

Project Title: Word Choice Matters: A needs assessment of medical student person centered documentation education and practices

Name and Degree of Primary Investigators: Julia Caton MD EdM and Rebecca Dougherty MD MEd

Name of Affiliated Departments: Department of Science Education and Department of Medicine

Section that grant focuses on: UME

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Proposal Abstract:

Problem/Educational Issue:

Stigmatizing language is common in the medical record, impacting the patient-physician relationship and exacerbating healthcare disparities. No prior literature has examined medical student use of stigmatizing language in medical documentation and no curriculum for teaching person centered language (PCL) to medical students exists.

Goal:

Our long-term goal is to develop and implement a curriculum on PCL in documentation for medical students. Our specific aim for this project is to conduct a needs assessment to understand the current state of medical student use of stigmatizing language in documentation and faculty knowledge and attitudes around PCL and PCL education.

Approach:

We will first develop a code book of stigmatizing language based on prior literature. To address the current state of medical student language use, we will conduct a review of student notes. We will explore the use of ChatGPT to efficiently screen student notes for such language. This will be followed by a secondary review by the research team to contextualize the use of stigmatizing language used in medical student notes. To understand faculty knowledge and attitudes around PCL and its role in student education, we will develop a survey and distribute it to faculty members.

Predicted Outcomes:

The results of the student note review will be a report of the frequency of student use of stigmatizing language, a comparison of student use of stigmatizing language over time, and a theme analysis of the specific terms and phrases used the most. The results of the faculty survey will be descriptive statistics and theme analysis of open-ended responses to illustrate faculty knowledge of key PCL best practices and their values and attitudes around PCL and PCL education.

Anticipated Impact (including dissemination plan):

We plan to disseminate the results of our needs assessment locally, regionally, and nationally. We will use our results to inform the development of a PCL educational intervention, a goal beyond the present proposal's scope. Our goal is to develop impactful and widespread education around PCL that can be adopted, leading to sustained cultural change.

Rationale and Statement of the Problem:

Health care disparities negatively impact patient care and lead to poorer outcomes.¹ Language in the medical chart can perpetuate bias, and this bias can affect clinical decision-making.^{2,3} Prior studies have shown that that physicians commonly use stigmatizing language in patient notes.⁴⁻⁷ No prior literature has examined medical student use of stigmatizing language in medical documentation and no curriculum for teaching person centered language (PCL) to medical students exists.

“Word Choice Matters” is a person-centered language initiative started by this research team at ZSOM/Northwell with plans to expand nationally over time. The ultimate goal of this initiative is to develop evidence-based education for medical students and medical school faculty around the use of PCL in documentation, and to drive cultural change in the way future physicians consider the use of language in their documentation.

Our specific aim for this project is to conduct a needs assessment that will ultimately inform the development of our educational intervention. The needs assessment has two specific aims. We will seek to:

1. Understand the current state of medical student use of stigmatizing language in documentation through a review of student notes.
2. Understand faculty attitudes around PCL and knowledge of PCL best practices through a survey of faculty members.

The needs assessment seeks to answer the following questions:

1. Are medical students using stigmatizing language in their documentation? If so, what are the most common stigmatizing words and phrases they are using? Does student use of stigmatizing language change over time?
2. What are the attitudes and gaps in faculty knowledge around PCL that could be addressed to improve the teaching and modeling of PCL principles to medical students?

Background and Theoretical Framework:

Stigmatizing language is common in the medical record, impacting the patient-physician relationship and exacerbating healthcare disparities.⁴⁻⁷ Stigmatizing language includes language that conveys disbelief, disapproval, stereotyping, references to uncooperativeness, and unilateral decision-making.^{8,9} Recently, several published guidelines and research studies have set out to define the terms at phrases that constitute stigmatizing language in medical documentation, which creates a foundation for future study.⁴⁻⁹

Stigmatizing language in medical documentation has been shown to be problematic for several reasons. First, patients now have immediate access to provider notes because of the 21st Century Cures Act and reading stigmatizing language can negatively influence their

physician-patient relationships.^{10,11} Second, stigmatizing language in medical documentation impacts the providers who subsequently read this documentation. A trial of mental health providers who were randomized to read a vignette about a patient described as a “substance abuser” versus having a “substance use disorder” had more negative attitudes towards the patient in the vignette and agreed more with the notion that they should be punished.³ Another randomized study of medical students and internal medicine residents found that trainees exposed to a stigmatizing vignette about a patient with sickle cell disease compared with a neutral vignette had more negative attitudes toward the patient and recommended a less aggressive pain management plan.² This study highlights that reading stigmatizing language in the medical record not only impacts providers’ attitudes, but also their behaviors. Finally, stigmatizing language appears more commonly in the medical charts of historically marginalized groups, including black patients, women patients, and patients with substance use disorders.⁴⁻⁶ Because stigmatizing language in a patient’s medical record has these documented downstream effects on patient care, this disparity in use of stigmatizing language is thought to further exacerbate and perpetuate existing health inequities.^{2,3}

The linguistic features of medical documentation that convey stigma and bias are not explicitly taught; they are ostensibly learned passively through enculturation into the medical profession.⁸ Thus, our current understanding of the problem is grounded in social cognitive theory, which states that people learn from one another by observing and imitating behavior,^{12,13} and we will use this theory to frame our needs assessment and eventual educational intervention. In designing this project we will use the framework laid out in Kern’s Six Steps for Curriculum Development in Medical Education.¹⁴ We have completed steps one and two, problem identification and general needs assessment, as described above. This proposal is centered on accomplishing step three, conducting a targeted needs assessment. Our long-term goal is to accomplish steps four through six, developing and implementing an educational intervention and evaluating this intervention.

Approach

Part 1: Student Documentation Review

Setting and Participants

The study team will review student notes to identify the presence of stigmatizing language. We will review all submissions (N=~100) from the first clinical learning write-up from the MS2 IE course from 2022. We chose 2022 because this is the last year prior to the piloting of an item on the student grading rubric assessing student use of PCL. We chose the IE course because it is the first course where students submit the entire patient history. We will also review the first ACE medicine admission note submission (N=~100) for all students who completed the medicine clerkship in the 2023-2024 academic cycle. We chose the medicine clerkship because medicine admission notes are most similar in structure and content to the notes that students submit for clinical learning. We chose the 2023-2024 academic year because this will allow us to look at the same cohort of students that we are looking at for the IE notes and to link notes written by the same student for our analysis of change in use of stigmatizing language over time.

Description of Intervention

We will create a stigmatizing language code book based on review of existing literature that defines terms that qualify as stigmatizing language in medical documentation published over the past five years.^{4,6-8} We chose this limited time frame because language is ever-evolving and the definition of what is considered stigmatizing changes over time. We will consolidate the list of all terms used in these prior studies. Any term defined as stigmatizing language in more than one prior study will be included in our code book. We will then use ChatGPT to search each medical student's note for use of any term in our stigmatizing language code book. To validate this approach, 25 MS2 and MS3 notes each will be searched by a researcher using the word search function in Microsoft Word, which unlike ChatGTP can search for only one term at a time. The number of terms/phrases missed by ChatGTP will be tracked. If ChatGTP is found to miss specific terms or terms in general, the prompt will be refined, and the search and manual verification of results will be repeated. This iterative process will proceed until we establish if, with prompt engineering, ChatGTP can be used as an efficient and accurate means to screen notes. Once all student notes have been screened for stigmatizing language, two members of the research team will evaluate the context in which each term was used to ensure it qualifies as stigmatizing language. If the two reviewers disagree, a third member of the research team will serve as a tiebreaker. For each note we will collect data on the presence of stigmatizing language (present or not present) and the specific stigmatizing terms and phrases identified.

Anticipated Barriers

One possible barrier is that we might find that student use of stigmatizing language is infrequent, which may necessitate reviewing more notes than defined above to answer our research question. In this situation we could easily obtain more student notes to review. For FOW clinical learning write-ups, we could obtain notes from other sessions and/or the same session in a previous year. For the ACE medicine write ups, we could obtain notes from previous years.

Part 2: Faculty Survey

Setting and Participants:

We plan to conduct a broad survey of the faculty responsible for student education around clinical documentation. In the FOW this includes communications faculty, family heads, and clinical learning faculty. In the SOW this includes clerkship directors, ACE rounds facilitators, and admission note graders. Faculty will be recruited via email and through presentations at faculty meetings including the FOW meeting, SOW meeting, and faculty development meetings for clinical learning faculty and family heads. Our target population of faculty to survey includes approximately 50 faculty members.

Description of Intervention:

The survey will seek to answer the question: *What are the attitudes and gaps in faculty knowledge around PCL that could be addressed to improve the teaching and modeling of PCL principles to medical students?*

We will develop our survey using a truncated version Artino et al.'s seven steps for survey scale design.¹⁵

First, we will conduct a detailed review of the literature of both PCL and scholarship around teaching documentation practices. We will also use the results of the student documentation review to inform our survey design as follows.

To assess faculty knowledge, we will generate a series of text samples that use the words and phrases identified in our student documentation review. We will use the "highlight" question type in Qualtrics to ask respondents to highlight stigmatizing words or phrases in each text sample. Faculty will then answer a follow-up free text question asking them to rewrite the statement that they identified as stigmatizing using PCL.

To assess faculty attitudes, we will ask several Likert-style questions to assess how important faculty feel it is to teach PCL, how interested they are in teaching PCL, how comfortable they feel teaching PCL, how often they are currently addressing PCL topics with students, and how comfortable they are providing feedback to students on their use of PCL in documentation. The survey will also include an open-ended question asking faculty to identify barriers to providing feedback to students around PCL. Samples of pilot survey questions for this portion of the survey are included below.

Once the survey has been created, we plan to pilot test it with 10 faculty members (who will be excluded from taking the finalized survey) to ensure item reproducibility and validity. Feedback provided by these faculty will be used to develop the final version of the survey.

Anticipated Barriers:

The major anticipated barrier is a low response rate. We will seek to mitigate this by sending personalized requests to take the survey, sending reminders, and making in-person requests for participants at the faculty meetings described above.

Outcomes and Evaluation Plan

Part 1: Student Documentation Review

Our anticipated outcomes will provide a snapshot of medical student use of stigmatizing language in documentation and a comparison of the frequency of use of stigmatizing language at different time points in undergraduate medical training. We will generate descriptive statistics that report the use of stigmatizing language in student documentation in the FOW, SOW, and total student notes. Specifically, the percentage of notes that use stigmatizing language, and the specific categories and/or stigmatizing word choices that appear most commonly will be determined. We will use McNemar's test to evaluate the change over time in students' use of stigmatizing language. McNemar is a paired, non-parametric test used to compare the presence of stigmatizing language in the IE note (present/not present) to the presence of stigmatizing language in the medicine clerkship note (present/not present). These

findings will be used to inform the knowledge questions in the faculty survey and ultimately the development of a robust educational initiative to address student education around PCL.

Part 2: Faculty Survey

We will assess faculty knowledge and attitudes about the use of PCL and how to communicate its use to students. For outcomes of the knowledge assessment, we will generate descriptive statistics for the percentage of faculty that answered each question correctly. We will review the qualitative data from the free text knowledge questions to better understand when and why faculty made errors. For the attitudinal questions we will generate descriptive statistics to convey faculty judgments and values around PCL and PCL education. For the responses to the open-ended question asking for barriers to providing feedback to students around PCL we will perform a theme analysis to identify and highlight common barriers. Faculty survey data will inform the next phase of this study: designing targeted faculty development to better prepare faculty to model, teach, and coach students in use of PCL.

Overall Project Impact and Sustainability

We will use the results of the needs assessment to inform development of a PCL educational intervention for students inclusive of targeted faculty development. Specifically, we will use the results of the needs assessment to develop goals and objectives, educational strategies, and educational content for our PCL curriculum. We anticipate this curriculum will positively impact the documentation practices of all ZSOM students and the faculty who engage with them around patient documentation. Furthermore, because so much of documentation behavior is learned unconsciously through observation, we anticipate that an effective educational intervention that changes practices for our medical students may have farther reaching impacts on the documentation practices of other providers that our students work with over the course of their careers.

In terms of sustainability, we see this project and its aims as running parallel to our roles as PPS co-director, clinical learning co-lead, and health equity thread lead and so plan to continue this work after the funding period. We will use the findings of our needs assessment to develop a competitive GEA National Grant Award Application for developing and evaluating the impact of our educational initiative. We will deliberately build sustainability into the development our educational intervention, including consideration of creating asynchronous educational materials that could be disseminated widely as well as implementing a “train the trainer” model with local PCL champions to lead educational efforts in a variety of educational venues.

It is also important to note that because language is not static, the definition of what is considered “person centered” and “stigmatizing” language is fluid and evolving. We would plan to evaluate any curriculum generated from this work annually to ensure that it stays up to date.

Plan for Dissemination of project outcomes regionally and nationally

We plan to present the results of our needs assessment at an AME-sponsored event during 2026. Additionally, we plan to disseminate the results of our needs assessment both regionally

and nationally through submission of abstracts for upcoming NEGEA, AAMC and SGIM meetings. We plan to write up the results of the needs assessment as a manuscript for submission to a peer-reviewed journal. We are currently developing an invited literature review for a peer-reviewed journal and an invited book chapter in a forthcoming textbook.

Ultimately, once we develop our PCL educational intervention and it is established at ZSOM we hope to evaluate its outcomes on our learners' use of PCL and faculty knowledge and attitudes around PCL. We plan to vigorously disseminate this additional work. Specifically, upon establishing our educational intervention's effectiveness, we hope to disseminate our curriculum to other institutions.

References

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10. Fernández L, Fossa A, Dong Z, et al. Words Matter: What Do Patients Find Judgmental or Offensive in Outpatient Notes? *J Gen Intern Med.* 2021;36(9):2571-2578. doi:10.1007/s11606-020-06432-7
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Project Timeline

0-4 months (March - June 2024):

- Conduct Student Documentation Review

5-8 months (July - October 2024):

- Analyze results from Student Documentation Review
- Develop faculty survey items
- Pilot test faculty survey

9-12 months (November 2024 - February 2025):

- Analyze faculty pilot survey results
- Revise faculty survey

13-17 months (March - July 2025)

- Administer faculty survey
- Analyze faculty survey results

18-24 months (August 2025 - February 2026)

- Submit findings for presentation at local, regional, and national meetings
- Write manuscript based on needs assessment results and submit for publication
- Develop goals and objectives for educational intervention

Budget

Personal-Direct Costs

For assistance in project coordination, data entry and statistical analysis, funds are requested for a part-time Research Assistant (RA). The RA will be recruited from a graduate program in psychology or business within Hofstra University’s Department of Psychology or School of Business, respectively. The RA will work for a total of 160 hours at a rate of \$20 per hour for a total salary of \$3,200 plus \$245 for associated fringe benefits, calculated at 7.65%. Total requested for part-time RA is \$3,445.

Dissemination: Article processing charges (APC) for any publication arising from this work, totaling \$1555.

Total costs: \$5000

Biographical Sketches

Name: Julia Caton

Position: Assistant Professor of Medicine and Science Education, Co-Director PPS, Co-Lead Clinical Learning

Education/Training:

Institution	Degree	Completion Date	Field of Study
Yale University	BA	5/2010	Anthropology
Columbia University College of Physicians and Surgeons	MD	5/2014	Medicine
Brigham and Women’s Hospital	N/A	6/2017	Internal Medicine Residency
Harvard Graduate School of Education	EdM	5/2018	Education

A. Personal Statement

I am a passionate educator with a strong background in direct teaching, curriculum development, and faculty development of medical student communication and clinical reasoning skills. My interest in developing educational initiatives around patient centered language stems from observations in my work as a hospitalist educator, working with students

and residents in the clinical setting. I frequently observe the impact of provider language to propagate or mitigate healthcare disparities and inequities. In my current position I also serve as co-director of the Patient Physician, Society course at ZSOM, which includes the communications curriculum, and co-lead of Clinical Learning, where students learn and practice documentation skills. I am also Core Faculty for the internal medicine residency, and in this role am working to implement a person-centered language curriculum for the internal medicine residents. My background includes serving as an associate course director for the Practice of Medicine course at Stanford School of Medicine and Core Faculty for Clinical Skills Assessment and co-director of the medical education elective at Harvard Medical school. I believe that my background and current roles position me exceptionally well to complete this project.

B. Positions Held

Clinical Assistant Professor, Stanford School of Medicine

Instructor in Medicine, Beth Israel Deaconess Medical Center, and Harvard Medical School

Instructor in Medicine, Brigham and Women's Hospital, and Harvard Medical School

C. Honors & Awards

1. David Rytland Clinical Teaching Award, Stanford Internal Medicine Residency
2. Henry J. Kaiser Family Foundation Award for Excellence in Clinical Teaching, Stanford School of Medicine
3. Teaching and Mentoring Academy Membership, Stanford School of Medicine
4. BIDMC Academy Membership, Beth Israel Deaconess Medical Center
5. Harvard Academy Membership, Harvard Medical School
6. Curtis Prout Academy Fellowship, The Academy at Harvard Medical School
7. Myra and Robert Kraft Medical Education Fellowship, Brigham and Women's Hospital

C. Contributions to Medical Education

1. Dougherty R and **Caton JB**. Word Choice Matters: A Needs Assessment. Academy of Professionalism in Health Care Virtual Meeting. November 2023.

Relevant Workshops and Invited Talks:

1. Word Choice Matters: A workshop on patient centered language in documentation. Society of General Internal Medicine National Meeting, May 2024 (Accepted)
2. Word Choice Matters, Practical Guidance on Documenting with Person-Centered Language. Society of Hospital Medicine Long Island Chapter Online Seminar Series, November 2023
3. Person Centered Language: Word Choice Matters, Document with Care. Medicine Grand Rounds, Northwell Health, August 2023
4. Word Choice Matters! Using patient centered language in documentation. Cohen Children's Hospital Hospitalist Division, Northwell Health, June 2023
5. Word Choice Matters! Using patient centered language in documentation. North Shore/LIJ Internal Medicine Residency Intern Orientation, Northwell Health, June 2023
6. Word Choice Matters! Using patient centered language in documentation. Cohen Children's Hospital Intern Orientation, Northwell Health, June 2023
7. Word Choice Matters! Using patient centered language in documentation. Family Head Faculty Development, Zucker School of Medicine, May 2023

8. Word Choice Matters! Using patient centered language in documentation. Second One Hundred Weeks Faculty Development, Zucker School of Medicine, April 2023

9. Word Choice Matters! Using patient centered language in documentation. North Shore/LIJ Hospitalist Division, Northwell Health, April 2023

D. Additional Information: Research Support and/or Scholastic Performance

1. **Caton JB**, Martin SK, Burden M, Sargsyan Z, Brooks M, Ricotta DN. Rapid clinical expansion and the fate of the hospitalist educator. *J Hosp Med*. 2023 Feb;18(2):181-185. doi: 10.1002/jhm.12984. Epub 2022 Oct 25. PMID: 36281750.

2. Buléon C*, Caton J*, Park YS, et al. The state of distance healthcare simulation during the COVID-19 pandemic: results of an international survey. *Adv Simul (Lond)*. 2022;7(1):10. Published 2022 Apr 5. doi:10.1186/s41077-022-00202-7

3. Caton JB, Chung S, Adeniji N, et al. Student engagement in the online classroom: comparing preclinical medical student question-asking behaviors in a videoconference versus in-person learning environment. *FASEB Bioadv*. 2020;3(2):110-117. Published 2020 Dec 11. doi:10.1096/fba.2020-00089

4. Blair RA*, Caton JB*, Hamnvik OR. A flipped classroom in graduate medical education. *Clin Teach*. 2020;17(2):195-199. doi:10.1111/tct.13091

5. Caton JB, Penn EH, Nemer MK, Katz JT, Yialamas MA. Getting up to Speed: A Resident-Led Inpatient Curriculum for New Internal Medicine Interns. *MedEdPORTAL*. 2019;15:10866. Published 2019 Dec 27. doi:10.15766/mep_2374-8265.10866

Name: Rebecca Dougherty, MD, MEd

Position Title: Associate Professor of Medicine, Zucker School of Medicine

Education/Training

Institution	Degree	Completion Date	Field Of Study
Hofstra University	MSEd	05/2023	Science Education
Cooper University	N/A	06/2005	Internal Medicine Residency
Temple University School of Medicine	MD	05/2001	Medicine
Bryn Mawr College	N/A	08/1999	Post-Baccalaureate
Kenyon College	BA	05/1996	English Literature

A. Personal Statement

I am a dedicated clinician educator with a background in curriculum development and direct teaching of medical students and residents. My clinical and research interests have centered on addressing patients' social determinants of health, work I have been engaged with across the continuum from undergraduate, graduate and continuing professional development. Over the past year this work has extended to include how language can transmit bias and impact healthcare disparities. This interest has led to the development of educational content focused on person-centered language (PCL) which is evidence based. This content includes multiple educational initiatives including a didactic session, an interactive workshop and microlearning material which has been delivered to trainees and faculty. In my role as a teaching hospitalist I am working to implement and sustain a curriculum focused on PCL for trainees. These efforts have also informed faculty development work for the supervising hospitalists which is ongoing. In my teaching role at ZSOM I am able to reinforce these concepts in clinical learning, PPS sessions and during ACE rounds. I also serve as Principal Advisor for Northwell's Center for Equity of Care where implementing person-centered care is a guiding principle. I am confident that my background and current positions allow me to achieve the goals and objective of this project.

B. Positions Held:

Associate Professor of Medicine and Science Education, Zucker School of Medicine at Hofstra/Northwell

Assistant Professor of Medicine and Science Education, Sidney Kimmel School of Medicine at Thomas Jefferson University Zucker School of Medicine at Hofstra/Northwell

C. Honors & Awards

Truly Award Nominee, Diversity, Equity and Inclusion Category, Northwell Health 2022

C. Contributions to Medical Education

Dougherty R and Caton JB. Word Choice Matters: A Needs Assessment. Academy of Professionalism in Health Care Virtual Meeting. November 2023.

Relevant Workshops and Invited Talks:

1. Word Choice Matters: A workshop on patient centered language in documentation. Society of General Internal Medicine National Meeting, May 2024 (Accepted)
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9. Word Choice Matters! Using patient centered language in documentation. North Shore/LIJ Hospitalist Division, Northwell Health, April 2023

Additional Information: Research Support and/or Scholastic Performance:

1. Dougherty, R. Person Centered Language, Reframing Communication, Ambulatory Internal Medicine Practice, Northwell Health. October 2023.
2. Dougherty, R. Grand Rounds, Department of Medicine, Lenox Hill Hospital. Advancing Social Determinants of Health, the Hospitalist's role. November 18, 2022.
3. Dougherty R. Anti-Racism Training Workshop. SHM Converge 2023, Austin, TX.
4. Dougherty R. Innovations in Assessment. Integrating Social Determinants of Health into Medical Student Clerkship Assessment. AAMC Annual Meeting, November 11-15, 2022
5. Dougherty R. The role of hospitalists and hospitals in achieving health equity by addressing social determinants of health. SHM Annual Meeting, April 7-10, 2022, Nashville, TN.

Letter of Support

Submitted separately.

Institutional Review Board Approval

This project has been reviewed by the Hofstra IRB and determined to be exempt.

Sample Survey Questions

1. How frequently do you read patient notes in the medical record that contain language biased towards or against a given patient? (never/almost never, occasionally, sometimes, often, always/almost always)
2. When writing a patient note, how often do you consider making word choices to avoid biasing other clinicians towards or against the patient?* (never/almost never, occasionally, sometimes, often, always/almost always)
3. When writing a patient note, how often do you consider the potential impact of word choice on the patient/their family members?* (never/almost never, occasionally, sometimes, often, always/almost always)
4. How confident do you feel that your documentation consistently uses best practices in person centered language? (not at all confident → extremely confident)
5. How often do you identify stigmatizing language when reading a medical student note? (almost never, less than 10% of notes, 10-25% of notes, 25%-50% of notes, 50-75%, more than 75% of notes)
6. When you do identify stigmatizing language in a medical student note, how often do you provide specific feedback to the student? (never/almost never, occasionally, sometimes, often, always/almost always, N/A I have never identified stigmatizing language in a medical student note)
7. How important is it for medical student education on patient documentation to address avoiding biased word choice? (not important, a little bit important somewhat important, very important, extremely important)

*For faculty who are not currently practicing medicine we will use split logic so that they see a modified version of questions related to their own documentation practices