STANDING UP TO PATIENT MICROAGGRESSIONS IN THE CLINICAL LEARNING ENVIRONMENT

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INTRODUCTION | BACKGROUND

- 72% of U.S. surgical residents reported experiencing microaggressions\(^1\)
  - 64% from patients, 58% from staff, with only 7% reporting these events
- 89% of internal medicine residents directly witnessed patients making inquiries into another’s racial/ethnic origins\(^2\)
- AAMC’s DE&I Competencies Across the Learning Continuum Domain III Inclusion - competency on microaggressions\(^3\)
  - Expectation: GME grads be an active upstander to address injustices (eg, microaggressions, discrimination, racism) and faculty expected to stand up and prevent injustices
- 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\(^4\)

AIM | PURPOSE

- To design, implement and evaluate sustainable upstander training across the continuum of medical education

METHODS

INTERVENTION(S)

- Identify evidence based:
  - Framework to guide development of training - PRESS Model
  - Microaggression approach/mnemonic – GRIT
- Develop Foundational Training with Key Stakeholders
  - Accessible in 60-90-minute units
  - Incorporate example scripts and scenario-based practice
  - Modifiable for on-line asynchronous CME
- Pilot & continuous revise with varied groups of Faculty, Residents, Students
- Create new upstander scenarios > patient as source

MEASURES/METRICS

- Post Training Survey:
  - Confidence and commitment to be an upstander [PRESS]
  - Knowledge of upstander model [GRIT]
- ACGME res/fac survey data relevant items (eg, faculty members act professionally when teaching, personally experienced / witnessed abuse, harassment, mistreatment)
- IRB: Aurora Research Subject Projection Program determined that this type of work (in our medical education programs) does not consistent Human Subjects Research

RESULTS: POST TRAINING & ACGME SURVEYS

- I intend to apply the GRIT mnemonic as framework for being an upstander (N=127)
  - Very UNlikely
  - UNlikely
  - Likely
  - Very Likely

- I am committed to being an Upstander (N=127)

DISCUSSION

- KEY FINDINGS:
  - 96% of respondents recommend the upstander training session
  - Likelihood that they will be an upstander increased

- LIMITATIONS:
  - Longitudinal ACGME survey results limited by question modifications and pandemic
  - Live sessions are resource / time intensive requiring experienced break out facilitators

- NEXT STEPS AND SUSTAINABILITY:
  - Develop CME module for introductory session
  - Develop additional annotated scenarios for workshop participants use in their own settings

Selected References


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