Department of Family Medicine & Residency – A Professional Development Session:

When Patients Hurt Us: Patient Mistreatment of Physicians, Residents & Students

August 20, 2021: Lawrence Loo MD and Diane Berriman MD

"ERASE" Framework for Managing Trainee Mistreatment by Patients

(Wilkins KM, Goldenberg MN, Cyrus KD: MedEdPortal 2019;15:10865)

Wheeler DJ, Zapata J, Davis D, Chou C: **Twelve tips for responding to microaggressions and overt discrimination: When the patient offends the learner**. Medical Teacher 2019;41:1112-7

Expect that such events will happen and prepare accordingly.

-Attend workshop

-Talk/Read/Rehearse specific language

-Provide anticipatory guidance to trainees

Recognize the mistreatment.

-Consider perspective of trainee

-Pay particular attention to potential microaggressions, "compliments"

Address the situation in real time. *

-Distinguish between types of mistreatment

-Use specific language/technique in different situations

-Practice speaking up

***There is no one right way to respond!**

Consider…

-What is your goal?
-What is your relationship with the person?
-What is the context or setting?
-What is your tone?

Goodman D. Promoting diversity and social justice: educating people from privileged groups. 2nd ed. New York: Routledge; 2011.

Support the learner after the event.

-Ask trainee how they experienced event

-Listen and respond to concerns

-Engage in decision-making about next steps

Establish/encourage a positive culture.

-Express openness to hearing concerns

-Develop and disseminate reporting mechanism

-Consider policies, signage regarding non-tolerance for mistreatment

Expect that such events will occur and **Establish** a positive culture: Attending / senior physician's possible introductory statements to new learners:

> *"I believe that to learn and care for patients to the best of our abilities, we all need to feel comfortable and supported in our work environments. I wish that expressions of bias never occurred; unfortunately, they do. Patients and families may say things that reveal their biases, and sometimes I myself may be the source. I want to know when you are not feeling comfortable or supported. I hope you will teach me as I teach you."*

Recognize the mistreatment and **Encourage** a positive culture: Attending senior / physician's possible observation during rounds or clinic:

> *"I felt uncomfortable when patient __ spoke only to the men on our team. I wonder if anyone else noticed that?"*

Problem Examples and Interventions

Problem 1: Macroaggressions / Overt Derogatory and Discriminatory Statements

Example: "You sound like a f_____"; "I don't want any n_____ doctor"; "You're a b_____"

Intervention: Set Clear Limits

> *"We expect both patients and providers to be treated with respect in this clinic/unit. We cannot tolerate that kind of language."*
>
> *"That type of comment is inappropriate. Please refrain from speaking that way to our staff."*

Problem 2: Microaggressions

Example: Patient repeated addresses female resident by first name; patient asks student of color if he is ready to take patient's lunch order

Intervention: Education/Explanation

> *"As she explained, Dr. L is the resident physician on our team. Most physicians prefer to be called 'Doctor'."*
>
> *"As his name tag says, Jay is a medical student and an important member of our health care team. The patient care aides wear navy scrubs and will be by for your lunch menu later today."*

Problem 3: "Complimentary" Comments

Example: "I'm so lucky to have such a pretty doctor"; "I'm so glad to have an Asian resident—they are always so smart."

Intervention: Redirection/Reframing

> "*Mr. Y, Dr. A is a very smart and skilled physician. That's far more important than her looks."*
>
> *"Our residents come from a diverse array of backgrounds; they are all exceptionally qualified to participate in your care."*

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Wheeler M, et al: **Physician and Trainee Experiences with Patient Bias** JAMA Intern Med 2019;17:1678-1685

Table 1. Types of Demeaning Behaviors by Patients

Type of Remark	Illustrative Quotation [Participant]
Explicit refusal of care	"[The patient] said 'I looked at your name and thought I would see someone that looks more like me. I don't want to talk to you.' And she started yelling at us to leave. Then the attending came in and she started yelling at him too because he was black." [Fourth-year medical student, woman, Latina]
	"And then he used the N word. 'Out of my view, I hate you, don't touch me, I don't like your people.'" [Third-year resident, woman, Latina]
Explicit or socially biased remarks	"Things were escalating and the patient said, basically, like get the f*** out of my room you f***ing faggot to the nurse, and then the nurse walked out and looked really upset." [Second-year resident, man, white]
	"There was a Muslim medical student, and she had her scarf on her head...[T]he patient pointed at her and said that, 'You. You are the cause of everything that's gone wrong in America.'" [Fourth-year medical student, man, South Asian]
Questioning clinician role	"The daughter was asking for a dark-skinned support nurse who [had] been following her throughout her hospital stay...And I immediately knew, [that she was] referring to me, because I was the intern writing the orders." [Third-year resident, woman, Asian]
	"I had been working with a female resident and the patient addresses me as the doctor...and then there's the moment where I say, 'No, no, I'm just a medical student'...I've never had it happen with a male resident or a male intern." [Fourth-year medical student, man, white]
Nonverbal disrespect	"[The patient] was sitting in the ER with a lot of swastika tattoos and other offensive tattoos on their body." [Hospitalist, man, white]
	"I've been on all-female teams and one situation that I remember is passing a room and having a patient's son whistle at the entire team." [Fourth-year medical student, woman, Latina]
Ethnic jokes or stereotypes	"He [the patient] was smiling and said, 'they [Syrians] own a bunch of gas stations. I always joke with them every time they're filling up my gas, oh you going to put an IED on that car?' Just totally, he was laughing." [Second-year resident, man, Syrian]
	"A lot of people think I'm Indian. So I have had a lot of experiences when I walk into the patient's room, and they'll start asking me about curry and spices...I'm not Indian, I feel like if they had started talking to me about tortillas, beans, that would probably hurt more." [Third-year resident, woman, Latina]
Assertive inquiry into participant's ethnic background	"I'd say about half of the time at least, maybe two-thirds of the time, I say my name when I introduce myself, I get a 'what is that?' or 'what are you?'..." [Second-year resident, man, Syrian]
	"I've had patients or their family members look at my last name and start asking me questions like, 'Oh, where are you from? Where are your parents from?' Actually someone even commented, 'Your English is so good.' Really? I was born in the US. Thank you." [Fourth-year medical student, woman, Latina]
Contextually inappropriate compliments or flirtatious remarks	"I would say, at the VA, someone called me 'honey' at least once a day." [Fourth-year medical student, woman, white]
	"I would put them under the large umbrella of sexual harassment or uncomfortable compliments. It's not even sort of the normal greeting as occasionally you say, 'nice earrings'; it's more, we're in the middle of an exam and you're commenting on my blouse, and that's weird." [Fourth-year medical student, gender nonconforming, white]

Abbreviations: ER, emergency department; IED, improvised explosive device; VA, Veterans Administration.

Table 4. Barriers to Addressing Demeaning Behavior

Barrier	Illustrative Quotation [Participant]
Clinical care priorities	"Often, when someone's sick in the hospital...it doesn't feel like a conducive environment to have anything approaching a productive conversation about bias." [Third-year resident, man, white]
	"Other times, we just let things pass because we're trying to develop a therapeutic alliance." [Second-year resident, man, white]
Lack of skills or uncertainty over appropriate response	"It would be very helpful for male providers to have some sort of guideline as to what to do in that situation [woman colleague being demeaned] because I have no idea. I have no idea." [Second-year resident, man, white]
	"These are often such small moments that occur, but sometimes pretty continuously...it's not very clear-cut as to what you can't do, or what even counts as [biased] behavior." [Third-year resident, woman, Asian]
Lack of support	"What would have made me feel better is if the attendings had acknowledged [the incident], at all. Because I know they noticed the [biased] language... if either of them had said a bit more about how that wasn't okay, it would have felt better...and made me feel less uncertain when I took steps to try to curtail that behavior." [Third-year resident, woman, Latina]
	"I hate working at the VA because I feel it is the worst place for this behavior, and I feel like the attendings there accept that that is the culture [the] patients come from, the 'boys will be boys' mentality, and that it's okay for them [the patients] to do that and we should be respectful of their culture of demeaning women." [Fourth-year medical student, woman, South Asian]
Lack of knowledge of institutional policies	"It would be really helpful to have the institutional support to be able to go to a patient or a family member or anybody and say, "If you continue to engage in these behaviors, these will be the consequences." [Hospitalist, man, South Asian]
	"I would've...appreciated [my attending] saying 'This is our policy, this is how we always approach these situations'...and taking some of the responsibility off of me as...the victim." [First-year resident, woman, white]
Fear of being perceived as unprofessional	"I was much more focused on how other people were reacting to my reaction to this [biased behavior] and whether I was behaving in an appropriate way." [Second-year resident, woman, white]
	"And so I felt more like, 'No, I must take care of this patient because I don't want to make it seem like I can't handle it.'" [Fourth-year medical student, woman, South Asian]
Perceived ineffectiveness of responding	"I didn't tell anybody...It's just like what purpose is it going to serve for me to go to the attending, or tell my intern... I am just trying to get through the day." [Third-year resident, woman, black]
	"That was an example of a time where it did not particularly feel worth engaging...It didn't feel like I was meaningfully going to change any outcomes or any downstream effects by trying to give this man a new perspective at this point in his life. I think that calculus comes up a lot." [Second-year resident, man, Syrian]
Emotional burden too high	"I think that if I processed everything that was said to me, I'd go crazy. So, I really don't look too far back into those experiences." [Third-year resident, woman, black]
	"Just thinking about that [incidence of bias] is hard. I think it really takes a high stress level for me to bring it up to my team." [Fourth-year medical student, woman, black]

Abbreviation: VA, Veterans Administration.

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Sue DW, et. al.: **Racial Microaggressions in Everyday Life** Amer Psychol 2007;62(4):271-286

Table 1
Examples of Racial Microaggressions

Theme	Microaggression	Message
Alien in own land When Asian Americans and Latino Americans are assumed to be foreign-born	"Where are you from?" "Where were you born?" "You speak good English." A person asking an Asian American to teach them words in their native language	You are not American. You are a foreigner.
Ascription of intelligence Assigning intelligence to a person of color on the basis of their race	"You are a credit to your race." "You are so articulate." Asking an Asian person to help with a math or science problem	People of color are generally not as intelligent as Whites. It is unusual for someone of your race to be intelligent. All Asians are intelligent and good in math/sciences.
Color blindness Statements that indicate that a White person does not want to acknowledge race	"When I look at you, I don't see color." "America is a melting pot." "There is only one race, the human race."	Denying a person of color's racial/ethnic experiences. Assimilate/acculturate to the dominant culture. Denying the individual as a racial/cultural being.
Criminality/assumption of criminal status A person of color is presumed to be dangerous, criminal, or deviant on the basis of their race	A White man or woman clutching their purse or checking their wallet as a Black or Latino approaches or passes A store owner following a customer of color around the store A White person waits to ride the next elevator when a person of color is on it	You are a criminal. You are going to steal/ You are poor/ You do not belong. You are dangerous.
Denial of individual racism A statement made when Whites deny their racial biases	"I'm not racist. I have several Black friends." "As a woman, I know what you go through as a racial minority."	I am immune to racism because I have friends of color. Your racial oppression is no different than my gender oppression. I can't be a racist. I'm like you.
Myth of meritocracy Statements which assert that race does not play a role in life successes	"I believe the most qualified person should get the job." "Everyone can succeed in this society, if they work hard enough."	People of color are given extra unfair benefits because of their race. People of color are lazy and/or incompetent and need to work harder.
Pathologizing cultural values/communication styles The notion that the values and communication styles of the dominant/White culture are ideal	Asking a Black person: "Why do you have to be so loud/animated? Just calm down." To an Asian or Latino person: "Why are you so quiet? We want to know what you think. Be more verbal." "Speak up more." Dismissing an individual who brings up race/culture in work/school setting	Assimilate to dominant culture. Leave your cultural baggage outside.
Second-class citizen Occurs when a White person is given preferential treatment as a consumer over a person of color	Person of color mistaken for a service worker Having a taxi cab pass a person of color and pick up a White passenger	People of color are servants to Whites. They couldn't possibly occupy high-status positions. You are likely to cause trouble and/or travel to a dangerous neighborhood.

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Fisher HN, et al: **"Let's Talk About What Just Happened . . ."** J Gen Intern Med Jan 2021; PMID 33479935

Microaggression Response Toolkit

To be combined and adapted as needed for each person and situation

Response Strategy	Description	• Sample language
Practice MicroAffirmations ⇧★	Behave positively in ways that counter a microaggression; communicate respect, promote another persons' ideas, or recognize their contributions.	• "X is an exceptionally trained medical professional and we are lucky to have her on our team." • "I'd like to listen to what X was saying." • "X had a great idea. Will you share that with us again?"
Assume best intent ⇧★	Underlying principle is separating intent from impact. Can involve explicit appeal to common values.	• "It sounds like you intended to compliment X, however that comment can also imply that __." • "I know you really care about ___. Acting in this way undermines those intentions."
State your take	Share your experience objectively, without apologies or accusations, then state what those facts mean to you and invite others to discuss.	• "I felt ___ when I heard/saw/learned ____, and it ____ (describe impact on you)." • "I was so upset by that remark that I shut down and couldn't pay attention to anything else. What did other people experience?"
Depersonalize	Use objective non-personal statements to describe what is occurring.	• "I notice you are speaking negatively about other groups of people." • "We are not giving everyone an opportunity to contribute to this conversation."
Get curious ★	Inquire about another person's perspective or intended impact. Provides opportunity for person to self-correct or to engage in dialogue.	• "Can you say more about that?" • "I'm curious. What makes you say that?" • "Can you help me understand what you meant by that?" • "Will you tell me more about what was going on?"
Repeat/reflect ★	Repeat back verbatim or paraphrase. Conveys respect for person and relationship and provides opportunity for reflection and self-correction.	• "I think I heard you say ___. Is that correct?" • "It sounds like you believe ____." • "I hear you saying that ___. Do I have that right?"
Reframe	Use hypotheticals or strategic questions to empower the receiver to reflect and decrease defensiveness	• "Could there be another way to look at this situation?" • "What would happen if ____?" • "How do you think this interaction would be different if ____?"
Redirect ★	Shift the focus to a different person or a different topic.	• "Let's shift the conversation to ___(other topic)." • "I'd like to hear what others have to say"
Use preference statements	Clearly state what you would prefer in the future.	• "It would be helpful for me if we limit our conversation to your medical problems" • "I would like all team members to be spoken to with respect"
Set boundaries ★	Name the behavior and set a clear limit to what you will tolerate.	• "We don't tolerate negative comments about people's race/ethnicity/gender here" • "I care about you as a person, but I will not tolerate offensive language or behavior. Now, let's focus on ____." • "I don't think that joke was funny. Please stop."
Disengage	Extract yourself from a situation that is harmful and/or not productive.	• "This is not a productive conversation right now. I will return later when we both are calmer" • "Excuse me, I need to go discuss this with one of my supervising physicians." • "I don't feel comfortable. I am going to leave now."
Debrief ⇧★	Discuss with others after the event. Especially important if you are the leader or most senior member of a group.	• "Let's talk about what just happened." • "That was a very difficult situation. It is important to me that we have a chance to debrief as a group." • "Would anyone like to share their reactions/thoughts/feelings?"
Revisit	Return for discussion or response with person who committed microaggression at a later time when you have had opportunity to reflect and prepare.	• "I want to discuss something that happened yesterday." • "I have been thinking about your comment last week about ___. I wanted to say ___."

Figure 1 Microaggression response toolkit.[2,4–6]

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Sue DW, et. al.: **Disarming Racial Microaggressions** Amer Psychol 2019;74(1):128-142

Scenario: *Colleague makes the following statement about a new employee with a visible disability: "He only got the job because he's handicapped."*
Metacommunication: *People with disabilities only receive opportunities through special accommodations rather than through their own capabilities or merit.*

Disarm the microaggression	Instantly stop or deflect the microaggression	Provides targets, allies, and bystanders with a sense of control and self-efficacy to react to perpetrators in the here and now	Express disagreement	"I don't agree with what you just said."
	Force the perpetrator to immediately consider what they have just said or done	Preserves targets' well-being and prevents traumatization by or preoccupation with what transpired		"That's not how I view it."
	Communicate your disagreement or disapproval towards the perpetrator in the moment	Allows perpetrator to think before they speak or behave in future encounters with similar individuals	State values and set limits	"You know that respect and tolerance are important values in my life and, while I understand that you have a right to say what you want, I'm asking you to show a little more respect for me by not making offensive comments."

Scenario: *Student in a chemistry class makes the following comment about an Arab American student: "Maybe she should not be learning about making bombs and stuff."*
Metacommunication: *All Arab Americans are potential terrorists.*

Educate the offender	Engage in a one-on-one dialogue with the perpetrator to indicate how and why what they have said is offensive to you or others	Allows targets, allies, and bystanders the opportunity to express their experience while maintaining a relationship with the offender	Differentiate between intent and impact	"I know you didn't realize this but that comment you made was demeaning to Maryam because not all Arab Americans are a threat to national security."
	Facilitate a possibly more enlightening conversation and exploration of the perpetrator's biases	Lowers the defense of the perpetrator and helps them recognize the harmful impact	Appeal to the offender's values and principles	"I know you really care about representing everyone on campus and being a good student government leader but acting in this way really undermines your intentions to be inclusive."
	Encourage the perpetrator to explore the origins of their beliefs and attitudes towards targets	Perpetrator becomes keen to microaggressions committed by those within their social circle and educates others	Point out the commonality	"That is a negative stereotype of Arab Americans. Did you know Maryam also aspires to be a doctor just like you? You should talk to her; you actually have a lot in common."
			Promote empathy	"The majority of Arab Americans are completely against terroristic acts. How would you feel if someone assumed something about you because of your race?"
			Point out how they benefit	"I know you are studying clinical psychology. Learning about why those stereotypes are harmful is going to make you a better clinician."

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ERAS**E** **Framework**: **E**stablish and **Encourage** a positive culture

Strategies to Address Discrimination Towards Trainees

(Whitgob EE, Blankenburg RL, Bogetz AL: Academic Medicine 2016;91(11):S64-S69

Participant-Recommended Strategies for Trainee and Faculty Development

Strategies for faculty and trainee development	
Case discussions	• Use real-life or simulated encounters to generate discussion and explore the range of potential responses • Support planning and preparation for real-life encounters
Cultural competency and implicit bias education	• Help providers identify their own biases and cultural attitudes to facilitate more constructive patient–provider interactions • Build self-awareness and appreciation for transference and countertransference issues in the patient–provider relationship
Set up expectations early in training	• Explain that this type of mistreatment could happen to anyone • Give permission to walk away • Discuss mistreatment during intern orientation and at transitions into more supervisory roles
Share the chain of command for escalation	• Educate faculty on institutional policies regarding faculty and trainee mistreatment and whom to contact when the situation must be escalated • Explain the system for documentation and tracking of mistreatment; emphasize confidentiality
Strategies for frontline faculty	
Debrief with team in the moment or shortly thereafter	• State importance of trainee safety and well-being • Set expectations for responding in similar situations • Articulate standards of care and what is tolerated by the hospital and academic institution
Personal reflection	• Reflect on encounter in written or verbal form to identify personal boundaries, biases, and triggers • Seek support and mentorship from colleagues
Strategies for institution	
Task force	• Build a multidisciplinary group of physicians, nurses, social workers, and risk managers to spearhead educational efforts and policy changes
Trainee mistreatment survey	• Implement confidential annual mistreatment survey for longitudinal tracking and intervention
Identify point people across the continuum of education	• Identify one or several individuals in UME/GME to alert programs and departments when events occur

Abbreviations: GME indicates graduate medical education; UME, undergraduate medical education.

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Addressing Problematic Patient Behavior: Before, During, and After the Encounter

(Shankar M, et. al.: JGME – J Grad Med Educ August 2019; 11[4]371-4)

TABLE 1

Before the Encounter: Reflecting for Action

Principle	Suggested Language
1. Set the stage	"Sometimes we are the recipients of language or behavior from patients that feels demeaning or discriminatory. I would like to take some time as a team to discuss how we are going to respond."
2. Invite resident input	"Sometimes it feels safer if I, as the attending, am the one to address this behavior, However, I want to empower you to act if you prefer. What are your preferences?"
3. Make the plan explicit	"It sounds like the team would like me to step in and address discriminatory behavior and statements. If this occurs, you will notice me saying the following phrase: *'I'm surprised to hear you say that.'*" "It sounds like you all feel comfortable addressing this behavior as it comes up. That is fine, and we can work out the ways to do this. In those situations, I will remain quiet until/unless the patient escalates or the learner signals for help."
4. Obtain an all-in pledge	"I would like us all to commit to protect each other and our environment from the harm of discrimination as much as possible. Can we all agree to that?"

TABLE 2

During the Encounter: Reflecting in Action

Principle	Suggested Language
1. Ensure the patient is clinically stable	
2. Address the comment: name the behavior as inappropriate	"I'm surprised you thought that would be an appropriate comment/joke." "Let's keep it professional." "I think you are trying to compliment me, but I am here to focus on your health."
3. Inform the patient you are there to improve his or her health	"I am/we are here to focus on your health."
4. Share your perspective	"When you said XX, I felt YY."
5. (Re)educate the patient about the roles of team members	"Your care team is made up of many different people who are all working to improve your health. I respect every member of your team and ask you to do the same." "Dr. Jones is the physician in charge of your day-to-day care." "Maria is a highly trained nurse who is working hard to provide your daily care."
6. Temporarily remove learners from the setting if behavior continues	"We are going to come back in 30 minutes and hope you will be ready to focus on your health."

TABLE 3

After the Encounter: Reflecting on Action

Principle	Suggested Language
1. Attend to safety and emotions of group	"I would like to take some time to acknowledge and reflect on how that experience felt for everyone."
2. Acknowledge what went well	"I'm hoping you will share a bit about what went well during that encounter."
3. Discuss what could have gone better	"How could we have addressed that situation differently to get a better outcome?"
4. Plan for the future	"I am recommitting myself to keeping the learning environment as safe and positive as possible. Next time something like this happens, I will . . ."

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Paul-Emile K, et. al: **Dealing with Racist Patients** New Engl J Med 2016; 374:708-711

<u>Five Ethical & Practical Factors</u> to consider when confronted with discriminatory comments / requests:

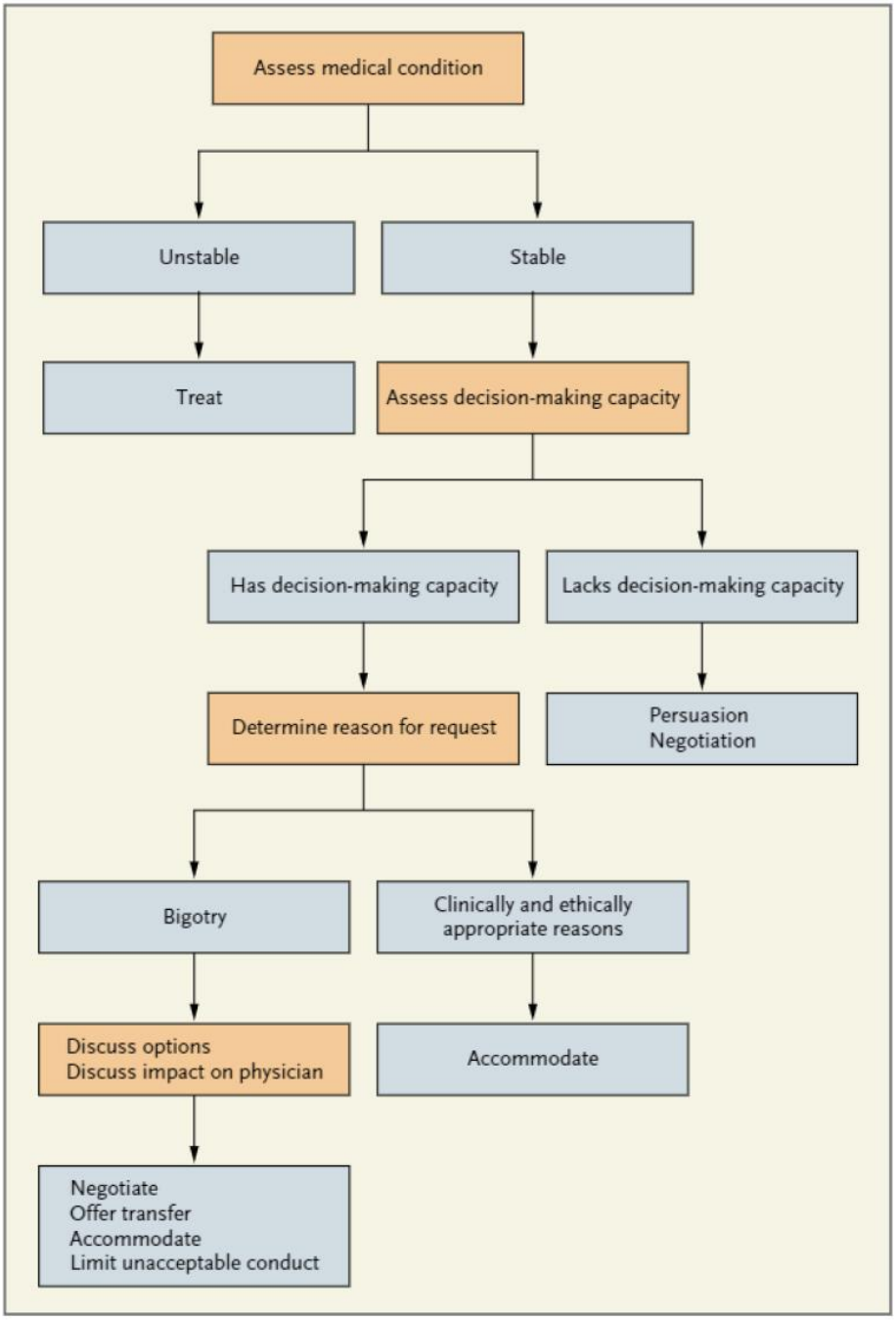
1) Patient's medical condition

2) Patient's decision-making capacity

3) Options for responding to request

4) Reasons for the request

5) Effect on the physician



Considering a Patient's Request for Physician Reassignment Based on Race or Ethnic Background in an Emergency Setting.

Actions in the orange boxes address factors that physicians should consider when confronted with a request to change clinicians because of a clinician's race or ethnic background. Such requests may be deemed to be clinically and ethically appropriate if, for instance, they are motivated by a desire for racial, ethnic, or language concordance or if the patient has specific mental health issues.

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Real World Clinical Vignettes – *What would you do?*

Case #1: Outpatient Phone Visit – *Time off*

- Patient: 45 woman with multiple medical conditions including chronic pain, anxiety, and personality disorder. She has frequent visits to primary care as well as to psychiatry. She has become recently dissatisfied with her current psychiatrist and is seeking a new psychiatrist.
- On the day of her phone meeting, she requested 2 items: (1) referral to dermatology for a chronic nodule on her finger and (2) 2 weeks off work for "stress and anxiety" because she felt her colleagues at work mistreated her. She has been given a note previously by her psychiatrist for 2 weeks off.
- Resident: Presented the above to the attending physician who advised (1) an in person visit to evaluate the hand nodule before further consultation with dermatology; and (2) referral back to psychiatry for the requested off work note. Resident expressed apprehensive about relaying this plan to the patient.
- After the follow-up phone call, the resident returned to the attending physician, visibly shaken and upset. He stated the patient yelled at him, using profanity, and demanding her initial requests be completed. He said the patient refused to be reasoned with and continued to berate him on the phone until he finally felt he had to hang up on her.

Case #2: Outpatient F2F Visit – *Well-organized plan*

- Setting: A PGY2 URM (under-represented in medicine) is seeing a new patient to his continuity care clinic.
- Resident Physician: After completing his F2F encounter with the patient, the resident physician presents the case to the attending physician. The resident offers a detailed and well-organized plan for the patient's four chronic medical conditions.
- Attending Physician: The attending physician acknowledges the organization of the presentation and readily agrees with the proposed treatment and diagnostic plans.
- Resident Physician: Shortly after seeing the patient, the resident returns to tell the attending physician the patient was initially upset and had been expecting to see the "real" doctor. The patient told the resident he didn't really think he was a doctor.

Case #3: Outpatient F2F Visit – *Back pain & rash*

- Setting: A PGY2 resident sees a walk-in patient for rash, back pain and other medical problems.
- Resident Physician: After the patient finished the visit and left the clinic, the resident tells an attending physicians that during the visit, the patient had gradually become upset because he was not getting what he wanted. At one point during the visit, the patient grabbed the resident's arm and ran his hand over her back indicating this is where his rash was. Initially the resident asked the patient to release her arm and the patient did not. She at that point pulled her arm back to free herself. The resident told the patient that they would address the rash at another visit and got up to end the visit. On the way out of the room, in the hallway, the patient pulls up his shirt to show her where his rash was. And he leaves the clinic.

Case #4: Emergency Department - *An Acute MI*

- Setting: A patient is emergently seen in the ED for an acute coronary
- Attending Physician. You are the attending female physician on call who sees the patient who is in need of an emergent cardiac catheterization. However, he declines to undergo the procedure and requests a male physician. He angrily shouts at the attending cardiologist "Women never know what they are doing. Get me a *!#?!%&#* man in here ."