the phone...

702
703 F1: Right

704

705 (43:03)

706

707 R4: Instead of a person's face and remembering to like want to share that, that
708 motivation to find shared common ground is lost when it's a computer screen
709 and not a person's face, so I think that's important for me to remember in
710 transitioning--when I transition back to patient care because I mean we're still
711 gonna have computers around this all the time and there's always the tendency
712 to kind of...stare at a computer screen sometimes more than the patient...but
713 umm yeah I would say that...the...the coincidence of covid-19 happening and the
714 change in the way we do care in Telehealth has definitely impacted my particular
715 goal but umm yeah

716

717 F1: Ok

718

719 F2: So R4, would you say that that the converse is also true, that we have
720 Telehealth, we've got traditional in-office, you know in the office and then you
721 have a home visit, do you think implicit bias is significantly highlighted in those
722 home visits because of the environment, would you guys agree with that?

723

724 R2: I think a lot of times it can help to break it down actually...

725

726 R4: Yeah that was my finding too I, I would agree with that R2 cause that...I--like
727 for instance when I give my home visit, one of the patients that we visited was a
728 very talented musician and I love music and I'm a musician myself and that
729 common ground helped to kind of break down implicit biases that may have
730 been there beforehand, but sorry I interrupted you R2

731

732 F1: Was that the pianist?

733

734 R4: Yeah

735

736 R2: I had a visit like that too, *(inaudible) Alzheimer's who just sat down at the
737 piano and...

738

739 F1: Yeah that one

740

741 R2: Yup, I think it's the same patient

742 (laughter)

743

and

motivation to find

similarly but

telehealth

less implicit bias
w/home visits

similarly
common ground

report

788 F2: I was just going to say we've talked about assumptions, you know the one
 789 thing that we kind of wanted to figure is for emotions, is the valuing and
 790 appreciation do you think that that's home visit specific, because of the
 791 environment? So that's what we were wondering in the reflections, can anyone
 792 comment on that?

793
 794 F1: Maybe you could explain a little bit about valuing and appreciation, the
 795 person's like culture or...can you give an example?

796
 797 (48:28)

798
 799 F2: I think that most of the reflections just said that, that you appreciated like
 800 the extra time to actually, you know preplan and think about what you were
 801 going to do when you went in and it wasn't so hurried, and that maybe you
 802 could look at the surroundings and maybe better identify what your bias might
 803 be and then use your strategy *(inaudible) Is that kind of something that you
 804 guys felt as far as valuing and appreciating the home visit?

805
 806 F1: Versus in the office...R1?

807
 808 R1: Yeah I think that's a, I think that's a safe assumption, I think the home visits
 809 they allow a lot more time to get to know the patient too, so you kind of get to
 810 break down those barriers and those initial biases that you had...so it allows--so
 811 like you said it's a, easier setting to kind of apply some of the strategies that we
 812 kind of talked about...just because there is more time for the visits so

813
 814 F1: R3 do you appreciate...you have to go R2?

815
 816 R2: No sorry I'm still in the office*** (inaudible), yeah I think the home visit
 817 setting makes it easier but I also think like through strategies we are--we
 818 definitely are still able to value and appreciate in other settings, like I can think
 819 of an example in the hospital setting last month, where I think maybe this was
 820 on my mind otherwise in the hospital it's not on my mind as much but a patient
 821 who was definitely larger and had chronic wounds because of his weight a lot of
 822 bad chronic wounds and he was getting admitted for them and so I did think that
 823 before going in, I was like trying to eliminate that bias and ended up having a
 824 good discussion with him about like his hobbies and how he loves fishing and his
 825 family...and I felt like I really, really appreciated him, he was a great patient and I
 826 think if we implore strategies we can still *(inaudible) in any setting but still with
 827 time allowance.

828
 829 F1: How about you R3?

830

Less Time
barrier

easier to apply
strategies

Values Appreciate
not just home

weight bias

listen/humanism

humanization -

831 R3: Yeah I think there's a huge value in like humanizing someone in a, in there
832 home setting...like it's...but I also like...I mean I think it's important to humanize
833 them and make them into like a person in your mind, that it might add extra few
834 biases like if you see like stuff *(ef-strewn) everywhere and/or poor umm...poor
835 cleanliness and stuff, but I think it's, except for that person then and then make
836 like change biases but I think the overall aspect isn't a positive one just by seeing
837 someone on their turf instead of our turf so to speak umm...

838
839 F1: R4 how about you?

840
841 (51:54)

* Barrier
more time
stress -> evaluation

842
843 R4: I think that thing I find of value...I find the home visits just really relaxing, I
844 think part of that's the time components, when you're under stress whether its
845 in the clinic setting or in the hospital, you tend to revert to your...kind of innate
846 mechanisms and implicit biases can be one of those but when you have a little
847 bit more time it allows you to be a little bit more mindful and challenge...some of
848 those implicit biases that you may be aware of, and I found that the, the home
849 visits allow for that and like R3 said just the whole setting kind of allows
850 for....more humanizing interaction

mindfulness -

851
852 F1: so F2 could...summary of what we've talked about so far, kind of repeat that
853 again

854
855 F2: So basically we have talked about...the test and how it with either expected
856 or surprising, we've mentioned I think the biggest barrier that I heard was time
857 and medical knowledge and medical system on just being responsible for so
858 many other things, the strategies that I heard the loudest today were self-
859 awareness, mind--you know the mindfulness, and I guess you know if we could
860 finish with that question maybe F1 about what--how, how does everyone define
861 mindfulness because it's still all inclusive and just so encompassing and it means
862 something different to everybody, that we needed a little more help in defying
863 what that was...and then we talked a lot about assumptions and how we're
864 gonna overcome them

865
866 F1: So when you talk about mindfulness, R4 why don't we start with you, can you
867 tell me what you're thinking of or what you're feeling when you think of
868 mindfulness

Self awareness
introspection
External environment
Be present ->

869
870 R4: Yeah so I think its both the awareness of but I'm internally feeling emotion-
871 wise and thought-wise and what's going around externally in that moment, kind
872 of being present to the moment...instead of thinking about what I'm gonna do,
873 what I have to do in the next hour or that evening, or what I screwed up that
874 morning, cause I feel like my mind has to do that a lot but I, I think mindfulness

introspection
present in
the moment

875 to a lot...to a certain, to a lot ***what it means to me is being present to the
876 moment of being aware of myself internally and then what surrounds me in the
877 moment
878

879 F1: Ok, R2 what is mindfulness...to you?
880
881

882 (55:06)
883

Purposeful
staying
not focusing on
environment

884 R2: Yeah that was definitely gonna say--I define it as being present as well but I
885 also would say being purposeful which also goes along with that, just having that
886 pause and being really purposeful in what you're doing what you're saying, what
887 you're feeling and how you carry on and it's all, it's definitely to do and stop and
888 be present and mindful when things are going crazy all around you but that's the
889 goal
890

891 F1: R1 how about you?
892

introspection
self awareness

893 R1: Yup, yup more of the same of what they said, just kind of that internal
894 reflection of my emotion and just kind of making sure that I'm aware of--that I
895 have them and reflecting on why I have them
896

897 F1: And R3! Last one be wise, be very wise
898 (laughter)
899

Non judgement
thoughts are just
thoughts
understanding thoughts
and emotions

900 R3: I think, you know the biggest thing that comes to mind with mindfulness that
901 wasn't already talked about is just--or..is non-judgmental side of trying to
902 remind myself that not every thought I have has to be a good thought or bad
903 thought it's just a thought, it's just something that I'm experiencing and that's
904 something I think that doesn't come naturally to me, I think we're--especially--I
905 don't--**--me as a, you gotta characterize you gotta that's a good test, that's a
906 bad test, that sort of stuff and so the idea...of yeah I'm frustrated, ok frustrated
907 and uhmm is the thing that just comes first to my mind when I here mindfulness
908

909 F1: Well anything else that you want to comment upon or add to implicit bias,
910 should there be more training, should there be more practice or anything like
911 that? As a group, as your class maybe are there people that could benefit from
912 more training or anything like that? everybody's good.
913

First step SDH
then deeper
miss

914 R3: I don't know, I think its something important everyone should be thinking
915 about, I think our residency whether explicit or not, talks about a lot of like the--
916 it touches on so many things already, just social determinants of health like kind
917 of, that idea of at least at the very least, here's what their outcomes are but now
918 why was the deeper part so I think it at least opens up the conversations to have

Fitting it in into
residency >
Time

919 these conversations too and so you know obviously beginning of first year is
920 already way too busy with orientation, every year there's like ten things people
921 suggest to add to orientation and they actually need to take two out and that
922 sort of thing...

923
924 F1: Yeah

925
926
927 R3: But doing any implicit test at the beginning early on would be—you know we
928 do---they have us do all these personality test and having like an extra one would
929 just be, any kind of implicit test, whether or not it's race or age or whatever I
930 think would be helpful to get peoples mind going***

931
932 (58:28)

933
934 F1: Anybody else? Alright, I don't want to wast---ah waste, we would not have
935 wasted your time we have appreciated all of your*** (experience) no seriously I
936 mean I learn something every time I do a focus group with people and especially
937 with people I don't know kind of what you're thinking, how your class has
938 improved upon the last twenty classes that I have seen, you know because
939 you're--like we never talk about this, twenty years ago ever, mindfulness or
940 thinking about things, it was medicine, medicine, medicine...you know we have
941 gone much more towards the more social, the more personal the more
942 emotional things that are going on with residents, you know work-life balance
943 and all these things, I mean there really wasn't a lot about making your
944 experience better and I think all these things that we learn about or learn about
945 each other or can teach each other makes you a better doctor. Thank you so
946 much for your time, thanks for being vulnerable and sharing you experience with
947 us we appreciate it so much and we and I guess we learn something about
948 everyone we talk to and how we can improve upon the resident experience, it
949 was great to meet you if I haven't met you, hopefully we see each other more,
950 one thing I always do is a plug for the research division, if you ever need
951 assistance with a project or you want to go to a conference, probably wont be
952 going as much anymore—or virtually experiencing something and you need help
953 with data analysis, doing your poster presentation or we do all that stuff so
954 please feel free to contact us if you need help with anything having to do with
955 research quality etcetera* guys and girls you women and men.

956
957
958 Thank you

959
960 F2: Thanks for prioritizing this, I appreciate it and thanks for making a difficult
961 conversation meaningful, thank you very much

962