Standing Up to Patient Microaggressions

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**Recommended Citation**

Standing Up to Patient Microaggressions

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Academic Affairs | AIAMC NI VIII: Justice, Equity, Diversity & Inclusion | ACGME
CONFLICT OF INTEREST DISCLOSURE

Speakers
- Deborah Simpson PhD
- Jake Bidwell MD
- Trish La Fratta MBA
- Roxanne Smith MD

Disclosure
None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
Have you ever personally experienced or witnessed:

- Belittling comments/words, actions from patients, peers, staff, supervisors
  - Recs not acknowledge by team
  - Ref by peers “those people”
- Inquiries into racial/ethnic origins
  - Where are you from? (Really from?)
- Credential or ability questions
  - Where did you graduate from?
  - Nurse, orderly, focus on “white male”

aka Microaggressions

“Types” – UCSF Last Page
Poorsattar SP 2021;96(6):927.
3 Domains & 24 Competencies:

○ Diversity (5), Equity (11), Inclusion (8)

○ Domain III: Inclusion – Fostering Belongingness | Providing Culturally Responsive Care

<table>
<thead>
<tr>
<th>Entering RESIDENCY (Recent Medical School Graduate) or New to DEI Journey</th>
<th>Entering PRACTICE (Recent Residency Graduate) or Advancing Along DEI Journey</th>
<th>FACULTY Physician Teaching &amp; Leading or Continuing DEI Journey</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Demonstrates moral courage, self-advocacy, and allyship when facing and/or witnessing injustice (e.g., microaggression, discrimination, racism)</td>
<td>2b. Practices moral courage, self-advocacy, allyship, and being an active bystander or UPSTANDER to address injustices</td>
<td>2c. Role models moral courage, self-advocacy, allyship and being an active bystander or UPSTANDER to address and prevent injustices</td>
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</tbody>
</table>

Why care as GME Educators?
TERM UPSTANDER (COMPASSION / ACTION)

• 2013 – Two 12th graders [Watchung Hills Regional HS (NJ)]
  o Bullying speech (someone who stands up in the face of injustice instead of passively standing by)

• Oxford English Dictionary (2016)
  o Petition: A person who chooses to take positive action in the society or in situations where individuals need assistance
  o “Coined in 2002 by the Irish-American diplomat Samantha Power”
    • Pulitzer Prize-winning author | former U.S. Ambassador to the United Nations
    • It was ‘stand by’ versus ‘stand up’, so turning it into a noun didn’t seem like some path-breaking thing.”
PRESS MODEL
ROBERT LIVINGSTON
ORGANIZE THINKING & ACTIONS

Condition
Do I understand what the problem is and where it comes from?

Concern
Do I care (enough) about the problem and the people it harms?

Correction
Do I know how to correct the problem and am I willing to do it?

The Conversation: How Seeking and Speaking the Truth About Racism Can Radically Transform Individuals and Organizations by Robert Livingston.
SESSION ASSUMPTIONS & PRIVILEGE

- Here to Learn Will Make Mistakes
- If too Uncomfortable – Ok to Leave
- Accept that we ALL have Biases Cognitive Survival
- Disagree Respectively with Evidence; Honor Perspectives
- Committed to CLE Optimizes Learning & Pt Care
- Progress = 1 Step at a Time Together

Graphic (not content) from Julie King, MBA, PHR - Leadership Development
WHAT ARE MICROAGGRESSIONS

Intentional/unintentional interactions - interpersonal/private

- Convey *NEGATIVE* messages about groups of people
  - **If unintentional**
    - Tends to be output of unconscious bias / doesn't ≠ values
    - Research shown mitigate implicit biases via focus on **egalitarian goals** – values = behaviors
  - **Subtle yet powerful** ("all" experienced at some point)
    - **Subtle:** Source-Sender (& upstanders) not understand impact
    - **Powerful:** Recipient often painful (race, gender, LGBTQ+, age) – trauma activated
**Microaggressions:** Describe (Un)Intentional Interactions

**Powerful Impact:** Recipient often painful (race, gender, LGBTQ+)

- Dose-Response relationship with anxiety/depression
  - 1st few bites – irritating but bearable
  - As get bitten more and more - starts to make you feel unwell and angry
  - After awhile – can’t stand it anymore – eventually explode

- Chronic stress (upregulation of stress hormones) → inflammation & chronic disease IIº allostatic load (CV disease, DM, HTN, obesity, mental health)

**Learning?** ↑ “Cognitive Loads” → ↑ intellectual workload

- Ψ impact, determine intent/meaning → response

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Sue 2019 | Ackerman-Barger 2020 | Wheeler 2019 | Guidi 2021 | McClintock 2022 | Ellis 2022
MICROAGGRESSIONS: Describe (Un)Intentional Interactions

- **CUMULATIVE EFFECT** w time: Can contribute to ↓ acad perform
  - Wears down mental function
  - Impairs productivity
  - Erodes relationships

Response?
Avoidance - Withdrawal

Ackerman-Barger 2020 △ | Wheeler 2019 | McClintock 2022 | Ellis 2022 | Miller 2022
72% SURGICAL RESIDENTS ACROSS US (APDS)

Sources of Microaggressions?

- Patients: 64%
- Staff: 58%
- Faculty: 45%
- Co-Residents: 39%

- 7% reported these events to GME Office or PD
  - 31% of whom reported experiencing retaliation due to reporting

<table>
<thead>
<tr>
<th>Type of Behavior</th>
<th>Directly Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belittling or demeaning stereotypes</td>
<td></td>
</tr>
<tr>
<td>Belittling comments</td>
<td>52%</td>
</tr>
<tr>
<td>Inquires into racial/ethnic origins</td>
<td>28%</td>
</tr>
<tr>
<td>Generalization re social identity</td>
<td>37%</td>
</tr>
<tr>
<td>Confusing team members of the same race/ethnicity</td>
<td>38%</td>
</tr>
<tr>
<td><strong>Role Questioning</strong></td>
<td></td>
</tr>
<tr>
<td>Credential or ability questioning</td>
<td>45%</td>
</tr>
<tr>
<td>Assumption of non-physician status</td>
<td>46%</td>
</tr>
<tr>
<td>Addressing intern or student due to social bias toward Sr. resident</td>
<td>27%</td>
</tr>
</tbody>
</table>

*Scale: Often = 1x or more per month; Very Often – 1x or more per week

De Bourmont 2020
SOURCE OF MICRO AGGRESSIONS

• Understanding Roots critical to choosing best remedy
  o COGNITIVE BIASES: IMPLICIT [don’t know it]
  o PREJUDICE: MEAN IT [Personality characteristics; Ideological world views]
  o BULLYING: INTENTIONAL [Psychological insecurity, perceived threat; Need for power/ego enhancement]

• Most are results of structural factors (without malicious intent)
  o Established laws
  o Institutional practices & policies
  o Cultural Norms

Wheeler DJ 2019 | Livingston 2021 | Wheeler ME 2005 | Kay 2022
**STRUCTURAL DYNAMICS**

• Imagine being a fish in the stream.

• Stream has a current
  o Exerts force on everything in the water moving it downstream
  o Float (do nothing) – current carries you (may not be aware of it)
  o Take Action by Swimming:
    • With the current – propelled faster
    • Against the current – demands effort and determination

ROOT CAUSE ANALYSIS → UPSTANDER
An Inclusive and respectful environment where everyone feels they belong is foundation for:

1. Learning
2. High Quality & Safe Care
3. Innovation (risk taking)
4. Well-Being
5. Accreditation
6. Recruitment & Retention
7. Etc

Weekly (if not Daily)
- Our trainees, faculty, and staff experience bias, prejudice, bullying
- Start with patients as microaggression source frequent source

Why Us?
Clinical Environment
We are committed to:

STRATEGY – ADAPTED GRIT MAYO[1]

Why Chose? A review of elements of microaggression models –

- Lumper (as memorable)
- Incorporate the splitters
- Examples: ACTION²,³,⁵ | 4 or 5 D’s | DEAR | ERASE⁵ | IQEE | LIFT | Open the front door²,³ | O3 | OWTFD⁵ | PEARLS | RAVEN | SAFER⁵ | Stop, Talk, Role⁵ | STR | VITALS⁴ | XYZ²,³

1. Anticipatory – Set Stage
2. In the Moment
   - Check your emotions – sincere curiosity (not animosity)
   - Patient Status (urgent med care; mental health)

Restate
- Ask speaker to restate (sometimes realize how it landed)
- You restate

Inquire (RCA)
- Seek clarification in non-judgmental fashion
- Focus on behavior – not person

Talk it Out
- Discuss potential impact – your personal perception
Gather Your Thoughts --
Set Stage - Working with New Team | Learners?

• Set the stage – anticipatory – “pre-brief”
  o Introduce the idea of microaggressions before events occur
  o Trainees / Team Members may feel embarrassed to discuss mistreatment, and thus it requires the educator to initiate the conversation

• Process
  1. Set the stage (why)
  2. Invite Team/Learner input
  3. Make explicit plan
  4. Seek commitment (> empathy)

Wheeler 2019; Bullock 2021; Miller 2021; Shankar 2019
**Gather your thoughts**

- Anticipatory – Set Stage
- In the Moment
  - Check your emotions – sincere curiosity (not animosity)
  - Patient Status (urgent med care; mental health)

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**Practice**

- Review the infographic on “G” focus on anticipatory...
- Assign roles to
  - Attending/Faculty
  - Senior resident
  - Jr Resident
  - Med Student
- Try running again changing roles then Debrief

If Facilitator - Role
1. Psych Safety – Risk
2. Introductions & Clarify Task
3. Keep on Task & Time
4. Debrief

Imitate React Generate
GATHER YOUR THOUGHTS

WHEN PATIENT IS SOURCE — SUPERVISING PHYSICIAN

• May struggle
  o Whether to directly address the incident with the patient including acuity
  o How to address
  o Complicated if learner appears to be distressed or when the learner does not feel safe to discuss or show distress.

• Dual obligation
  o To foster a positive learning environment for their learner
  o To maintain a therapeutic alliance with the patient

• When NOT addressed
  o It constitutes HARM TO THE LEARNER (and you)
  o It may convey PERMISSION of such bias

Miller & Chen 2021 AEM; Whitgob 2016; Shaker 2019
GATHER YOUR THOUGHTS

- Reminder Goal: Understand Intent and “Root Cause”
  - Implicit Bias? Prejudice? Bully?

Intention → Behavior/Action →

- Unintended Consequences
- Intended Consequences

Wheeler 2019; Bullock 2021; Miller 2021; UC-SC
**Gather your thoughts**
- Anticipatory – Set Stage
- In the Moment
  - Check your emotions – sincere curiosity (not animosity)
  - Patient Status (urgent med care; mental health)

**Restate**
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- Seek clarification in non-judgmental fashion
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**Practice & Debrief**

3 Scenarios
- “Facilitator” Role
  1. Psych Safety – Risk
  2. Intros & Clarify Task
  3. “Own Scenarios” - Practice
  4. Keep on Task & Time
  5. Debrief

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Imitate React Generate
TRY SCENARIO #1: NEW IN-PATIENT TO TEAM

• Patient is stable, not in critical condition
• Female Resident previously rounded on patient then debriefed with team on status
• Resident and female Attending enter the room
• Patient says “Hay I’m glad you’re here.... what’s up that I have two nurses coming to check on me. While I enjoy chatting with you all I’ve got some really important questions for the doctor.”

• Assign Roles: Male Patient, Female Attending, Female Resident

Bullock 2021
TRY SCENARIO #2: NEW IN-PATIENT TO TEAM

• Patient is stable, not in critical condition
• Female Resident previously rounded on patient then debriefed with team on status
• Female Resident, Male Resident, and African American Attending enter the room
• Patient says “Hay I’m glad you’re here Doc (looking at male resident) .... I’ve got some really important questions for you – as the doctor (looking at male resident)”

• Assign Roles: Male Patient, Female Attending, Female Resident, Male Resident
TRY SCENARIO #3: CLINIC PATIENT

• White male patient is in for a check-up on his hypertension – which remains uncontrolled (but not life threatening today) and general check up

• 1st Time visit with non-white Female PGY2 Resident

• As the resident is listening to the patient’s lungs, the patient touches her hair and asks, “What are you?” (in puzzled tone)
  o Resident ignores the question (as perceives it to be inappropriate and perceives it as a question about her race/ethnicity), finishes up the exam, and goes to debrief with the attending.

• Resident appears upset as she is presenting the patient, attending asks “What’s up”...

• Resident says the patient touched my hair… and asked “What am I”.

• Assign Roles: Attending (consider if male/female and identities), PGY2 non-white Female Resident + patient if decide to go into room
**Gather your thoughts**

- Anticipatory – Set Stage
- In the Moment
  - Check your emotions – sincere curiosity (not animosity)
  - Patient Status (urgent med care; mental health)

**Restate**

- Ask speaker to restate (sometimes realize how it landed)
- You restate

**Inquire (RCA)**

- Seek clarification in non-judgmental fashion
- Focus on behavior – not person

**Talk it Out**

- Discuss potential impact – your personal perception
• Use “I” statements
  o Focus on how action/behavior affected you (own your response)\(^1\)

• Verbal & Non-Verbal Behaviors
  o Note the tone of voice, body language, etc. when responding\(^1\)
  o Align your tone and body language to achieve goal:\(^1\) respectful to the person (they matter) driven by curiosity re: behavior

• Make people feel affirmed – that they matter – when possible

• Avoid judgments allows others the grace to make mistakes learn\(^5\)

---

I intend to apply the GRIT mnemonic as framework for being an upstander

PRIOR to THIS Session
- Very UNLikely: 33%
- UNlikely: 35%
- Likely: 26%
- Very Likely: 6%

AFTER THIS Session
- Very UNLikely: 1%
- UNlikely: 2%
- Likely: 42%
- Very Likely: 55%
TRAINING SURVEY RESULTS TO DATE N=127

I am committed to being an Upstander

- No, Definitely NOT
- No
- Yes
- Yes, Definitely

Prior to THIS Session:
- 2% (No, Definitely NOT)
- 11% (No)
- 60% (Yes)

After THIS Session:
- 0% (No, Definitely NOT)
- 0% (No)
- 27% (Yes)
- 73% (Yes, Definitely)
**SACRIFICE (UPSTANDER)**

- Despite knowing it’s the right thing
  - Values as Learner | Clinician | Staff
    Med Educator | Human
  - Perceive sacrifice – loss
    - Takes effort, costs, resources, energy, commitment

- **Scope it!**

- **Consequences if we don’t stand up:**
  - Continue 300+ years of marginalization
  - Limit power of our learners and teams to learn, grow, provide optimal care, and be well

Livingston 2021
Creating Inclusive Clinical Environments promote Learning, Quality, Safety, Well-Being

PRESS
P: Prob Aware  RCA  Empathy  Strategy  Sacrifice

Real change, enduring change, happens one step at a time. | Ruth Bader Ginsburg
PLEASE – CONTINUE EVOLVE

https://www.surveymonkey.com/r/UpstanderACGME
CLAIM YOUR CME TODAY!

Complete the Evaluation for CME or Certificate of Completion!

The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? cme@acgme.org
ACADEMIC AFFAIRS WIDE EFFORT
INSPIRED BY THOSE WHO HAVE CHANGED THE WORLD

• Whenever one person stands up and says "wait a minute, this is wrong..." it helps other people to do the same | Gloria Steinem

• Do the best you can until you know better. Once you know better, do better | Maya Angelou

• Faith is taking the first step even when you don’t see the whole staircase. | Martin Luther King, Jr.

• Real change, enduring change, happens one step at a time. | Ruth Bader Ginsburg