Navigating Cross-Racial Conflict with Non-Violent Communication

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BIAS IN OUR EDUCATION
BIAS IN OUR MEDIA REPRESENTATION
Bias in our culture
BIAS IN OUR MEDICAL PRACTICE
RACIAL SOCIALIZATION

THESE MEDIA IMPRESSIONS BECOME THE LENS THROUGH WHICH WE SEE THE WORLD
Why Do We Feel Differently about …

Drinking Beer
WHY DO WE FEEL DIFFERENTLY ABOUT ...

Smoking Marijuana
Why Do We Feel Differently about ... Wearing Hoodies
Why Do We Feel Differently about ... Large Families
Why Do We Feel Differently About …

Belt Avoidance
The Color Blind Ideology

Most of our racial socialization is unnoticed and unexamined
MISALIGNMENT BETWEEN OUR INTENTIONS AND OUR ACTIONS
THE (FALSE) GOOD/BAD BINARY OF RACISM
FROM PROBLEMS TO SOLUTIONS
NON-VIOLENT COMMUNICATION

1. Emotional honesty
2. Reflection
3. Emotional clarity
4. Reaction for the situation

Needs → Observation
Observation → Reflection
Reflection → Needs
Needs → Emotional clarity
Emotional clarity → Observation
Observation → Emotional honesty
Emotional honesty → Respond (demand, request...)
Respond (demand, request...) → Reaction for the situation
Reaction for the situation → Feelings
Feelings → Needs
1. **Observations without judgement**

Objectively **observe** the situation (without evaluation, blame or moralistic judgement)

- How does implicit bias make this difficult?
- What do you do to remain objective?
# Observing Without Evaluating

<table>
<thead>
<tr>
<th>Observation <em>with</em> Evaluation</th>
<th>Observation <em>separate from</em> Evaluation</th>
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</thead>
<tbody>
<tr>
<td>If you don’t eat right, your health will be compromised</td>
<td>If you don’t eat right, <em>I fear</em> your health will be compromised</td>
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<tr>
<td>Our clinic’s patients don’t know how to cook healthy food</td>
<td>Several of my patients have told me they do not know how to cook healthy food</td>
</tr>
<tr>
<td>You are too generous</td>
<td>When I see you donating so much money, I feel you are being too generous.</td>
</tr>
<tr>
<td>Doug procrastinates</td>
<td>Doug only studies for exams the night before</td>
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Observation Without Bias

The Everyday Discrimination Scale shows us how our biases show up.

Items

1. Frequently treated with less courtesy than others
2. Frequently treated with less respect than others
3. Frequently received poorer service than others
4. Frequently people think you’re not smart
5. Frequently people are afraid of you
6. Frequently people act like you are dishonest
7. Frequently people act better than you
8. Frequently called names/insulted
9. Frequently threatened/harassed
2. HONEST ASSESSMENT OF FEELINGS

IDENTIFYING the feelings that the situation brings up

• How does this make you feel?
• How does it make your client feel?
FOR PHYSICIANS

- How does it make you feel to be questioned as a physician/provider?
- How does it make you feel to have your intentions/values questioned?
- How does it feel to have your clinical judgement questioned?
FOR PATIENTS

- How does it feel to not be in control of your health care?
- How does it feel when you don’t think your valid concerns are getting addressed?
- How does it feel to have your perspective disregarded?
- How does it feel to be worried this provider does not care about you?
Some Basic Feelings We All Have

Feelings when needs are not fulfilled

- Angry
- Annoyed
- Concerned
- Confused
- Disappointed
- Discouraged
- Distressed
- Embarrassed
- Frustrated
- Helpless
- Hopeless
- Impatient
- Irritated
- Lonely
- Nervous
- Overwhelmed
- Puzzled
- Reluctant
- Sad
- Uncomfortable
Some Basic Feelings We All Have

Feelings when needs are fulfilled

- Amazed
- Comfortable
- Confident
- Eager
- Energetic
- Fulfilled
- Glad
- Hopeful
- Inspired
- Intrigued
- Joyous
- Moved
- Optimistic
- Proud
- Relieved
- Stimulated
- Surprised
- Thankful
- Touched
- Trustful
Think about what it is about our system that might make Black/African American patients feel distrustful?
3. A search for the underlying **needs**

Digging deep to get at the need beneath the feelings

- Try to avoid assumptions
- Needs are different than strategies
What is the patient’s need (under their request?)

- MRI or reassurance they are not sick?
- Faster service or an apology?
- A new medication or validation?
- Stronger medication or relief?
- A reconsideration of the diagnosis or a chance to be heard?
COMMON PATIENT NEEDS

- Health
- Peace of Mind
- Connection
- Caring
- Safety
- Dependability
- Accountability
- Fairness
- Honesty
- Information
- Respect
What are my needs as a provider...

I would like...

What makes my work

- Fulfilling
- Interesting
- Practical
- Survivable
- Enjoyable
COMMON PROVIDER NEEDS

- Safety
- Choice
- Appreciation
- Purpose

- Connection
- Fairness
- Respect
- Relaxation (i.e. finishing work on time)
4. Modify our **REQUESTS**

Creative **problem solving** to take care of everyone’s needs

- Can we find a **win-win** solution that meets our needs and our patient’s needs too?
- Can invite patient’s into the decision-making?
MAKING EMPATHETIC REQUESTS

- How do you feel about trying…?
- Would you be open to…?
- Here is my concern…
- Would it work if we try…?
- Would you be open to…?
The goal is to come up with a new solution that meets everybody’s needs.
Non-Violent Communication

1. Emotional honesty
2. Reflection
3. Emotional clarity
4. Reaction for the situation

Non-Violent Communication
A very concerned mother brings in her 3 month old baby because the baby has had 24 hours of runny nose, cough, and increased fussing.

Her other child, a 7 year old, only recently recovered from cold and subsequent ear infection. Now, the mother is demanding antibiotics for the baby so that the baby does not get any sicker.

Findings on history and exam of the baby are consistent with a mild viral illness.
I am so worried about the baby. What if she gets as sick as her sister did. Can you please just write me the prescription so we can go home?

I examined her and I think she is going to be fine. I don’t think she needs any antibiotics right now.
Are you kidding me?!? Are you even listening? The baby is sick! I'm just supposed to do nothing?

Hmmm...It appears we might be headed toward a conflict. Perhaps she has unmet needs... Let me try Non-Violent Communication!
My findings were most consistent with a mild virus

Antibiotics are not indicated in this situation

This seems like a straightforward case to me

This mother told me she is very worried

The mother’s other child had a cold that turned into something more serious

This mother is very demanding
**FEELINGS**

How I feel...

- **Impatient** because might fall too far behind on my schedule
- **Distressed** because this mother is so upset with me
- **Annoyed** because the baby is clearly not that sick

How my patients feel...

- **Angry** that I, the doctor, am not doing what she wants
- **Helpless** because she does not know how to take care of her baby
- **Nervous** that her baby might get dangerously sick
My needs...

- Safety
- Choice
- Appreciation
- Purpose
- Connection
- Relaxation

My patients’ needs...

- Health
- Peace of Mind
- Connection
- Caring
- Information
- Dependability
Find the Win-Win

- Warn the mother of the potential of antibiotic resistance
- Teach the mother to use nasal saline and bulb suction to manage symptoms
- Explain the differences between viral illness and bacterial illness
- Schedule a next-day follow up appointment
- Remind the mother that you still have six more patients to see
- Discuss ER precautions.
How about I teach you what to do when she gets congested? We can make an appointment for me to check her again tomorrow. Would that work?

That would be so helpful. I just want to be able to help her.

Would it be alright if we also talk about how you would know if she needs more medical care?

Thanks. I would feel much better knowing that.
The Next Day...

She is doing much better today. The nasal saline really helped. I am so relieved!

I am so glad to hear that. Thanks so much for working with me!
ROLE PLAY FOR PRACTICE

- Please divide into groups of 4-5
- Assign one person to be “the patient”
- Everyone else will collectively play “the doctor” and walk through the steps of NVC all together
Meet Janet

- Janet is a 31 year old woman presenting with 4 weeks of worsening low back pain.

- She has an obese BMI and has only continued to gain weight over the years, despite repeated lifestyle counselling at the clinic.

- Her job requires her to be on her feet all day.

- She is terse, defensive, and somewhat cold in her demeanor during the visit.

- Her history and physical are most consistent with a diagnosis of sciatica.
THANK YOU!