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Title

Moving Beyond Inquiry: Clinician Training Opportunities to Promote Racial Justice in Clinical Care

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: The Presence 5 for Racial Justice (P5RJ), an adaptation of the Stanford Presence 5 framework practices, comprises anti-racism clinician communication practices that promote health equity and build trusting relationships with Black patients.

Objective: We sought to identify specific statements and actions that clinicians use to promote racial justice in their clinical care.

Study Design: Mixed-methods analysis of a survey, using deductive and inductive approaches to identify themes in qualitative data.

Dataset: N=53 specific phrases provided in response to open-ended survey prompts related to the P5RJ practices.

Population studied: N=50 respondents (27 clinicians, 17 medical trainees, and 6 unreported) recruited through convenience sampling and listservs of clinicians with expertise in diversity, equity, and inclusion. Respondents identified as Asian (9), Black/African American (10), Hispanic/Latinx/Spanish Origin (4), White/Caucasian (20), Write-in (1), and more than one race/ethnicity (6).

Outcome Measures: Clinician statements were mapped to P5RJ domains and were categorized using Goffman's communication theory as 1) inquiry (e.g. "What effect (if any) do you feel race has had on your health or your interactions with the health care system?"), 2) self-accountability (e.g. "I am sorry I made that assumption"), 3) empathetic statements (e.g. "You seem sad, but maybe I am misinterpreting that. How are you feeling?"), and/or 4) statements of allyship (e.g. "Would you let me know if you feel you can't speak up and I will speak up for you?").

Results: Across all five practices, "Inquiry" was the predominant theme identified (58.5%), followed by "Empathy" (24.5%), "Statements of Allyship" (9.4%), and "Self-Accountability" (7.5%). 94% of

respondents indicated diversity, equity, and inclusion involvement, and all respondents who provided specific phrases were in this category.

Conclusions: Clinicians and medical trainees alike use inquiry as a predominant communication practice when addressing racism and promoting health equity. This may be due to a higher comfort level given the central role of question-asking during history-taking in medical training and clinical care. Our findings suggest an opportunity to focus anti-racism communication training on statements of empathy, self-accountability, and allyship. Future research is needed to evaluate patient preferences on appropriate types of clinician statements to promote health equity in clinical care.