Exploring the Invisible: Examining the Impact of Unconscious Bias on Pain Management

Project ECHO

SickKids

Agenda

- Introduction to case 15 mins
- Breakout room 20 mins
- Large group discussion & Summary 25 mins

Learning Objectives

Upon completion of this case study, participants will be able to:

1. Explore the impact of unconscious bias on clinical care
2. Develop critical self-reflection skills to foster culturally safe patient care interactions
3. Identify a 3P (pharmacological, physical, psychological) pain management plan

Reframing Discomfort

Real growth happens in a place of discomfort

Les Brown

Where are you in your EDI journey?

a) I strive to be comfortable

b) I educate myself about racism/inequities and understand my own privilege

c) I speak out against systems of inequities and yield positions of power to those who are marginalized

d) I'm not sure, but I am committed to learning

Confidence with Discomfort

Change requires a growth mindset


Circle
of
Trust

Unconscious bias

- Refers to attitudes or stereotypes that affect and/or impact our understanding, actions and decision in an unconscious manner
- we all have implicit biases

Current situation

- Start of your shift to a busy day in ER at a local community hospital
- Before you even had a chance to receive handover, you are stopped by a mom in the hallway, who is visibly frustrated and upset
- She brought her 16 yo son, Kevin, to ER 6 hrs ago
- She insists that you need to get pain medication for him saying, “He’s in a lot of pain and no one has helped us.”
- You glance over at Kevin who is on his iPhone

Additional Information

- Kevin's mother becomes increasingly frustrated with how long it takes for him to receive pain medication
- She repeatedly requests to speak to team members
- Some members of the team describe Kevin's mother as being a "difficult" parent that is giving staff a "hard time". The team also adds that Kevin is repeatedly asking for Morphine.

Based on your initial interactions with Kevin and his mother, what are some of your assumptions?

You finally have a moment to review Kevin's chart.

After listening to Kevin and his mom's experience, you perform an assessment and learn the following…

History of Presenting Illness/Description of Events

Age: 16 **Weight**: 68 kg **PMHx:** Sickle Cell Disease (SCD)

- Kevin and his family recently moved to a smaller community and has not established care with a team.
- He was out tobogganing with friends last evening and woke up with acute pain to his left arm.
- He is stoic, distractable (on his iPhone), rating his pain 9/10

Brief Pain History

- Kevin experiences acute pain related to vaso-occlusive episodes
- Kevin and his family can typically manage a pain crisis at home
- Frequency of crisis: 1-3 times a year but this year has been exceptionally stressful and has resulted in an increase in episodes
- Triggers: exposure to cold/hot temperatures, stress/fatigue, infection, dehydration
- For the past year, he has also been experiencing widespread chronic pain

Current Pain Treatments

- Pharmacological: acetaminophen, ibuprofen, hydroxyurea, morphine for acute crisis
- Physical: apply heat to the area
- Psychological: distraction with iPhone

Physical Assessment

Pain location: Left arm
Onset: Woke up in pain this morning after tobogganing with friend last night
Intensity (Numerical Pain Rating Score): Currently 9/10
Quality: sharp, stabbing
Sensory (L forearm): unable to perform a pin prick exam and gentle palpation due to acute pain.
ROM: significantly decreased ROM in L elbow and wrist.
Aggravating factors: cold temperatures
Easing factors: Tylenol and Advil with minimal effect

Functional Limitations

School: Kevin typically does very well academically and has applied to University programs. This past year, he has missed a significant amount of school due to persistent pain and is having difficulty keeping up. He worries is that he won't be able to graduate

Social: Kevin has been struggling with FOMO (fear of missing out), the disease process has limited his ability to engage in certain activities with peers/friends. He also really values family events/outings and he has also been missing these due to pain.

Home environment: Kevin moved from Toronto to a smaller community with his parents and younger brother. Both parents are concerned about his transition to adult care and current experiences in local EDs with unfamiliar medical teams. His mother is very supportive and has always been a strong medical advocate for Kevin.

Mood and stressors: The social worker in the ER department conducts a social history and finds out that Kevin has been struggling with increased anxiety d/t the recent move, pandemic, transitioning to adult care, and school

Sickle Cell Disease

- About 3500 individuals in Ontario have sickle cell disease
- A multi system disease requiring comprehensive care
- Can lead to acute pain episodes and chronic pain
- At risk for infection, stroke and organ damage
- In Ontario, most individuals with sickle cell disease identify as black but it also affects those with Mediterranean, Middle East and South Asian backgrounds
- Not uncommon for individuals to experience racism and anti-black racism in health care interactions

Quality Statement 1: Racism and Anti-Black Racism

People with sickle cell disease (and their families and caregivers) experience care from health care providers within a health care system that is free from racism and anti-Black racism, discrimination, and stigma. Health care providers

About Kids Health. (2011). Sickle cell disease: A practical guide for parents.

Health Quality Ontario. (2023). Sickle Cell Disease Care for People of All Ages. Quality Standard.

Canadian Paediatric Society. (2022). Acute complications in children with sickle cell disease: Prevention and management.

Questions

1. What are some initial assumptions that you may have made and how did they change when you learned more information? How do they foresee it impacting clinical care?

2. What strategies could you use to mitigate unconscious bias?

3. Can you identify additional potential barriers to care that Kevin and his family might be facing?

4. How would you use the 3 P (pharmacological, physical, psychological) approach to manage Kevin's acute pain? What about his chronic pain?

Barriers to Access for Patients with Sickle Cell

- Provider perception of addiction among patients living with Sickle Cell
- Provider delay in administering pain medication to patients
- Patient-provider relationship and mistrust relating to reports of pain
- Empirical evidence that racial bias leads to disparities in pain treatment
  - Under prescription of pain meds among black patients, over prescription among white patients

Brennan-Cook et al. 2018;
Sabin & Greenwald, 2012

Impact of Unconscious Bias

THE IMPACT OF RACISM ON CLINICIAN COGNITION, BEHAVIOR, AND CLINICAL DECISION MAKING

Michelle van Ryn, Diana J. Burgess,[1] John F. Dovidio, Sean M. Phelan, Somnath Saha,[1] Jennifer Malat, Joan M. Griffin,[1] Steven S. Fu,[1] and Sylvia Perry

- Clinicians manifest implicit biases to a similar degree as the general population
- Empirical evidence shows that implicit biases can impact clinicians' decisions and behaviors thus, impacting patient care and outcomes
- Fast-paced healthcare environment with competing priorities leads to cognitive shortcuts and stereotypes – Learned through culture!

Re-imagining our health care system
Strategies to Mitigate Bias

How do we create change?

- Self-awareness & implicit bias education – acknowledgement is the first step!
- Pause & Reflect
- Act – speak out, advocate
- Leverage your power

> *"Every person – regardless of age, gender, race or geography – has the right to safe, high-quality healthcare.*

Ibrahim, A.M.

Key Take-Away Messages

- A biopsychosocial model for the assessment and understanding of pain allows for an approach that understands the physical, psychological and social impacts on pain
- The 3P (pharmacological, physical, psychological) approach to managing pain matters!
- Clinical bias continues to persists in our healthcare system, and can have a profound negative impact on the management of patients living with SCD