Using Simulation Strategies To Teach Gender, Diversity and Discrimination: A Simple Approach For Complicated Conversations.
Collaborative Panel

• This presentation represents a collaboration between the following Academies:
  – Simulation
  – Diversity and Inclusion in EM
  – Women in Academic EM
Dislcosures

- Michael Falk: currently collaborating with Health Scholars on VR technologies
- Lexie Manix: Founder of SheMD Llc
Outline For the Workshop.

• Discuss key concepts on teaching topics on gender, gender identity, diversity, sexual orientation and harassment

• How faculty can use simulation to teach these issues to trainees and healthcare providers in EM

• Demonstrate how to teach these concepts using simulation

• Discuss and debrief the audience following the simulation

• Conclude with thoughts on how we can move forward in collaborative fashion
Why Diversity Matters

Joel Moll, MD
Residency Program Director, Associate Professor
Virginia Commonwealth University
Immediate Past President
SAEM Academy for Diversity and Inclusion in EM
Disclosures
QUALITY CARE IS EQUITABLE CARE
Domains of quality

- Safe
- Effective
- Patient Centered
- Timely
- Efficient
- Equitable
• “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion”
ACGME makes it CLER

“Quality Improvement—including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes”
Equality or Equity

HISTORY CASTS A LONG SHADOW
The New York Times

Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

The study was conducted to determine from autopsies what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Merlin K. DuVal, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men,
Changing Face of U.S.

U.S. Census Bureau projections for U.S. population under age 18 years, 2012 versus 2060.

In the next 50 years, there will be a majority-minority shift in the U.S. population. Among the population under age 18, whites will decrease from 53% in 2012 to 33% in 2060. Hispanics will increase from 24% to 38%.

Is Medicine Changing?
Number of black or African-American male medical school applicants (bars) versus percentage of black or African-American applicants who matriculated (line), 1978–2014.
EM and Race in Medicine

% White


ACGME Data Resource Book 2016-17
EM and Women in Medicine

% Women

ACGME Data Resource Book 2016-17
ALLIES MATTER
The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
INTOLERANCE MATTERS
Structural stigma and all-cause mortality in sexual minority populations

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Minority Stress Model

• **Minority stress** describes chronically high levels of stress faced by members of stigmatized groups

• Anxiety, depression, worse health outcomes

• Will my health care provider not like me or treat me differently?

• Prior negative experiences are carried with patients into the health care interactions!!
Provider Education Matters

BRIEF REPORT

The Prevalence of Lesbian, Gay, Bisexual, and Transgender Health Education and Training in Emergency Medicine Residency Programs: What Do We Know?

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Abstract

Background: The Institute of Medicine's 2004 report on the health of lesbian, gay, bisexual, and transgender (LGBT) individuals noted that LGBT people who are at risk for chronic disease, HIV/AIDS, gender-identity disorder, and gender-related health care disparities. LGBT-related content is necessary to ensure that emergency medicine residency programs provide adequate training in LGBT patient care. LGBT-related content has been included in residency education and guidelines, but little is known about LGBT-related content in emergency medicine residency programs.

Objectives: To determine the extent to which emergency medicine residency programs include LGBT-related content in their curricula and to assess the methods used to incorporate LGBT-related content into residency education.

Methods: The study was conducted in 2016. A survey was sent to all 121 accredited emergency medicine residency programs in the United States. The survey included questions about the number and type of courses offered in LGBT-related content, the number of hours dedicated to LGBT-related content, and the methods used to incorporate LGBT-related content into residency education.

Results: Of the 121 programs surveyed, 117 (97%) responded. A total of 56 programs (47%) reported offering at least one course in LGBT-related content. The mean number of hours dedicated to LGBT-related content was 23.5 hours (range: 0-120 hours). The most common methods used to incorporate LGBT-related content into residency education were the inclusion of LGBT-related content in existing courses (80%), the creation of new courses (50%), and the inclusion of LGBT-related content in case scenarios (40%).

Conclusions: The prevalence of LGBT-related content in emergency medicine residency programs is low. Further education and training in LGBT-related content is needed to ensure that emergency medicine residents are adequately prepared to provide care to LGBT patients. A detailed analysis of the survey results is available in the full report.

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TAKE HOME
Diversity Matters

• We are incredibly diverse
• We are incredible because we are diverse
• Visibility Matters More than Ever
• Cultural competency improves care
• Familiarity=understanding
“It takes no compromise to give people their rights...it takes no money to respect the individual. It takes no political deal to give people freedom. It takes no survey to remove repression.”
—Harvey Milk

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Simulation for Diversity and Inclusion
Introduction

• Simulation essential part of modern EM education
• Is important tool for teaching communication
• If we can to teach communication in an emergency situation, why not other scenarios?
Simulation for Communication and Interpersonal Skills

- High Fidelity Patient Simulators
- Standardized Patients/Participants
- Is an excellent tool to teach communication and to reveal errors in communication
Need for Training

- **ACGME**
  Domain: Interpersonal and Communication Skills
  Domain: Professionalism

- **EM Milestones**
  20. Professional values (PROF1)
  21. Accountability (PROF2)
  22. Patient Centered Communication (ICS1)
  23. Team Management (ICS2)
What is the Evidence?

• Survey 2018 → Simulation can be used for remediation of Communication and Interpersonal Skills and Professionalism

• Milestones 20-23 most amenable to Simulation didactics and Simulation Based Assessment
  – Nadir et al., 2018, ACGME Milestone Project
Simulation Breaking Bad News

- Anesthesia residents scores and comfort with delivery of bad news improved after Simulation Based role playing.

- NICU fellows and Pediatric residents, improved scores and self-assessment after Simulation based training on BBN
  - Karam et al., 2017; Ghoneim et al., 2018; Tobler et al., 2014
What is the Evidence

- Longitudinal Skills Course for Medical Students, utilizing Simulated Difficult Patient/Situation Encounters
- Students tasked with breaking bad news and answering difficult questions
- Nurse educators have more experience using simulation to teach patient-centered care
Evidence: Student Self-Reflections

“I found it very useful to have experience with one "calmer and more composed" patient and one patient that could very well act "flying off the handle."

“I wound up applying the advice given by one of the SPs on "the human touch" this same afternoon and immediately noticed patients feeling a stronger and more open connection with me. For a character like that me that doesn't have much experience with "the human touch," I found it fascinating that just moving my position by a few millimeters or having a light touch on the elbow or the knee made such a significant difference”
What is the Tie in?

Simulation for uncovering implicit bias?

Simulation training for two SP with ACS:
One homeless, poorly dressed alcoholic patient
One high level white collar executive

- Students assigned to latter, consistently showed better communication scores when assessed
- Had no insight into this
- Brought out in debriefing

Petit et al, 2017
References


- Bauchat JR, Seropian M & Jeffries PR Clinical Simulation in Nursing (2016) 12, 356-359
Scenario discussion

- Some questions to start a conversation
  - What approach do you take to debriefing cases like this?
  - Have you ever used sim to teach these concepts? Will you now consider it? If no, why not?
  - What strategies do you have to teach and debrief around sensitive issues?
  - Can you provide an example of barriers you have encountered teaching these topics? How did you overcome it?
Final Thoughts

• Is there a way that we can collaborate to test these concepts and see if they can actually change behaviors?
  – Anything we could do better?
  – Thoughts moving forward?

• Thank you all for participating!!