STANDING UP AGAINST MICROAGGRESSIONS IN THE CLINICAL LEARNING ENVIRONMENT

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INTRODUCTION: BACKGROUND & CONTEXT

PROBLEM
- In 2015: 48% of residents in national survey (N>1700) across specialties reported being subjected to bullying
- In 2020: IM residents in 3 different programs
  - 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/ethic 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 microaggressions

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

1. 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

2. 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

3. 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

1. Pilot and revise
2. Phase in implementation across the continuum

AREAS SEEKING INPUT

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

GROUP FEEDBACK