

BECOMING AN UPSTANDER TO PATIENT MICROAGGRESSIONS

48th Annual
SCIENTIFIC
DAY 2022

Deborah Simpson, Ph^{1,2,3,4,5}; Kjersti Knox, MD^{2,4}; Wilhelm Lehmann, MD MPH^{2,4}; Anne Getzin, MD^{2,4}; Esmeralda Santana, C-TAGME^{1,4}; Roxanne Smith, MD^{5,6}; Tricia La Fratta, MBA¹; Theresa Frederick, BA¹; Kristin Ouweneel, MBA¹; Jacob Bidwell, MD^{2,4}

¹ Office of Academic Affairs Alliance of Independent Academic Medical Centers, National Initiative VIII on Justice, Equity & Inclusion, AAH, Milwaukee, WI; ² Department of Family & Community Medicine, UWSMPH-Madison, Wisconsin; ³ Department of Family & Community Medicine, MCW, Milwaukee, Wisconsin; ⁴ Family Medicine Residency Program, Milwaukee, Wisconsin; ⁵ Accreditation Council for Graduate Medical Education Equity Matters Program, Chicago, Illinois; ⁶ Family Medicine Residency Program, Chicago, Illinois;

PROBLEM

- Medical students, residents, and faculty frequently experience microaggressions in the clinical environment:
 - Belittling comments
 - Inquiries into their racial/ethnic origins
 - Credential/ability questions

BACKGROUND

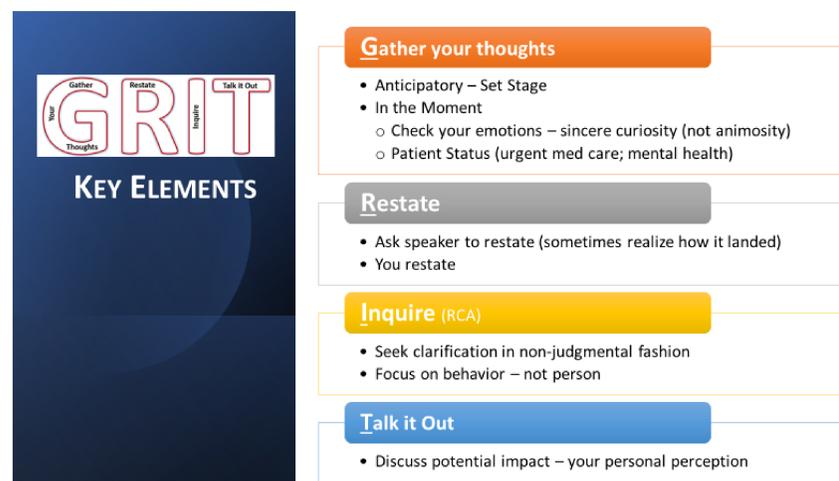
- 72% of surgical residents in national survey experienced microaggressions with patients as the most common source¹
- 52% of internal medicine residents from three different programs experienced belittling comments²
- 45% of internal medicine residents from same three programs experienced credential or ability questions on a weekly basis²
 - Percentages increase for non-white male respondents
- 94% of practicing physicians in surgery-oriented specialties at a large integrated health care system experienced sexist microaggressions (overhearing or seeing degrading female terms or images)³
 - If micro aggressed, more likely to experience burnout
- The cumulative effect of microaggressions has detrimental effects on the individual's:^{3,4}
 - Learning: Increased cognitive loads to process intent/meaning of microaggression
 - Patient care: Impairs productivity, erodes relationships
 - Well-being: Correlation with increased cardiovascular disease, diabetes, and obesity

OBJECTIVE

To prepare learners and faculty to stand up to microaggressions from patients using a quality improvement approach with rapid PDSA cycles to improve the training.

METHODS

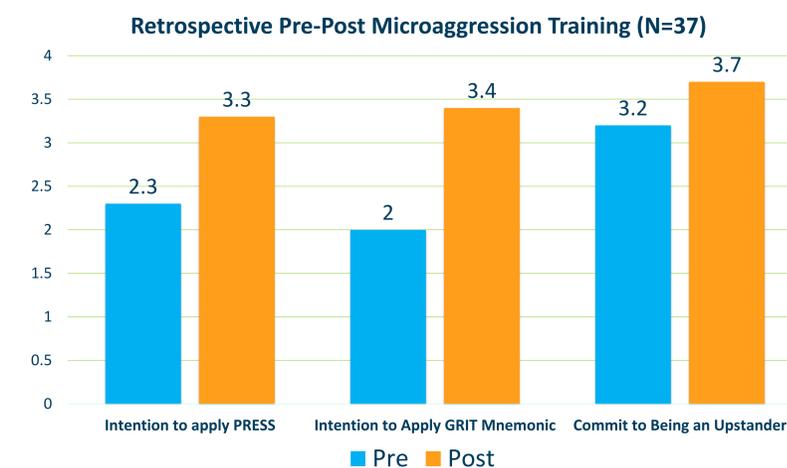
- Extensive literature search on microaggression training was conducted to inform the design, format, and evaluation of training
- In 2022, a convenience sample of students, residents and faculty participated in a 45–60-minute upstander training session integrated into one of their established educational meetings
- Overall training framed using Robert Livingston's PRESS Model⁵
 - Problem** - highlighting frequency and consequences of microaggressions
 - Root causes** - including implicit bias and structural factors
 - Empathy** - shifting to action
 - Strategy** - using a microaggression mnemonic for training
 - Sacrifice (+ Support)** - acknowledge personal/professional risks of action
- Mayo GRIT Microaggression mnemonic adapted as memorable & allowed key features from other models to be integrated



- In facilitated break out groups, participants enacted various roles (eg, patient, student, resident, faculty) for several locally generated scenarios consistent with literature examples, followed by debriefing
 - Example Scenario:** You (female medical student) walk into the room of a patient whom you have been helping to care for, for the last three days. As you enter the room with your male attending/senior resident, you tell the patient that he will be discharged today.
 - After asking if he has any questions, the patient responds, “I don’t have any questions, I am just sad that I won’t get to see your pretty face tomorrow when I wake up.”
 - Roles: Patient, Female Student, Male Attending/Sr Resident
- An anonymous, brief retrospective evaluation form using a retrospective pre-post design was voluntarily completed by participants

RESULTS

- 37 participants responded
- Overall, 97% of respondents would recommend the session to their colleagues and 75% requested additional training on GRIT.
- Increases in retrospective pre-post ratings were seen across all items using a 4-point Likert scale (1= very unlikely/no, definitely not to 4 = very likely/yes, definitely) including:



CONCLUSIONS

- Interrupting microaggressions as an upstander is likely a new skill set
- A brief educational session can improve learners' and faculty's ability to respond professionally to patient-initiated microaggression
- We recognize that this is just one step in creating an inclusive and thriving learning clinical environment that assures our learners' and faculty's continued development and excellent patient care

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