6/22/2020
GOODNOW

Implicit Bias Focus Group 1 (5/26/20)
Webex Meeting
Facilitator 1= F1, Facilitator 2 = F2, Resident 1 = R1, Resident 2 = R2
Resident 3 = R3, Resident 4 = R4, Resident 5 = R5

(00:00)

F1: So let me introduce myself since I don't remember you guys and you can introduce yourself to me, now R1 are you a first year as well?

R1: Yes, I'm a first year, yup

F1: Alright, so I'm F1, I'm the director of the research division in family medicine, I work with F2 and..you probably don't know anything about me either do you, Morini, Dan…all the people in the research division. So I've been around for 29 years now, since I was a child and moved my way up from like graduate assistant in 91 to research graduate, so its been a long hard climb but now I've made it to the top, there's no place else to go but retirement…so…my background is I'm a sociologist so I do qualitative research, focus groups and interviews, talk to key informants and so I would like to at least hear a little bit about you just for a minute, R2 do you wanna start, I know you all know each other but just tell me like where you're going, what year you're in… so yeah

R2: Did you say where you're going or…where you grew up?

F1: What year are you in?

R2: Oh what year…I was like what…yeah first year intern

F1: How's it going so far?

R2: Pretty good

F1: Well you're almost done right, you're almost a second year (inaudible), will it get harder?

R2: It'll be gradual

F1: Good alright, and R3

R3: I'm a third year resident from Wisconsin originally, St. Luois for training…categorical so I'm graduating, and I'm doing Hospice and Palliative Care fellowship at Christ next year with Dr. Hartman.

(02:14)

F1: oh you are!

R3: yup

F1: you'll get to work with my most favorite person in the world Dr. *(Smucker),

R3: hahah yeah

F1: He was our research director for many--several years and yeah... just love him, and R1?

R1: Yup I'm a...

F1: what about you?

R1: yeah I'm also a first year resident with R2, almost second year can't believe it but

F1: I know it goes fast but not not...

R1: Yes

F1: The days go slow, the year goes fast

R1: Absolutely, I'm from Akron did my training in Toledo, so...

F1: Ok

R1: Hitting every corner of Ohio so...

F1: I started off my career in Toledo I lasted a quarter and then I hated it, then I moved to a really small college called *Loritz, that's still in Toledo but a little suburb above that

R1: I had a buddy that played basketball there

F1: Played basketball there, they had a team?

R1: They did yeah, mhm

F1: I went the year after they went from all girls to just adding boys, so, all the nuns were just a flurry…"gonna have men this year"…so, it was cute, very cute. Ok

(03:39)

so we have a few ground rules which you guys are tired and probably more *(inaudible) will do anyway, But I like to talk--let one person talk at a time and listen to what people are saying so that you can react or--not react, so you can support or deny, be willing to take a risk…you know talking about racial bias can be really sensitive for people and many people have a difficult time talking about it, maybe not so much in your generation…validate the perspective and opinion of others that's why you'd want to be an active listener and there are no wrong answers, we want to hear different opinions and your story basically and whatever you say stays in the room, it's only for research purposes…anything that we record is gonna be in a group so…I know there's like three of you, I can't promise that total quiet but I can be confidential and so can you I hope, any questions before we get started?..Nop, Ok… and there's--who just came?...alright, is she another first year? What?

R4: (inaudible)

F1: R5 are you there?

R4: Yeah I just got on, hold on

F2: R5, hello

R4: hi

F1: I was just introducing myself, I'm gonna be running the focus group, I'm F1. The director of the research division

R4: Hi F1, I'm R4, I'm uhh a second year resident

F1: Ok, almost a third, are you family med or family…

R4: Yeah I'm family med

F1: One more year to go. Alright, I was just telling the ground rules, be an active listener, kind of stay in the group as much as you can, take a risk, there are no wrong answers, we are looking for a range of opinions and experiences…seek to respect each other as physicians and residents, you know…do that and hopefully this discussion is gonna better help us understand more experience of implicit

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

(07:52)

barrier= time

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

F1: Time.

barrier= time experiential learning

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

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

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

barrier= time

Uncomfortable judgment

F1: Yeah, ok...R2?

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

barrier= buy-in *

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

R1: I think she was having some audio difficulty

F1: Oh Ok, ok, well we'll go back, ok, how have you seen implicit bias impact clinical care in your training so far?.....R4?

R3: ahah ummm I mean

F1: have you seen it with patients towards physicians or nurses or PCA's or have you experienced it yourself...have you seen it towards patients in any way?

(10:56)

neg. emotions

Self-awareness

R4: Yeah, I mean, I mean I think...there is definitely you know you--ah...I mean in terms of how it's like effected and not always positive and I think...you know *habits have I been thinking it myself, do I recognize myself before this, I mean because definitely things that people see pretty regularly in terms of umm...you know umm...like the umm...a patient might look at me more than at like the female attending who comes in to precept me (male) with me or that sort of thing...like I definitely picked up on that sometimes from the patient to the provider's side umm and--I mean the clinician ***(inaudible), implicit bias vs things I've like overheard like complaints and that sort of thing like different patients and you wonder what's going behind those and it's not really implicit at that point it's much more explicit I suppose***(inaudible), talking in like the water cooler conversations and stuff like on the floors and those things

bias = gender

* overt

Mhm..Ok, R2 how about you? Have you seen any forms implicit bias?

assumption = *drug seeking

bias = race

R2: Yeah I can think of a couple examples, where maybe I've seen the way a patient was being treated with maybe some assumptions, for example like people thinking someone was drug seeking...or if it's someone of a diverse background, like Christ hospital for example doesn't see as many Spanish speaking patients as like ***(other hospitals), for the times I've been involved in the care of those patients here, certain small implicit biases that***(inaudible) I have...yeah and then in the reverse that R3 was saying like, the countless times I've gone in to see the patient and they're like "hold on the nurse is here" and you know things like that
(laughter)

bias = gender

R4: Ahh...R4 do you have sound yet? R4 can you hear me? No...Ok R1, R1

assumption = resistant to change

R1: Yeah I think, kind of mirroring, kind of what they said...I can't think of specific examples but I know, I know from personal experience self reflecting, when I see a difficultly chart that shows poor medical compliance and like a lot of problems, I kind of get my mind set like almost negatively ready for that patient kind of like

neg. emotions

barrier= judgmental

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?

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…

F1: Uhuh

barrier= medical system (telehealth) barrier- frustrating neg. emotion barrier= time

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

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

R5: Fine...yeah sorry

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

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

(16: 49)

F1: Sorry

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

barrier= judgmental

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

R5: Oh yeah totally there's like 5 million
[laughter]

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

F1: Ohh you froze

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

F1: Oh Ok

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

barrier= * stigma

bias = * obesity
assumption = * lack self care

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

F1: Mhmm

challenge assumptions

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

Self-awareness

(20:22)

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

bias = gender

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

bias = * personality trait

F1: Ok

R5: So that's happened

F1: Yeah, R4 can you hear us now? To participate...R4? Can you, F2 can you unmute her or she muted herself

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

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

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

bias= race

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

bias= age

bias= stature

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...

F1: Yeah

R1: The one time I can think of like explicitly was when I was on OB just being a man, especially, especially with no kids, umm I you know…there was a lot of times where…I feel like a lot of patients definitely didn't want me providing the care, that's for sure
(laughter) but other than that I think umm…I haven't felt the brunt of it too much to my face, I might've like thought of it passively but I haven't had too many.

bias= gender
barrier= uncomfortable

(24:51)

F1: Well that's implicit bias, so have you implicitly ever felt that someone was you know looking at you differently or treating you differently, specifically because of race?

R1: I, I'm sure but I, I just, I..I don't know if I've just learned to kind of live with that to be honest

strategy= acceptance

R5: mhmm

R1: I can't think of any specifics so umm…

F1: and R3 have you ever experienced implicit bias and for what reason?

R3: Yeah, *thinking of explicit is not—that's my forte in general, I think, umm I remember, and I get this one less and its not that implicit anymore now that they're saying it but I get the how young are you thing less now that I have a bigger beard so
(laughter) maybe Dr. Hartman is getting that one again I'm not sure now he had to shave but (laughter)
now I mean, if anything else like I said—like the earlier ones, it's kind of that, the other side of implicit bias of people assuming that you're, I know what I'm doing, people assuming like that I'm the one in charge, the doctor, you know those things that just come by being the white man in the room, umm…you know try—I, I definitely notice like people talking more towards me or looking to me even like when you know someone's on the patient and I'm the person just siting in the corner typing because I'm a third year now, so I'm not like directly in there and patients like asking their questions more toward my corner of the room and stuff and it's umm it's…actually it's a lot of the rooms that happens in so…

bias= age

bias= gender

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

(27:22)

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

F1: Ok

R4: I am here finally

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

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

Response to IAT = surprised
bias = obesity
self-awareness

F1: Mhmm

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

barrier = judgment

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

R1: I, I honestly don't even remember what I scored but I think, I think…

F1: Let me get it out for you

(laughter)

R1: I think, I think what's helped me in terms of the training is kind of what R5 already said like pretty eloquently, it's just talking about it, just making myself aware about it beforehand I think has probably been the best thing for me because at least now when I'm looking at a chart before I go in the room I at least can think about it and I at least can be aware of, the fact that it's even there so I can try to address it as best I can beforehand and I think that's probably been of the most helpful things for me.

Self awareness

challenge assumptions

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

(30:26)

R3: There we go, I have, I live downtown and so I have so many like fire engines going by right here and stuff so I forget to take that off...I don't think I was necessarily surprised by my result, I guess I was maybe a little pleasantly surprised overall, I think it fit basically with what I kind of had thought I was gonna score on it, I definitely wish I had done like a couple other ones to see in general like how other things are, I've only taken a couple right now like the race one and I've taken the age one way back a long time ago...and umm it was just funny cause the person ***(inaudible) and I actually had a bias towards elderly people, so that was kind of interesting
(laughter) but...umm I don't know, I mean I think this came really, this like more specific training came really late in my training in med school--in residency and then I think I was probably the last week before the lockdowns hit is when I did my...thing...

response IAT= ok slightly surprised

bias= age

barrier= training

F1: Yeah

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

F1: Practice

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

barrier= COVID

F1: what kinds of things?

R3: yeah...

F1: You hate Telehealth calls?

R3: Sorry what?

F1: You hate the Telehealth calls?

R3: I actually don't mind it too too much, it would be nice to have more video but it's just more, the constant, the constant changes leading to the constant low level stress kind of going on so

barriers COVID

F1: Yeah

(32:03)

R3: it was interesting like to work with more people without seeing their faces and trying to just look into like inflections and these things and you know losing all those other stuff, then we do kind of subconsciously of which, like you know everything, you know all of their like expressions and everything that goes into…not having that's been interesting so

F1: In Claremont county, F2 and I are the only people wearing masks, so like people are staring at me at Walmart or Kroger, like why you wearing a mask? You know we're free now, you don't have to do that it's your choice. (muffled-hands covering mouth)- This is my choice, go away
(laughter) R2 how about you? Training since you've had it, has it impacted your clinical practice? Made you more aware?

R2: Yeah absolutely also echoing a lot of R5's initial comments, just raising the awareness is so critical, like when you're starting to have thoughts, feelings, sentiments, being able to pause and recognize and reflect on what you're feeling and try to understand why…and I have a couple times found myself in the middle of a patient encounter and I'm listening and typing and starting to feel a certain way, kind of pause and try to just like reset, see them as a person and not try to get any sort of ***(inaudible) wound up in it

self-awareness
challenge assumptions
individuation

F1: R4, can you participate? Are you there?

R4: Yeah I, I…

F1: Oh good Ok. So how, since you've had the implicit bias training has it impacted your clinical care practice at all?

R5: I think she went first

F1: Oh she already answered, R4…I can't keep track of all this…

mindfulness

perspective taking

wellness?

bias= resistant to change

perspective taking

individuation

R5: Yeah I think I might be the last one, so you know, I think the things that I carried over are some of the umm…lessons that I'm not gonna be able to call to mind, just like bringing mindfulness, looking for shared ground or like common experiences and…like imagining like you're in their shoes kind of thing, and I, I think those are things that I came to residency some, somewhat doing but I think, I think it's especially to avoid like becoming burnt out or dated that those are practices we need to implement throughout our career…and so for me particularly for those…for the patients where I did, where I might have that reaction and also just like a way to bring me closer to understanding or imagining all of my patients lives, which I think is what I really want to do because…you know it's absolutely 100% true, like R4 was saying, like If I have a negative bias towards someone that's not going to help me help them, it's just never going to…cause they're probably always going to feel some type of like, if they have good intuition…or like emotional language they're going to feel that, so…yeah, so I think for me it's kind of like taking that deep breath before each room, like before each encounter and kind of like trying to remember what it's like for that person no matter who they are, cause--and I think coronavirus has done a really nice of job of reminding us that we're all humans, we're all on the same playing field and that the inequalities and things that exist really do need to stop because…I mean that's been obvious to many of us for a long time but I think coronavirus highlights it even further

(36:12)

F1: Yeah agreed, I guess I was just doing my implicit bias when I said F2 and I were the only ones wearing masks
(laughter)

F2: I almost pointed at you yes, good example, good example

F1: what, of me doing implicit bias? Yeah

F2: *Claremont county peeps yes
(laughter)

F1: I've lived with someone who thinks it's a conspiracy theory, so it's a way to reset the economy, do know anyone even who even knows anyone whose had coronavirus, get that question all the time, now I can finally say yes, I do know someone who has a mother-in-law with coronavirus, actually our chair's first son and his wife had coronavirus, so yeah I know people

R4: Plenty of people have had it I'm sure

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

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

response to IAT = Doubted surprised

bias = * religion

self-awareness

(38:56)

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

R3: Probably had what?

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

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

F1: And yours was probably the most recent right

R3: I know, I know yeah

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

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

self-awareness

barrier = training practice

F1: Ok, oh I'm sorry

R1: So it's been tough. No that's it.

F1: R2, how about you? Do you remember the change?

(40:23)

R2: Yeah and I think initially mine was more related to like in the office or in clinical situations, so I think initially it was easier to accomplish and then there was a longer period of time with everything going on and then everything got flipped and turned upside down so I haven't been able to focus on it as much...in recent weeks

barrier = COVID/ change

F1: I'm gonna pick on R5, if she has a minute still to talk, did you make a change? Did you remember your change?...you're muted

R5: I, I don't remember my specific change, like I think what it did is sparked me to be more active in my awareness and my mindfulness, like if I chose something it was probably around being mindful...and...I think I have caught myself, recognizing that the way I scan people with my eyes is sometimes different depending on how similar they ar--I evaluate them to be, to be to me...and if there similar to be like I probably like have a slightly more, like favorable or connected feeling that arises, so I'm just a little more aware of that and so then I make an effort to recognize that that's not like what has anything to do with like connection...umm at its core...umm so I think that's that's the change I've noticed.

self-awareness mindfulness

bias = unfamiliar/ different?

F1: Ok...

R5: And I do have to go now I'm so sorry

F1: That's fine, that's fine

R5: Ok, thanks everybody

F1: *(inaudible) R4 did you remember the change?

R4: Yeah so my, the goal was for me was to try to whether, regardless of...what the pati--who the patient was, was to find some...some bit of common ground just like some shared common ground between each patient that I see...and I think I found that it was initially easier and then it got a lot harder when a lot of my visits when to telephone visits...I think that there's, I think a lot of that was

rapport?

barrier = COVID/ change

barrier= virtual

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

F1: Right

(43:03)

barrier= virtual

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

barrier= telehealth

F1: Ok

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

HV value

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

HV value= - bias

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

F1: Was that the pianist?

R4: Yeah

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

F1: Yeah that one

R2: Yup, I think it's the same patient
(laughter)

F1: Ok, oh boy we have like 6 minutes. Can we move to the themes?

F2: Do you think we have enough time for theme?

F1: Maybe one, or you might * (inaudible) what do you think?

(45:33)

F2: If, if you want to go for it I will share my screen with you guys and...we've done a...that's not what you want to see, we've done an initial qualitative analysis based on the eight reflections and the commitment-ship to change that we had initially and so these were the themes that came up, initially it was the category response to the test and you can read what, what kind of the coding subthemes were there...barriers, there were many, strategies, how are you going to overcome it or combat it, oh and R4 I guess you can't see so maybe I should be reading these I apologize...

R4: It's Ok
(laughter)

F2: R2 I know you're talented but
(laughter) so the barriers...

R4:I'm not *(inaudible)

F2: So the barriers are time, expectation, medical system, judgmental, hurry, efficient, frustration and uncomfortable, some of the strategies are self-awareness, introspection, challenging assumptions, mindfulness, empathy, individuation, perspective taking, rapport, interaction, listen, slowing down and making sure to ask open-ended questions. Assumptions and biases were homebound, quality of life, income, SES, age, hard of hearing, few resources resistant to change, we had three that actually came up with impact statements, reflecting and like how would this impact the home visit, person-centered was a theme, emotions-we had negative emotions, we had valuing and appreciation and we had comfort.

F1: ***(inaudible) pick a theme any theme, F2 pick a theme, one of them that, that was...

F2: I think we've talked about strategies a little bit like when we went over these and we've done...

F1: Yeah go ahead

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

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

(48:28)

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

F1: Versus in the office...R1?

HV value + more time - bias

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

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

HV value

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

bias = obesity

rapport interaction

F1: How about you R3?

+V value humanism +more bias

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

F1: R4 how about you?

(51:54)

+more time

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

mindful challenge assumptions humanism

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

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

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

mindfulness= present

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

present
self awareness
internal + external

to a lot…to a certain, to a lot ***what it means to me is being present to the moment of being aware of myself internally and then what surrounds me in the moment

F1: Ok, R2 what is mindfulness…to you?

(55:06)

mindfulness = present + purpose

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

F1: R1 how about you?

mindfulness = internal reflection
self-awareness

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

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

mindfulness = self-awareness
neutral thought

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

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

importance
SDH dialogue

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

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

F1: Yeah

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

* begin earlier in training

(58:28)

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

Thank you

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

R1: Thank you

F2: Have a good night you guys

Thank you, Thank you

F2: Get some dinner, go, go

Qualitative analysis 4/15/2020

1. Response to IAT
    a. Ok
    b. Counter-intuitive
    c. Doubted
    d. Surprised (2)
    e. Less surprising/consistent
    f. Did not expect to be that significant
2. Barriers
    a. Time
    b. Expectations
    c. Medical system
    d. Judgmental
    e. Hurry
    f. Efficient
    g. Frustration
    h. Uncomfortable
3. Strategies
    a. Self-awareness - character, feelings, motives, desires
    b. Introspection - mental + emotional processes
    c. Challenge assumptions
    d. Mindfulness
    e. *Empathy*
    f. Individuation/patient in front of you/humanism
    g. Perspective-taking
    h. Rapport/interaction
    i. Listen
    j. Slowing down
    k. Open-ended questions

    At this point, most common were perspective-taking, mindfulness/slowing down, introspection
4. Assumptions/Biases
    a. Homebound
    b. Quality of Life
    c. Income/SES
    d. Age
    e. Hard of hearing
    f. Few resources
    g. Resistant to change
5. Impact statement (3 at this point) (how reflecting on bias test impacted home visit)
6. Person-centered (process)
7. Emotions
    a. Negative emotions (*need to go back through those*)

b. Valuing/appreciation (*is this home visit specific?)*
c. Comfort

Additions to Focus group questions:

1. How do you describe/define mindfulness in this context? Is slowing down part of mindfulness or something separate? Reflection vs mindfulness?
2. Valuing/appreciation - is this home visit specific or having time to process the topics?