

## NHPCO Project ECHO *Equity Where It Matters*

### Key Takeaways

#### Check Ourselves Before We Wreck Ourselves: Recognizing and Reducing Provider Bias

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#### Key points:

- On average, it only takes 7 seconds to make a first impression. First impressions in healthcare are essential in providing a good experience outcome for patients.
- Implicit bias can detrimentally impact patient care first impressions, specifically through unreasoned judgement that cause inclination for/against someone. This can ultimately cause patients to develop mistrust and create a negative conception of patient care services.
- Implicit bias can cause minority stress, which are high levels of stress experienced by stigmatized minority groups.
- *Minority stress* is a systemic issue that impacts health outcomes, and one such example is the LGBTQ+ community, especially transgender individuals, who face negative health outcomes compared to their cisgender or heterosexual counterparts due to this concept.
- Communication is essential in developing a positive patient experience and creating intentional dialogue with patients can contribute to a safe and welcoming environment for all.

#### Actionable Steps:

- For individuals, recognize your blind spots and instances when your biases may arise. Then, determine how best to interrupt implicit biases through developing intentions.
- Build an “Inclusive Dialogue sheet” for your organization which includes inclusive speaking guidelines that will not exclude individuals based on race, gender, age, sexuality, or disability
- Emphasize empathy in patient interactions: body language, eye contact, active listening
- Make an effort to learn about each patient’s story and journey. Ask “what matters to you?”
- Ensure that your organization is taking appropriate steps to support and protect team members’ psychological and physical safety when they experience discrimination at the bedside.

#### Conversation Starters:

- What can your organization do to intentionally use inclusive language when interacting with patients?
- How can your organization, on the systemic level, create an effective training structure which emphasizes compassionate communication?
- How can your colleagues create a check system in which implicit biases are interrupted to provide an environment of respect for all?
- How can you and your organization take action to combat minority stress?
- Does your organization have a guideline for decisions regarding patients who express a preference or refuse care from team members of specific cultural identities?



## Participant Perspectives:

“All humans are humans and deserve good care.”

“Enter with humility and curiosity - learn more about the patient. What is their story, and does that help us understand their perspective more?”

“Take a moment, process the initial emotional reaction prior to going into a home so that [you] can provide quality care to the patient, like any other.”

“Cultivate compassion, even for those whose background/language/approaches differ from our own.”

“Remember, families are under stress and are not always able to communicate effectively.”

“Let's lean into our discomfort and grow as we do it!!”

“Cultural humility and unconditional positive regard speak loudly about our very need to include [belonging] in all that we do and all that we are.”

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