Beyond Bystanders: Training Palliative Care Clinicians in “Upstander” Allyship

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The Opportunity

Palliative care clinicians:

→ Many and varied interactions with care teams
→ Operate across clinical silos
→ Grassroots interest from PC clinicians

Image source: Serious Illness Messaging Toolkit
Developing a Training

Key resources:

→ Existing anti-racism/anti-bias training within our own institution

→ 5 Ds of bystander intervention

→ “Power, Silence, and Debriefing: Hidden Harms When Palliative Teams Encounter Racism” (McKillip & Moss, 2021)

→ Internal Palliative Care DEI Taskforce

Image source: Internal content library
The Training – Part I

- Establish Learning Climate: Safe vs. Brave space
- Didactic to establish knowledge of key definitions, terms, and concepts (+breakout session)
  - Bystander vs. Upstander
  - Good vs. Bad binary
  - Power/privilege
- Principles of Upstander Intervention

*Breakout groups to promote dialogue*
The Training – Part II

• In-depth review of 5Ds, within our specific context

• Breakout session to practice using cases
  o Staff meetings, consults and follow ups, working with other teams, and generally working life in a hospital

• If you’re the offender: how to apologize

• Suggested next steps for attendees
Lessons Learned

• Do not rush the didactic and breakout groups
  → Skills practice, open dialogue, time with colleagues was highly valued

• Importance of creating a positive and brave learning climate

• Two 1-hour sessions was feasible and preferred
  o Initially tried 1 hour session, did not work (despite high engagement from the group)

• Integrated well into regular educational sessions
Key References


