UW Medicine
OFFICE OF HEALTHCARE EQUITY

BIAS REPORTING TOOL (BRT)

Third Annual Community Report from June 2023 to May 2024.

SCAN TO ACCESS BRT ▸

BRT is a tool at UW Medicine to share incidents of bias. This is our annual report intended to raise awareness in our community and to help drive change.

460 REPORTS

9 AVERAGING REPORTS PER WEEK

During the past year, we've seen an increase in overall reporting (previously an average of 7 per week) and an increase in anonymous reports (approx. ⅓rd increase). While anonymous reporting may offer a level of comfort for reporters, the absence of indentifiable sources can post challenges in effectively addressing events.

KEY TAKEAWAYS

- Reporters noted "microaggressions" and "discrimination" as the most common type of bias experienced.
- This is similar to what we have seen in previous years.
- Incidents describing verbal assault have increased
  - Many incidents occur in clinical spaces and involve patient interactions.
  - A workgroup of UW Medicine leaders have been partnering with existing local efforts to focus on Clinical Care Team Safety.
  - To learn more or request resources, contact **biasreportingtool@uw.edu**.
- Race and Ethnicity remain the most common identities reported to be impacted

INVESTIGATIVE RESOURCES & PARTNER GROUPS

Civil Rights Investigative Office

Human Resources Consultant

SafetyNet Reporting

WHAT TYPES OF BIASES WERE INCLUDED IN THE REPORTS?

THEMES OF INCIDENTS: Percentages of reports that included identification of the following themes (N=460). Reporters may select multiple themes. For clarity entries below 10% are not listed but include: Graffiti, Other

Theme	Percentage
DISCRIMINATION	54%
MICROAGGRESSION	45%
BULLYING	27%
INTIMIDATION	21%
HARASSMENT	21%
VERBAL ASSAULT	18%
RETALIATION	12%

WHAT ARE THE IDENTITIES IMPACTED BY BIAS EVENTS?

THEMES OF INCIDENTS: Percentages of reports that included identification of the following themes (N=460). Reporters may select multiple themes. For clarity entries below 10% are not listed but include: Age, Caregiver Status, Religion, Sexuality, Substance Use, Size, Other

Identity	Percentage
ETHNICITY	29%
RACE	29%
JOB CLASS / DISCIPLINE (e.g., trainee, nurse, medical assistant)	23%
GENDER	17%
ABILITY / DISABILITY	12%
GENDER IDENTITY	12%
LANGUAGE	12%
SOCIOECONOMIC STATUS / CLASS	10%

MISNAMING OR DISREGARD FOR LEARNING PEOPLE'S NAMES

Several groups have done work to address this theme. We invite you to take time to learn about a couple programs.

"SAY MY NAME"

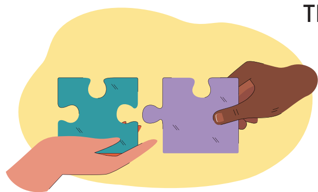
"Names matter, and the way we treat them has impact. **Research** shows that our brains 'light up" when we hear our name, while mispronunciation can lead to feelings of isolation and alienation..."

Create a NameBadge to add to your email signature

Names & Pronunciations Initiative: Order Name Pronunciation Tag

> *"...comments were made such as, "I don't know how to say their name" and "I never know how to pronounce it" and "I just call them (insert nickname) because I can't say their name." Another staff member spoke up and said, "It's pronounced..." and the leadership responded by saying things like "See, it's so hard" and "I still can't say it."*
>
> *Anonymous*

FOCUS ON INTERACTIONS BETWEEN NURSES AND TRAINEES



This past year, there were several reports about bias based on perceived hierarchy in the clinical environment. These came from multiple members of our care teams feeling hurt and disrespected by words and behavior. While we see conflict amongst many members of the clinical team, during this time, we have seen more reports in this space between nurses and trainees. These events can impact communication and collaboration increasing the risk of patient safety events and negatively affecting the learning and work environment.

There are many potential reasons for why this is occurring, and we want to acknowledge that trainees and nurses are on the front lines across the ED, OR, Acute Care and ICU, often facing high stress situations. Reporters identified additional things that could contribute to these conflicts include clarity about roles, staffing shortages, and burnout. Many people in our community have also noticed the importance of building relationships among team members. Having clear communication strategies can be helpful and impact how we treat each other.

We recognize this is a complex and nuanced issue and requires significant collaboration. A UW Medicine workgroup is being created to review incidents and discuss responses, with a particular focus on how to build community within and across teams and establish a foundation for psychological safety. If you'd like to participate in this effort, contact **biasreportingtool@uw.edu**.

> *..a nurse who had never spoken to me before felt empowered to yell at me and say rude things in front of her colleagues...it was also concerning that everyone just stood watching this happen but never stood up for me...*
>
> *Resident*

> *"...I identified myself and asked (the resident) for a situational update. At this point I was ignored. I repeated myself and was getting very little information... afterwards, (the resident) belittled me and my experience and role as a leader with greater systemic hospital knowledge, saying that they had more clinical authority."*
>
> *Nurse*

UW Medicine is making progress, but ongoing support is needed to address community events. Thank you to all reporters for your support.