BECOMING AN UPSTANDER TO PATIENT MICROAGGRESSIONS

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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 basis3
- 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 microaggressed, more likely to experience burnout
- Percentages increase for non-white male respondents
- The cumulative effect of microaggressions has detrimental effects on the individual’s3,4 performance:
  - 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

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:
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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

REFERENCES