

Great Starts February 2013 In-Service

Bias In Teaching Medical Interventions
(60 mins)

Using PowerPoint to Make Your Presentations Pop!
(30 mins)



2011 Report

(Great Starts, PALS Doulas, PEPS)

1. Instructor bias
2. Medical interventions
3. Classroom experience





**TOTALLY
UNPREPARED**

The Journal of Perinatal Education

Advancing Normal Birth

in this issue:

Self-Efficacy and
Postpartum
Depression

Going Beyond the
Call of Doula

Reflections of
Midwifery Clients

Fall 2009
Volume 19
Number 4



A Lamaze' International Publication







Survey says....

5. Great Starts Instructors: I have been a childbirth educator for:

Answer Options	Response Percent	Response Count
More than 10 years	40%	6
5-10 years	27%	4
Less than 5 years	33%	5

5. Other Puget Sound-Area CBEs: I have been a childbirth educator

Answer Options	Response Percent	Response Count
More than 10 years	24%	4
5-10 years	18%	3
Less than 5 years	59%	10

The Gropman Spectrums:

Understanding Your Biases and Orientation in Medical Decision Making

Adapted from *Your Medical Mind*, 2011, (Gropman & Hartzband)

 = Great Starts CBEs

 = Other CBEs

Naturalist vs Technologist

Naturalist  Technologist

Yes
Definitely!

Most of
the time

Occasionally

Neutral

Occasionally

Most of
the time

Yes
Definitely!

I believe the best cure comes from the body given time and healthy lifestyle.

I prefer herbal and plant-based remedies.

I prefer age-old, natural remedies.

I believe the best cure comes from science and technology.

I prefer western drugs and medicines.

I prefer the latest high-tech options.

Minimalist vs Maximalist

Minimalist  Maximalist

Yes
Definitely!

Most of
the time

Occasionally

Neutral

Occasionally

Most of
the time

Yes
Definitely!

I believe less is best.

I prefer the minimum amount of treatment necessary.

I avoid treatment.

I believe more is best.

I prefer the maximum amount of treatment available.

I seek preemptive treatment.

Doubter vs Believer

Doubter  Believer

Yes
Definitely!

Most of
the time

Occasionally

Neutral

Occasionally

Most of
the time

Yes
Definitely!

I am skeptical treatment will work.

I worry about potential side effects and risks.

I am skeptical of health care providers.

I believe treatment will work.

I focus on expected benefits.

I hold health care providers in high esteem.

Learning Task

1. 1 minute - Get into groups of 3
2. 4 minutes - Review survey results
3. 1 minute - Circle results that indicate potential bias
4. 1 minute – Share your results with one other group

1. Great Starts CBEs: When teaching about medical interventions, techniques and tools, I:

Answer Options	Yes	%	Rarely or Never	%
Use my own experiences as examples of what can happen when medical interventions are used.	2	13%	13	87%
Talk about the risks and trade-offs of medical interventions.	15	100%	0	0%
Talk about the benefits and positive outcomes of medical interventions.	13	87%	2	13%
Use research studies and scientific evidence to promote medical interventions.	2	14%	12	86%
Use research studies and scientific evidence to persuade against medical interventions.	2	13%	13	87%
Caution against the over-use of routine medical interventions.	13	87%	2	13%
Talk about how to optimally use medical interventions.	15	100%	0	0%
Talk about the domino-theory of one medical intervention leading to the next.	10	67%	5	33%
Talk about what kinds of routine medical interventions to expect from local area hospitals.	13	87%	2	13%
Tell class members they have choices about what medical interventions are routinely used.	14	93%	1	7%
Spend time guiding class members to clarify their values and feelings about medical interventions.	10	67%	5	33%
Use medical decision-making tools and frameworks to help class members evaluate medical interventions	14	93%	1	7%
For every medical intervention, I also teach a less-invasive alternative tool or technique.	13	87%	2	13%

1. Other Puget Sound-area CBEs: When teaching about medical interventions, techniques and tools, I:

Answer Options	Yes	%	Rarely or Never	%
Use my own experiences as examples of what can happen when medical interventions are used.	2	12%	15	88%
Talk about the risks and trade-offs of medical interventions.	16	94%	1	6%
Talk about the benefits and positive outcomes of medical interventions.	13	76%	4	24%
Use research studies and scientific evidence to promote medical interventions.	3	18%	14	82%
Use research studies and scientific evidence to persuade against medical interventions.	8	47%	9	53%
Caution against the over-use of routine medical interventions.	13	76%	4	24%
Talk about how to optimally use medical interventions.	15	88%	2	12%
Talk about the domino-theory of one medical intervention leading to the next.	14	82%	3	18%
Talk about what kinds of routine medical interventions to expect from local area hospitals.	15	88%	2	12%
Tell class members they have choices about what medical interventions are routinely used.	17	100%	0	0%
Spend time guiding class members to clarify their values and feelings about medical interventions.	17	100%	0	0%
Use medical decision-making tools and frameworks to help class members evaluate medical interventions	16	100%	0	0%
For every medical intervention, I also teach a less-invasive alternative tool or technique.	14	82%	3	18%

2. Great Starts Instructors: I believe:

Answer Options	TRUE	%	FALSE	%	No opinion	%
My class members are too readily accepting of routine medical interventions.	8	53%	5	33%	2	13%
Many routine medical interventions (like prophylactic saline locks and 3rd stage Pitocin) are largely benign and have more benefits than risks.	4	27%	11	73%	0	0%
It's hard to present medical interventions without introducing personal bias for or against some medical interventions	7	47%	7	47%	1	7%
My class members are largely skeptical of routine medical interventions and distrustful of the medical community.	0	0%	13	87%	2	13%
There is always a less invasive alternative to most medical interventions.	11	73%	3	20%	1	7%

2. Other Puget Sound-Area CBEs: I believe:

Answer Options	TRUE	%	FALSE	%	No opinion	%
My class members are too readily accepting of routine medical interventions.	7	41%	8	47%	2	12%
Many routine medical interventions (like prophylactic saline locks and 3rd stage Pitocin) are largely benign and have more benefits than risks.	2	12%	12	71%	3	18%
It's hard to present medical interventions without introducing personal bias for or against some medical interventions	6	35%	11	65%	0	0%
My class members are largely skeptical of routine medical interventions and distrustful of the medical community.	5	29%	12	71%	0	0%
There is always a less invasive alternative to most medical interventions.	12	71%	4	24%	1	6%

3. Great Starts Instructors: After teaching medical interventions, I want class members to:

Answer Options	TRUE	%	FALSE	%	No opinion	
Be cautious when choosing medical interventions.	11	73%	3	20%	1	7%
Avoid using routine medical interventions.	6	40%	7	47%	2	13%
Feel guilt-free about using medical interventions.	14	93%	1	7%	0	0%
Be confident about making decisions whether to use or refuse medical interventions.	15	100%	0	0%	0	0%
Have a framework for discussing medical interventions with their health care provider.	15	100%	0	0%	0	0%
Have clearly identified their own biases and feelings about using medical interventions.	15	100%	0	0%	0	0%

3. Other Puget Sound-Area CBEs: After teaching medical interventions, I want class members to:

Answer Options	TRUE	%	FALSE	%	No opinion	
Be cautious when choosing medical interventions.	13	76%	3	18%	1	6%
Avoid using routine medical interventions.	4	24%	9	53%	4	24%
Feel guilt-free about using medical interventions.	15	88%	1	6%	1	6%
Be confident about making decisions whether to use or refuse medical interventions.	17	100%	0	0%	0	0%
Have a framework for discussing medical interventions with their health care provider.	17	100%	0	0%	0	0%
Have clearly identified their own biases and feelings about using medical interventions.	16	94%	1	6%	0	0%



Medical Interventions



Can class members discern between routine and medically indicated interventions?

Are class members taught frameworks for Informed decision-making?

Medical Interventions

Unrealistic expectations?

Necessary or medically indicated interventions?



Medical Interventions

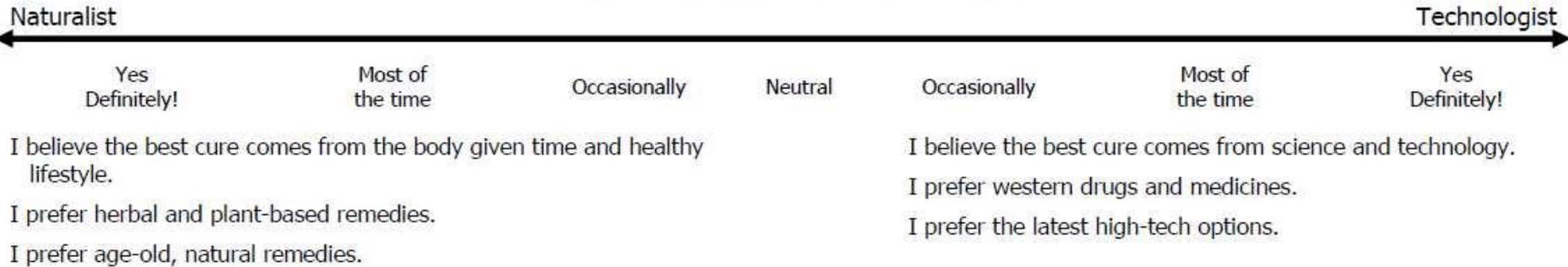


Reducing negative affects of classroom bias

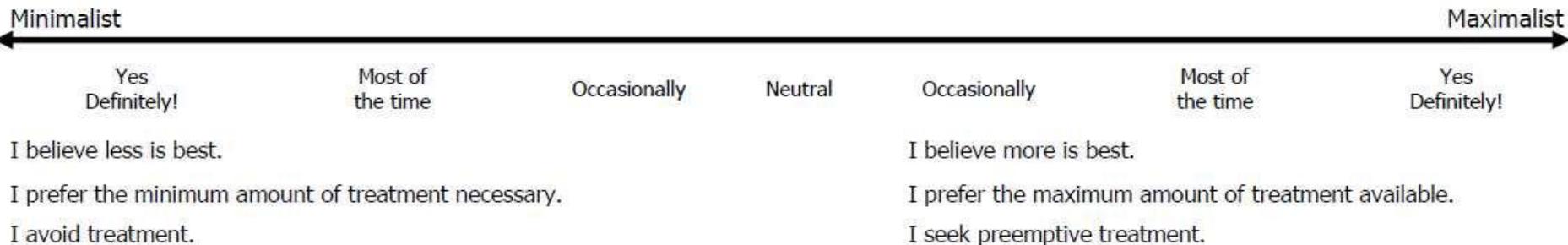
The Groopman Spectrums: *Understanding Your Biases and Orientation in Medical Decision Making*

Adapted from *Your Medical Mind*, 2011, (Groopman & Hartzband)

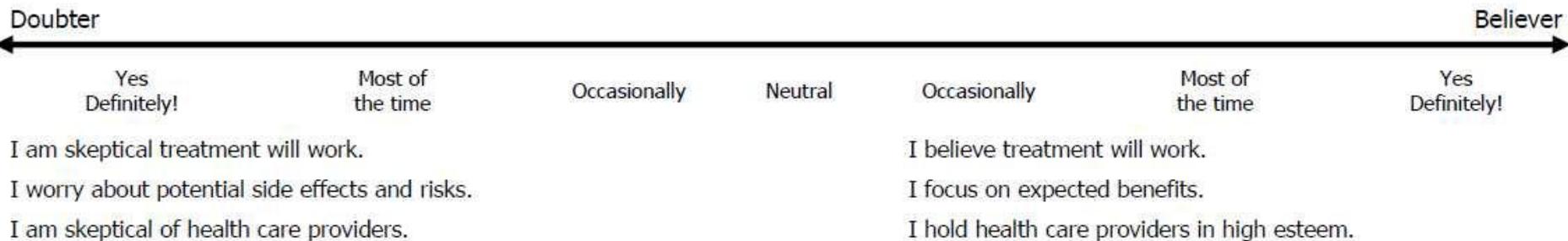
Naturalist vs Technologist



Minimalist vs Maximalist



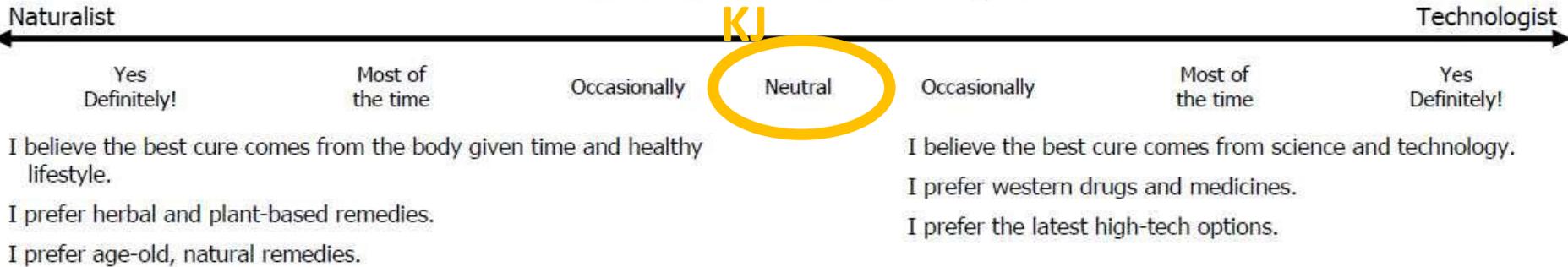
Doubter vs Believer



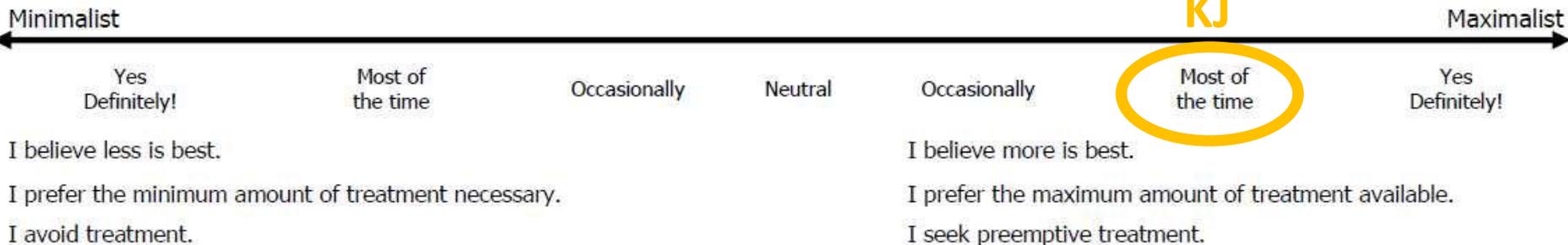
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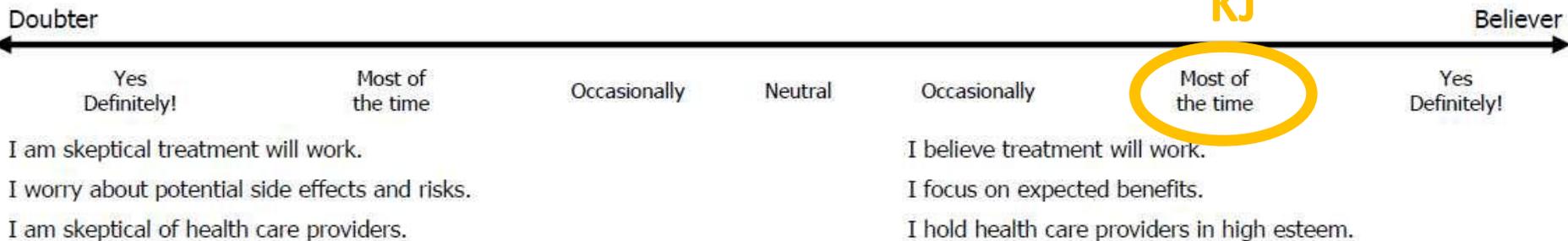
Naturalist vs Technologist



Minimalist vs Maximalist



Doubter vs Believer

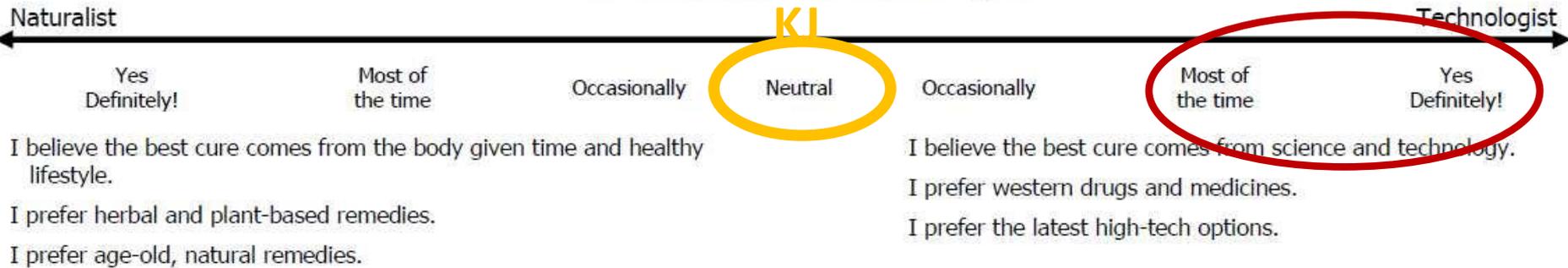


The Groopman Spectrums: Understanding Your Biases and Orientation in Medical Decision Making

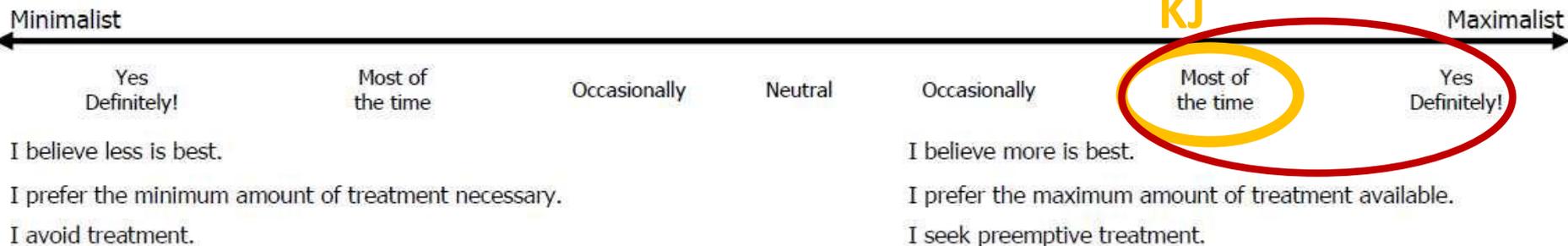
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Typical Western Medical Care Provider

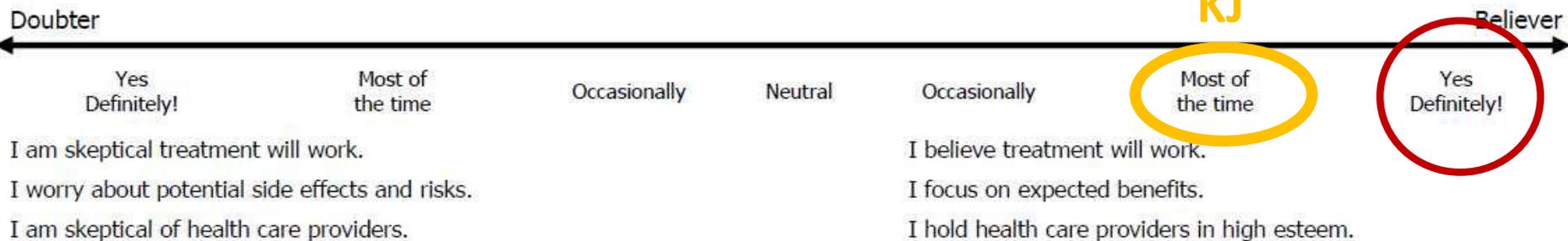
Naturalist vs Technologist



Minimalist vs Maximalist



Doubter vs Believer





Making Informed Decisions (and Refusals)



**Make sure you know what
the problem is...**

What problem are we trying to fix?

**Is this a problem that is happening now or
a potential future problem? How likely is
that to happen?**



Understand the benefits..

What is the intended outcome of the treatment?

How likely is it to work?

How does it work?



Understand the risks...

What are the risks or trade-offs?

What if it doesn't work?

How does it work?



Understand the alternatives

How do other care providers treat this?

What are all the alternative treatments?

What happens if I do nothing?

Is expectant management an option?



Making a decision/refusal

How much time do I have to decide?

May I have time to think?

What does my intuition tell me?

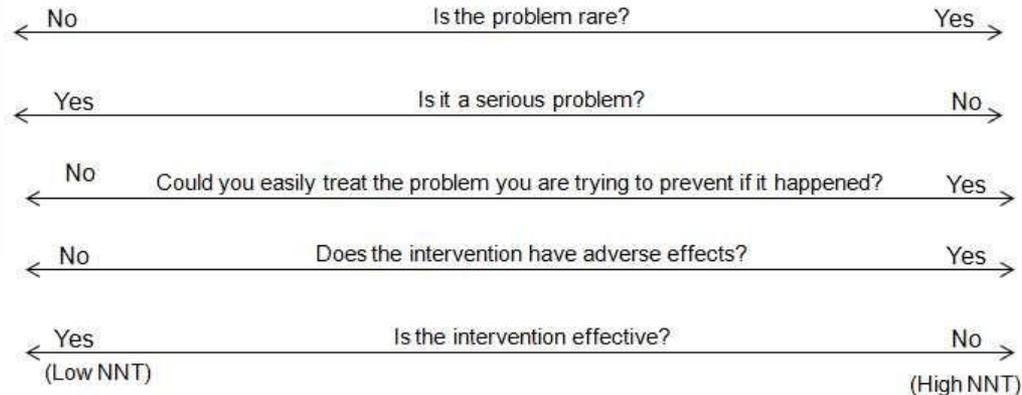
Describe your values and medical mindset.

Using or Refusing Medical Interventions

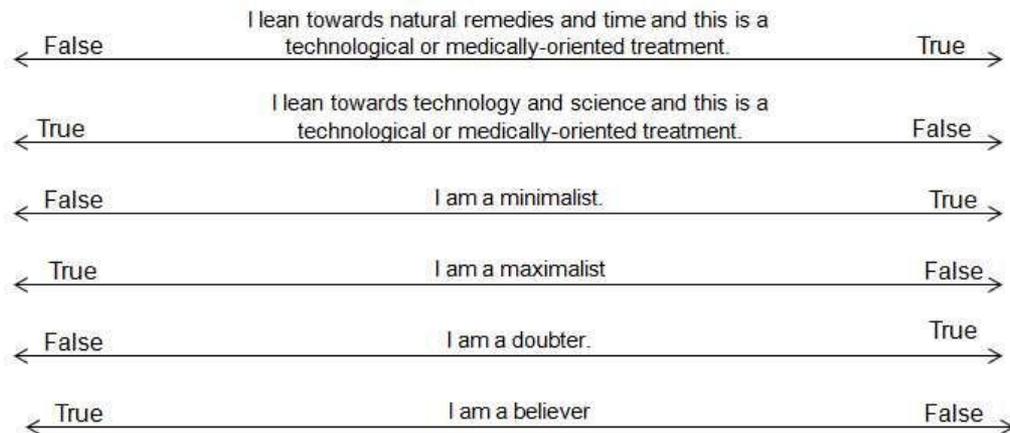
Developed by Kim James, BDT(DONA), ICCE, LCCE

(Intervention to treat what problem?)

Step 1: Gather Information



Step 2: Reflect on Your Beliefs



**Bias Towards
Intervention**

**Bias Against
Intervention**

(Your Decision)

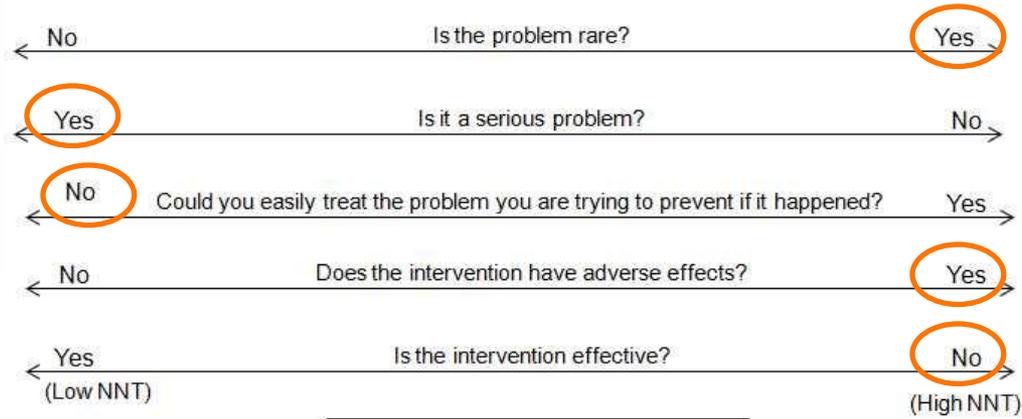
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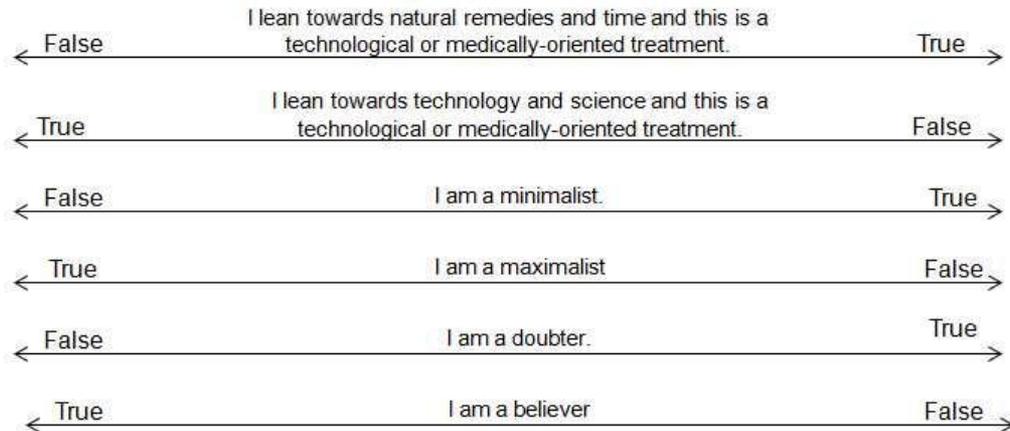
Induction at 40 weeks to prevent still birth after 41 weeks

(Intervention to treat what problem?)

Step 1: Gather Information



Step 2: Reflect on Your Beliefs



**Bias Towards
Intervention**

**Bias Against
Intervention**

(Your Decision)

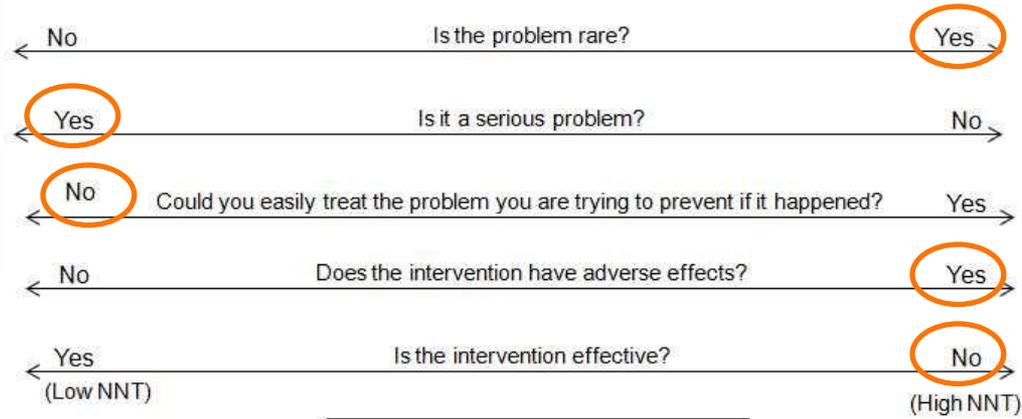
Using or Refusing Medical Interventions

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(Intervention to treat what problem?)

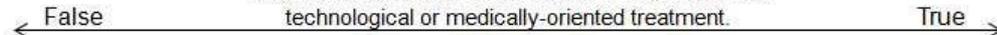
Step 1: Gather Information



Step 2: Reflect on Your Beliefs

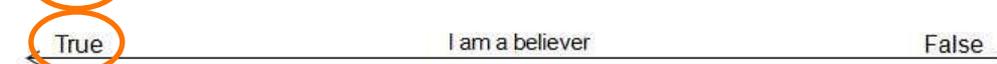
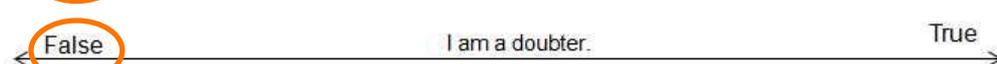
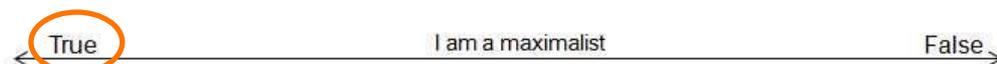
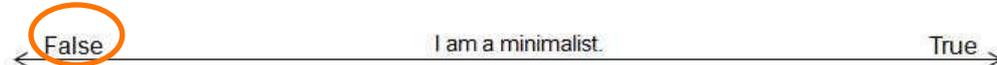
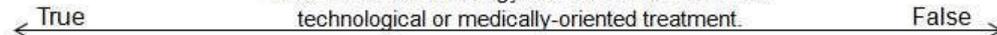
Kim – Neither – I am neutral

I lean towards natural remedies and time and this is a technological or medically-oriented treatment.



Kim – Neither – I am neutral

I lean towards technology and science and this is a technological or medically-oriented treatment.



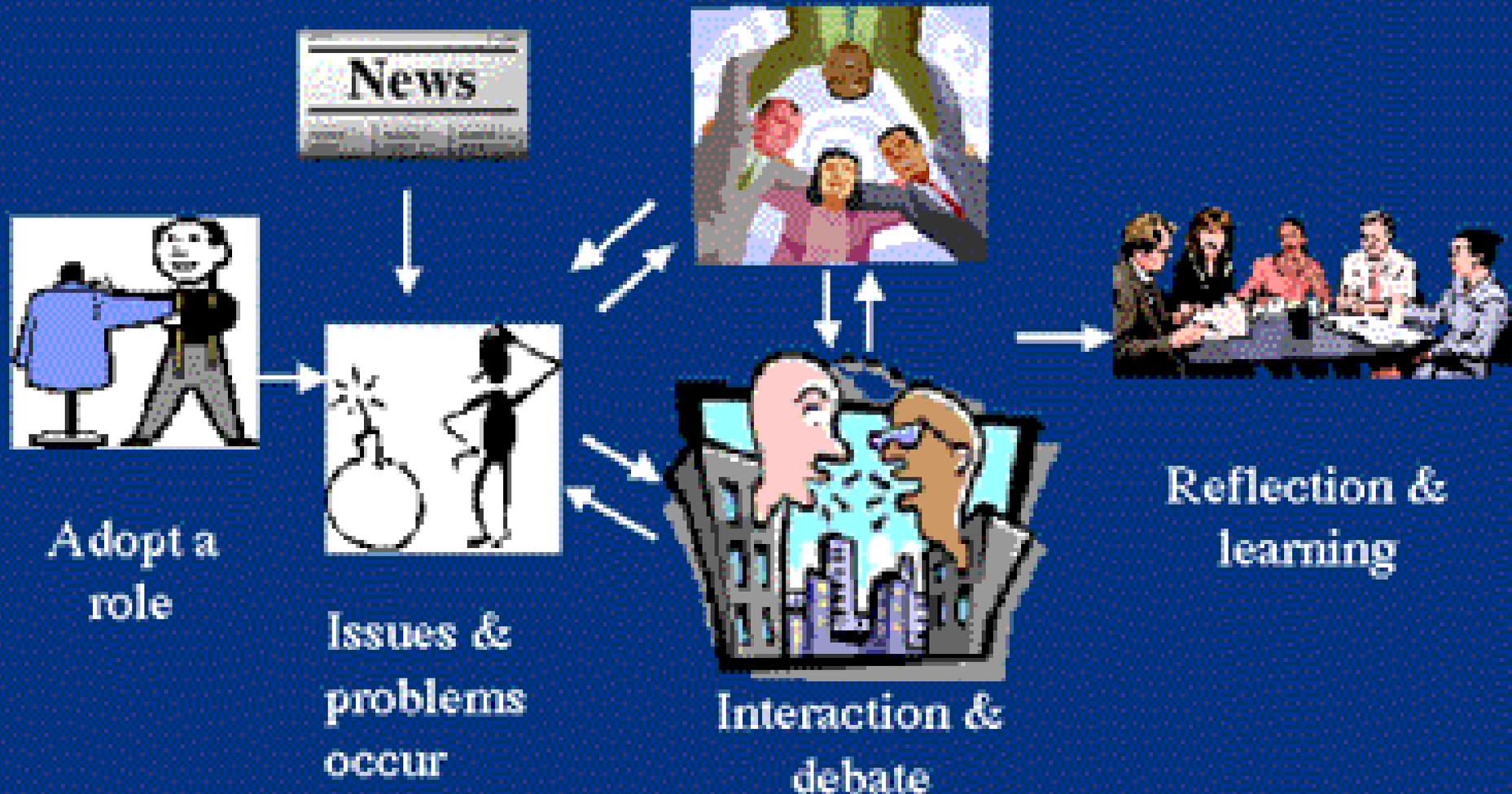
Bias Towards Intervention

Kim – I'll avoid inducing labor until 41 weeks.

Bias Against Intervention

(Your Decision)

What happens in a role play?





ACHIEVEMENT

"Decide carefully, exactly what you want in life,
then work like mad to make sure you get it!"

BY THE CANTONERS

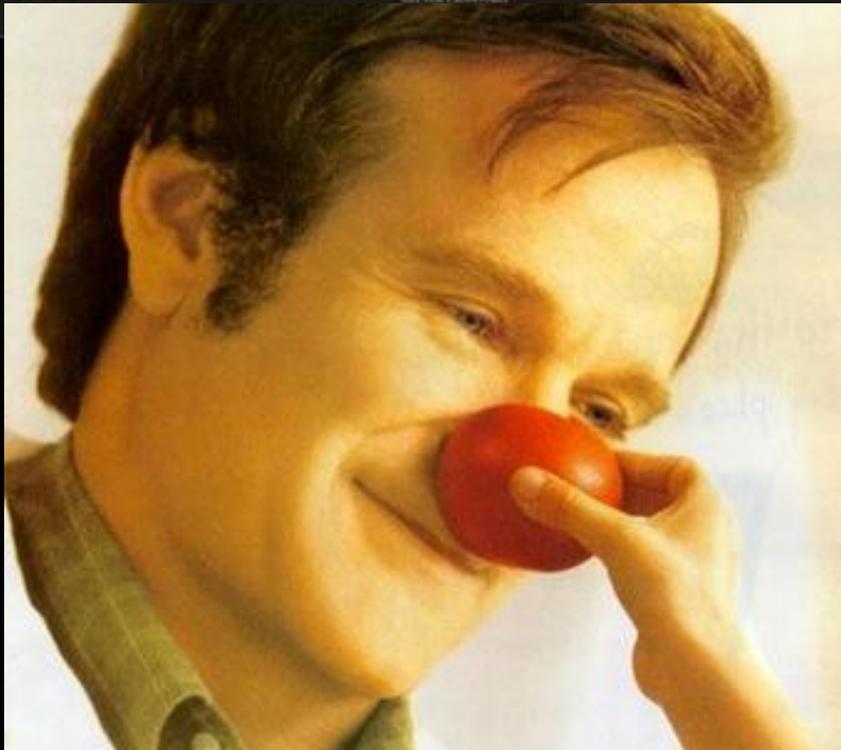
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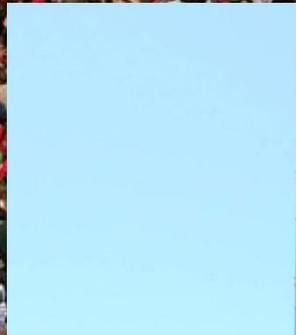
*You can't control the
world. You can only
control your reaction to
the world.*

”

~ Ph.D., Gary R. McClain ~

OkkyDay.com





Always discuss:

Optimal, population-level evidence
What happens at the birth place
Individual values & variability of childbirth

The End

Thank You!

Now..onwards to PowerPoint!