

4/24/20
GOODNOW¹

1 Implicit Bias Focus Group 1 (5/26/20)
2 Webex Meeting
3 Facilitator 1= F1, Facilitator 2 = F2, Resident 1 = R1, Resident 2 = R2
4 Resident 3 = R3, Resident 4 = R4, Resident 5 = R5
5
6 (00:00)
7 F1: So let me introduce myself since I don't remember you guys and you can
8 introduce yourself to me, now R1 are you a first year as well?
9
10 R1: Yes, I'm a first year, yup
11
12 F1: Alright, so I'm F1, I'm the director of the research division in family medicine,
13 I work with F2 and..you probably don't know anything about me either do you,
14 Morini, Dan...all the people in the research division. So I've been around for 29
15 years now, since I was a child and moved my way up from like graduate assistant
16 in 91 to research graduate, so its been a long hard climb but now I've made it to
17 the top, there's no place else to go but retirement...so...my background is I'm a
18 sociologist so I do qualitative research, focus groups and interviews, talk to key
19 informants and so I would like to at least hear a little bit about you just for a
20 minute, R2 do you wanna start, I know you all know each other but just tell me
21 like where you're going, what year you're in... so yeah
22
23 R2: Did you say where you're going or...where you grew up?
24
25 F1: What year are you in?
26
27 R2: Oh what year...I was like what...yeah first year intern
28
29 F1: How's it going so far?
30
31 R2: Pretty good
32
33 F1: Well you're almost done right, you're almost a second year (inaudible), will it
34 get harder?
35
36 R2: It'll be gradual
37
38 F1: Good alright, and R3
39
40 R3: I'm a third year resident from Wisconsin originally, St. Louis for
41 training...categorical so I'm graduating, and I'm doing Hospice and Palliative Care
42 fellowship at Christ next year with Dr. Hartman.
43
44

45 (02:14)
46
47 F1: oh you are!
48
49 R3: yup
50
51 F1: you'll get to work with my most favorite person in the world Dr. *(Smucker),
52
53 R3: hahah yeah
54
55 F1: He was our research director for many--several years and yeah... just love
56 him, and R1?
57
58 R1: Yup I'm a...
59
60 F1: what about you?
61
62 R1: yeah I'm also a first year resident with R2, almost second year can't believe it
63 but
64
65 F1: I know it goes fast but not not...
66
67 R1: Yes
68
69 F1: The days go slow, the year goes fast
70
71 R1: Absolutely, I'm from Akron did my training in Toledo, so...
72
73 F1: Ok
74
75 R1: Hitting every corner of Ohio so...
76
77 F1: I started off my career in Toledo I lasted a quarter and then I hated it, then I
78 moved to a really small college called *Loritz, that's still in Toledo but a little
79 suburb above that
80
81 R1: I had a buddy that played basketball there
82
83 F1: Played basketball there, they had a team?
84
85 R1: They did yeah, mhm
86

87 F1: I went the year after they went from all girls to just adding boys, so, all the
88 nuns were just a flurry..."gonna have men this year" ...so, it was cute, very cute.
89 Ok
90
91 (03:39)
92
93 so we have a few ground rules which you guys are tired and probably more
94 *(inaudible) will do anyway, But I like to talk--let one person talk at a time and
95 listen to what people are saying so that you can react or--not react, so you can
96 support or deny, be willing to take a risk...you know talking about racial bias can
97 be really sensitive for people and many people have a difficult time talking about
98 it, maybe not so much in your generation...validate the perspective and opinion
99 of others that's why you'd want to be an active listener and there are no wrong
100 answers, we want to hear different opinions and your story basically and
101 whatever you say stays in the room, it's only for research purposes...anything
102 that we record is gonna be in a group so...I know there's like three of you, I can't
103 promise that total quiet but I can be confidential and so can you I hope, any
104 questions before we get started?..Nop, Ok... and there's--who just
105 came?...alright, is she another first year? What?
106
107 R4: (inaudible)
108
109 F1: R5 are you there?
110
111 R4: Yeah I just got on, hold on
112
113 F2: R5, hello
114
115 R4: hi
116
117 F1: I was just introducing myself, I'm gonna be running the focus group, I'm F1.
118 The director of the research division
119
120 R4: Hi F1, I'm R4, I'm uhh a second year resident
121
122 F1: Ok, almost a third, are you family med or family...
123
124 R4: Yeah I'm family med
125
126 F1: One more year to go. Alright, I was just telling the ground rules, be an active
127 listener, kind of stay in the group as much as you can, take a risk, there are no
128 wrong answers, we are looking for a range of opinions and experiences...seek to
129 respect each other as physicians and residents, you know...do that and hopefully
130 this discussion is gonna better help us understand more experience of implicit

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

barriers =
time

barriers =
time

experiential
learning

barriers =
time

uncomfortable
judgments

* barrier =
buy-in

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 ^(male) 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 observational experience
 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

neg. emotions

Self-awareness

personal experience

bias = gender

* overt

assumption =
* drug seeking

bias = race

bias = gender

explicit bias

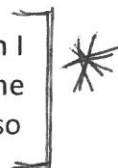
assumption =
resistant to
change

neg. emotions

~~personal experience~~ Explicit

barrier =
Judgments!

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



222
223

224 (13:52)

225

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

234

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

240

241 F1: Uhuh

242

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

252

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

254

255 R5: Good, how are you?

256

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

258

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

260

261 F1: I can hear you fine

262

barrier =
medical
system
(telehealth)
barrier = frustration
barrier = neg. emotion
barrier = time

263 R5: Fine...yeah sorry
 264
 265 F1: How about you? Have you ever you know 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
 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]
 288
 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
 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
 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

barrier =
judgments

barrier =
stigma

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...

315
 316 F1: Mhmm

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 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

326
 327 (20:22)

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

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
 340 F1: Ok

341
 342 R5: So that's happened

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?

bias =
 * obesity
 * assumption =
 * lack self
 care

strategies
 challenge
 assumptions

self-
 awareness

bias =
 gender

bias =
 * personality
 trait

351
 352 * R2: Yeah, like I had mentioned the nurse thing before before R5 joined and then
 353 ethnically...umm that's definitely happened throughout my life like I went to
 354 Notre dame for undergrad, that's like the most I've ever felt it coming from a like
 355 a diverse New York high school and then going to Notre Dame it happened a lot,
 356 And then even *** (inaudible) I think it must've been at Children's somewhere,
 357 where I have the little badge that says I'm like bilingual qualified person and was
 358 speaking with families and like people, there was some people that like assumed
 359 that I was the the interpreter and were like "oh can you", like they didn't realize
 360 that I was the doctor and they thought I was like the little interpreter worker

361
 362 F1: [laughing]

363
 364 R2: Inaudible***done also

365
 366 F1: I guess I, just personally, how are you treated as a doctor being this you know
 367 short kind of soft spoken women...have you been, you said you've been talked
 368 about as a nurse, anybody think you're a student?

369
 370 (23:12)

371
 372 R2: Yeah all the time and I'm not really that far from a student so they're not
 373 wrong, I'm still learning

374
 375 F1: No I mean younger than that cause you look really young.
 376 (laughter)

377
 378 R2: Oh Yeah I get that a lot too where I walk in and they're like "What are you
 379 12?"

380 (laughter)

381 Like *** (in front of) the whole team too, last month actually someone was--he
 382 needed an interpreter for a very interesting language and he's like "you, you are
 383 13"

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

388 (laughter) so, size and age appearance doesn't always matter

389
 390 F1: Yeah right good, that's good. How about you R1? ...Ever experienced implicit
 391 bias?

392
 393 R1: Yeah, yeah so luckily it hasn't been too much to my face I don't think, at least
 394 during this residency...

bias =
 race
 age bias
 personal
 experience

bias =
 age

bias =
 stature

395

396 F1: Yeah

397

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
 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

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
 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,
 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
 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
 436 stuff and it's umm it's...actually it's a lot of the rooms that happens in so...

437

bias =
gender
barrier =
in comfort
personal
experience

strategy =
* acceptance

bias =
age

bias =
gender
observational
bias

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

Response
to
IAT=
surprised
bias=
obesity
self-awareness

barrier=
judgment

*

482 (laughter)
 483
 484 R1: I think, I think what's helped me in terms of the training is kind of what R5
 485 already said like pretty eloquently, it's just talking about it, just making myself
 486 aware about it beforehand I think has probably been the best thing for me
 487 because at least now when I'm looking at a chart before I go in the room I at
 488 least can think about it and I at least can be aware of, the fact that it's even there
 489 so I can try to address it as best I can beforehand and I think that's probably
 490 been of the most helpful things for me.
 491
 492 F1: R3, how about you?...muted
 493
 494 (30:26)
 495
 496 R3: There we go, I have, I live downtown and so I have so many like fire engines
 497 going by right here and stuff so I forget to take that off...I don't think I was
 498 necessarily surprised by my result, I guess I was maybe a little pleasantly
 499 surprised overall, I think it fit basically with what I kind of had thought I was
 500 gonna score on it, I definitely wish I had done like a couple other ones to see in
 501 general like how other things are, I've only taken a couple right now like the race
 502 one and I've taken the age one way back a long time ago...and umm it was just
 503 funny cause the person *******(inaudible) and I actually had a bias towards elderly
 504 people, so that was kind of interesting
 505 (laughter) but...umm I don't know, I mean I think this came really, this like more
 506 specific training came really late in my training in med school--in residency and
 507 then I think I was probably the last week before the lockdowns hit is when I did
 508 my...thing...
 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?

*Self awareness**challenge
assumption**response (AT)=
ok
nicely
surprised**bias=
age**banner=
training**banner=
COVID*

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

banned
COVID

self-awareness
 challenge
 assumption
 individualization
 slowing down

*

mindfulness
perspective
taking
wellness?

bias =
resistant to
change

perspective
taking
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...

response
to IAT=
Doubtful
surprised

* bias=
religion

Self-awareness

Self-awareness

barrier=
training
practice



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

barrier =
COVID/
change

Self-awareness
mindfulness

bias
unfamiliar/
different?

rapport?

barrier =
COVID/
change



barrier=
virtual

barrier=
virtual

barrier=
telehealth

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 persons 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 than 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...

HV value=
- bias
Rapport/
intimacy

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

744 F1: Ok, oh boy we have like 6 minutes. Can we move to the themes?
745
746 F2: Do you think we have enough time for theme?
747
748 F1: Maybe one, or you might * (inaudible) what do you think?
749
750 (45:33)
751
752 F2: If, if you want to go for it I will share my screen with you guys and...we've
753 done a...that's not what you want to see, we've done an initial qualitative
754 analysis based on the eight reflections and the commitment-ship to change that
755 we had initially and so these were the themes that came up, initially it was the
756 category response to the test and you can read what, what kind of the coding
757 subthemes were there...barriers, there were many, strategies, how are you going
758 to overcome it or combat it, oh and R4 I guess you can't see so maybe I should
759 be reading these I apologize...
760
761 R4: It's Ok
762 (laughter)
763
764 F2: R2 I know you're talented but
765 (laughter) so the barriers...
766
767 R4: I'm not *(inaudible)
768
769 F2: So the barriers are time, expectation, medical system, judgmental, hurry,
770 efficient, frustration and uncomfortable, some of the strategies are self-
771 awareness, introspection, challenging assumptions, mindfulness, empathy,
772 individuation, perspective taking, rapport, interaction, listen, slowing down and
773 making sure to ask open-ended questions. Assumptions and biases were
774 homebound, quality of life, income, SES, age, hard of hearing, few resources
775 resistant to change, we had three that actually came up with impact statements,
776 reflecting and like how would this impact the home visit, person-centered was a
777 theme, emotions-we had negative emotions, we had valuing and appreciation
778 and we had comfort.
779
780 F1: ***(inaudible) pick a theme any theme, F2 pick a theme, one of them that,
781 that was...
782
783 F2: I think we've talked about strategies a little bit like when we went over these
784 and we've done...
785
786 F1: Yeah go ahead
787

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

Handwritten note: HV value more time - bias

Handwritten note: HV value

Handwritten note: bias = obesity

Handwritten note: rapport interaction

*

*

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)

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

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

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

the value
humanism
more bias

more time

mindful
challenge
assumptions
humanism

mindfulness=
present

present
self awareness of
internal +
external

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

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

mindfulness =
present +
purpose

882 (55:06)
883

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

mindfulness
internal
reflection

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

self-awareness

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

mindfulness =
self-awareness
neutral
thought

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

importance
SDH
dialogue

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

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

*begin
earlier in
training*