

Handling Stigmatizing Conversations

Responding to Clinicians with Integrity

This resource was made as part of a strategy session at the 2024 AD Summit on handling stigmatizing conversations with clinicians where attendees reviewed a case study as well as a model detail and discussed strategies for responding with integrity during detailing visits.

CASE STUDY

You're preparing to detail clinics on mental health. Review the flyer for Sunshine Primary Care below and consider the following questions:

- 1. What does the flyer tell you about the practice?**
- 2. What clues does the flyer give you about how the provider may feel about the topic of mental health?**
- 3. Can you detect any areas of possible bias? (Keeping in mind your own possible biases and that first impressions are not always correct)**
- 4. How might you prepare yourself for the detailing conversation based on the flyer?**

DISCUSSION NOTES

- Many words in the flyer are ambiguous, with multiple interpretations (e.g., “old fashioned”, “real people”, “common sense”)
- “Concierge medicine” implies that it will not be accessible to all patients (e.g., those without insurance, those with low incomes)
- Don't like the way they are deciding “what is most important” to us
- Mental health is noticeably absent from the list of conditions they treat
- Caution: flyer may not have been recently updated, and even if recent, may not reflect the attitudes of all providers in the practice
- Needs assessment will be especially important in this visit; go into the visit with an open mind and an attitude of curiosity, ask open-ended questions about how they view mental health in their practice

MODEL DETAIL NOTES

- Caveats: A 5-minute detail is shorter than usual, and the detailer was intentionally demonstrating some techniques that worked well and others that didn't work as well.
- What went well:



- Detailer got the physician to consider reviewing the materials and choosing some patients to screen at a routine visit.
- Detailer addressed the physician's "lack of time" barrier by suggesting the involvement of the office manager and the physician agreed to this.
- Detailer respected the physician's time and finished the visit within the 5-minute time window.
- Areas for improvement:
 - Some suggested the detailer's approach could have been a bit less direct/felt aggressive to some.
 - Detailer could try connecting mental health to conditions the doctor views as priorities (e.g., COVID and depression).
 - Detailer could also try introducing some more of the "why" around screening for mental health conditions.
 - Detailer could approach the "patients like that" language by normalizing the fact that language changes over time (either by identifying with it in their own practice or sharing that the terminology was a learning for them too during training).

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