

Practicing our Values

Effecting change when you are not in charge:
Everyday diversity, inclusivity and the Code of Ethics

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The Disclaimer Slide...

I am a medical physicist, not an ethicist

Why are we here?

- Code of Ethics is something that we, as AAPM members are obligated to abide by and uphold

We agree to this every time we renew our membership in AAPM

- The Code is designed to provide a framework and baseline or guidance for ethical behavior
- Unifying reminder that we are all working towards the same goal of providing the best patient care

The Revised Code has some new additions

Additions to the language of the Code:

- Diversity
- Inclusivity

Philosophical shift Tolerance → Advocacy and Promotion

Current Code

Language: Non-discrimination, discrimination, equal opportunity, respect, freedom of expression, fair evaluation

Prejudicial, biased discrimination not based on merit is reprehensible and unethical

Why this addition in the revised Code?

- Time (10 years)
- AAPM has a new Diversity Statement!
- We know a lot lot more, we have some tools to play with

It's still about patient care !

AAPM's Diversity Statement

The AAPM is committed to

- recognizing and celebrating diversity in the field of medical physics

A more diverse community of medical physics practitioners, educators, and researchers

- Provides a greater collective understanding of the challenges faced by underserved and minority individuals, particularly patients, regarding radiation therapy or medical imaging procedures
- helps our association excel in education and research

Goals:

- Inclusion for everyone involved in our operations including staff, students, residents, members, fellows, volunteers, and leadership
- Increased diversity of the AAPM through outreach and mentoring

Diversity



- Members should acknowledge that each individual is unique, and recognize individual differences.

These differences can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, education, physical abilities, religious beliefs, political beliefs, or other ideologies. A work environment that includes diverse perspectives can lead to an increase in creativity and productivity.



Inclusivity

An intention or policy of including people who might otherwise be excluded or marginalized.

- Members should use constructive and supportive language and maintain a respectful demeanor when interacting with members of the professional community, including patients, research subjects and patients' family members. *An inclusive environment is linked to higher levels of engagement, higher patient satisfaction and better treatment outcomes.*

Diversity cannot be sustained (nor can its potential benefits be realized) without a practice of Inclusivity

To create a culture of inclusivity it is necessary to know a little bit about BIAS.

Bias

- A bias is a learned tendency (act, interpret)
- Most biases – like the preference to drive on the correct side of the road are helpful

Allow us to distinguish very quickly between what is safe and what is dangerous, those we trust and those we don't

Implicit Bias

Pervasive

- The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

Bias

Part of a fantastic and essential filter

- Exposure: 11 million stimuli at a single time
- Experience: 45-50 of these are absorbed
- Conscious Awareness: approximately 7

Explicit Bias

- The attitudes and beliefs we have about a person or group on a conscious level. Much of the time, negative biases and their expression arise as the direct result of a perceived threat.

Violent Action (school shooting, terrorist attack)
Distribution of limited resources (economic crisis)
Unequal Access (employment, healthcare, promotion)

Bias is neither good nor bad, but ...
It can cause problems when it is unconscious and when it is applied inappropriately.

This can result in rash or poor decisions and discriminatory practices.

If you are in a minority group...

- #1 – I suspect that all of us are in a minority group of one kind or another
- Studies have shown that your implicit bias against your very own minority is just as present as it is in those who have explicit bias

If you make a black kid fill out a question at the top of an SAT exam asking them to state their race, they perform more poorly on that exam.

The Good News:

We can short circuit some of the automatic processes by slowing down, separating fact from bias and changing our actions.

One of My Favorite Slides in the Ethics Road Show:

The review process is not designed to be an efficient process, but a fair and thoughtful one.

- Quick Thinkers, Definitive Actions, Confident and Decisive leaders, Efficient Processes
- Detail-Oriented, Careful, Error Averse

What is the threshold energy requirement for this change?

- Your Brain requires 20% more glucose when it switches from the unconscious to the conscious. If you are listening to someone you don't trust. Your brain needs 20% more energy!
- If one of your colleagues feels like they are an outsider or unaccepted, they need to work 20% harder just to be able to get their job done.
- Slow down, think evaluate.

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Is there a tool to help us resolve the real and important tension in the two descriptions below?

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Consciousness is all we can hope for in a culture shift

- Recognize your biases:

What makes you feel good? Are there good friends you trust? Are there people who have betrayed you in the past? Have you been physically attacked? What shows do you watch? Do you always put your toilet paper into the holder with the paper unrolling from the top?
- Go to your tool box:

Ladder of Inference

Describes the process of thinking when interacting with someone, usually unconsciously, to get from facts to decision and action.

- Facts
- Filter the stimuli
- Interpret and assign meaning
Apply existing bias, (un)conscious
- Develop Assumptions (blurring)
- Draw conclusions (Emotional)
- Develop beliefs
- Take actions based on these beliefs because they seem right

The diagram is a pyramid with seven levels. From bottom to top: Data (purple), Filter (blue), Assign Meaning (green), Assume (yellow-green), Conclude (orange), Adjust Beliefs (red), and Act (orange triangle). An upward arrow labeled 'Interaction' is at the base, and another upward arrow is at the top.

One Scenario

Need to commission a new piece of equipment - won't be doing it alone.

There are two junior physicist in your clinic, you reach out to Pam first, she wasn't involved in the last commissioning and you know she needs the experience and this will look really good on her resume.

- Raw Data: She immediately asks how much time you expect it to take, when you would want her to start, how much support she would get.
- Filter: You feel the tension increases between your shoulders, you see the expression of dismay on her face, you hear her ambivalence, you think about the amount of time you two will need to spend together over the next month.
- Assign meaning: You have always been taught the importance of saying 'yes' and seizing every opportunity that comes your way.
- How can she possibly even think about turning this opportunity down? Maybe she's just not capable? These millennials are just not willing to do the hard work, they want everything handed to them on a platter.
- Emotions / Conclusions: 'Ugh, this is not going to be fun'.
- Adjust: That's the last time, Bill always says yes and is so easy to work with. He's going to be my go-to junior physicists in the future. It's just not worth the hassle, I'm stretched too thin as it is to need the extra hassle of working with Pam.
- Take Action: 'You tell her that you don't know the answers to all of those questions but it's going to be a lot of work it's part of her job and she should feel fortunate for the opportunity'. You walk away, you go into the office of a colleague you trust and you vent.'

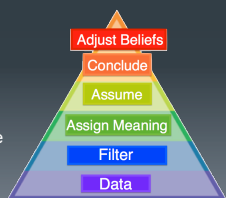
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The Unexpected

Pam is waiting outside your office when you return

- ◆ almost in tears, she tells you how much this opportunity means to her, that she got a text this morning that her sister was in hospital and they didn't know how bad it was ...
- ◆ she was always taught not to commit to anything if she didn't know she could follow
- ◆ She assumed that saying yes might jeopardize the project
- ◆ Is there any chance that she could give you an answer 2 days from now?

You apologize, offer support, thank her for coming to you with this, tell her the timeline she suggest is fine.

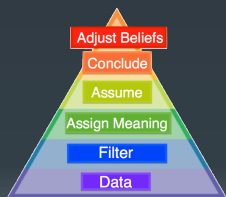


What just happened?

Pam shared her ladder of inference, some of her own biases, preferences and tendencies with you, which reset and changed your thinking.

And we can do this all on our own!

Intimidation and retreat
Active participation

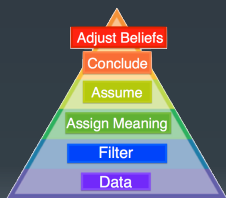


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INCLUSIVITY



Go back to the bottom of the ladder, move back, rung by rung

Reflect: Understand your thinking and reasoning process better

- Are your assumptions valid?
- If you applied different biases and assumptions, would that change your actions?

Inquire: Understand the thinking and reasoning of others (colleagues, boss, students, patients)

- What set of biases and assumptions do they bring to the table?

Advocate: Be able to explain your process to others (advocate for your choices)



Back to the Code ...

Bias is a part of being human

Understanding bias is useful in promoting and supporting diversity.

The code is peppered with calls to examine and be aware of our biases.

Conflicts of Interest

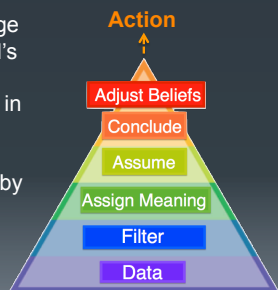
- A conflict of interest is a situation in which one's position of trust with a party is actually, or potentially, compromised by virtue of relationships with other parties and/or by self-interest. Conflict of interest is not inherently unethical, but there is a risk that unethical behaviors can arise from incentives inherent in the conflict of interest.

Example:

- Purchasing equipment

Peer Review of another's work

Information used to judge a reviewed professional's performance must be substantiated and used in good faith to help the reviewed professional; opinions not supported by clear evidence must be disregarded.



Educators / Students

- Respect for Students/Trainees
- Equal opportunity
- Freedom of expression



Responsibilities to Patients

- Members must regard patient interests as paramount
- Respect Autonomy and Dignity
- Members communicating to the public via should clearly state whether the information provided is based upon scientific studies, expert consensus, professional experience or personal opinion.



Diversity + Inclusivity

satisfied patients with better results
engaged and productive workforce

AAPM member obligation that applies to
all members

This is tough and complex work!

Thank you

Resources tapped for this talk:

- Senge, Peter, Art Kleiner, Charlotte Roberts, Richard B Ross, and Bryan J Smith, *The Fifth Discipline Fieldbook*. London: Nicholas Brealey, 1999. Print.
- Ross, Howard J. *Everyday Bias: Identifying and Navigating Unconscious Judgments in Our Daily Lives*, New York: Rowman & Littlefield, 2014. Print.
- National LGBT Cancer Network, www.cancer-network.org. Website.
- Smith, Christie, Stephanie Turner, *The Radical Transformation of Diversity and Inclusion: The Millennial Influence*, Deloitte Development, LLC, 2015.
- Griggs, Jennifer, Shail Maingi, Victoria Blinder, Neelima Denduluri, Alok Khorana, Larry Norton, Michael Francisco, Dana Wollins, and Julia Rowland, *American Society of Clinical Oncology Position Statement: Strategies for Reducing Cancer Health Disparities Among Sexual and Gender Minority Populations*, J Clin Onc 35:19, 2203-2208 (2017).
