

**from OR0220073 to everyone: 8:17 AM**

Laura I am thinking of the consumer movement in mental health where a great deal of mistrust is expressed towards the medical/psychiatric institutions and many call themselves "survivors". Can you comment on this?

**from paula backas to everyone: 8:17 AM**

Good morning

**from Lois Leveen she/her/Dr to everyone: 8:26 AM**

"Care" may be impeded by implicit bias, i.e. without the intent or even awareness of the practitioner -- but in a way that patients/families may sense/recognize.

**from OR0220073 to everyone: 8:28 AM**

And implicit bias is equally harmful as explicit.

**from Christine Erickson to everyone: 8:28 AM**

and two of those 'old tools' sitting down, eye contact has been lost in the pandemic when family visitor access is limited or non-existent. magnifies the problems.

**from Seiko Izumi to everyone: 8:30 AM**

Signaling trustworthiness sounds somewhat performative. Why not being trustworthy? Thoughts?

**from Jenn Hollandsworth Reed to everyone: 8:30 AM**

I see so many parallels here with the need for the criminal justice system to establish legitimacy with communities. Also an issue where both institutions and individuals must act in concert to be trustworthy

**from Lois Leveen she/her/Dr to everyone: 8:31 AM**

^Seiko, I think it has to do with what we believe about ourselves versus how others perceive us. How does the patient KNOW the clinicians care?

**from Clifford Coleman to everyone: 8:31 AM**

At OHSU, in addition to sitting, eye contact, and introductions, we also teach students to give their full attention during the first "Golden Minute" of an encounter, by avoiding looking at the computer or taking notes, and simply being present for the patient.

**from OR0220073 to everyone: 8:31 AM**

Trustworthiness goes across multiple sectors not just medicine and healthcare - I

**from Dr Jim Gaudino to everyone: 8:33 AM**

Just thinking. How does having the EHR in visits help or undermine trust. On one hand, takes away the clinician engagement vs is a powerful tool when the patient can note the clinician is able to see past

visits & issues, verify & clarify now with then, brings in much information for clinician- patient discussion  
Med orders referrals etc. Curious of your thoughts all Thx for an important talk

**from Sara to everyone: 8:33 AM**

I was just thinking about how political climate today is leading to mistrust

**from Dr Jim Gaudino to everyone: 8:34 AM**

Vaccine hesitancy is a great example on trust.

**from OR0220073 to everyone: 8:34 AM**

In the last few years we are now routinely mistrusts our political and governmental institutions on a scale that I have never seen. Nirmala

**from Sara to everyone: 8:34 AM**

Yes, same idea of fear of being poisoned like in the case example

**from Lois Leveen she/her/Dr to everyone: 8:35 AM**

^Sara, it's a strange moment in which "mistrust" is becoming a form of white privilege/white individualism over the greater good, which is different that mistrust rooted in systemic racism.

**from Seiko Izumi to everyone: 8:35 AM**

@Louis Leveen, patient decided if clinicians are trustworthy or not. clinicians can earn their trust when clinicians are competent and care. If they are, patients get it (most of time), I believe.

**from OR0220073 to everyone: 8:35 AM**

My name is Nirmala Dhar with OHA and I appear as an OR number on the screen!

**from Sara to everyone: 8:35 AM**

Yes, but I see a cultural divide politically that is leading to mistrust as well.

**from Clifford Coleman to everyone: 8:39 AM**

In studies assessing how patients judge providers' "quality", the most important factors have been a) feeling that the person took enough time, and b) the person seemed to "hear" or be listening. Of course "quality" and trustworthiness are different constructs, but there might be important clues for ways to signal trustworthiness in this quality research.

**from Donald Sullivan to everyone: 8:39 AM**

in clinical encounters- honesty, especially with bad news - seems to build trust in my experiences

**from Dr Jim Gaudino to everyone: 8:40 AM**

Also more team care adds to trust concerns esp in complex health events. Well said, my ill elderly uncle said "who's on first." Who is coordinating all of this Appreciate insights 🙏🙏

**from Lois Leveen she/her/Dr to everyone: 8:41 AM**

Let's not lose Laura's important inclusion of "cross cultural" -- what "signals" competence and care depends on a host of personal experiences and cultural memory.

**from Tyler Tate to everyone: 8:42 AM**

Sullivan, Laura Specker, " Trust, Risk, and Race in American Medicine," Hastings Center Report 50, no. 1 (2020): 18– 26. DOI: 10.1002/hast.1080

**from Seiko Izumi to everyone: 8:42 AM**

agree @Don Sullivan. honesty, showing up, and yes humility are ways patients see the clinician cares.

**from Tyler Tate to everyone: 8:43 AM**

Elbaum A. Earning Patient Trust: More Than a Question of Signaling. Hastings Cent Rep. 2020 Jan;50(1):29-31. doi: 10.1002/hast.1082. PMID: 32068272.

**from caroline hurd to everyone: 8:43 AM**

Are there studies/data that show that patients/families want to hear this kind of explicit acknowledgment? We talk about this strategy in our work (which I think is important) but have had trouble finding good articles that gather community input on the best ways to communicate trustworthiness. Any references would be greatly appreciated!

**from Eva Galvez to everyone: 8:44 AM**

wonderful! thank you. so much to think about!

**from Jenn Hollandsworth Reed to everyone: 8:46 AM**

So thought provoking. I especially love that last thought--is working for trust and justice within an unjust institution a matter of complicity or of (r)evolution?

**from Lois Leveen she/her/Dr to everyone: 8:48 AM**

^Jenn, perhaps one needs to work for it interpersonally while also using one's position to work to change the institution: be the revolution as well as the caregiver.

**from Charlotte Becker to everyone: 8:48 AM**

Fake it till you make It?

**from Dr Jim Gaudino to everyone: 8:48 AM**

@JennHR yes Justice links w trust. @LauraSS. How does Justice get operationalized in healthcare systems & by clinicians & staff ?

**from Susan Tolle to everyone: 8:49 AM**

those who care for and advocate for persons with developmental and intellectual disabilities have expressed grave mistrust in the commitment to caring by viewing a lower level of "quality of life" than patients and surrogates do.

**from OR0220073 to everyone: 8:49 AM**

Sometimes it takes a lot of courage and risk to question your institution's trustworthiness. that is why we have whistleblower laws for protection.

**from Dr Jim Gaudino to everyone: 8:50 AM**

Taking audience questions?

**from Barb Hansen to everyone: 8:52 AM**

I'm wondering how much variation there is from institution to institution about a willingness to tell a patient or family about a medical error. I'm an RN and can still recall--decades later--the name of a patient who died in our ICU because of a medical error. Another physician told me that "Doctors have a code and don't criticize other physicians" as a way of explaining why this issue wasn't discussed more openly. Certainly, this patient's family wasn't informed about the circumstances of their wife/mother's death.

**from Rebecca Cain to everyone: 8:52 AM**

Just thinking out loud -- I wonder how much mistrust that some hold is a "lump sum" outcome, that maybe as they assess trustworthiness they aren't necessarily discerning how they feel about an individual clinician, vs. medicine as an institution with fraught history vs. medicine as a business and the ways that the business shapes how care is provided. That's a lot to overcome when timeframes for interaction can be so limited.

**from Scott to everyone: 8:53 AM**

Given the current climate of distrust in many of our public institutions because of the pushing of social change onto the individual rather than the institution (For example, in climate change, the government writing a bill on climate change or AT&T not changing their policies to more green policies, but having individuals better recycle instead), how can a provider begin to change the culture of an institution when there are many barriers to change including institutions not favoring change? Or how should institutions be pushed to change if not by an individual?

**from Dr Jim Gaudino to everyone: 8:53 AM**

@SusanTolle. Yes Reduction in COVID-19 protections now is a prime example of how people w disabilities & other vulnerable people are speaking out about how society & systems show they don't care & value them less.

**from Lori Eckel to everyone: 8:55 AM**

I'm curious if you have any thoughts about the experience of trust in the context of voluntariness of a patient - as in, those who electively seek medical care versus those who arrive involuntarily by way of medical emergency?

**from Lois Leveen she/her/Dr to everyone: 8:56 AM**

I'm struck by how much we are NOT talking about culture and structural racism. Assuming there are universal ways to "signal trustworthiness" replicates a system in which cultural difference has been overlaid with huge disparities in care and outcomes.

**from Charlotte Becker to everyone: 8:56 AM**

Thus the exodus of professionals from healthcare.

**from Amy Hardy to everyone: 8:56 AM**

Agree with Lois Leveen's point about race-- I think hiring providers from groups underrepresented in medicine, that reflect the diversity of the population served, is a huge way to build trust.

**from Susan Tolle to everyone: 8:57 AM**

Barb we now test all graduating medical students on their communication skills in disclosing a medical error with compassion and honesty.

**from Lois Leveen she/her/Dr to everyone: 8:57 AM**

Yes, Amy, but we all need to develop our crosscultural competency.

**from Dr Jim Gaudino to everyone: 8:57 AM**

One answer for patients is to "vote with their feet" away from systems with long histories of being untrustworthiness. I think OHSU has been in that space re BIPOC patients in the area

**from Amy Hardy to everyone: 8:57 AM**

So true, Lois! There is certainly both an individual and systemic level to think about trust. So grateful for this presentation and discussion-- thank you Laura and all.

**from Dr Jim Gaudino to everyone: 8:59 AM**

Great presentations & discussion thx

**from Lindsay Bryant to everyone: 9:00 AM**

Really wonderful, has given me a lot to think about, thank you!

**from Lauren Hara to everyone: 9:00 AM**

Thank you very much!

**from Lori Eckel to everyone: 9:00 AM**

Thank you for this excellent talk. So much to think about. I'm looking forward to reading your paper.

**from Sara to everyone: 9:00 AM**

Thank you!

**from caroline hurd to everyone: 9:00 AM**

Being vulnerable and asking others perspective is the first part that is key...and then it's important for us to validate and align with their experience.

**from Amy Hardy to everyone: 9:00 AM**

Thank you!

**from Jenn Hollandsworth Reed to everyone: 9:00 AM**

Thank you. I feel re-energized in my work

**from Sara Kolmes to everyone: 9:00 AM**

Thank you so much! What a great talk

**from caroline hurd to everyone: 9:00 AM**

Thank you!!

**from Basilia Basin to everyone: 9:00 AM**

Thank you so much!!!

**from Jen to everyone: 9:01 AM**

Thank you!! Excellent talk!!

**from Lois Leveen she/her/Dr to everyone: 9:01 AM**

This was a rich talk. I'd love for OHSU to a session specifically on cultural competence across different cultural groups. We need to be more lithe how we present and interact specific to who is in the room.

**from Clifford Coleman to everyone: 9:01 AM**

Thank you for a great talk!