



JEDI Series: I Wish I Had Said Something...
Learning to Be an Active Bystander/Upstander
in the Face of Microaggressions

AIAMC 2021 Webinar Series

June 3, 2021

Lahey Hospital & Medical Center

Today's Presenters



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Today's Presenters



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I Wish I Said Something...

Learning to be an Active Bystander/
Upstander in the Face of Microaggressions

Jalil Afnan, MD, MRCS

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Anne Mosenenthal, MD, FACS

June 3, 2021

Disclosures

- No disclosures for any presenter

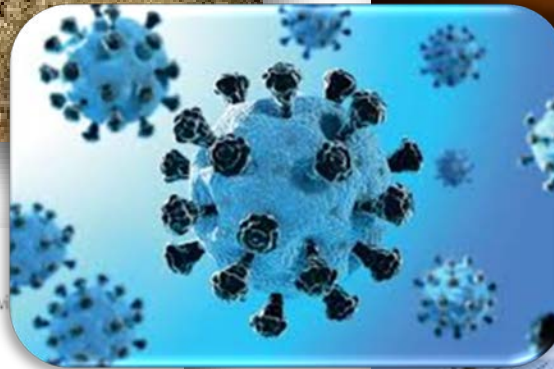
Learning Objectives

- Provide background and response to bias at a single academic medical center
- Describe development of institutional tools:
 - Policy for responding to bias and discrimination in the workplace
 - Scenario Bank for facilitating skills practice based on actual situations
- Use vignettes from the scenario bank to discuss and practice potential responses to bias
- Discuss strategies to take home

Session Outline

- Background and Context: Jalil
- Institutional Tools: Sheri
- Case #1 Presentation and Discussion: Li
- Case #2 Presentation and Discussion: Anne
- Take Home Messages: Anne

2020: “A Perfect Storm?”



The global coronavirus recession

COVID-19 brought the global economy to a halt in 2020, but the IMF sees a sw



Note: Data for 2023 and beyond are estimates
Source: International Monetary Fund World Economic Outlook



Breonna Taylor, George Floyd



March 13th, 2020



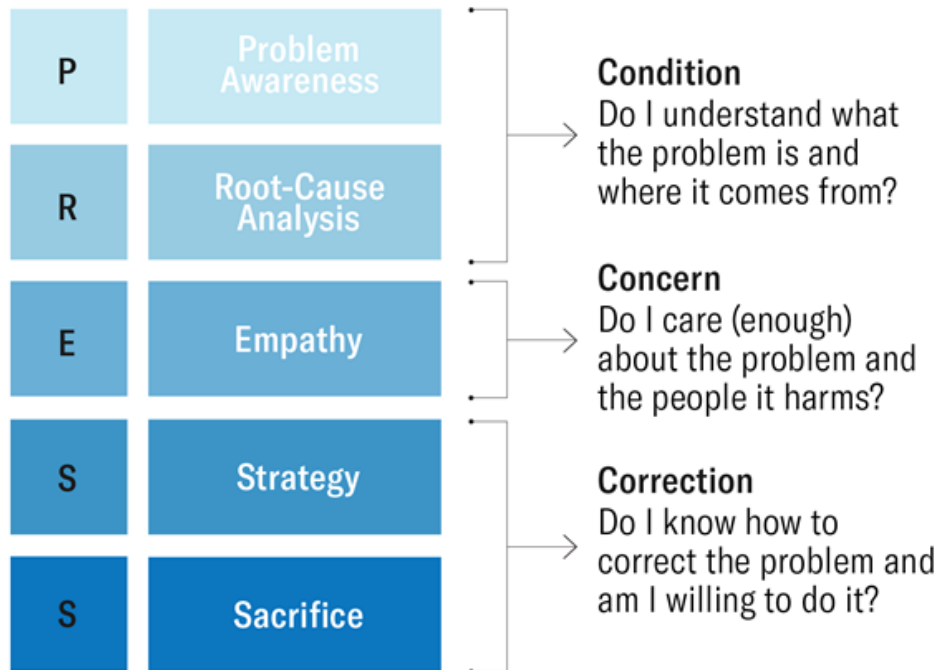
May 25th, 2020

Racism

- “A belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race.”
- “The systemic oppression of a racial group to the social, economic, and political advantage of another.”

<https://www.merriam-webster.com/dictionary/racism>

Approach to Racial Equity



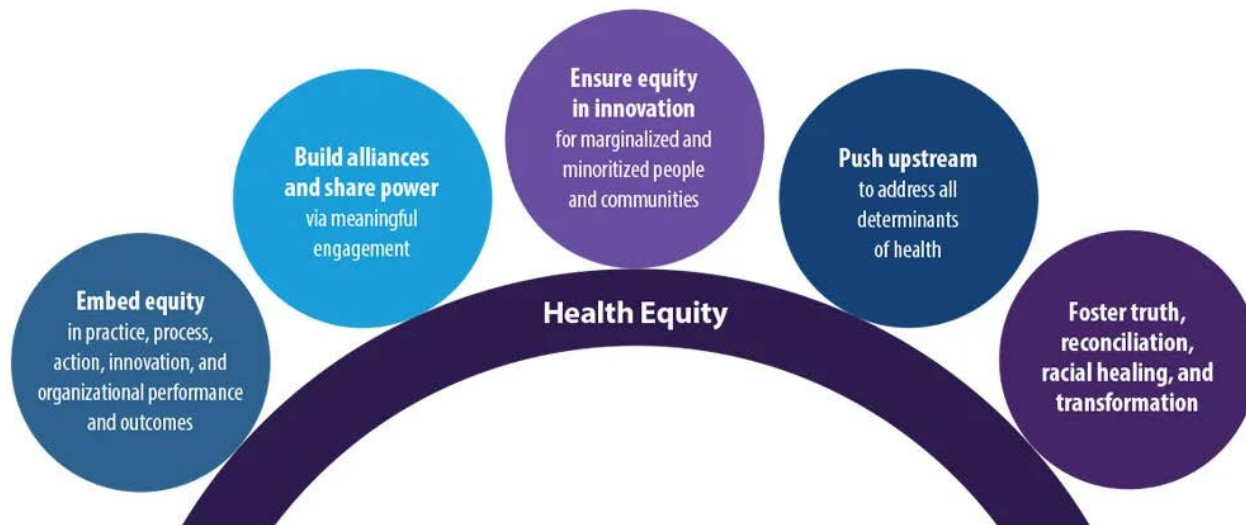
 HBR

A five-step plan by Robert Livingston

<https://hbr.org/2020/09/how-to-promote-racial-equity-in-the-workplace>

Organizational approach

AMA Strategic Approaches to Advance Health Equity



- Racism: a central divisive pillar
- Diversity addresses all aspects of individuality
- Achieve justice across all aspects of healthcare
- Hallmark of an Academic Medical Center



A word of caution..

The New York Times

Editor of JAMA Leaves After Outcry Over Colleague's Remarks on Racism

Dr. Howard Bauchner will step down after another editor suggested “taking racism out of the conversation” on a journal podcast.



Dr. Howard Bauchner during a C-Span appearance in September. He will step down from JAMA at the end of June. [C-Span.org](https://www.c-span.org)

Dr. Edward Livingston, another editor at JAMA, had claimed that socioeconomic factors, not structural racism, held back communities of color. A tweet promoting the podcast had said that no physician could be racist. It was [later deleted](#).

“I remain profoundly disappointed in myself for the lapses that led to the publishing of the tweet and podcast,” Dr. Bauchner said in a statement. “Although I did not write or even see the tweet, or create the podcast, as editor in chief, I am ultimately responsible for them.”

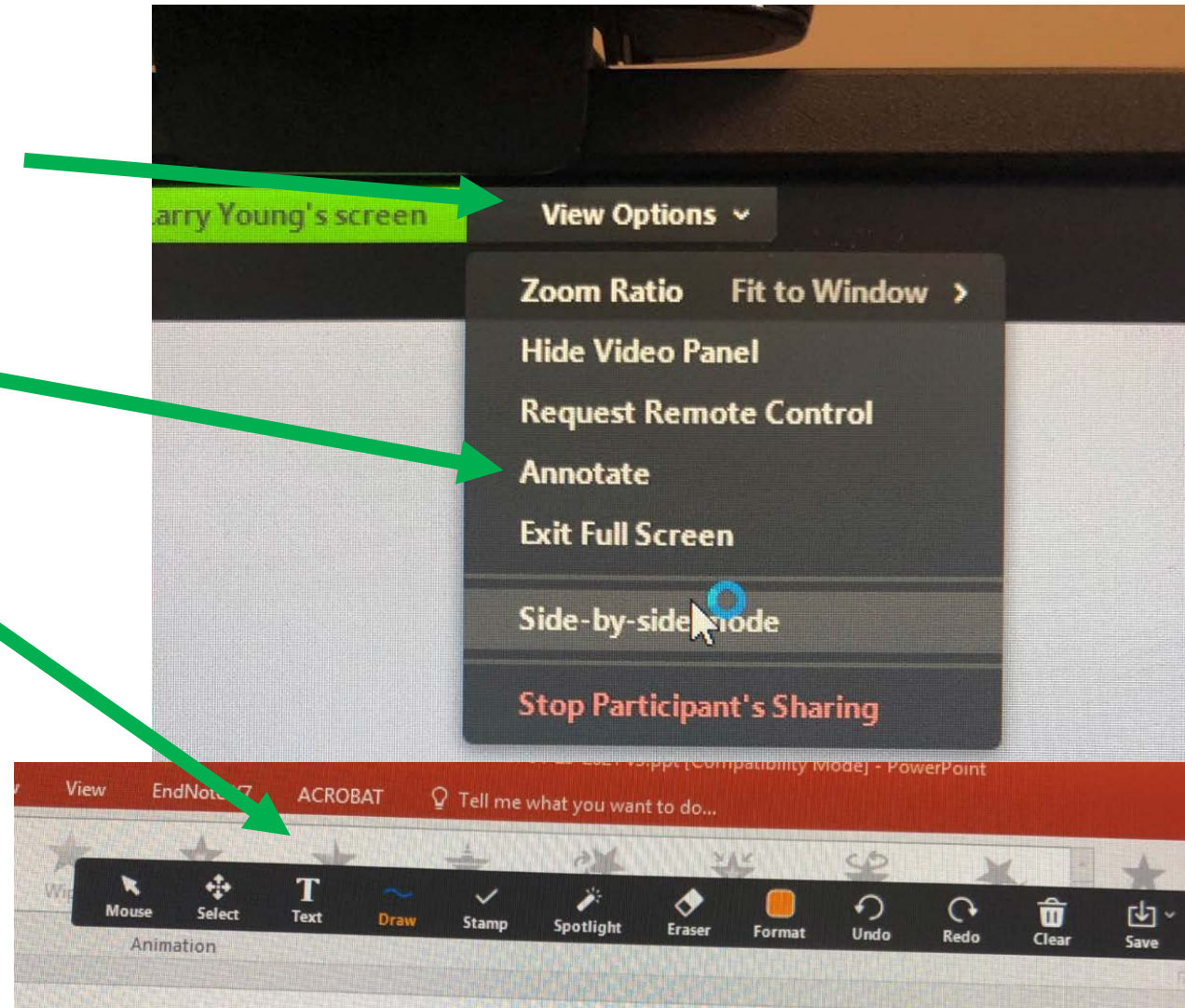


By **Apoorva Mandavilli**

June 1, 2021 Updated 5:09 p.m. ET

How to Use Annotation Function

- Hover at the top of your screen and select drop down “view options”
- Select Annotate which will open a toolbar
- Note: if you are sharing your screen, you select annotate from the bottom of the screen.





★ 1ST Choice

♥ 2nd Choice

Annotation Station:

Practice! Rank Order Ice Cream Flavors

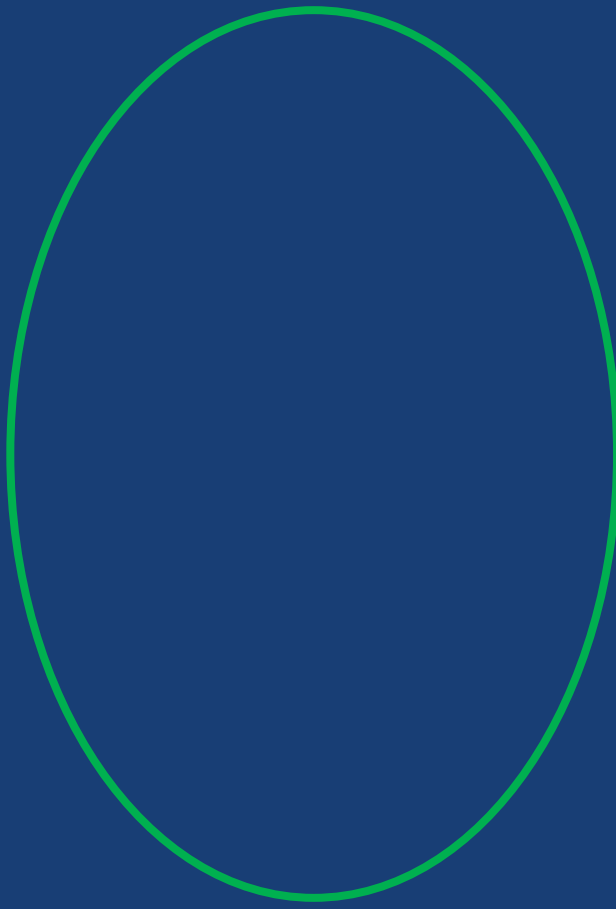
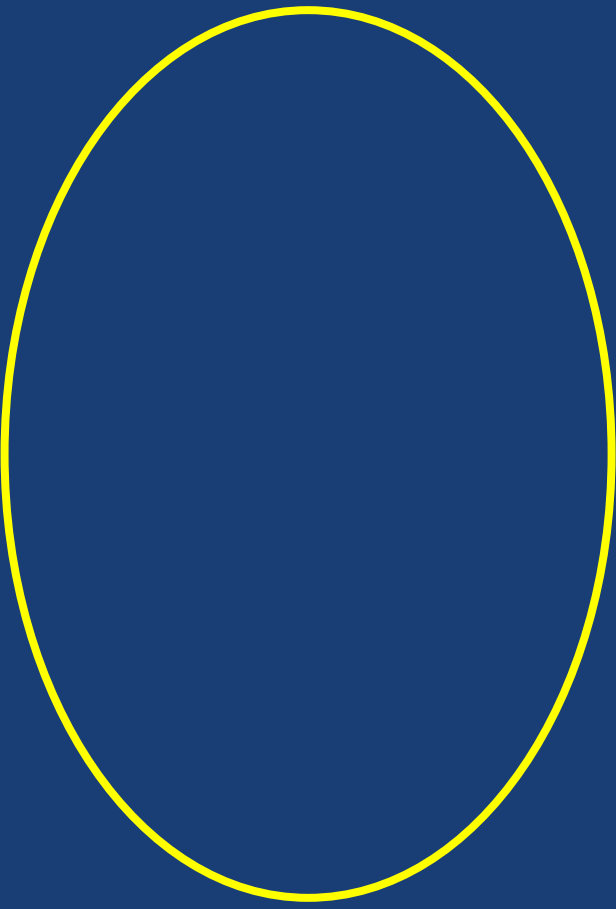
STAMP

S

Chocolate

Vanilla

Cookie Dough





Annotation Station:

How often do microaggressions occur in your setting?

Not here!

Monthly

Weekly

Daily

Trainee Open Forum

- Following George Floyd's murder, we held listening sessions with trainees
- Trainees reported frequent incidents of disrespect in their direct care of patients; occurrence multiple times each week
- Described microaggressions, increased presence of hate speech on social media
- Felt isolated and without structure for support

Institutional Tools

- Scenario Bank
 - Collected actual lived experiences from trainees, faculty, and institutional leaders
 - Vignettes used for teaching and small group session with residents
 - Currently planning for further development including simulation
- Institutional Policy and Created Tools for Reporting
 - “Responding to Incidents of Bias and Discrimination from Patients and Visitors in the Workplace”
 - Expanding and Advertising mechanisms to report incidents

Scenario Bank

- Scenarios Involving incidents of Bias
 - By patients and/or families
 - By co-workers and colleagues
- 23 scenarios
 - Race
 - Gender
 - National Origin
 - Substance Use Disorder
 - Age
 - Socioeconomic / Class
 - Gender Identity
 - Sexual orientation
 - Disability

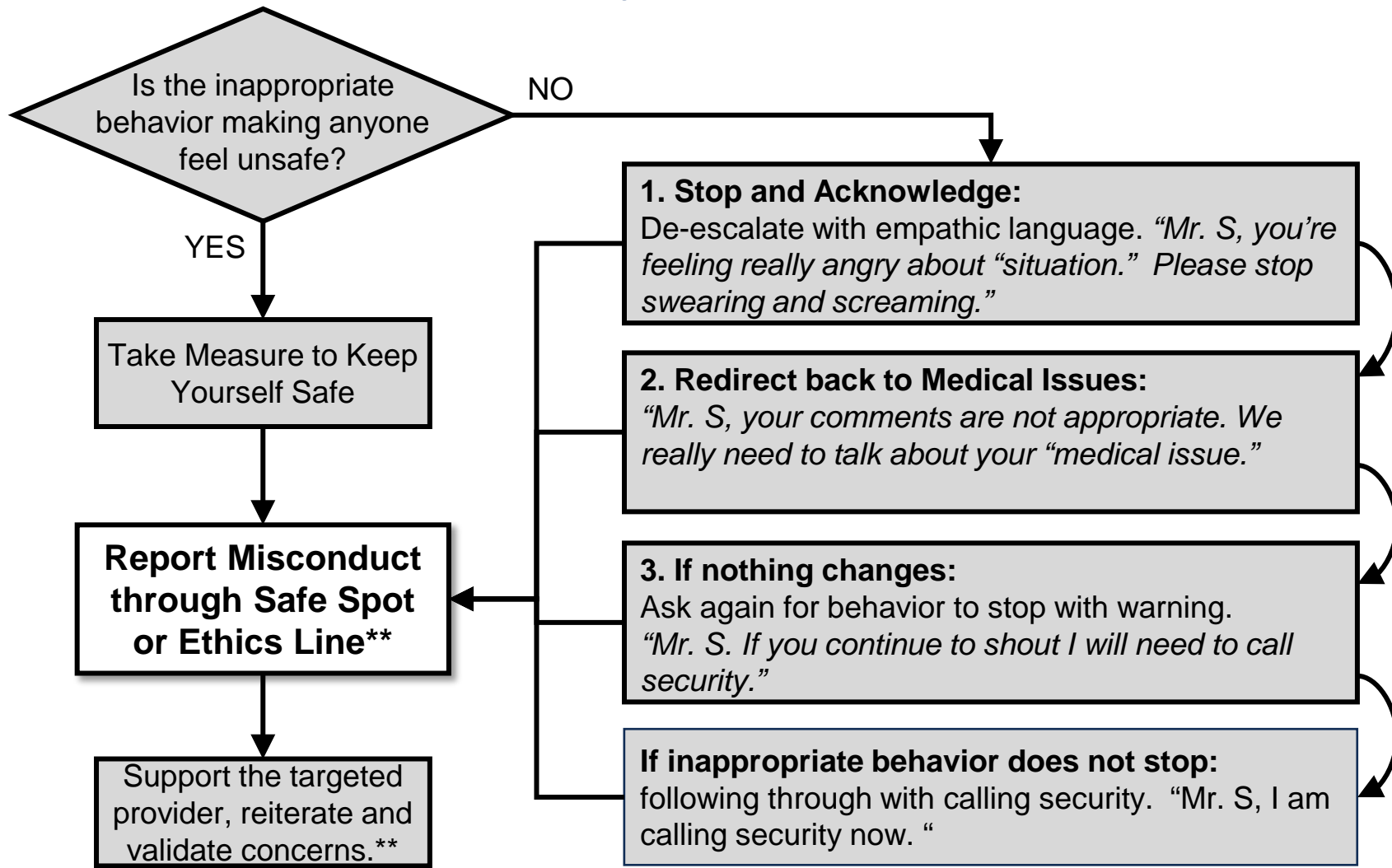
Policy Highlights

- Policy Statement
 - Commitment to safe, respectful, non-threatening environment
 - Expectations for patient, family, visitor behavior
 - Addresses requests for specific type of provider based on personal characteristics, acknowledging trauma informed care
 - Explicitly states colleagues are bound to behavioral expectations
- Procedure
 - Pathways for response to bias, discriminatory behavior as well as requests for specific provider
 - Linked to procedure for reporting and weekly report of number of incidents logged into Safe Spot system

Procedure

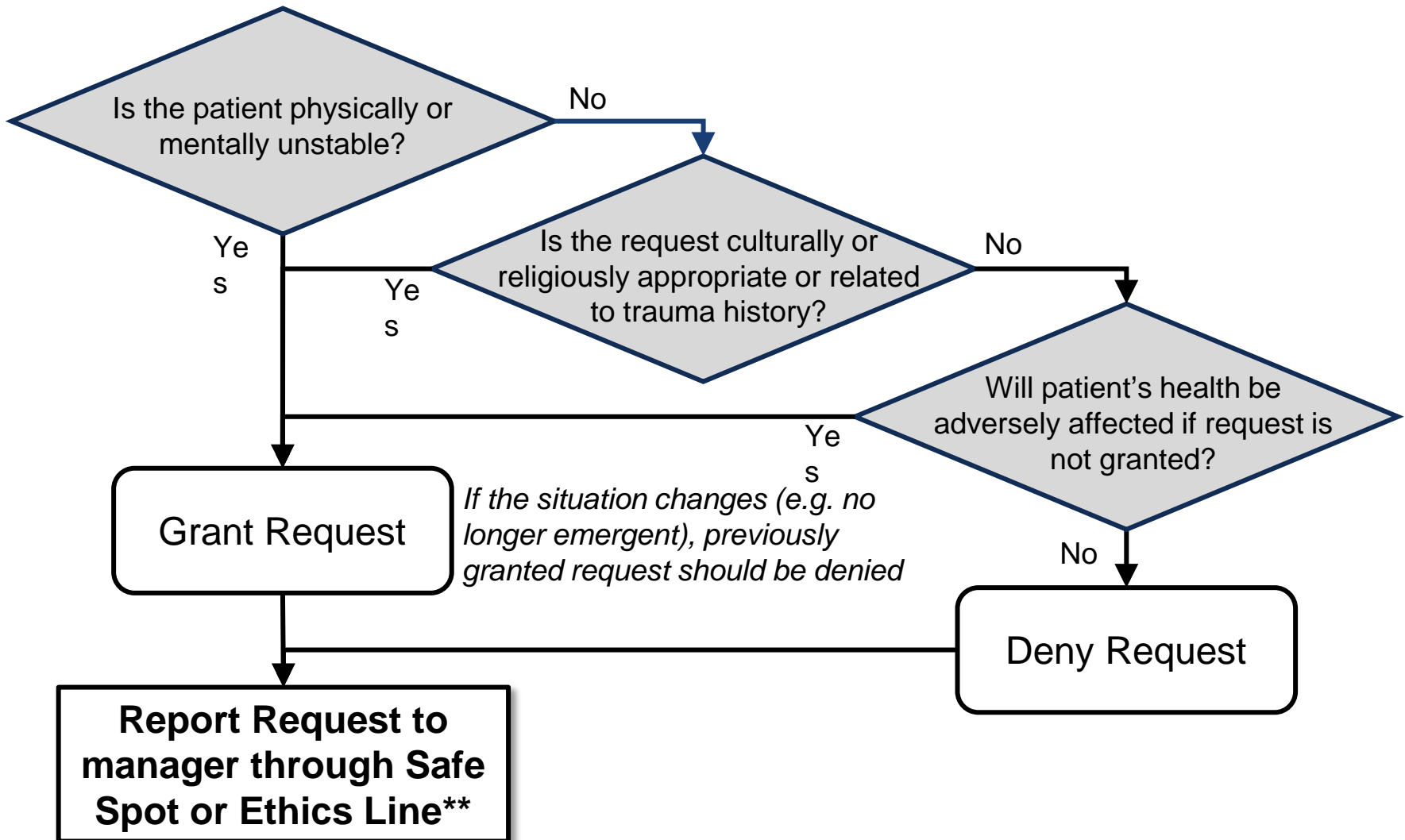
1. Stop and acknowledge the inappropriate behavior, comment, or request
2. Redirect back to the patient's medical issues
3. Support the caregiver and reiterate and validate the caregiver's concerns
4. Report the incident

Patient, Family, Visitor, or Vendor Displays Inappropriate / Discriminatory Behavior



***We strongly encourage reporting which can be anonymous or named and always suggest support and validation for the targeted person and the team.*

Request for Provider Change Based on Team Member Personal Characteristic



****We strongly encourage reporting which can be anonymous or named and always suggest support and validation for the targeted person and the team.**



Annotation Station:

Rate comfort level in handling bias and microaggressions?

Not at all

Somewhat

Very



Time to Practice: Case #1

You are the Palliative Care provider asked to attend a meeting with the husband of a critically ill patient and the ICU team (pulmonary fellow, resident, nurse, social worker.) The discussion is led by the ICU attending.

The husband complains about a number of issues and then leaned in and said, “I know I shouldn’t say this, but my wife just can’t bear to be touched by black people, so if she cannot have any, that would be best.” The comment refers to a black nursing assistant who was caring for the patient in the past few days.

What Would You Do or Say?

Consider the paradigm:

1. Stop and acknowledge the inappropriate behavior, comment, or request
2. Redirect back to the patient's medical issues
3. Support the caregiver and reiterate and validate the caregiver's concerns
4. Report the incident

One minute “camera off time” to plan what you will do / say



1. Stop / Acknowledge
2. Redirect
3. Support
4. Report

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Case #1: Resolution

- Neither attending addressed the issue in real time and comment was essentially ignored
- Following, one of the attending physicians was coached on how to respond and went back to speak with the husband who apologized: “I knew I was wrong.”
- The attending debriefed with the physician who had been with her in the room as well as nurses and staff at the nursing station

Time to Practice: Case #2

The surgery team is in the operating room doing a bowel resection. The surgical team includes the attending, the chief resident, the new intern, medical student. **This is the first time the intern, who is dark-skinned and wears a hijab, has worked with this attending.**

As the case is underway, the attending is very chatty with the new intern, and asks where she is from. She replies New Jersey, he responds, “No, where are you really from?” When she reiterates “New Jersey” he persists, and then asks “well, where are your parents from?” and then “what is your real name?” When she responds he states **“What were your parents drinking when they named you that?”**

What Would You Do or Say?

Consider the paradigm

1. Stop and acknowledge the inappropriate behavior, comment, or request
 - Redirect ?
 - Challenge?
 - Humor?
2. Support the intern in the moment
3. Debrief to validate the interns concerns
4. Report the incident

One minute “camera off time” to plan what you will do / say



1. Stop / Acknowledge
2. Redirect
3. Support
4. Report

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Case #2: Resolution

• IN THE MOMENT

- The intern remains silent throughout the case except when asked a question.
- The scrub nurse, circulator and anesthesiologist note the conversation but don't say anything, as "he always says these kind of things, and we don't make too much of it"
- The Chief resident is uncomfortable, but tries to highlight accomplishments of intern, telling the attending "she is "from Stanford Medical School and one of our top recruits" and "she is very interested in colorectal surgery."

• LATER FOLLOWUP

- The Chief resident debriefs with the intern and medical student to validate their concerns, and discuss strategies to address.
- Medical student formally reports this to Dean of Education who then forwards event to department Chair for action
- Department Chair and Dean Education provide feedback to the surgery attending, who "doesn't remember" the incident
- Surgery attending is asked to complete bias training

Take Home Messages

- Healthcare leaders play a vital role
- Develop a policy with a local flavor (buy-in)
- Find allies in your organization
- Mistakes will be made
- Follow a process and continually learn

Evaluation

The AIAMC Programming Committee is requesting your feedback. Please take a few minutes to complete our brief questionnaire here:

https://www.surveymonkey.com/r/AIAMC_2021_Webinar_Series_June_3_2021