



DRIVE
Diversity, Representation and Inclusion for Value in Education

TABLE WORK: CASE DISCUSSIONS

Please ensure your table has a mixture of

- Behavioral Health
- NPs/DNPs
- Physicians – less than five years from medical school graduation
- Physicians
- RNs



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FEEDBACK WITH A DRIVE LENS

NOTES ON FEEDBACK WITH A DRIVE LENS:

Acknowledges that feedback is a critical part of learning

Approaches feedback as a reciprocal partnership

Recognizes the importance of identity and context

Invites conversation

Considers the PAAILS (Preview, Advocacy x 2, Inquiry, Listening, next Steps) model

PAAILS Model for Feedback

1. **Preview**
 - introduce the topic, seek permission to talk, set the stage
2. **Advocacy**
 - Advocate for what you heard or saw
3. **Advocacy**
 - Advocate for what you think
4. **Inquiry**
 - Because you can't know what they were thinking, ask; what was their intent?
5. **Listen**
 - Listen for understanding, try to identify the frames that guide the behavior, invite conversation
6. **next Steps...**
 - what will you each do next

Modified from <https://harvardmedsim.org/blog/paail-a-conversational-strategy/>



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CASE STUDY 1

- A 25 y/o cisgender male who identifies as Hispanic presents to the clinic after being seen in the ED for low back pain with R leg numbness and burning. His PMH includes a workplace accident 2 years ago where he slipped on the floor resulting in a low back muscle strain and spasm. He was treated with physical therapy, muscle relaxers and a brief course (5 days) of hydrocodone. He was not able to return to work due to chronic lower back pain. His preferred language is Spanish. The preceptor utilizing a video interpreter obtains the following history. The patient's low back pain worsened 2 days ago after a fall in grocery store parking area. An Xray done in ED revealed no fracture. Orthopedic surgery evaluated the patient in the ED and recommended conservative treatment to include a back brace, pain control with scheduled Tylenol 1000 mg 3x daily and muscle relaxers (Flexeril 10 mg po 3x daily). He presents to primary care office PMH GI bleed due to a peptic ulcer 3 months ago.
- PSH none
- Meds MVI, Flexeril, Tylenol
- Allergies NSAID abdominal pain
- Review of systems reveals only low back pain, numbness and burning reported in the R leg from hip to ankle.
- Social history: Disabled after work injury, divorced, history of alcohol use 1-2 per week and marijuana daily
- Physical exam: vital signs and exam findings are within expected limits.

A colleague in your clinic is precepting a student who just evaluated this patient. They emphasize the importance of identifying drug seeking behaviors. They instruct the students this patient has many risk factors including age, sex, medical history, and social history that would increase their risk of opioid use disorder. They tell the student they would not prescribe pain medication under any circumstance for this patient.

Discussion Prompts

1. Do you detect any potential bias in this framing? What specific language or behavior suggests this?
2. How could this bias impact the care of this patient today? How might it have impacted their care in the past?
3. What feedback would you give this preceptor?
4. At the table discuss how your feedback might change depending on context for example:
 - a. If you were in a supervising role i.e. the lead physician, nurse manager etc.
 - b. If you were the learner
 - c. If you had different lived experience and background



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APOLOGIZING

NOTES ON APOLOGY:

There are four components of a good apology.

- Acknowledgment
- Explanation
- Expressions of remorse, shame, and humility
- Reparation

Acknowledgment

- Acknowledgment of the offense that makes clear who the offender is and who is the offended.
 - Do say “I made a mistake”, “I realized that I made an error.”
 - Avoid “Someone has made an error.”
- Acknowledge the offending behavior in adequate detail without a passive voice or conditionality.
 - Do say “I made the mistake of X”, “I realized that I made the error of X.”
 - Avoid “Mistakes were made” (passive), “If mistakes have been made” (conditionality)
- Acknowledge the impact on the victim(s) is recognized and not minimized.
 - Do say “I recognize that my [words/actions] have hurt you.”
 - Avoid “To whatever extent you were hurt”, “However much you were upset by X.”
- Confirmation of the grievance was a violation of the social or moral contract between the parties.
 - Do say “I realize that my [words/actions] was/were not appropriate.”
 - Avoid “I know that you feel my [words/actions] were not appropriate.”

Explanation

- Use your judgement and if it is appropriate, offer a brief explanation.
- Otherwise, make it clear that what was done is unacceptable.
 - Avoid offering a justification or excuse for your actions.
 - Do say “There is no excuse”, “What I did was wrong.”
 - Avoid “I wasn’t myself” or “I just snapped.”
- Of note, this component is discussed the least in all of Lazare’s written work. Additionally, in an hour and 15-minute lecture it is approximately 1 sentence (<https://www.youtube.com/watch?v=nf41NN8Tz1k>). This appears to imply that if you choose to offer an explanation, although this is not always appropriate, keep it brief without justification.

Expressions of remorse, shame, and humility

- Demonstrates that the offender recognizes the suffering of the offended.
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- It is not about you/your intent; focus on the impact of your actions.
 - Do say “I regret that my [words/actions] caused you harm” or “I know how difficult this has been and I am sorry.”
 - These statements focus on impact, not intent.
 - Avoid “I feel bad that I upset you, but I didn’t mean to” or “I am sorry, but I didn’t mean for this to happen.”
 - These statements focus on intent, not impact.

Reparation

- This can be in the form of a tangible or symbolic reparation for the offender’s transgression.
 - Tangible: less likely to be utilized in the learning environment
 - Leaders may remove group members (offender) from their position or institute punishment for actions.
 - Offense causes damage or loss of a tangible object ◇ replacement or restoration of the object.
 - Financial compensation
 - Symbolic: in learning environment
 - Commitment to change one’s ways.
 - Commitment to educating oneself and do better next time.
- **An apology is invalid with recurrence of the harm or without behavior change**



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CASE STUDY 2

Case:

- 68 y/o cisgender male presents to an outpatient clinic with L ankle pain after a fall. The pain started 2 days ago after a fall in the grocery store parking area. Xray done in ED revealed no fracture. Orthopedic surgery evaluated the patient in the ED and diagnosed him with a severely sprained ankle. They recommended conservative treatment including ankle boot, pain control with scheduled Tylenol and crutches.
- Pt is having great difficulty walking and confides to the medical student he has nowhere to go once he leaves the ED.
- PMH none
- Prior history of back injury 2 years ago at work
- PSH none
- Meds MVI, Tylenol
- Allergies NKDA
- ROS mid back pain
- SH Disabled after work injury, divorced, history of alcohol uses 1-2 1 week, and marijuana 1-2 daily.
- PE WNL except elevated BP
- L ankle swelling and decreased ROM

The student you are precepting raises concerns about the patient being unhoused. They are worried this is not a safe discharge plan. They ask what the team should do to make this a safe discharge.

In response you say “Great let’s get social work, looks like I am here all night. I hate these cases.”

A moment after you speak, you already regret what you have said.

Discussion Prompts

How do you apologize?