

## Supplemental Digital Appendix 1

### Facilitator instructions

- 1) **Review** the process for those present in the room
  - Actors and students performing the student role (primary interviewer 1 and lifeline 1) will keep their video and audio on
  - All others present will turn off their video and audio but remain in the room.
  - When the facilitator prompts the start, the simulation begins with the student introducing him/herself to the patient and the reason for the video call.
  - The facilitator will give a 2-minute warning after 8 minutes.
  - **At 10 minutes, the facilitator will stop the simulation and initiate the debrief.** All present will turn on their cameras (and unmute as needed).
  - **After 15 minutes total**, the facilitator will stop the discussion and identify the next students (primary interviewer 2 and lifeline 2)
  - The second simulation will follow the same process. All will return to the main classroom after 30 minutes.
- 2) **Lead** the debrief after each scenario. Use this line of discussion:
  - a. Ask **student**
    - i. What they felt went well
    - ii. What they might have struggled with
    - iii. What techniques have worked for them (or those they've observed) in these cases
    - iv. Why did you think the patient was asking for a different doctor? What was the intent behind their request?
    - v. Did you feel like you understood why the patient was asking for a different doctor?
    - vi. How did you feel being on the receiving end of some of the patient's comments?
  - b. Ask the SP ("**patient**") to offer specific feedback
  - c. Check in with **others** in the room for feedback.
  - d. Offer specific feedback **yourself**:
    - i. What seemed to open dialogue between the student and patient.
    - ii. What made the student more trustworthy, caring, and curious without implying any judgement towards the patient.
    - iii. What agitated/confused the patient.
- 3) **Repeat** for scenario 2, continue through to debrief.
- 4) Instruct all present to **return** to the main classroom after completing the 2 scenarios.

## Supplemental Digital Appendix 2

### Instructions for students

#### **Introduction**

In these fictional scenarios, you will practice the aspects of motivational interviewing that help you explore a patient's intentions and beliefs. We will not be asking you to change the behavior of the patient in the little time you have but we will be asking you to practice some of the 5 principles of motivational interviewing as you tackle this scenario. We will be going over this in class to help you make more sense of the framework as it applies to our theme for this week.

#### **Your Background**

You are on your family medicine rotations and are excited to be working with Dr. Kanumba. This morning she regaled you with stories of her childhood in Omaha, Nebraska with her strict Tanzanian parents, who immigrated to Omaha as kids. Now you're fielding appointment requests that have flooded your office now that the hospital has opened up. You will be calling Blake Miller to respond to their email about scheduling an appointment for their "ear pain." Your task is to take a very brief history and schedule them with Dr. Kanumba.

#### **Patient Background**

**Name:** Blake Miller

**Age:** 30-60 (SP dependent)

**Sex:** SP dependent

#### **PMH**

- Type I Diabetes Mellitus
- Hypothyroidism
- Nonsyndromic hearing loss
- Cluster migraines

#### **PSH**

- Appendectomy

#### **Meds**

- Humalog
- Pramlintide
- Epinephrine Auto-Injector

#### **Allergies**

- Latex
- Peanuts

#### **Family history**

- Familial hypercholesterolemia
- Heart disease
- Sleep apnea

#### **Social**

- Small business owner
- Keeps active

- No alcohol or tobacco use due to religious beliefs
- Has prescription hearing aids but doesn't use them because they are "too bulky"

### **Cheat sheet**

- Dr. Kanumba has a slight accent
- Dr. Kanumba is the only doctor available in your office this week
- Your practice accommodates patient requests to change providers when it is determined the request is based on religious beliefs or due to history of discrimination; they do not accommodate requests determined to be prejudicial.
- For a more detailed look into responding to patients requesting a White doctor, see: <https://pediatrics.aappublications.org/content/pediatrics/136/2/381.full.pdf>

### **Scenario Objectives**

- Explore the patient's intentions and beliefs before developing a plan
- Use reflective listening to demonstrate attention and concern for patient emotions
- Navigate a conversation with a patient who may be eliciting bias in an ethical and empathic way
- Use open-ended questions to explore patient fears and concerns
- Use paralinguistic and non-verbal tools to demonstrate empathy

## Supplemental Digital Appendix 3

### Instructions for standardized patients (SPs)

Patient: Blake Miller Age: 30-60 (SP dependent) Sex: SP dependent

#### **Scenario 1**

You have recently emailed a clinic to request an appointment. The medical student is now calling you to ask what the appointment is for and to help you schedule a time/ physician. You tell the student that you have been having pain in your left ear for the past week. The medical student will collect a brief history of your symptoms and assign you to Dr. Kanumba.

Your symptoms:

- Your ear is red, swollen, itchy and sometimes leaks pus starting 7 days ago.
- You are a regular swimmer that recently swam in a dirty river near your home because all the pools are closed.
- These are your only complaints for today.
- Note: The student may want to ask more questions about your medical history, etc. In the interest of time, please steer the conversation to asking who your doctor will be.

When you hear that a Dr. Kanumba is your doctor you start asking questions about where she is from such as:

- “Where is Dr. Kanumba from?” (Answer: Omaha)
- “Are you sure? Kanumba doesn’t really sound like an American name.”
- “Do you know where her parents are from? (Answer: Tanzania)
- “Is that in Africa?”
- **“Could you put me with a doctor without an accent?”** (Dr. Kanumba is a 2nd-generation immigrant with a slight accent)

This dialog is meant to sound like you may have a prejudice against doctors that aren’t “American”, white, etc. In reality, you have recently had an experience where you couldn’t understand what the doctor was saying because of a heavy accent. You were too embarrassed to say anything during that visit and you are worried the same thing may happen again. You have had some hearing loss your entire life and you have always been a bit self-conscious about it. Ultimately, you do not want to admit to hearing problems and will instead press for a doctor without an accent.

As the student starts to ask you why you prefer a doctor without an accent you can say things such as:

- “I would just really prefer someone who can speak English well.”
- “I’m telling you there’s no other reason, I just don’t feel comfortable with a doctor with an accent.”
- “It’s important to me that the doctor can speak English, and speaks it well.”

- “Can you just tell me the last names of some of the other doctors you have and I’ll just pick one?”
- “I’m getting the feeling that you think I’m being racist.”
- “Just because I’m White doesn’t mean I’m racist.”

If you feel like the student has asked the right questions, explored your intentions behind wanting a different doctor you can admit that you have hearing loss and that you left your last visit with a doctor with an accent not understanding your diagnosis/ recommendations.

If the student has not set the interaction up for you to open up about your hearing loss you can still choose to tell them near the end of the interaction. Students probably haven’t been exposed to a scenario like this before so they may struggle to lead the conversation here.

## Scenario 2:

Note: The beginning of this scenario will mimic the previous one:

You have recently emailed a clinic to request an appointment. The medical student is now calling you to ask what the appointment is for and to help you schedule a time/ physician. You tell the student that you have been having pain in your left ear for the past week. The medical student will collect a brief history of your symptoms and assign you to Dr. Kanumba.

Your symptoms:

- Your ear is red, swollen, itchy and sometimes leaks pus starting 7 days ago.
- You are a regular swimmer that recently swam in a dirty river near your home because all the pools are closed.
- These are your only complaints for today.

When you hear that a Dr. Kanumba is your doctor you start asking questions about where she is from such as:

- “Where is Dr. Kanumba from?” (Answer: Omaha)
- “Are you sure? Kanumba doesn’t really sound like an American name.”
- “Do you know where her parents are from? (Answer: Tanzania)
- “Is that in Africa?”
- **“Could you put me with a doctor without an accent?”**

In this scenario, however, **you do have a bias** towards a doctor with an accent, hence a foreigner, immigrant, etc. and you will make that more and more clear as the student starts to try to discern your intentions.

- “I would feel more comfortable with an American doctor.”
- “I’m not used to a doctor like her.”
- “I need a different kind of doctor.”

- “I have the right to request a different doctor, don’t I?”
  - “The law is on my side, especially now.”
- “You can’t put me with a doctor I don’t want to be with.”
- “I want the job of being my doctor to go to an American, not an immigrant.”

Optional:

- “You know what, I don’t really want you/ your friend (the lifeline) as a part of my care team either.”
  - *This could work if one or both of the students are either female or nonwhite.*
  - *In a way, this seems too mean to include on top of everything else but could also be a good safe place to practice responding to such statements.*
- “Where are you from?!”
- “Can I talk to someone else?”
- “I’ll just talk to your friend (lifeline), they understand what I’m talking about, right?”
  - *If possible, try to include this somewhere in the conversation to get the lifeline to take a more active role.*

## Supplemental Digital Appendix 4

### Presession student self-evaluation

Learner assessment of presession skills/tasks	No confidence (I can't do it)	Somewhat confident (I think I can do it with some help)			Completely confident (I can do it, no problem)
	1	2	3	4	5
Explore the patient's intentions and beliefs before developing a plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use reflective listening to demonstrate attention and concern for patient emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigate a conversation with a patient who may be eliciting bias in an ethical and empathic way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use open-ended questions to explore patient fears and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use paralinguistic and non-verbal tools to demonstrate empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Postsession student self-evaluation

Learner assessment of postsession skills/tasks	No confidence (I can't do it)	Somewhat confident (I think I can do it with some help)			Completely confident (I can do it, no problem)
	1	2	3	4	5
Explore the patient's intentions and beliefs before developing a plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use reflective listening to demonstrate attention and concern for patient emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigate a conversation with a patient who may be eliciting bias in an ethical and empathic way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use open-ended questions to explore patient fears and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use paralinguistic and non-verbal tools to demonstrate empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Learner postsession evaluation	Yes	No	N/A
Did this session reinforce current skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did this session expose you to new skills/techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need additional training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did this session contribute to your current skill set?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, did the session meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the presenter prepared for this session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The presenter allowed adequate time for discussion and questions?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the instructor feedback helpful?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please grade this course:	A+ <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	F <input type="checkbox"/>

What else could be added to the course to promote better learning?