NaRCAD

National Resource Center
for Academic Detailing

Responding to Clinician Bias

A scripting tool for detailers to address bias during 1:1 visits.

How to Respond to Bias

Writing the Script

Examples of ways detailers can respond to clinician bias in healthcare settings. These examples can apply beyond the specific contexts below; please adapt to any situation!

1. The Fat-Phobic Clinician

"I can't believe patients keep coming back without having lost weight. They're clearly not trying hard enough, and not making healthy food choices."

- "Why do you think that is?"
- "What strategies have you already suggested that your patient has tried?"
- "Could there be other contributing factors you haven't considered?"
- "Have you had other patients that were successful? Why was that true?"
- "Are there resources in your area that can help them lose weight?"
- "It can be frustrating when you're trying to help your patients and they are not seeing results or meeting goals. What are some of the barriers you think your patients are encountering?"
- "It seems like you're really passionate about helping your patients. I commend you for that. What resources can I provide to help you and your patients see results?"
- "A lot of folks don't know what healthy food choices are!"
- "What barriers does your patient have that would impact making your suggested changes?"
- "What can we do to better support these patients?"
- "I hear what you are saying. I've heard that from other providers that what has helped them is…"
- "I understand your frustration. Do you notice anything other patients say that they have in common…"
- "You work with some patients losing weight, despite other people not having success."
- "Weight loss is really hard – what strategies are your patients using?"
- "What tools/apps have you suggested that your patients use?"
- "Have you shared [insert name of resources] with your patients?"
- "What other clinical considerations could be impacting their weight loss success?"
- Help bridge toward empathy: "We never really know what's going on below the surface – life events, food insecurity and options, etc."
- "Food costs have gone up and sometimes it's more expensive to eat healthy!"
- "It is hard to start and maintain good habits, it is our goal to teach them how to get there and support them."
- "Recidivism exists in many diseases--how are you managing with relapse?"
- "What do you do currently with these patients?"
- "It can be frustrating when it looks like our patients are not listening to our guidance. How you can support the patient by telling them to supplement their diet (not restrict),

such as higher protein intake or weight training? (Focusing on healthier choices, not on looks or just weight)"

- "What does the food environment look like in their area? Is the area they live in a food desert/swamp?"

2. The Substance Use Stigmatizer

"I don't want those patients at my practice. They're so difficult to handle and are really just looking for another opioid prescription. Treatment won't work for them."

- "I see what you're saying, can you elaborate on that?"
- "I'm curious as to what types of treatments you've tried that have failed?"
- "I suspect you already have those patients in your practice!"
- "Only 1 in (statistic) patients with OUD actually receive treatment. That's why it is so important to support patients in need."
- "I understand that barrier, can I provide you with resources to organizations that you can refer to?"
- "Tell me more about patients you've had with addiction in the past?"
- "What aspects of patient care make these patients a challenge for you?"
- "Can you share a bit more about your experience referring OUD patients for treatment?"
- "Do you have thoughts about what might influence treatment ineffectiveness?"
- "What treatments have you tried in the past?"
- "What do you think they need?"
- "What are signs of misuse that you're looking for now?"
- "Do you partner with substance facilities that may offer additional treatment options?"
- "When you say, "those patients", can you help me understand what you mean?"
- "It can be hard to help a patient that has health needs you aren't able to provide. Have you been able to get this patient connected to mental health or social services?"
- "How can peer specialists or advocates in your practice help this patient feel less alone in their recovery?"
- "What has been your experience with patients taking buprenorphine?"
- Feel, felt, found story: "I can see how you feel, I had a provider who felt that way too, and when they started providing Suboxone they found that it was effective and also really valuable in supporting and developing the relationship with the patient and getting some traction into the whole health approach."
- "We have a peer team that could assist you..."

3. The Close-Minded Clinician

"I'm so tired of keeping up with all these different pronouns. You're either a man or a woman. It gets in the way of providing care."

- "It can feel uncomfortable at first because it is a learning process. I'm happy to provide resources to make the process easier. It can be easy to confuse gender with sex."
- "Why does it get in the way of providing care? There are resources available that can help guide you to use the correct pronouns."

- "I think it could help you provide care for your patients. Asking them what they are comfortable with will allow them to speak more openly, which will result in better care."
- "That is interesting, how does that make providing care more difficult?"
- "Just like with everything in science and medicine, change can be hard, but it happens for a reason as we learn and grow. [provide examples for relevance/importance/stats.]"
- "Can you tell me why/how you find it gets in the way of care? Have you had a bad experience in the past?"
- "What does connecting with a patient look like to you?"
- "On one hand, you find the idea of using pronouns a challenge yet on the other hand you want to make connections to your patients."
- "What are your thoughts about asking patients if it's ok to use first names?"
- "I hear your frustration; a lot has changed in a short amount of time."
- "Using preferred pronouns helps improve care and is patient focused."
- "It may be confusing at first, but it helps with individualized care and overall makes the patient feel seen."

4. The Presumptuous Clinician

"I don't need to use an assessment tool. I can always tell when someone's at high risk of contracting HIV."

- Use statistics to frame the conversation as you continue.
- "Is there someone in the office that does a more detailed screening?"
- Look into what they're doing and opportunities to expand: "Can you tell me more about that?"
- Acknowledge their self-proclaimed skill: "I'm sure the things you are already doing are built into these tools. There may be cases that aren't as obvious and would slip by without specifically asking."
- "Have you ever had anyone that slipped through the cracks?"
- "Tell me what that looks like?"
- "What do you look for? Tell me more! What questions are you asking?"
- "What barriers do you have to screening?"
- "Can you say more about your process of determining someone is at high risk?"
- "It's important to take a good sexual history on all patients. As assessment tool ensures you aren't missing key points."
- "Can you elaborate? How do you make that determination?"
- "Since HIV is not always only contracted via high-risk behaviors, can you share with me what you think makes a patient high risk without using an assessment tool?"
- "Have you used any validated screening tools to assess for HIV?"
- "Many patients with HIV may appear healthy but require immediate medical attention."
- "A person's looks or identity are not enough for us to fully understand what sex they engage in."

- "There are biological factors that can help us better understand a person's level of risk of acquiring HIV such as anal sex being higher risk in comparison to vaginal sex due to the sexual act leading to micro cuts and has nothing to do with the person's identity."
- "This seems like a great opportunity for your MAs or intake questionnaires to ask these sexual history questions if you are short on time."
- "Different kinds of sex have differing risk of transmission."

Examples of Additional Strategies for Responding to Bias:

- **Question/Interrupt**
  - "I'm sorry, could you repeat that. I'm not sure I understood you correctly."
  - "What do you mean by…?"

- **Arouse Dissonance**
  - "I'm surprised to hear you say that. You've always supported equity and this doesn't sound like you at all to me."
  - "But you've often said that it is important that we support all faculty equally, so this surprises me."
  - "I know you and you're not the kind of person to treat people unfairly, so what's your thinking here?"

- **Disagree**
  - "I don't think we should make statements that imply females can't make it in science because of family responsibilities. That assumes a lot of stereotypes about both men and women."
  - "I don't think that's a gay thing."
  - "Do you mean just her, or all women?"

- **Pivot/Advocate**
  - "How about the weather we're having?"
  - "I want to come back to what (marginalized colleague) said earlier about (x). I think that is an excellent point and merits more discussion."

- **Express Emotions**
  - "I'm really uncomfortable [disappointed, surprised] by this comment."
  - Use non-verbal reactions to communicate how biases made you feel

Remember:

- It's ok to respond later; later may be better
- Focus on behaviors/impact, not intent
- Don't speak for others
- Support others who speak up
- Practicing self-confrontation creates role models, reduces costs

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