

INTRODUCTION: BACKGROUND & CONTEXT

PROBLEM

- In 2015:** 48% of residents in national survey (N>1700) across specialties reported being subjected to bullying¹
- In 2020:** IM residents in 3 different programs²
 - 52% experienced belittling comments from patients in last year
 - 45% had credentials/physician status questioned by patients
 - 89% had witnessed patient inquires into peers' racial/ethnic origins
- 30% of our faculty (N Respondents=126) reported they are not able to act non-judgmentally and speak up in the moment" to address microaggressions³

1. Chadaga AR, Villines D, Krikorian A. Bullying in the American GME system: a national cross-sectional survey. PLoS One. 2016;16;11(3):e0150246.
 2. de Bourmont SS, Burra A, Nouri SS, et al. Resident Physician Experiences With and Responses to Biased Patients. JAMA Network Open. 2020;3(11):e2021769.
 3. Simpson D, La Fratta T, Lehmann W et al. Reframing a JEDI Milestone for Faculty Self-Assessment. AIAMC Annual Meeting. New Orleans. March 24-25, 2022.

MISSION/VISION STATEMENT

- AURORA:** To assure that our clinical learning environments are inclusive, respectful, & psychologically safe – a place where everyone feels they belong.

AIM/PURPOSE/OBJECTIVES

- To design, implement and evaluate upstander training across our medical education programs
- To redeploy training in on-line CME format for system wide credit

METHODS: INTERVENTIONS/CHANGES

- Identify evidence based:
 - Framework to guide development of training - PRESS Model
 - Microaggression approach/mnemonic – GRIT

- Develop Training with Key Stakeholders
 - Accessible in 30-to-60-minute units
 - Incorporate example scripts and scenario-based practice
 - Modifiable for on-line asynchronous CME
- Pilot with varied groups of Faculty, Residents, Students
- Continuous revision based on post training survey

METHODS: MEASURES/METRICS

- Post Training Survey:
 - Confidence and commitment to be an upstander [PRESS]
 - Knowledge of upstander model [GRIT]
- Faculty confidence in being able to act non-judgmentally and speak up (annual academic affairs survey)
- ACGME res/fac survey data relevant items (e.g., faculty members act professionally when teaching, personally experienced / witnessed abuse, harassment, mistreatment)

BARRIERS – STRATEGIES

- CHALLENGE:** Identifying simple yet effective upstander approach applicable across continuum of medical education
 - STRATEGY:**
 - Identified "GRIT" as memorable
 - Incorporated elements from other approaches within the Gather, Restate, Inquire, Talk it Out Approach
- CHALLENGE:** Standing up is risky, fear of retribution
 - STRATEGY:**
 - Initial focus on patient as source of microaggression rather than faculty-to-learner or peer-to-peer
 - Emphasize that we all do & will make mistakes
 - Key outcome is we all continue to learn & move forward
- CHALLENGE:** Competence of training authors in subject matter as those with expertise have limited bandwidth
 - STRATEGY:**
 - Iterative reviews by subject matter experts, education leaders across the continuum, and DE&I colleagues
 - Seek national training/guidance (e.g., #ACGMEEquityMatters)

DISCUSSION

CRITICAL NEXT STEPS

- Pilot and revise
- Phase in implementation across the continuum

AREAS SEEKING INPUT

- Guidance from others who have implemented microaggression training
- How to keep current as training and resources in area continue to explode; seek to keep training up to date
- Metrics to measure progress

Group Feedback

Empty box for group feedback.