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How to Respond to Racist Patients: Recommendations from a Literature Review

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How to Respond to Racist Patients: Recommendations from a Literature Review

Cover Page Footnote

The authors would like to acknowledge the work of the many authors who shared their stories of dealing with racist patients, as well as everyone working towards a more inclusive and supportive medical community. Additionally, the authors would like to thank the CMSRU Librarians, specifically Ben Saracco and Rachel King, for their help throughout this project.

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Narrative Reviews

Title: How to Respond to Racist Patients: Recommendations from a Literature Review

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Introduction

Dealing with racist patients is not uncommon, and these interactions can sever the therapeutic alliance, as well as leave providers feeling isolated, dehumanized, and ashamed. Investigation of published recommendations for handling these situations can give victims, peers, and institutions the tools necessary to prepare, protect, and support providers through these challenging encounters.

Methods

This paper is a literature review. For inclusion in this review, studies must have met the criteria of providing recommendations for healthcare providers or institutions on how to deal with racist patients. Excluded articles did not include recommendations on how to handle such situations or did not otherwise meet inclusion criteria. PubMed Medline was searched in January 2022 using a combination of the following keywords and associated MeSH terms: "Racism" AND "Physician-Patient relations". The resulted articles then underwent forward and backward citation searching. A total of 44 articles were included after evaluation of 272 articles via this process.

Results

For the affected individual, recommended responses include addressing the comment firmly and directly in real time, setting boundaries and behavior expectation, reporting the incident to supervisors and to the hospital, and seeking support from peers and/or professionals. At the peer level, core practices are supporting the victim, addressing the patient if necessary, debriefing with the victim and team, and checking-in with the victim in the following days. At the institution level, core practices are enacting reporting system and tracking incidents, developing specific policies and procedures about biased patients, and training staff with focused antibias and antidiscrimination sessions.

Discussion

There are steps to be taken at every level to create a supportive and inclusive practice that protects providers against racist patients. One limitation of this study was that it was not a systematic review so there may be other recommendations published that are not reflected here.

INTRODUCTION

When patients make racist remarks, practitioners experience tension between their right to a discrimination-free workplace and the patient's right to medical treatment.[1] These comments are often met without any response to the patient's behavior from either the victim or other witnesses, and such interactions can leave practitioners feeling isolated, dehumanized, and ashamed.[2-9] The goals of exploring recommended policies and practices for addressing racist patients are to protect and support victims, as well as to preserve therapeutic practitioner-patient alliances when possible.

These interactions are common, as 58% of practitioners have been victim to offensive remarks about personal characteristics such as race and ethnicity within the past five years per a 2017 survey of over 1,180 physicians, registered

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nurses, nurse practitioners, and physician's assistants.[10] This same survey found that these practitioners frequently feel unprepared to respond in these situations.[10] A 2020 study of 232 resident physicians found that 98% of them had experienced or witnessed biased patients within the past year.[11] This study also found that only 32% of residents felt confident or very confident in dealing with such patients.[11]

Furthermore, racist patients often target specific populations of healthcare workers. Numerous studies show that practitioners of color experience mistreatment from patients with greater frequency than their counterparts.[11-18] In fact, one study showed that over 40% of Latinx and Black residents experienced explicit racist comments within the past year.[11] Additionally, there has been a recent increase in discrimination against Asian residents, with a high frequency of belittling, which includes inquiries into their ethnic origins, as well as role questioning.[11,12]

The variety of ways that a patient's racial bias presents itself makes it complicated to determine best practices in responding to inappropriate comments. Studies have identified multiple types of biased behaviors, including belittling or demeaning stereotypes, role questioning, explicit epithets, displays of offensive materials, microaggressions and reassignment demands.[1,11,13] This range of biased actions highlights the need for focused policy and training, as it is not recommended to respond to all racist comments in the exact same way.[13]

Practitioners and institutions may currently be ill-equipped to handle these difficult encounters. A survey of Internal Medicine residents identified inadequate training and feeling unsupported as some barriers to responding to patients, while also finding that 84% of residents did not report these incidents to their institution.[11] Without knowing the scale of this problem, institutions are thus ill-equipped to train and support their healthcare practitioners.

In summary, the aim of this manuscript is to consolidate published recommendations for responding to racist patients at the affected individual, peer, and institution levels so that practitioners and medical practices might adapt advised behaviors and policies to create a supportive and inclusive working environment.

METHODS

This paper is a narrative literature review. For inclusion in this review, studies must have met the criteria of providing recommendations for healthcare practitioners or institutions on how to deal with racist patients. Excluded articles focused on experiences with racist patients without recommendations on how to handle such situations or did not otherwise meet inclusion criteria. PubMed Medline was searched in January 2022 using a combination of the following keywords and associated MeSH terms: "Racism" AND "Physician-Patient relations". This search yielded 119 results, 17 of which met inclusion criteria. Next, backwards and forwards citation searching of these 17 studies provided another 153 articles for consideration based on their title or abstract. These studies were then read in entirety, and of these, 27 articles met inclusion criteria. In summary, 272 studies were evaluated, and 44 were found to meet inclusion criteria. This research method is described in Figure 1.

The included 44 studies were critically appraised using Joanna Briggs Institute (JBI) Critical Appraisal Tools, with notes of what percent of JBI inclusion criteria each study met, as well as the study type. The JBI tools are peer-reviewed checklists that examine the validity of studies and address the possibility of bias affecting various aspects of a study or manuscript.[21] After evaluating the JBI criteria, the authors set a benchmark of meeting a minimum of 75% of these criteria to be considered as trustworthy.[22] Each included article met or surpassed that goal. The articles were then categorized by recommendations at the affected individual, peer, and institutional levels, as well as if the articles specifically focused on responding to practitioner change requests.

RESULTS

INDIVIDUAL

Of the 44 articles that provided recommendations, 18 (41% of articles) discussed what to do as the target of a patient's racism. Within these 18 articles, 16 (89%) recommended addressing the behavior with the patient during the encounter. 7 (39%) articles recommended searching for support from your peers and team members after the encounter, and 7 (39%) recommended reporting the patient behavior to the institution. These 18 articles are summarized in Table 1.

PEER

Of the 44 articles that provided recommendations, 23 (53%) gave recommendations for peers of victims of racist patients. Within these 23 articles, 16 (70%) explicitly mentioned supporting the victim and 15 (65%) recommended addressing the patient's inappropriate behavior during the encounter. After the patient encounter, 10 (43%) articles recommended conducting a team-wide debriefing session, and 6 (26%) articles recommended continued check-ins with the targets in the days following the initial event. These 23 articles are summarized in Table 2.

INSTITUTION

Of the 44 articles that provided recommendations, 34 (77%) provided recommendations at the institutional level. Within these 34 articles, 24 (71%) advised developing specific policies and guidelines on how to respond to racist patients. 19 articles (56%) recommended holding training sessions, and 10 articles (29%) recommended establishing a reporting system and tracking data regarding encounters with racist patients. 6 articles (18%) advised creating a culture of support and inclusion for all staff. Other repeated recommendations included giving patients instructions outlining acceptable behaviors (4 articles, 12% of articles), conducting annual surveys (3 articles, 9%), and displaying

Table 1. Summary of literature regarding the affected individual

Article	Author	Year	Action Recommendations for Affected Individual	JBI %	Study Type
Addressing Mistreatment by Patients in Geriatric Subspecialties: A New Framework[14]	Wilkins et al.	January 2022	Follow the **ERASE method**. At this individual level, this means **expect** and prepare for mistreatment. **Recognize mistreatment**. **Address the situation in real time**. After an encounter, **seek support** and **encourage a positive culture** by **reporting the incident** to the institution.	100	Text and Opinion
No One Size Fits All: A Qualitative Study of Clerkship Medical Students' Perceptions of Ideal Supervisor Responses to Microaggressions[15]	Bullock et al.	November 2021	**Address the comment directly** and without attacking the patient.	100	Qualitative Focus Group Study
Racial Discrimination from Patients: Institutional Strategies to Establish Respectful Emergency Department Environments[16]	Chary et al.	July 2021	**Address the comment in real time.**	100	Text and Opinion
Overcoming Bias from Patients and Their Families: Protecting Our Trainees and Ourselves[17]	Oslock et al.	December 2020	**Address the comment** and **ask questions** to understand the source of discomfort. Maintain a professional demeanor. After the encounter, **debrief with a colleague. Report as an instance of workplace violence.**	80	Text and Opinion
Addressing Patient Bias and Discrimination Against Clinicians of Diverse Backgrounds[18]	Chandrashekar et al.	November 2020	**Assess practitioner safety** and leave room if unsafe. Consider the underlying reasons behind inappropriate behavior. **Address remark**, acknowledge impact of behavior with patient, and **redirect** to medical problems. **Document** incident and **report to hospital administration and supervisors**.	80	Text and Opinion
Confronting Racial Violence: Resident, Unit, and Institutional Responses[23]	Williams et al.	August 2019	**Name the racist behavior** and **address directl**y. Utilize limit-setting communication scripts.	100	Text and Opinion
Mayo Clinic's 5-Step Policy for Responding to Bias Incidents[2]	Warsame et al.	June 2019	**SAFER Model**: Step in, **Address the inappropriate behavior**, Focus on institution's values (ex. healing and compassion), Explain expectations and **set boundaries** using communication scripts. **Report the incident** to supervisor. Submit a Patient Misconduct form	100	Text & Opinion
Perioperative Management of Disruptive Patients[24]	Berg et al.	March 2019	**Assess severity** of patient condition. **Attempt to deescalate** and understand cause of patient behavior. **Involve peers** who are part of the non-discriminatory policy team.	100	Text and Opinion
Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders[25]	Sue et al.	January 2019	**Address the comment**. State values and **set limits**. Educate the offender. **Report** the encounter. **Seek support**.	100	Text and Opinion
Twelve tips for responding to microaggressions and overt discrimination: when the patient offends the learner[26]	Wheeler et al.	October 2018	**Assess the situation** and determine whether to respond at bedside. Attempt unconditional positive regard. Repeat the statement and reflect. S**hare its impact** on you with the patient and **engage with the patient** to learn more about their perspective. Use objective statements. After the encounter, **debrief with peers.**	100	Text and Opinion

Article	Author	Year	Action Recommendations for Affected Individual	JBI %	Study Type
Doctors on their own when dealing with racism from patients[27]	Vogel, Lauren	September 2018	**Acknowledge and address** the racist comment.	80	Text and Opinion
Colored Resident[28]	Cousins et al.	September 2018	Calmly **address remark. Assess the severity of patient's medical condition. Explore the reasons** behind the comment and **remind patient of hospital's values.**	80	Text and Opinion
Discrimination and Racial Hostility in the ICU[29]	Williams et al.	August 2017	**Assess decision-making capacity**. **Do not shame patien**t. Focus on values such as healing. **Report incident** to administration.	100	Text and Opinion
The Discriminatory Patient and Family: Strategies to Address Discrimination Towards Trainees[30]	Whitgob et al.	November 2016	Focus on **cultivating a therapeutic alliance** by asking about what the patient is truly concerned about. **Depersonalize the event** by recognizing that patients may be fearful and anxious, which may manifest as inappropriate comments. **Report incident** to supervisor and hospital administration. Involve risk management.	80	Qualitative Research
Multiculturalism and diversity: How to ethically care for a prejudiced patient[31]	Shahriari et al.	July 2016	After the encounter, **discuss the experience** with a trusted friend or mentor.	100	Text and Opinion
Microaggressions and Microresistance: Supporting and Empowering Students[32]	Cheung et al.	2016	For Microaggressions: Follow the **ACTION approach**. **Address the remark** and **ask clarifying questions**. Carefully listen. **Tell others** what you observed. Explore the impact of the remark, and evaluation what the intent of the patient. Own your own feelings and emotional response to the comment. **Take next steps** and discuss a change in behavior with the patient.	100	Text and Opinion
The Dilemma of the Racist Patient[33]	Singh et al.	December 2015	**Address the patient** and inform them that their behavior is inappropriate. If a patient continues to be racist, **consult an ethics team**. If the behavior continues after this intervention, the physician should transfer care to another practitioner.	100	Text and Opinion
Allowing patients to choose the ethnicity of attending doctors is institutional racism[34]	Moghal, Nadeem	February 2014	Immediately **address behavior**.	80	Text and Opinion

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Table 2. Summary of literature regarding peers of the affected individual

Article	Author	Year	Action Recommendations for Peers	JBI %	Study Type
Addressing Mistreatment by Patients in Geriatric Subspecialties: A New Framework[14]	Wilkins et al.	January 2022	Follow the **ERASE method**. **Address the inappropriate comment**. **Support the targeted individual.**	100	Text and Opinion
No One Size Fits All: A Qualitative Study of Clerkship Medical Students' Perceptions of Ideal Supervisor Responses to Microaggressions[15]	Bullock et al.	November 2021	**Acknowledge the inappropriate comment. Support** the victim. **Check-in** with the victim after, either in a one-on-one or group setting. **Give the victim space** to reflect.	100	Qualitative Focus Group Study
The Deepest Cuts[5]	Fofana, Mariam	September 2021	**Address the patient** and **support the victim**.	100	Text and Opinion
When a patient refuses a nurse assignment[35]	Camelo et al.	August 2021	**Allow the victim to take the lead** in handling the situation. **Immediately debrief** as a team. **Support the victim** by employing empathy and active listening.	100	Text and Opinion
What's Important: Addressing Racism in Patient Encounters[36]	Bonsu, Janice	August 2021	**Introduce and identify practitioners of color** as members of the team when meeting the patient. Support the victim and **validate their feelings**. **Give the victim room to process** the event. Do not treat overprotect victims nor treat victims with pity.	100	Text and Opinion
Becoming Active Bystanders and Advocates: Teaching Medical Students to Respond to Bias in the Clinical Setting[37]	York et al.	August 2021	Use the **5 D Model**: Direct, Distract, Delegate, Delay, Display Discomfort. This entails verbally **addressing the incident**, **defusing** the situation, **involving superiors** who are better able to handle the situation, **following up later** with either the victim or perpetrator, and expressing discomfort with body language.	100	Text and Opinion
Racial Discrimination from Patients: Institutional Strategies to Establish Respectful Emergency Department Environments[16]	Chary et al.	July 2021	**Address racist comment** in real time. **Lend support** to target of racism. Do this regardless of patient's mental status. Conduct a **staff debrief**.	100	Text and Opinion
Professionalism: microaggression in the healthcare setting[16]	Ehie et al.	February 2021	**Address the comment**. Use techniques such as reflecting back, communicating the impact, and boundary-setting. **Check-in with the targeted individual** in the following days.	100	Text and Opinion
Overcoming Bias from Patients and Their Families: Protecting Our Trainees and Ourselves[17]	Oslock et al.	December 2020	Be an active bystander and **intervene**. **Address the patient. Support the victim** though a **debrief** session. **Check-in with the colleague in** the days after the event.	100	Text and Opinion
Power in Our Hands: Addressing Racism in the Workplace[38]	Charlot, Marjory	December 2020	**Call out** the inappropriate behavior.	100	Text and Opinion
The Microaggressions Triangle Model: A Humanistic Approach to Navigating Microaggressions in Health Professions Schools[39]	Ackerman-Barger and Jacobs	December 2020	Follow the **ARISE model**. Demonstrate awareness by recognizing mistreatment. **Respond with empathy** and without judgement. **Inquire about the reason behind the comment**. Utilize statements that start with "I". **Educate and engage** with the perpetrator.	100	Text and Opinion

Article	Author	Year	Action Recommendations for Peers	JBI %	Study Type
Addressing Patient Bias and Discrimination Against Clinicians of Diverse Backgrounds[18]	Chandrashekar et al.	November 2020	At time of event, **consider intervening. Support the victim**. Afterwards, **convene a team meeting**. At the meeting, support the victims and discuss how to address the incident. In **days following, check-in and offer support**. Consider sharing personal experienced with patient bias during check-ins.	80	Text and Opinion
Good for Us All[40]	Issaka, Rachel	August 2020	**Speak up** and **support the victim** at the time of racial mistreatment.	100	Text and Opinion
ERASE-ing Patient Mistreatment of Trainees: Faculty Workshop[13]	Wilkins et al.	December 2019	Use the **ERASE model**- Expect that mistreatment will happen, Recognize it, **Address the situation** in real time, **Support the learner after** the event, Establish a positive culture.	100	Text and Opinion
Confronting Racial Violence: Resident, Unit, and Institutional Responses[23]	Williams et al.	August 2019	**Conduct a debrief session** that supports the victim and plans how to address the incident. Include all who witnessed or were impacted, including patients. Connect victim to **support systems** such as chaplains, other clinicians, or ombudsperson. **Check in with victim in days following** the incident to assess if additional support is necessary.	100	Text and Opinion
How Should Organizations Support Trainees in the Face of Patient Bias?[1]	Paul-Emile	June 2019	At time of event, **assess the situation** and if the victim is looking for intervention or prefers to handle the situation by themselves. After the event, **debrief** and give the victim and opportunity to share and vent about the incident. Validate the pain of the experience. **Set up a larger team meeting** to give other team members an opportunity to share their own experiences.	100	Text and Opinion
How Should Clinicians and Trainees Respond to Each Other and to Patients Whose Views or Behaviors Are Offensive?[41]	Mitchell, Cory	June 2019	**Use affect labeling** (naming of emotions) to help targets of discrimination cope with the inappropriate comments. At a later time, **revisit the patient with the victim**, and give all involved parties a chance to reconcile negative emotions.	100	Text and Opinion
Perioperative Management of Disruptive Patients[24]	Berg et al.	March 2019	**Debrief as a team** for feedback for analysis and improvement.	100	Text and Opinion
Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders[25]	Sue et al.	January 2019	**Use supportive microinterventions**. Validate target's experiences. **Address the patient and comment**.	100	Text and Opinion
Institutional Responses to Harassment and Discrimination in Obstetrics and Gynecology[42]	Eichelberger et al.	October 2018	**Debrief as a team.**	100	Text and Opinion
Discrimination and Racial Hostility in the ICU[29]	Williams et al.	August 2017	**Speak up. Affirm the victim's competence** and importance to the medical team. **Immediately debrief** and refer victim to ombudsperson.	100	Text and Opinion
The Discriminatory Patient and Family: Strategies to Address Discrimination Towards Trainees[30]	Whitgob et al.	November 2016	At time of event, **support the victim** and assure practitioner competence using communication scripts. **Debrief with team** shortly after event. **Support the victim** and review expectations of how to respond in future situations. Separately, **engage in personal reflection** to identify personal boundaries, biases, and triggers.	80	Qualitative Research

Article	Author	Year	Action Recommendations for Peers	JBI %	Study Type
When a Family Requests a White Doctor[43]	Reynolds et al.	August 2015	**Support the victim. Validate their competence and value** as integral members of the healthcare team.	100	Text and Opinion

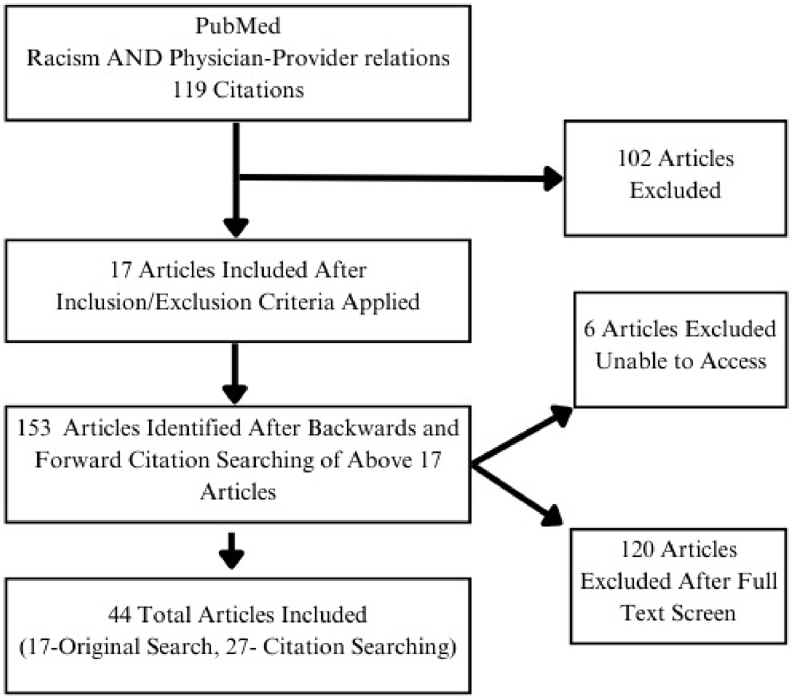

Figure 1. PRISMA Flowchart of Research Process[19,20]

signage that promotes diversity throughout the hospital (3 articles, 9%). These 34 articles are summarized in Table 3.

SPECIAL SCENARIO- PRACTITIONER REQUEST CHANGE

One category of encounter that requires specific scrutiny is when patients request a change in practitioners. This is a particularly common event, as a 2017 survey found that one half of physician responders had experienced a patient-made practitioner reassignment request because of their race, gender, sexual orientation, religion, or ethnicity.[1]

Of the 44 articles that provided recommendations, 8 (18%) focused on dealing with practitioner change requests. In those 8 articles, 4 (50%) recommended initially evaluating the patient's medical condition and mental status. 7 articles (88%) recommend engaging with the patient and exploring the underlying reason for their request. 6 articles (75%) recommend outright denial of any practitioner change requests found be rooted in racism. These 8 articles are summarized in Table 4.

CONCISE SUMMARY OF CORE PRACTICES

After thoroughly reviewing all 44 articles that provided recommendations, the authors found several key practices for each of the individual, peer, and institution categories. These core practices are summarized in Table 5.

DISCUSSION

This paper contributes to the current literature on this subject by concisely summarizing recommendations at the individual, peer, and institutional levels. It does not add any novel recommendations, although the core practices summary table is a new addition to the current literature. This manuscript shows that there are actionable practices and policies that individuals and institutions can implement to better protect and support victims of racist patient behavior.

This paper can be employed in numerous ways to benefit the medical community. Schools and hospitals can use this paper as a recommended reading to educate individuals about how to handle dealing with racist patients. Departments can refer to workshops listed in Appendix-Table 6 as avenues to train its residents and staff. Medical schools can refer to Appendix-Table 7 to look at workshops that can either be conducted as listed or modified to become an integrated part of the curriculum to prepare students for these difficult encounters. Until racism in healthcare is addressed directly in the working and learning environment, both practitioners and patients will continue to suffer. Providing individuals and organizations recommendations and resources for working with racist patients is an important step in creating a more inclusive and supportive medical community.

There are several limitations of this study, as well as several opportunities for further investigation. One limitation of this article is that it is not a systematic review nor a meta-analysis. There may be recommendations published in databases outside of PubMed that were not evaluated when writing this article. Therefore, conducting a formal systematic review is a worthwhile area of investigation. Additionally, when encountering a racist patient in person, there can be many variables that affect how a practitioner might respond, such as the clinical setting, the practitioner's history with the patient, the clinical condition of the patient, the mood of the patient, and even the mood of

Table 3. Summary of literature regarding institutions

Article	Author	Year	Action Recommendations for Institutions	JBI %	Study Type
Addressing Mistreatment by Patients in Geriatric Subspecialties: A New Framework[14]	Wilkins et al.	January 2022	**Establish a positive culture. Develop formal policies** regarding mistreatment by patients. **Create a standardized reporting mechanism. Display signage** in waiting areas that acknowledge the value of diversity and professionalism. **Give patients forms outlining behavior expectations**.	100	Text and Opinion
Computer-Based Patient Bias and Misconduct Training Impact on Reports to Incident Learning System[44]	Wilker et al.	December 2021	**Use a computer-based training module** and **comprehensive communication strategies** to teach staff about new policies.	78	Quasi-Experimental
Impact of racial microaggressions in the clinical learning environment and review of best practices to support learners[45]	Gilliam et al.	October 2021	**Involve microaggression education** into medical school curriculum. **Begin regular survey** of staff to assess racial climate and diversity. **Develop and enforce policies** for addressing microaggressions. **Require training** to teach people to be active bystanders. **Develop robust reporting systems** with options for anonymous reporting.	100	Text and Opinion
Racial Discrimination from Patients: Institutional Strategies to Establish Respectful Emergency Department Environments[16]	Chary et al.	July 2021	**Develop expectations and guideline**s for dealing with racist patients. **Establish a patient code of conduct** that prohibits discriminatory behavior. Encourage staff to address comments in real time. **Create incident reporting mechanisms. Create notifications in patient charts** for patients who have demonstrated repeated racist verbal aggression.	100	Text and Opinion
Responding to Discriminatory Patient Requests[46]	Moore et al.	June 2021	**Develop policy** specifically about responding to practitioner change requests.	100	Text and Opinion
Professionalism: microaggression in the healthcare setting[47]	Ehie et al.	February 2021	**Engage in diversity training**.	100	Text and Opinion
Overcoming Bias from Patients and Their Families: Protecting Our Trainees and Ourselves[17]	Oslock et al.	December 2020	**Develop policy** focused handling racist patients as well as on transferring hostile patients once stabilized. **Create a supportive and inclusive culture. Display prominent signage** indicating the hospital's commitment to diversity.	80	Text and Opinion
Let Us Not Be Silent[48]	Valbuena et al.	December 2020	**Create a reporting system**. **Develop policy** that instructs how to respond to racist patients. **Build equity committees. Recognize and reward social activism.**	100	Text and Opinion
Power in Our Hands: Addressing Racism in the Workplace[38]	Charlot, Marjory	December 2020	**Teach staff and students** communication tools. **Create opportunities for open discussion** amongst teams about how to handle racist patients. **Conduct training sessions about debriefing and diffusing** incidents with racist patients.	100	Text and Opinion
Resident Physician Experiences With and Responses to Biased Patients[11]	de Bourmont et al.	November 2020	**Develop a formal reporting system. Create specific policy** on biased patients. **Train practitioners**, both on what to do if victim or if a bystander.	90	Qualitative Research
Academic Emergency Medicine Faculty Experiences with Racial and Sexual Orientation Discrimination[49]	Lu et al.	September 2020	**Develop policies and guidelines** for responding to discrimination from patients.	86	Cross-Sectional
Good for Us All[40]	Issaka, Rachel	August 2020	**Train all staff and students** to identify and address structural racism when encountering it. Integrate structural racism into the medical school curriculum. Employ a diverse workforce.	100	Text and Opinion

Article	Author	Year	Action Recommendations for Institutions	JBI %	Study Type
			Rewrite mission statements with a health equity lens. Invest and support black trainees and faculty to promote success.		
Exploring discrimination towards pharmacists in practice settings[50]	De Chun et al.	August 2020	**Develop workplace policies. Include training** on dealing with discrimination in curriculum. **Create a pathway for reporting incidents.**	80	Qualitative Research
Addressing Patient Bias Toward Health Care Workers: Recommendations for Medical Centers[51]	Paul-Emile et al.	July 2020	**Craft specific policy** about patient bias and **outline procedures** that account for clinical roles. Include specific considerations for trainees and bedside nurses. **Enact a mechanism to report incidents** to the organization and track this data over time. **Create a team to support staff** and implement policies. **Train practitioners** for confronting biased patients.	100	Text and Opinion
Discrimination Towards Physicians of Color: A Systematic Review[52]	Filut et al.	April 2020	**Develop policies** to protect physicians against discrimination from patients. **Create a culture of inclusivity** that supports physicians of color.	82	Systematic Review
Interdisciplinary Healthcare Students' Experiences of Intimidation, Harassment, and Discrimination During Training[53]	Findley et al.	March 2020	**Conduct training sessions** on bystander intervention.	75	Analytical Cross-Sectional Study
Confronting Bias and Discrimination in Health Care—When Silence Is Not Golden[54]	Cooper et al.	October 2019	**Create guidelines** about responding to patient mistreatment. **Create a culture of equity. Hold bystander antidiscrimination training.**	100	Text and Opinion
Confronting Racial Violence: Resident, Unit, and Institutional Responses[23]	Williams et al.	August 2019	**Utilize the term "verbal assault"** when **reporting** and describing actions of biased patients. Have a diverse review committee look at reported incidents to determine proper intervention. Release summary data publicly. **Train practitioners** by developing and **disseminating communication scripts**.	100	Text and Opinion
Physician and Trainee Experiences With Patient Bias[55]	Wheeler et al.	July 2019	**Create policy** specifically addressing egregious patient behavior. **Hold training sessions** on both individual and team responses to racist patients.	80	Qualitative Research
How Should Organizations Support Trainees in the Face of Patient Bias?[1]	Paul-Emile	June 2019	**Collect data** about what happened and when, how the organization responded, the resolution of the incident, the effect on the victim, how the victim was supported, and how the victim felt about the organization's response. **Create a culture** where the norm is to report incidents and staff routinely support each other in the face of discrimination.	100	Text and Opinion
How Should Organizations Respond to Racism Against Health Care Workers[56]	Garran et al.	June 2019	**Develop policies and guidelines**. Get buy-in from all members of the organization.	100	Text and Opinion
How Should Clinicians and Trainees Respond to Each Other and to Patients Whose Views or Behaviors Are Offensive?[41]	Mitchell, Cory	June 2019	**Train** students and staff in **affect labeling (naming of emotions)**.	100	Text and Opinion
Perioperative Management of Disruptive Patients[24]	Berg et al.	March 2019	**Create a nondiscriminatory policy committee** made up of surgical team members, nurse managers, patient relations, and administrators. **Draft policy** for handling discriminatory patients. **Provide patients a written contract** of their rights and expectations of proper behavior.	100	Text and Opinion

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Article	Author	Year	Action Recommendations for Institutions	JBI %	Study Type
Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders[25]	Sue et al.	January 2019	**Conduct training sessions** for targets of discrimination as well as bystanders.	100	Text and Opinion
When the perpetrators are patients[57]	Amy Paturel	October 2018	**Encourage reporting**. **Train bystanders**. **Develop policy and procedures** that clearly define limits of acceptable behaviors. **Provide resources** that train practitioners about how to handle inappropriate patient remarks.	80	Text and Opinion
Institutional Responses to Harassment and Discrimination in Obstetrics and Gynecology[42]	Eichelberger et al.	October 2018	**Conduct a survey** of staff's experiences with discrimination. **Develop policy** on responding to racist patients. **Train** staff to identify and respond to microaggressions. **Track data** on harassment.	100	Text and Opinion
Beyond Silence and Inaction: Changing the Response to Experiences of Racism in the Health Care Workforce[58]	Premkumar et al.	October 2018	**Develop explicit policies**. Implement annual surveys. Create a dedicated taskforce.	100	Text and Opinion
Doctors on their own when dealing with racism from patients[27]	Vogel, Lauren	September 2018	**Develop clear policies** on dealing with racist patients. **Train medical students**. **Craft a code of conduct** to help **hold patients accountable.**	80	Text and Opinion
Microaggressions: Toxic Rain in Health Care[59]	Mazzula and Campón	September 2018	**Create policies** and **train** staff. Make an effort to create a more **diverse staff.**	80	Text and Opinion
Discrimination Against Healthcare Providers: Through Training and Practice[60]	Erickson, Shawna	March 2018	**Develop strict guidelines** for how to handle racist patients. **Create a culture that encourages and supports reporting**. **Train** staff.	80	Text and Opinion
The Secret Drama at the Patient's Bedside—Refusal of Treatment Because of the Practitioner's Ethnic Identity: The Medical Staff 's Point of View[61]	Popper-Giveon and Keshet	February 2018	**Formulate clear policies and guidelines**.	90	Qualitative Research
Discrimination and Racial Hostility in the ICU[29]	Williams et al.	August 2017	**Draft clear policy** that states that verbal and physical abuse are not acceptable. **Use consistent messaging** present throughout the medical center that promotes DEI. Have a confidential ombudsman available to address issues of discrimination. **Train students, staff, and faculty** for dealing with racist patients.	100	Text and Opinion
The Discriminatory Patient and Family: Strategies to Address Discrimination Towards Trainees[30]	Whitgob et al.	November 2016	**Create a task force to lead policy change and training efforts**. **Implement an annual trainee mistreatment survey. Identify point people** across several departments to involve when incidents happen.	80	Qualitative Research
Allowing patients to choose the ethnicity of attending doctors is institutional racism[34]	Moghal, Nadeem	February 2014	**Strengthen policies**. **Conduct diversity training**.	80	Text and Opinion

Table 4. Summary of literature regarding practitioner change requests

Article	Author	Year	Action Recommendations for Practitioner Change Requests	JBI %	Study Type
When a patient refuses a nurse assignment[35]	Camelo et al.	August 2021	**Assess patient safety**. **Ask why** the patient made request. **Assess capacity.** Involve superiors. **Redirect patient** and discuss goal of high-quality care.	100	Text and Opinion
Responding to Discriminatory Patient Requests[46]	Moore et al.	June 2021	**Assess patient's medical condition**. Inquire about the origin of request. **Reject requests rooted in racism or bigotry**.	100	Text and Opinion
How to Respond to a Patient's Discriminatory Request for a Different Clinician[62]	Pope, Thaddeus	April 2018	**Explore patient's reason** for request. **Assess medical stability** and **capacity**. **Refuse bigoted requests**. Attempt to convince patients to accept treatment.	100	Text and Opinion
Dealing with Racist Patients[63]	Paul-Emile et al.	February 2016	**Assess patients' medical condition** and **assess decision-making capacity. Consider the reason for the request** and decide if it is based in bigotry or made for clinically and ethically appropriate reasons. **Inform patients that they are free to seek care elsewhere** and that they must refrain from hate speech.	100	Text and Opinion
When a Family Requests a White Doctor[43]	Reynolds et al.	August 2015	**Inquire about the nature of the request. Do not accommodate racist requests**. Inform patients that they are free to seek care elsewhere.	100	Text and Opinion
Responding to discriminatory requests for a different healthcare provider[64]	Anstey and Wright	February 2014	Follow the *Caregiver preference guideline*. **Engage with the patient to determine underlying reason for request. Do not accommodate requests based in bigotry**. Determine if it is operationally possible to accept the request.	100	Text and Opinion
Drawing the Line on Racially Motivated Patient Demands[65]	O'Reilly, KB	March 2013	**Refuse racially motivated requests. Develop institution-wide protocols** for how to handle this situation.	80	Text and Opinion
Managing patients who express racist views[66]	Baraitser, Paula	December 2005	**Inquire as to why** patient is making a practitioner change request. **Tell superiors** about request. **Deny any racially motivated request.**	100	Text and Opinion

Table 5. Concise Summary of Core Practices

Affected Individual	Peers	Institutions	Practitioner Change Request
Address the comment firmly and directly in real time	Support victim- address patient if need be	Enact reporting system and track incidents	Evaluate patient's medical condition and mental status
Set boundaries and behavior expectations	Debrief with victim and team	Develop specific policy and procedures about biased patients	Engage and exposure the underlying reason for request
Report incident to supervisor and hospital	Check-in with victim in following days	Train staff with focused antibias and antidiscrimination sessions	Refuse any request found to be rooted in racism
Seek support from peers and/or professionals			

https://rdw.rowan.edu/crjcsm/vol5/iss1/9
DOI: 10.31986/issn.2578.3343_vol5iss1.9

the practitioner.[37] There are not yet recommendations that specifically account for each of these variables.

When thinking about future investigations in this field, another area to explore is the impact of specific interventions implemented by institutions, as this could help determine which recommendations yield the most beneficial responses. Similarly, there is opportunity to explore more deeply several of the models suggested for use by victims and peers, such as ERASE, ARISE, and the OWFTD approach. It would be helpful to evaluate and compare the primary data behind each of these various tools to determine if there is a singular most reliable tool for individuals to use. Additionally, the distinct role of "supervisor", whether it be an attending physician, department head, or manager, is not explored in this manuscript. Supervisors, who occupy a role in the medical hierarchy in-between peers and institutions, may affect the way practitioners experience racist patients, whether it is from the culture instilled by the supervisor or by how the supervisor responds to the victims' experience. The role of the supervisor and recommendations for this population is deserving of investigation in future studies.

Furthermore, it is vital to recognize that practitioners are not the only victims of racism in the healthcare space. While this is not the focus of the paper, the authors recognize the plethora of research describing how patients are often victim to racial biases from their physicians, physician assistants, and nurses. These biases impact the way patients are treated and are described in medical records, and this contributes to disparities in healthcare. Practitioners must acknowledge their own biases and modify their behaviors to ensure that each patient receives the compassionate care they need, and that it is not affected by the color of their skin. The medical environment should be a safe space for teamwork and healing, for both patients and practitioners.

CONCLUSION

For targets of racist behavior, research indicates that it can be beneficial to address the comment and engage with the patient in real time. After such an encounter, victims might consider searching for support from a team debrief, a conversation with a close friend, or from a therapist or psychiatrist. Additionally, to help such incidents from happening again, best practices support reporting this interaction, whether by speaking with a direct supervisor, documenting the event in the patient chart, or submitting a patient misconduct form. For bystanders and peers of the victims of racist patients, recommendations include assessing and diffusing the situation, addressing the behavior directly, conducting a supportive debrief afterwards, and checking-in with the victim in the following days. Supportive comments including acknowledging that the comment was inappropriate and validating that the victim is a valued member of the healthcare team. Bystanders should feel empowered to speak up, even if the most junior person in the room. At the institutional level, recommendations include developing specific policy focused on these situations and implementing standardized reporting mechanisms with possible anonymous submission can give practitioners a framework for dealing with patients, as well as provide institutions data that can lead to targeted interventions to support staff. Supervising entities, such as dedicated staff or a multi-disciplinary board, can follow up and examine the organization's response, the resolution of the incident, how affected personnel are supported, and how affected practitioners feel about the organization's response. In summary, there are a myriad of actionable recommendations that practitioners and institutions can adopt to protect, prepare, and support practitioners through difficult interactions with racist patients.

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APPENDIX

Appendix-Table 6. MedEd Workshops for Attending Physicians, Residents, Faculty, and Healthcare Professionals

Article	Authors	Year	Summary
Addressing Microaggressions in Academic Health: A Workshop for Inclusive Excellence[67]	Ackerman-Barger et al.	February 2021	This workshop focuses on **students and healthcare professionals**. It is a single workshop that used **lecture, cases, and discussion**. It focuses on examining **microaggressions**, their impact on healthcare and how people can respond to promote inclusion.
"I Didn't Know What to Say": Responding to Racism, Discrimination, and Microaggressions With the OWTFD Approach[68]	Sotto-Santiago et al.	July 2020	This workshop is for **students, professional staff, and healthcare professionals**. It is a single 2-hour workshop that involves **lecture, role-play, facilitated discussion, and individual reflection exercises.** It specifically emphasizes **microaggressions** and teaches communication techniques to respond to such comments. It recommends the **OWTFD** approach for responding to racial microaggressions. It stands for: Observe, Why?, Think, Feel, Desire
ERASE-ing Patient Mistreatment of Trainees: Faculty Workshop[13]	Wilkins et al.	December 2019	This workshop is for clinical medical school **faculty**. It uses **lecture**, **cases**, and **small group discussions** to teach the **ERASE** model for responding to **mistreatment** of trainees. ERASE stands for Expect that mistreatment will happen, Recognize it, Address the situation in real time, Support the learner after the event, and Establish a positive culture.

Appendix-Table 7. MedEd Workshops for Students

Article	Authors	Year	Summary
Becoming Active Bystanders and Advocates: Teaching Medical Students to Respond to Bias in the Clinical Setting[37]	York et al.	August 2021	This workshop focuses on **medical students**. It contains a **one-hour case-base workshop**, and a refresher workshop 8 months later. It teaches a framework for **responding to bias or microaggressions** in clinical settings.
Addressing Microaggressions in Academic Health: A Workshop for Inclusive Excellence[67]	Ackerman-Barger et al.	February 2021	This workshop focuses on **students and healthcare professionals**. It is a single workshop that used **lecture, cases, and discussion**. It focuses on examining **microaggressions**, their impact on healthcare and how people can respond to promote inclusion.
"I Didn't Know What to Say": Responding to Racism, Discrimination, and Microaggressions With the OWTFD Approach[68]	Sotto-Santiago et al.	July 2020	This workshop is for **students, professional staff, and healthcare professionals**. It is a single 2-hour workshop that involves **lecture, role-play, facilitated discussion, and individual reflection exercises.** It specifically emphasizes **microaggressions** and teaches communication techniques to respond to such comments. It recommends the **OWTFD** approach for responding to racial microaggressions. It stands for: Observe, Why?, Think, Feel, Desire
Exploring Racism and Health: An Intensive Interactive Session for Medical Students[69]	DellaPiazza et al.	December 2018	This is a workshop for **first-year medical students.** It is a standalone session that uses a **lecture** and **facilitated small-group case-based discussion**. It further proposes two frameworks to help students respond to their own unconscious bias as well as microaggressions. Overall, this session focused on examining the history of racism in medicine, **how racism affects health,** and how to address racism in clinical settings.
When Race Matters on the Wards: Talking About Racial Health Disparities and Racism in the Clinical Setting[70]	Brooks et al.	December 2016	This is a workshop for **preclinical medical students**. It is a stand-alone one-hour session that uses **facilitated small-group case-based discussion.** It highlights the impact of **race and bias in clinical settings** and teaches students strategies to navigate these situations when witnessing them.
Stopping Discrimination Before It Starts: The Impact of Civil Rights Laws on Healthcare Disparities - A Medical School Curriculum[71]	Bereknyei et al.	December 2009	This workshop is for **medical students**. It is a single 2–3-hour workshop that uses **role-playing** and **discussion** to teach students about **Title VI of the Civil Rights Act of 1964**. It is unique in that it exposes students to the federal laws that focus on **racial discrimination**. **This helps students identify violations** as well as **teaches them how to respond** when witnessing a violation during clinical practice.