

“DEAR” Framework for Responding to Mistreatment

A structure for clear, direct conversations when you need to tell someone something or ask for something.

DESCRIBE:

- Give the background, what is this conversation about?
- Stick to the facts, think of it as sharing your observations.
- Keep the observations objective and nonjudgmental.
- Avoid blaming
 - e.g., start with “I have noticed ...” rather than, “You always...”
- Adding some validation into your “Describe” is often very effective, e.g., “I recognize you are dealing with a busy service right now, and that can be stressful. Last week, you made a comment about ...”

EXPRESS:

- Express your feelings or opinion, e.g. ‘I’m worried/concerned/frustrated” or “This is important because...”
- Here, you are giving the rationale for why you’re even bothering to share your observations, i.e. Why you care about the issue you just raised.

ASSERT:

- Be as absolutely clear as possible about what you want, or what you are going to do.
- You could be asserting 1) a request/expectation (“I want you to ...”) or 2) your plan (“I’m going to ...”)

REINFORCE:

- End with why going along with your request/plan will work out well for the other person; hopefully you can somehow tie this to their long-term goals and or to their long-term best interests (being a helpful, caring, and instructive attending/colleague/staff).
 - Providing good resident training
 - Providing good patient care
- You don’t actually know if something is reinforcing until you’ve had a chance to assess its effect; so here you are providing something you *hope* is reinforcing, unless you know the person really well.
- Reinforce in a non-patronizing way
- The reinforcement is rewarding them for cooperating
- Avoid threats because they are not reinforcing, they are punitive.
- In a simple situation, the reinforcement could be a simple “Thank you” or “this really means a lot to me, that you’re willing to have this conversation.”

A note on asking questions:

- The “DEAR” is set up as a series of statements (ideal for delivering an opinion/plan or “bad news”, or making a formal request), but questions can certainly be inserted.
- Getting more information may be essential before you can 1) validate the other person’s perspective, or 2) assert a plan, since you may not be able to suggest a solution to a problem unless you have a better understanding of what went wrong.
 - **Remember to use dialectical thinking and approach the situation with curiosity, unconditional positive regard, separating and clarifying intent from impact, and focusing on the behavior not the individual.**
 - “Last Thursday, you made a comment and said, ‘in your country.’ I’m wondering what led you to think that I was from another country?”

*Original DEAR content version written by Dr. Carmen Wiebe; modified with permission.

“In the Moment Responses”

1. **Attempt unconditional positive regard.**
2. **Separate intent from impact.**
 - *I’m sure you didn’t mean to be hurtful, AND when you use that term...*
 - *It sounds like you intended to complement me, AND...*
3. **Focus on the behavior, not the individual.**
4. **Redirect the parent/caretaker/patient to the shared goal of caring for the patient or providing the best care possible.**
5. **Practice dialectical thinking and empathize with the emotional distress that may underlie their biased or unacceptable behavior.**
6. **Paraphrase or repeat back what they said and ask for more information.**
 - *Mr. A, what I heard was that you think I am one of your nurses. Is that correct?*
 - *I’m wondering what’s led you to believe that I’m from another country.*
7. **Give information or alternative perspectives.**
 - *Research says that kids raised by gay parents are just as well adjusted as those raised in heterosexual homes.*
8. **Be direct.**
 - *I’m your doctor/Medical student; let’s keep it professional.*
 - “Our hospital **Code of Conduct** states:
As part of the Children’s Hospital of Pittsburgh’s commitment to improving the health and wellbeing of all children, Children’s Hospital has a policy regarding inappropriate or illegal behavior...This behavior includes, but is not limited to... *Rude, profane, racist or culturally offensive remarks*. Any individual engaging in inappropriate...behavior will be requested to leave Children’s Hospital property and may not be permitted to return.”
9. **Encourage empathy.**
 - *How would you feel if someone said that about your wife/girlfriend/brother/son?*
10. **Appeal to values and principles.**
 - *I know you want to come to a respectful and inclusive hospital: those kinds of statements aren’t consistent with that.*
11. **Highlight commonalities.**
 - *You know, she’s a veteran, too. She is as deserving of respect as you are.*
 - *I want all the patients here to feel comfortable, and when you say “X”, I worry that others may feel uncomfortable.*

Adapted from:

Wheeler, D. J., Zapata, J., Davis, D. & Chou, C. Twelve tips for responding to microaggressions and overt discrimination: When the patient offends the learner. *Med. Teach.* 1–6 (2018)

March, C. et al. Experiential Communication Curriculum to Improve Resident Preparedness When Responding to Discriminatory Comments in the Workplace. *J. Grad. Med. Educ.* (2018) doi:10.4300/jgme-d-17-00913.1

P.A.U.S.E Approach

When you realize you made a comment that is a microaggression OR you are told that you just made a discriminatory statement, PAUSE...

PAUSE:

- Pause before reacting.

ACKNOWLEDGE/ACCEPT:

- Acknowledge the negative impact this may have had on the recipient. ACCEPT your role in the cause and repair of the event.

UNDERSTAND:

- Understand how and why this microaggression occurred.
- Do not over-focus on intent here, as this may invalidate the impact on the recipient.

SELF-REFLECT/SELF-KINDNESS:

- Examine the reactions and emotions that emerge when you realize, or someone points out that you've made a discriminatory statement with SELF-KINDNESS.

EMBRACE/EXPLORE:

- EMBRACE and EXPLORE how to be part of institutional change and equity in a respectful and inclusive manner.

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