



UCSF Department of Medicine

ZUCKERBERG SAN FRANCISCO GENERAL

ZSFG INNOVATION MAKING ITS MARK

TACKLING UNCONSCIOUS BIAS

Increased intensity and stress are inescapable when caring for the most seriously ill patients at the Zuckerberg San Francisco, and Dr. Courtney Broaddus, Pulmonary & Critical Care Division Chief, thought residential training prepared residents for all interactions.

Unfortunately, unconscious biases threatened the outstanding training environment.

A story of bias – a female resident experienced unfair treatment by a male counterpart – worked its way to Dr. Broaddus, creating a realization that change was needed.

“We needed to address this very directly and try to accept that there are biases that we all have, which can come out when we are working in close quarters and it is stressful,” Dr. Broaddus said. “That’s when these biases can manifest and interfere with residents’ training. It is where we had to start... It’s important for patient care.”

To tackle implicit bias – a social stereotype about a group or individual made outside a person’s own awareness – the division needed to start by making everyone involved in care – from residents to nurses – aware.

In May 2016, the division added training to their 16 monthly boot camps, which introduce new residents to the ICU, to focus explicitly on addressing bias in clinical care, Dr. Broaddus said.

At first, “we didn’t accept that it could happen,” Dr. Broaddus said. “It was shocking, but then as we faced the problem, we accepted it and went about how do we deal with it. We set up something that was ongoing and multifaceted and multileveled. We incorporated it into the training so it was something that would never fall away.”



Dr. Antonio Gomez goes over training documents, including unconscious bias, with incoming residents.

The training is relatively similar to the past, except with additional case studies – focused on unconscious biases – and concise statements hoping to spike awareness of possible issues within the program, said Dr. Antonio Gomez, ZSFG Director of Critical Care who leads the orientation and training program within the division.

“We developed a script of what the attendings are going to tell residents at the start of each month,” he said. “We have four residents and we talk about it right away on their first day before I orient them and they meet with the chief residents to develop a plan on how they are going to lead the team.”

Dr. Gomez added, “It’s important to make sure the teams are aware and they have examples on both equity and implicit bias. ... I talk about micro-aggressions and how to prepare for those situations.”

Division leadership, Department of Medicine leadership and the 2016 chief residents established the curriculum for the current training.

“The chief residents talked it through with the senior residents and explored how they will

deal with each situation,” Dr. Broaddus said.

Eventually, a script helped aid those leading the teams. “It says: ‘I want to know if things are not fair and we want everyone to contribute, to learn and to participate,’” Dr. Broaddus said. “Micro-aggressions happen and we all have biases and these can be more of a problem in the attention-packed environment of the ICU. So if these things are happening, tell the fellow and feel comfortable to tell me.”

Broaddus said, “It’s worked. I’ve heard a lot of ‘thank you for saying that.’”

Dr. Broaddus and Dr. Gomez hope to have unconscious bias be a part of resident evaluations and year-end surveys.

“To get better feedback, we are looking into expanding evaluations to include questions about biases,” Dr. Broaddus said.

ONCOLOGY PLUS

Since 2009, the Palliative Care program – part of the Division of Hospital Medicine – has been an integral part of the care for ZSFG patients. Patients are provided with world-class sensitive care in a “home-like” environment.

But Dr. Anne Kinderman, Director of the Supportive & Palliative Care Services, wanted to expand this service by finding patients earlier and delivering outpatient care. After years of searching for funding and staff, Dr. Kinderman's dream started to take shape with the Oncology PLUS program, with the first clinics in February 2016.

"Heather (Harris, co-Director) and I always had on our mind, we need to develop outpatient palliative care services," Dr. Kinderman said. "But it always was timing and where do we start? Eventually, I got a leadership development grant, which helped me think through and optimize a plan."

The program, now based solely in clinics for cancer patients, attempts to give patients access to palliative care early in their diagnosis, and without having to be admitted to the hospital.

"We are supportive care," Dr. Kinderman said. "The idea is that you shouldn't have to wait to help manage your symptoms. We describe ourselves as an extra layer of support and that's what PLUS is."

The program is working well, and Kinderman hopes to expand to more clinical services throughout ZSFG.

ARISE

To help patients suffering from domestic violence – or those who find themselves in violent relationships - Dr. Leigh Kimberg, Associate Professor of the Division of General Internal Medicine, knew she needed to find a better attachment between supportive systems and patients. In late 2015, enter Aspire to Realize Improved Safety and Empowerment, or ARISE.

The program is a multi-institutional partner-

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ship between UCSF, the San Francisco Health Network, Futures without Violence, La Casa de las Madres, Bay Area Legal Aid and the Trauma Recovery Center. The goal is to fulfil services provided by the Affordable Care Act, which proclaims that all

women and girls should be offered interpersonal violence – intimate partner sexual assault and violence – care.

ASPIRE aims to create quicker response times between clinics and an onsite La Casa de Las Madres domestic violence coordinator, Dr. Kimberg said.

"Our hypotheses for ARISE ... that the model of having a talk with patients and referring them would not be sufficient in empowering them and giving enough resources and skills to get more safety," Dr. Kimberg said. "So we designed ARISE with an increasing level of intervention."

Currently in five clinics, the program has seen 50 percent of patients enter supportive, Domestic Violence Coordinator Gagan Gill said.

"It's a great connection rate and we are trying to follow up with each referral," Gill said. "We are trying to make sure everyone gets the help that they need."

RAPID

As an important part of the San Francisco citywide Getting to Zero initiative, Ward 86's RAPID (Rapid Antiretroviral therapy Program for HIV Diagnoses) is integral to connect HIV patients with treatment upon diagnosis.

The program - which launched in 2013 - is the first of its kind in the country and created a "new standard of care" for HIV patients, said Dr. Susa Coffey, Professor of Medicine in the HIV, ID and Global



Dr. Anne Kinderman
Director of Supportive & Palliative Care Services



Dr. Leigh Kimberg
Associate Professor of the Division of General Internal Medicine



Dr. Susa Coffey
Professor of Medicine in the HIV, ID and Global Health Division

SPOTLIGHT

Staff Award Winners

- **Staff Patient Care Award:** Cardiology's Alice Lee, echocardiology technician. Earned for excellence when working and communicating with patients and exhibiting concern and care for patients.

- **Staff Administration Support Award:** Central Administration's Dawnee Wong, housestaff coordinator. Earned for contributing to the teaching mission through her exceptional work.

- **Staff Administration Support Award:** Experimental Medicine's Susie Lau, financial analyst. Earned for contributing to the research mission through her exceptional work.

- **Staff Excellence in Leadership:** Experimental Medicine's Peggy Weix, division manager. Earned for her outstanding leadership by enhancing staff morale, building an enriching work environment, and supporting the career development of her staff.

Electronic Health Record

The San Francisco Department of Public Health issued a Notice of Intent to award a contract to implement a new Electronic Health Record (EHR) throughout its clinical care sites.

"This is an important milestone, and brings us closer to our goal," according to a statement from Barbara Garcia, Director of the San Francisco DPH. "The notice of intent is a step in the contracting process, but not the final step. There will be a period to allow for negotiations and other procedures that we expect to conclude by our target date of January 2018."

Dr. Powe, Chief of the Medicine Service said, "An enterprise-wide EHR aligned with all our missions of clinical care, education, research will help realize the goal of optimal population health."

The EHR is expected to go live on July 2019.

Health Division.

"For people with acute HIV, starting ART immediately may be particularly important, as it may decrease the amount of HIV that is able to establish itself in the body and may preserve important immune system functions," Dr. Coffey said. "This may translate into better health in the future."

This has resulted in decreasing the chance of transmitting HIV.

"Typically, patients have been referred from an HIV testing site to a clinic, which could take several weeks," Coffey said. "Patients may then have to wait several more weeks before they are prescribed HIV medications. Immediate access to HIV care—including HIV medications—has many potential benefits."

And this rapid access to therapy is helping San Francisco achieve Getting to Zero's goals of reducing HIV transmission and HIV-related deaths in the city by 90 percent before 2020.

