EMSC
Emergency Medical Services for Children

Additional Resources for ABCs of EDI for Clinical Caregivers

(Equity, Diversity, Inclusion)

REMEMBER YOUR ABC'S OF EDI!

See Dr. Kenshata Watkins present the ABCs of EDI **here**!

You may be asking, "Why does this matter? As an emergency provider, I don't get to choose who I take care of moment to moment," or feel that you "treat everyone equally and according to protocols."

You're absolutely correct. Emergency care providers (prehospital and beyond) don't choose the population they care for day to day. However, decades of data examining the way we "treat patients equally" tells us that each aspect of care is impacted by bias, ranging from system protocols to individuals. Bias is an inclination or preference, especially one that interferes with impartial judgment. Biases can be negative or positive (affinity bias) and can be innate or learned. People may develop biases for or against an individual, a group, or a belief. However, protocols, systems, and individuals can serve as a vital checkpoint to extinguish bias. Bias includes more than race; it also includes the neighborhood in which a patient lives, presence of a disability, their disease process, or even the number of times a provider has interacted with the patient for a condition. We all have biases, and it is important to recognize our own biases through mindful reflection. This is first step to addressing biases and providing equal care.

Airway-Breathing-Circulation (ABC's) are integral to emergency care. They guide our diagnostic approach and management for all patients. Using a similar framework, the EDI ABC's seeks to raise EDI basics to this level of importance, and to help them become second nature to providers.

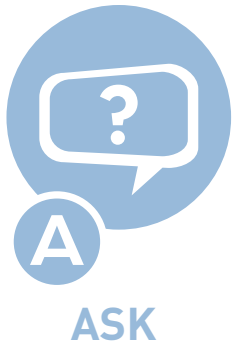| A	B	C	D	E
ASK	**BE**	**CHECK**	**DOCUMENT**	**EQUITABLE**
Ask your patient how they identify.	Be an ally.	Check your biases.	Document appropriately.	Equitable care engagement.

ASK YOUR PATIENT HOW THEY IDENTIFY

- Resist the urge to assume.
- Is it offensive to ask? For every person offended by the question expect 10 times as many to be either be grateful that you asked or intrigued at the inquiry.
- Remember we're all learning.

ASK

Why should you ask your patient how they identify?

- Institute of Medicine (US) Board on the Health of Select Populations. Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Workshop Summary. Washington (DC): National Academies Press (US); 2013. 2, Clinical Rationale for Collecting Sexual Orientation and Gender Identity Data. Available from: **https://www.ncbi.nlm.nih.gov/books/NBK154075/**
- Fenway Institute
  Asking Patients Questions about Sexual Orientation and Gender Identity in Clinical Settings: A Study in Four Health Centers

How should you ask your patient how they identify?

- CDC
  Collecting Sexual Orientation and Gender Identity Information
- Patient-Centered Outcomes Research Institute
  Comparing Ways to Ask Patients about Sexual Orientation and Gender Identity in the Emergency Room -- The EQUALITY Study

BE AN ALLY

- Ally: uses privilege and/or social standing to advocate for other others who may not have the same access or privilege
- Allyship is an active process.
- Pushing through our discomfort and using our voices/pens to show up for others, whether it's a co-worker or a family member.
- Advocating for better care for our most vulnerable improves care for everyone.
- Optional Assignment: Role play with team members. How would you address a colleague in a manner that encouraged openness, honesty, and empathy?

BE

Why should you be an ally?

- BMC Psychiatry
  The effect of clinician-patient alliance and communication on treatment adherence in mental health care: a systematic review - PMC
- Science Direct
  Allyship: an incremental approach to addressing microaggressions in medicine - ScienceDirect
- Association of Clinicians for the Underserved
  Webinar: Alliance Building as a Means Toward Health Equity

How should you be an ally?

- Alberta Health Services
  Diversity and Inclusion Best Practice Guide Being an Ally
- AMA Journal of Ethics
  How Should Clinicians Ally With Patients Whose Health Is Unlikely to Be Improved by Even Numerous Clinical Encounters? | Journal of Ethics
- BMC Public Health
  The coin model of privilege and critical allyship: implications for health
  Includes principles of practicing critical allyship
- BMJ Leader
  Trans allyship in healthcare – what 'good' looks like by William Ballard, Tom Gardiner and Rob Cullum – The official blog of BMJ Leader
- NEJM Catalyst
  Unlocking the Power of Allyship: Giving Health Care Workers the Tools to Take Action Against Inequities and Racism

CHECK YOUR BIASES

CHECK

- Bias: Explicit, Implicit (Unconscious)
- Some types of bias include : Race/ethnicity, Sexual Orientation, Gender, Weight, Age, Socioeconomic Status, Disability
- Acknowledge the role of bias in decision making
- Discuss with colleagues, and journal your experience
- Self-accountability
- Optional Activity: Consider what biases someone may have against you, and how this might affect the care you receive.

Why should you check your biases?

- Annual Review of Public Health
  Eliminating Explicit and Implicit Biases in Health Care: Evidence and Research Needs
- BMC Medical Ethics
  Implicit bias in healthcare professionals: a systematic review
  BMC Medical Ethics | Full Text
- Deloitte
  Rethinking when and how to use race appropriately in care delivery
- American Psychological Association
  How does implicit bias by physicians affect patients' health care?
- The Joint Commission
  Quick Safety 23: Implicit bias in health care - Joint Commission
- PEW Charitable Trusts
  With Implicit Bias Hurting Patients, Some States Train Doctors | The Pew Charitable Trusts

How should you check your biases?

- UNC School of Medicine
  Implicit Bias & What to do about it | Department of Health Sciences
- Duke Health | Referring Physicians
  Recognizing, Addressing Unintended Gender Bias in Patient Care
  Duke Health Referring Physicians
- Journal of General Internal Medicine
  Addressing Biases in Patient Care with The 5Rs of Cultural Humility, a Clinician Coaching Tool - PMC
- AAMC (Additional Resources Section)
  Unconscious Bias Resources for Health Professionals | AAMC
- Medical News Today
  Biases in healthcare: Types, examples, overcoming bias
- Oxford Academic | The Journal of Infectious Diseases
  Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It
  The Journal of Infectious Diseases | Oxford Academic
- AMA
  4 widespread cognitive biases and how doctors can overcome them

DOCUMENT APPROPRIATELY

DOCUMENT

- Power of accurate documentation of demographics
- Tells us what we're doing right
- Ensures quality and equity
- Use person-first language because a person is not equal to disease
- Example: "Person with sickle cell" NOT "Sickler"
- Optional Activity: Examine your last 2 patient encounter notes. Are there any changes you would make to your language to reflect the "person first" approach?

Why should you document appropriately?

- JAMA Network
  Physician Use of Stigmatizing Language in Patient Medical Records Electronic Health Records | JAMA Network Open
- Journal of Graduate Medical Education
  There Is No Denying It, Our Medical Language Needs an Update - PMC
- Psychiatry Online
  Negative Language in Medical Records More Common for Black Patients Psychiatric News
- Health Affairs
  Negative Patient Descriptors: Documenting Racial Bias In The Electronic Health Record

How should you document appropriately?

- Center for the History of Medicine: Policies & Procedures Manual
  Guidelines for Inclusive and Conscientious Description - CHoM Manual - Harvard Wiki
- CDC
  Preferred Terms for Select Population Groups & Communities Gateway to Health Communication | CDC
- Northwestern | The Family Institute
  Inclusive Language Guide | Counseling@Northwestern
- Reviewed by the Stanford Disability Initiative Board
  Disability Language Guide
- National Center on Disability and Journalism
  Disability Language Style Guide
- Forbes
  Here Are Some Dos And Don'ts Of Disability Language

EQUITABLE CARE MANAGEMENT

- Are we listening to our patients, muting our bias?
- Awareness of disparity literature
- Replacing blame with accountability
- Optional Activity: Has there been a time where you received or witnessed inequitable care/treatment? How did you respond?

EQUITABLE

Why should you practice equitable care management?

- AAMC
  Why Health Equity Matters in an Era of Health Care Transformation | AAMC
- American Hospital Association (AHA)
  How equity impacts the patient experience | AHA News
- Health Affairs
  Health Care's Many Roles In Raising The Bar For Equity
- Kaiser Family Foundation
  Use of Race in Clinical Diagnosis and Decision Making: Overview and Implications | KFF
- National Academy of Medicine
  An Equity Agenda for the Field of Health Care Quality Improvement - National Academy of Medicine.
- Wolters Kluwer
  Developing clinical empathy to improve health equity | Wolters Kluwer
- The Joint Commission
  Health Care Equity | The Joint Commission
- McKinsey
  Health equity: A framework for the epidemiology of care | McKinsey
- Annals of Internal Medicine
  Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper | Annals of Internal Medicine

How should you practice equitable care management?

- Mass General Brigham
  Making Clinical Care More Equitable | Mass General Brigham
- The Brookings Institution
  5 building blocks to help achieve greater health equity
- Harvard Business Review
  Equitable Health Care Requires Inclusive Language
- The American Journal of the Medical Sciences
  Achieving Equity in an Evolving Healthcare System: Opportunities and Challenges - PMC
- AMA
  6 ways to make behavioral health care more equitable in practice | American Medical Association
- The AIDS Institute/ NYSDOH AIDS Institute Health Equity Competencies Clinical Work Group
  Health Equity Competencies for Health Care Providers
- UCSF School of Medicine
  Resources for Health Care Providers | UCSF School of Medicine
- CDC
  Advancing Health Equity in Chronic Disease Prevention and Management | CDC

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The EDI ABC's concept was created by Kenshata Watkins, former EMSC Advocacy Fellow/Scholar. Dr. Watkins is a Pediatric Emergency Medicine physician at the University of California, San Francisco (UCSF) Benioff Children's Hospitals.