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# Recommendations for Managing Patient Conflict Resolution for Audiologists and Graduate Clinicians

Shade Avery Kirjava, Au.D., ABA-C (they/them)

Ricardo Vallejo, B.S.Ed. (he/him)

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# Shade Kirjava, AuD, ABA-C

Shade Avery Kirjava (they/them) is a clinical audiologist in Los Angeles, California working in private practice. They are also a PhD student studying public health at the University of California, Irvine. Their research focus is hearing healthcare services research, and diversity, equity, and inclusion in clinical audiology.

# Ricardo Vallejo, BS

Ricardo Vallejo (he/him) is an AuD student at East Tennessee State University. He is currently completing his fourth-year audiology externship at The Children's Cochlear Implant Center at UNC. His clinical and research interests include pediatric cochlear implants, pediatric aural (re)habilitation, and diversity, equity, and inclusion in the field of audiology.

# Disclosures

- **Presenter Disclosure:** Financial: Shade Kirjava is a clinical audiologist in Los Angeles, California working in private practice. They received an honorarium for this course. Non-financial: Shade Kirjava has no relevant non-financial relationships to disclose. Financial: Ricardo Vallejo received an honorarium for this course. Non-financial: Ricardo Vallejo has no relevant non-financial relationships to disclose.
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# Learning Outcomes

After this course, participants will be able to:

- List populations at particularly high risk of prejudice and discrimination by audiology clinic patients.
- Identify patient words and actions that are prejudiced or discriminatory.
- Discuss how to apply de-escalation and redirection techniques with audiology clinic patients showing prejudice or discrimination against staff or providers.

# Positionality

- Shade Avery Kirjava is a vestibular audiologist working in private practice in Los Angeles, California, and a PhD student in public health
  - They identify as White, non-Hispanic, American, nonbinary, and asexual
- Ricardo Vallejo is an audiology doctoral student at East Tennessee State University
  - He identifies as a White, Latino, cis-gendered male, and gay
- Take 60 seconds to think about identities you have that are important to you

# Why Care?

- Most audiology students experience at least some bigotry during their program (English et al., 2022; Suswaram et al., 2022)
  - Students with historically marginalized identities are at higher risk of bigotry (Hoffman et al., 2009)
- Harassment is so common that “appropriate and safe working environments” was listed as one of ASHA’s public policy agenda items for the 2023 calendar year (ASHA, 2023)

# Why Care?

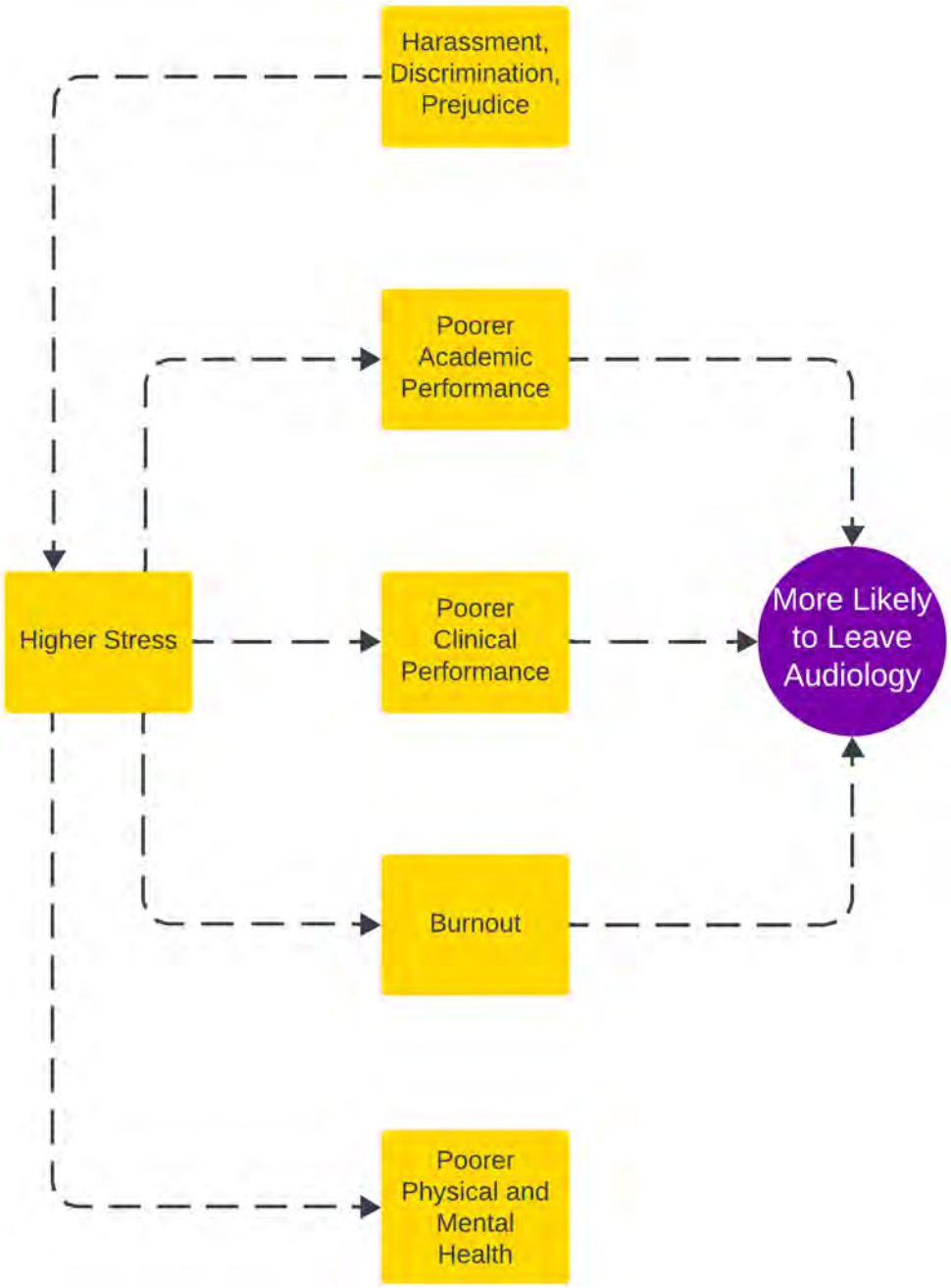
- Having diverse clinicians improves audiology
  - Patients often prefer seeing providers with the same identities they have (Boehmer & Case, 2004)
    - Brings in a new patient population
    - Can reduce systemic hearing healthcare disparities among marginalized populations (Jackson & Gracia, 2014; Malcolm et al., 2022)
  - Demographic change is causing a dearth of audiologists – there already aren't enough AuDs (ASHA, 2022c)
    - Failing to support diverse students will worsen the dearth of audiologists

# Why Care?

- Healthcare workers are 5x more likely to be injured by violence than other workers (U.S. Bureau of Labor Statistics, 2020)
  - Even more common since medical mistrust increased during the COVID-19 pandemic (Ramzi et al., 2022)
- Harassment is rarely reported by students out of fear for their career
  - Student clinicians aren't generally considered employees, they may not have the same discrimination protections employees have

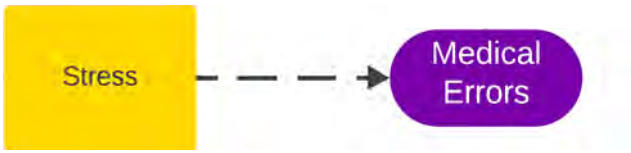
# Why Care?

- Hostile clinical experiences raise stress which causes (Korhonen et al., 2019, Guidi et al., 2021):
  - Poorer clinical and academic performance
  - Burnout
  - Anxiety and depression
  - Poorer physical health
  - Leaving clinical audiology



# Why Care?

- Hostile clinical experiences raise stress which causes (Korhonen et al., 2019, Guidi et al., 2021):
  - Higher rate of medical errors/adverse healthcare events
  - In audiology errors include:
    - Mistakes in earmold impressions
    - Mistakes in cerumen management
    - Missed diagnoses
    - Avoidable infections from poor infection control
    - Inaccurate documentation



# What Is It?

- In this talk, negative experiences are grouped together:
  - Prejudice is preconceived options based on prior beliefs, not facts
  - Discrimination is the act of treating someone unequally based on a perceived difference
  - Bigotry is obstinate or unreasonable attachment to a belief, opinion, or faction, in particular prejudice against a person or people on the basis of their membership of a particular group
  - Harassment is behavior that demeans, humiliates, and intimidates a person

# How Diverse Is Audiology?

- Sex segregation in audiology has gotten even worse in recent decades
  - Only 13% of AuDs are male as of 2021 (ASHA, 2022a)
  - Only 9% of first year AuD students are male (ASHA & Council of Academic Programs in Communication Sciences and Disorders, 2022a, 2022b)
- White people are ~62% of the American population but 94% of audiologists (Jones et al., 2021, ASHA, 2022a)

# Who Is At Risk of Harassment?

- Harassment can be (Fnais et al., 2014):
  - Verbal, 36% of incidents
  - Sexual, 33% of incidents
  - Physical, 15% of incidents
- Anyone can experience harassment in clinic
  - Anyone with an identity that is not in the majority or that is socially stigmatized is at higher risk
- Older adults are more likely to have prejudiced views of diverse people, so harassment may be more common in audiology than other disciplines (Kirjava, 2022)

# Who Is At Risk of Harassment?

- Women experience most harassment in healthcare (Fnais et al., 2014)
- People with visible minority religious identities (Fnais et al., 2014)
- Anyone who is not seen as white (Fnais et al., 2014).
  - Harassment against Asian people has been more common since COVID-19 (Shang et al., 2021)
  - Reported by (Filut et al., 2020):
    - ~65% of black physicians
    - ~24% of Latine physicians
    - ~40% of Asian physicians
    - ~18% of white physicians

# Who Is At Risk of Harassment?

- LGBTQ+ audiology clinicians
  - Particularly transgender folks
  - Often hidden in clinic out of fear of harassment
- People with disabilities
  - 6.5% of AuD students have a documented disability (ASHA & Council of Academic Programs in Communication Sciences and Disorders, 2022a)
  - Often hidden in clinic out of fear of harassment
- Immigrants
- People with several stigmatized identities experience intersectionality

# Recognizing Prejudice

- Case Study:
  - Diwa is a 2nd year AuD student who is starting her first day of her vestibular clinic rotation. She is bringing back the first patient of the morning per her supervisor's instruction. She introduces herself to the patient along the way. Upon entering the room with the patient where her clinical preceptor is waiting, the patient proceeds to ask, "Diwa? That's an interesting name... Where are you from?" Diwa politely answers that she is from San Diego California. The patient then asks, "No, where are you really from? You don't look like you are from here." Uncomfortable, Diwa proceeds to turn to her supervisor who then introduces herself. The appointment then begins as usual. After the end of the busy clinic day, Diwa's supervisor hastily hurries to her office to make a scheduled meeting. She tells Diwa to email her with any questions she may have.

# Recognizing Prejudice

- Identifying the discriminatory behavior
  - "Where are you from?"
- The intervention
  - Diwa's supervisor chose to divert attention away from the situation by introducing herself
- The aftermath
  - After a busy clinic, Diwa's supervisor had to quickly run to another commitment, therefore overlooking this encounter

# Recognizing Prejudice

- Take a second to think how this interaction may have affected Diwa as a budding clinician
- What feelings may arise?
  - Isolation or sense of inadequacy
  - Perception as a liability or burden
  - Detachment or disassociation from the event itself
- **No matter how big or small, events of discrimination or bias have the potential to have long-term consequences and effects on clinicians**

# Recognizing Prejudice

- Why may clinical preceptors choose an indirect approach?
  - They are uncomfortable with the situation, do not want to damage rapport with the patient, or do not want to be perceived as sensitive or judgmental (Angkaw & Hall-Clark, 2021; English et al., 2021)
- What are the consequences of not addressing this encounter?
  - The student clinician may perceive the supervisor's action as a lack of care for the student's well-being or as agreement with the displayed behavior
  - This patient behavior may become normalized; resulting in further discomfort for this student and others

# Preparing for Prejudice

- Allyship between clinical preceptors and graduate clinicians is essential in preparing for prejudice and maintaining mutually respectful relationships with one another and patients (English et al., 2022)
- Patient bigotry must never be ignored and should be addressed as soon as possible (Jouett, 2022)
- Clinical preceptors should normalize calling out prejudiced or discriminatory behavior when they encounter it to protect the safety of themselves and their students

# Preparing for Prejudice

- Effective communication between clinical preceptors and graduate clinicians is **critical**
- Clinical preceptors play a critical role in a student's clinical education
- **Clinical preceptors should meet with students at the start of their clinical rotations to discuss previous clinical experiences, current knowledge, goals, and expectations of one another**

# Preparing for Prejudice

- During this meeting, the clinical preceptor and graduate clinician should ensure the following areas are addressed:
  - Both parties are comfortable with the response approach chosen
  - Acknowledgment that it is difficult to predict when and how acts of discrimination/bias may occur
  - Acknowledgement that implementing a response that is 100% effective is not a guarantee
  - The student's comfort with intervening themselves
  - That the student's emotional and physical well-being are prioritized and that their education is valued
- **The critical component is acting with urgency to ensure the safety of those involved**

# Preparing for Prejudice

- Continued education on cultural sensitivity and multiculturalism is necessary considering the population's growing diversity, including in the workforce
- Various educational tools can be utilized such as:
  - DEI training tools
  - Implicit bias training modules
  - Simulated/virtual patients
- These educational tools may have a positive effect on reducing biases that contribute to healthcare disparities (Tillman et al., 2022; Cleland et al., 2009)

# Preparing for Prejudice

- Although concealing a stigmatized identity can reduce incidents of discrimination, it may also worsen stress, anxiety, depression, and burnout (Follmer et al., 2020)
- No clinician or staff member should have to conceal legitimate identities in the workplace
- No clinician or staff member should have to feel the need to educate others on their identity/ies in order to feel they belong in their work environment

# Responding to Prejudice

- Responding to discrimination in real-time is a challenge for many clinicians
- Many institutions often have existing grievance procedures to document various forms of harassment and discrimination for both patients and employees
- All clinicians should be familiarized with these procedures if they are in place
- Consider national organizations and their grievance procedures as well (ASHA, AAA)

# Responding to Prejudice

- **Redirecting responses**
  - This response strategy is designed to redirect unwanted patient behavior to the care being provided to the patient
  - Examples:
    - “I would like us to focus on our goals for today’s appointment. What are your goals that we can work on addressing, today?”
    - “I want to make sure we best utilize today’s appointment time to best address your hearing and communication goals. What concerns do you have?”

# Responding to Prejudice

- **Direct approach responses**
  - This response strategy directly labels the patient's behavior
  - Examples:
    - “We have a strict policy prohibiting the behavior you just showed. If you continue, I will have to end our appointment.”
    - "Are you discriminating against this student clinician based on their identity?"
  - Other direct approach responses include reporting the patient and their behavior to administration or transferring the patient to another institution or facility

# Responding to Prejudice

- **Reaffirmative responses**
  - This response strategy can be utilized to deter further unwanted behavior and reaffirm the clinicians' skills to provide this patient with the necessary care
  - Examples:
    - "I have no doubt that this student clinician can provide you with the highest standard of care today."
    - "This is a learning facility where students work directly alongside clinicians as part of their training. Please let me know if this will be an issue for you."
  - Depersonalizing the event for the involved clinicians
    - Reaffirming that the discriminatory behavior demonstrated is a reflection of the patient's values rather than of the involved clinician's skills or competence

# Responding to Prejudice

- **Rapport building responses**
  - This response strategy explores the patient's demonstrated behavior in more depth
  - This strategy may be best utilized to highlight how the behavior is irrelevant to the care being provided
  - Examples:
    - "May I ask why that makes you concerned about the care we are providing you today?
    - "Why is it you think that? Can you tell me a little more about what you mean?"
    - "I assure you that none of that will hinder us from providing you with the best standard of care."

# Responding to Prejudice

- Consider consulting with local agencies and organizations for support
- For student clinicians, the following resources may be particularly helpful:
  - Student legal services
  - Office of Diversity, Equity, and Inclusion
  - Student psychological services
- Consider reporting such behavior to that student's respective AuD program

# Thank you!

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