

Allyship is Important: Culture Change Requires We All be Upstanders: Aurora Health Care

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Office of Academic Affairs & Ob/Gyn Residency



 Advocate Health Care We are  Advocate Health



SESSION ASSUMPTIONS & PRIVILEGE



HAVE YOU EVER PERSONALLY EXPERIENCED *OR* WITNESSED

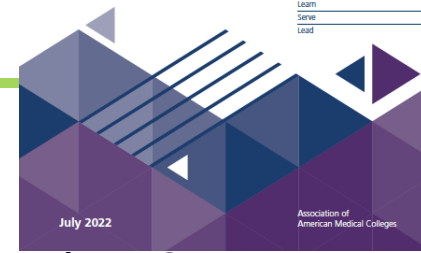
- Belittling comments/words, actions from patients, peers, staff, supervisors
 - Recs not acknowledge by team
 - Ref by peers “those people”
- Inquiries into racial/ethnic origins
 - Where are you from? (Really from?)
- Credential or ability questions
 - Where did you graduate from?
 - Nurse, orderly,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



aka Microaggressions

“Types” – UCSF Last Page

Poorsattar SP 2021;96(6):927.



DE&I COMPETENCIES UME-GME-CME 7.2022

3 Domains & 24 Competencies:

- Diversity (5), Equity (11), Inclusion (8)
- Domain III: Inclusion – Fostering Belongingness | Providing Culturally Responsive Care

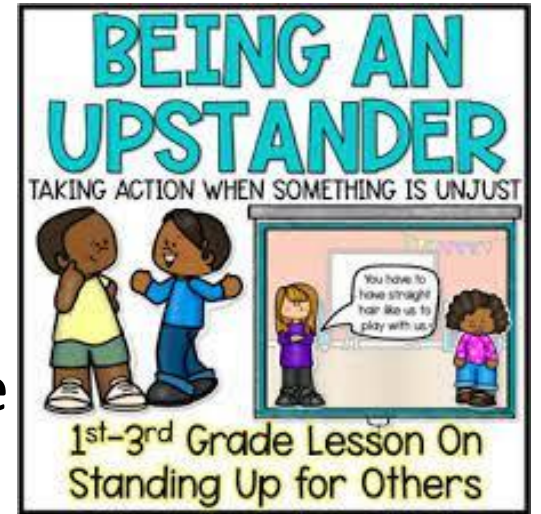
Entering RESIDENCY (Recent Medical School Graduate) or New to DEI Journey	Entering PRACTICE (Recent Residency Graduate) or Advancing Along DEI Journey <i>All prior competencies*</i>	FACULTY Physician Teaching & Leading or Continuing DEI Journey <i>All prior competencies*</i>
2a. Demonstrates moral courage,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

Why care as GME Educators?



TERM UPSTANDER (COMPASSION / ACTION)

- **2013 – Two 12th graders** [Watchung Hills Regional HS (NJ)]
 - Bullying speech (someone who stands up in the face of injustice instead of passively standing by)
- **Oxford English Dictionary (2016)**
 - Petition: A person who chooses to take positive action in the in society or in situations where individuals need assistance
 - “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.”..



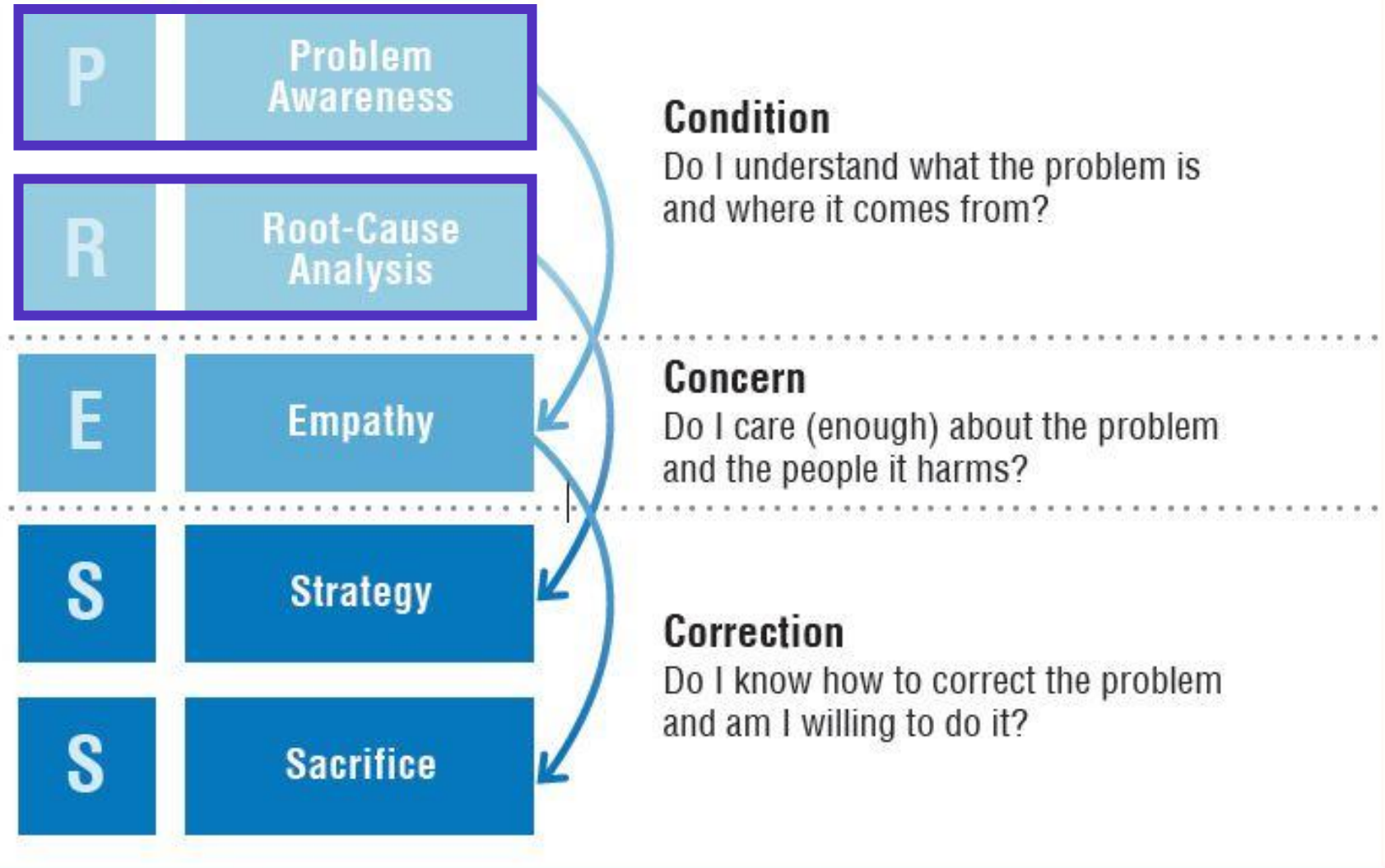
WHAT ARE MICROAGGRESSIONS

- 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

PRESS MODEL

ROBERT LIVINGSTON

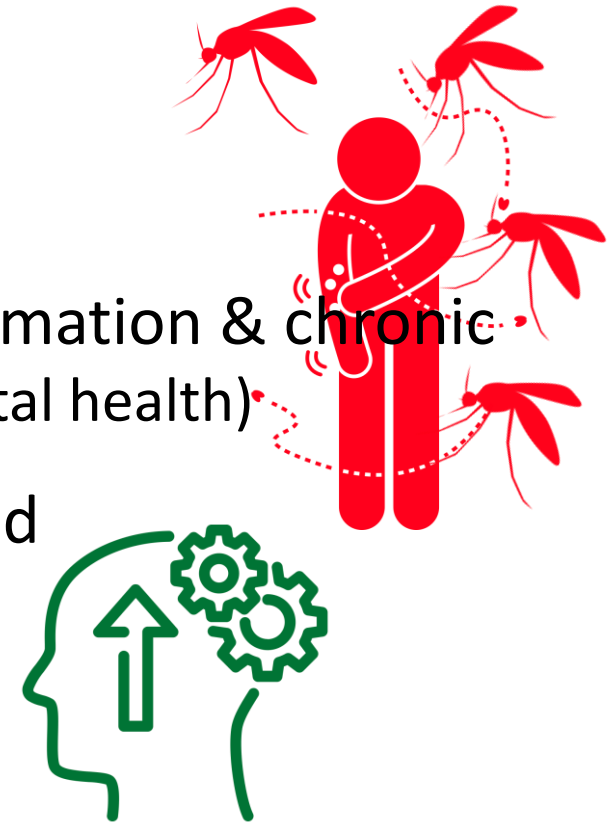
ORGANIZE THINKING & ACTIONS



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

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 II^o allostatic load (CV disease, DM, HTN, obesity, mental health)
 - **LEARNING?** ↑ “Cognitive Loads” → ↑ intellectual workload
 - Ψ impact, determine intent/meaning → response



Sue 2019 | Ackerman-Barger 2020 △ | Wheeler 2019 | Guidi 2021 | McClintock 2022 | Ellis 2022

MICROAGGRESSIONS: Describe (Un)Intentional Interactions

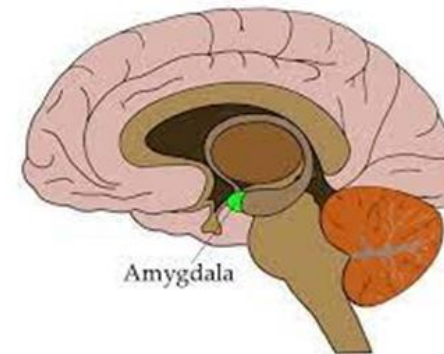
■ **CUMULATIVE EFFECT** w time: Can contribute to ↓ acad perform

- Wears down mental function
- Impairs productivity
- Erodes relationships



Response?

Avoidance - Withdrawal



Ackerman-Barger 2020 △ | Wheeler 2019 | McClintock 2022 | Ellis 2022 | Miller 2022

PRESS

P: Prob Aware

RCA

Empathy

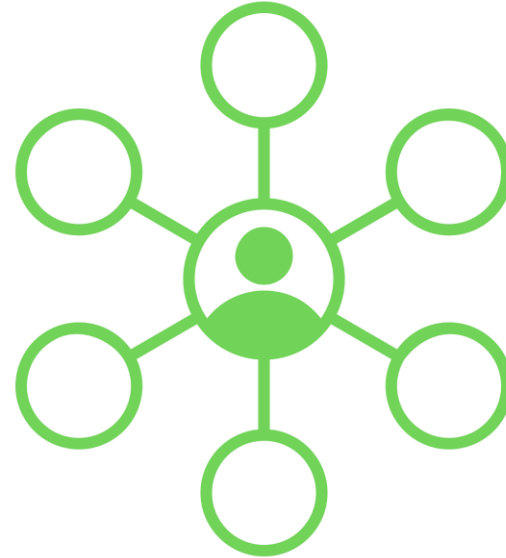
Strategy

Sacrifice

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

Alimi Y, Bevilacqua LA, Snyder RA, et al. Microaggressions and Implicit Bias in Surgical Training: An Undocumented but Pervasive Phenomenon. Annals of Surgery. 2021 Apr. DOI: 10.1097/sla.0000000000004917. PMID: 33843793.

PRESS

P: Prob Aware

RCA

Empathy

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Sacrifice

% IM RESIDENTS DIRECTLY EXPERIENCE BIASED PT BEH (in last year)

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

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

De Bourmont 2020

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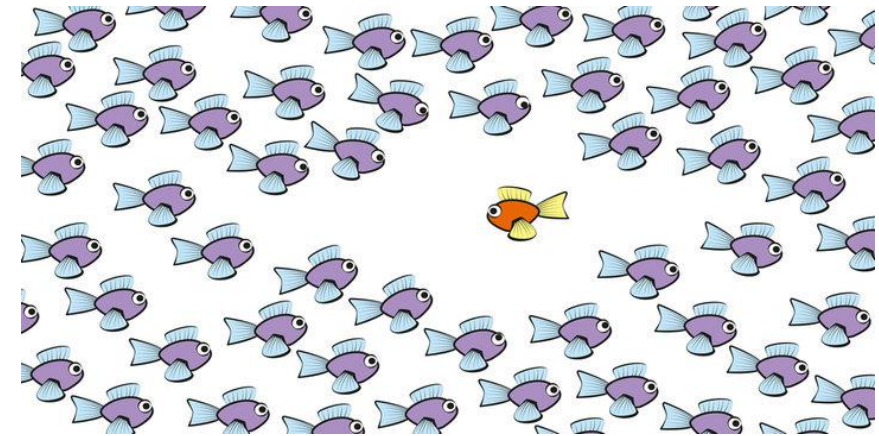
SOURCE OF MICRO AGGRESSIONS

- **Understanding Roots critical to choosing best remedy**
 - COGNITIVE BIASES: **IMPLICIT** [don't know it]
 - PREJUDICE: MEAN IT [Personality characteristics; Ideological world views]
 - BULLYING: INTENTIONAL [Psychological insecurity, perceived threat; Need for power/ego enhancement]
- **Most are results of structural factors (without malicious intent)**
 - Established laws
 - Institutional practices & policies
 - 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**
 - Exerts force on everything in the water moving it downstream
 - Float (do nothing) – current carries you (may not be aware of it)
 - Take Action by Swimming:
 - With the current – propelled faster
 - Against the current – demands effort and determination



WHY US? CLINICAL ENVIRONMENT

WE ARE COMMITTED TO:

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

Gilliam C, Russell CJ. Impact of racial microaggressions in the clinical learning environment and review of best practices to support learners. Current problems in pediatric and adolescent health care. 2021 Nov 2:101090.

PRESS

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STRATEGY – ADAPTED GRIT MAYO^[1]



Why Chose? A review of elements of microaggression models –

- Lumper (as memorable)
- Incorporate the splitters
- Examples: ACTION^{2,3,5} | 4 or 5 D's | DEAR | ERASE⁵ | IQEE | LIFT | Open the front door^{2,3} | O3 | OWTFD⁵ | PEARLS | RAVEN | SAFER⁵ | Stop, Talk, Role⁵ | STR | VITALS⁴ | XYZ^{2,3}

[1] Warner 2020 [2] Molina 2020 [3] Torre 2019 [4] Walker 2022 [5] Wottlpower



KEY ELEMENTS

Gather your thoughts

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”**
 - Introduce the idea of microaggressions before events occur
 - 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

PRESS

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Microaggressions What can I say as an upstander?

Handout at Table

G

Gather Your Thoughts Anticipatory & In the Moment



Anticipatory:

- Set the Stage - Advise learners/team that microaggressions may occur)
- Invite Input re who/how to respond
- Make explicit plan often w Sr team member often taking lead
- Seek Commitment

Try

In the Moment

- Goal - deeper understanding of issue / behavior
- Check Emotions - proceed with sincere respect & curiosity (affirm source's value

To learn & care for patients to the best of our abilities, we all need to feel comfortable & supported in our work environments. | I wish that expressions of bias never occurred; unfortunately, they do. | Pts & families may say things that reveal their biases, & sometimes I myself may be the source. | I want to know when you are not feeling comfortable or supported. | I hope you will teach me as I teach you.

If NOT able to check emotions & proceed w GRIT try

- ____ is part of the team caring for you today, along with me, Drs. ____, and our medical students. ____ is an important and talented member of our team... That's far more important than ____'s r (appearance, identity, bgnd)
- Then redirect to prioritize patient care and safety...
OR Temporary Exit - we'll be back in 30 min so that we can all focus on ____ (if patient your health)

R

Restate the Comment Ask Patient or You Restate



Asking individual to restate (or you restate) allows the person to clarify, perhaps realize how their words/actions "landed"

Reminder: You must be genuinely curious & respectful

Try Saying

- I'm sorry I'm not sure I heard you... can you say that again?
- Oops, sometimes it's hard to hear clearly in here - I missed what you just said...
- I want to make sure I understand what you just said - as good communication is so important - restate
- I think you were trying to compliment ____ by asking about his/her background (assume good intent)



Inquire Seek Understanding



- Inquiry requires that you seek clarification in a non-judgmental manner
- Address the comment or action - not the person
- Ask Qs using "How"... rather than "Why"... to minimize defensiveness

Try Saying

- Please help me understand what you mean by your comment - statement
- Can you elaborate on your point?
- It sounds like you have a strong opinion about this. Can you tell me more about how you came to this point of view?

T

Talk It Out



- Discuss the potential impact on others from your perspective - do not speak for the recipient of comments/behaviors
- Explain AAH policies and expected codes of conduct
- Highlight shared values - here to learn together, to provide excellent care, and everyone to be well
- If others have initiated GRIT - echo and reinforce but don't "pile on"

Try Saying

- How things land may be different that what you intended... In my experience, that comment may perpetuate negative stereotypes.
- My concern is that remark may be perceived as ____ insensitive (eg racist, ableist, sexist, heterosexist, ageist, religion)
- Let me share my personal experiences
- Here's what I know about the historical impact of these kinds of statements
- At AAH we commit ourselves to respecting all individuals its our code of conduct...
- Echo: Thank you for explaining this Dr. ____ I agree and think it's important to [add, reinforce that its an AAH value]

Remember, we may not change the perspective of the source - but standing up does reinforce that the recipient matters and must be valued!



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

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GATHER YOUR THOUGHTS

WHEN PATIENT IS SOURCE – SUPERVISING PHYSICIAN

- **May struggle**
 - Whether to directly address the incident with the patient including acuity
 - How to address
 - Complicated if learner appears to be distressed or when the learner does not feel safe to discuss or show distress.
- **Dual obligation**
 - To foster a positive learning environment for their learner
 - To maintain a therapeutic alliance with the patient
- **When *NOT* addressed**
 - It *constitutes HARM TO THE LEARNER* (and you)
 - It may convey *PERMISSION* of such bias

Miller & Chen 2021 AEM; Whitgob 2016; Shaker 2019

PRESS

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RCA

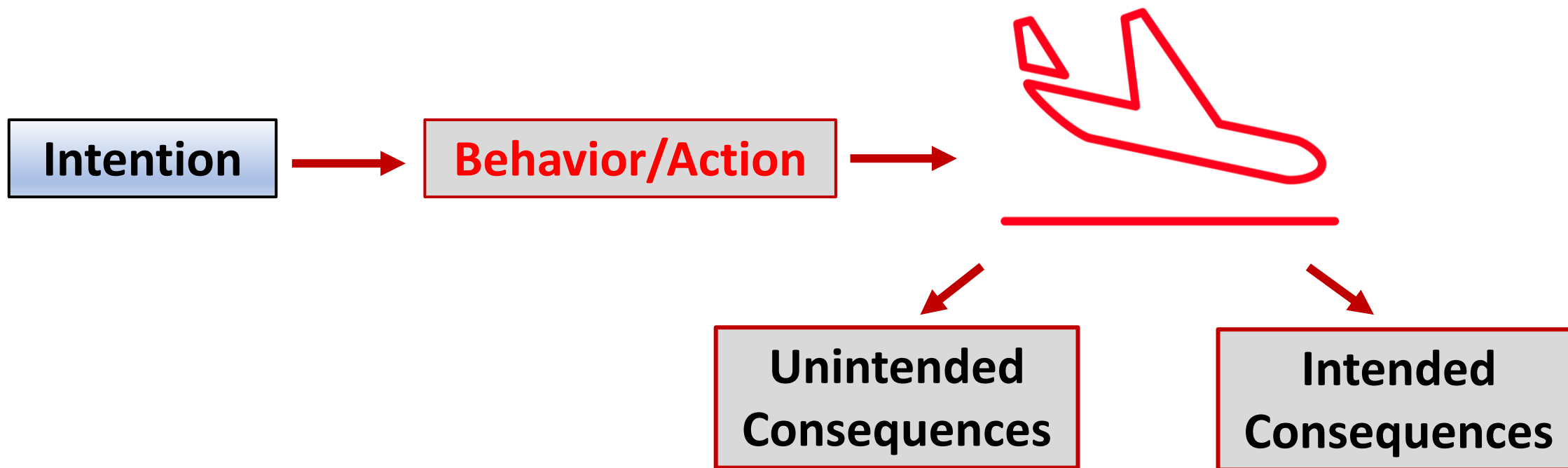
Empathy

Strategy

Sacrifice

GATHER YOUR THOUGHTS

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





PRACTICE & DEBRIEF 3 SCENARIOS

Imitate

React

Generate

“Facilitator” Role

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

Gather your thoughts

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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

UME Surgeon 2022

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)
 - 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

ObGyn 2022



LARGE GRP DEBRIEF

Imitate

React

Generate

- Reactions
 - What say – what words?
 - How far get in GRIT?
- What happens if change/add other identities?
- Take Homes?
- **Facilitator Take Homes?**

Gather your thoughts

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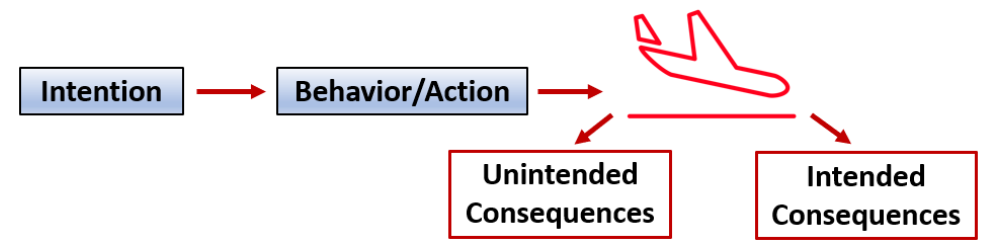
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GRIT TIPS

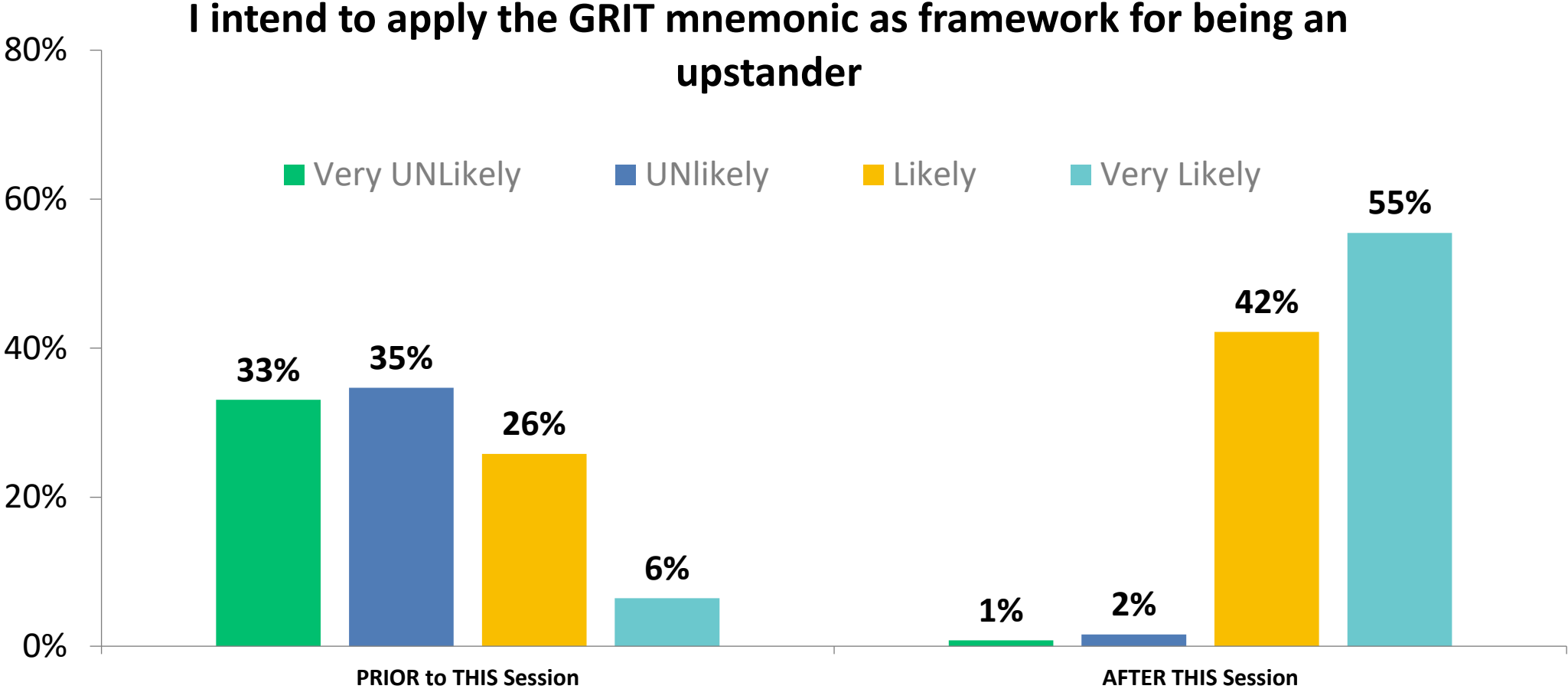
Your Thoughts: Gather
 Restate
 Inquire
 Talk it Out



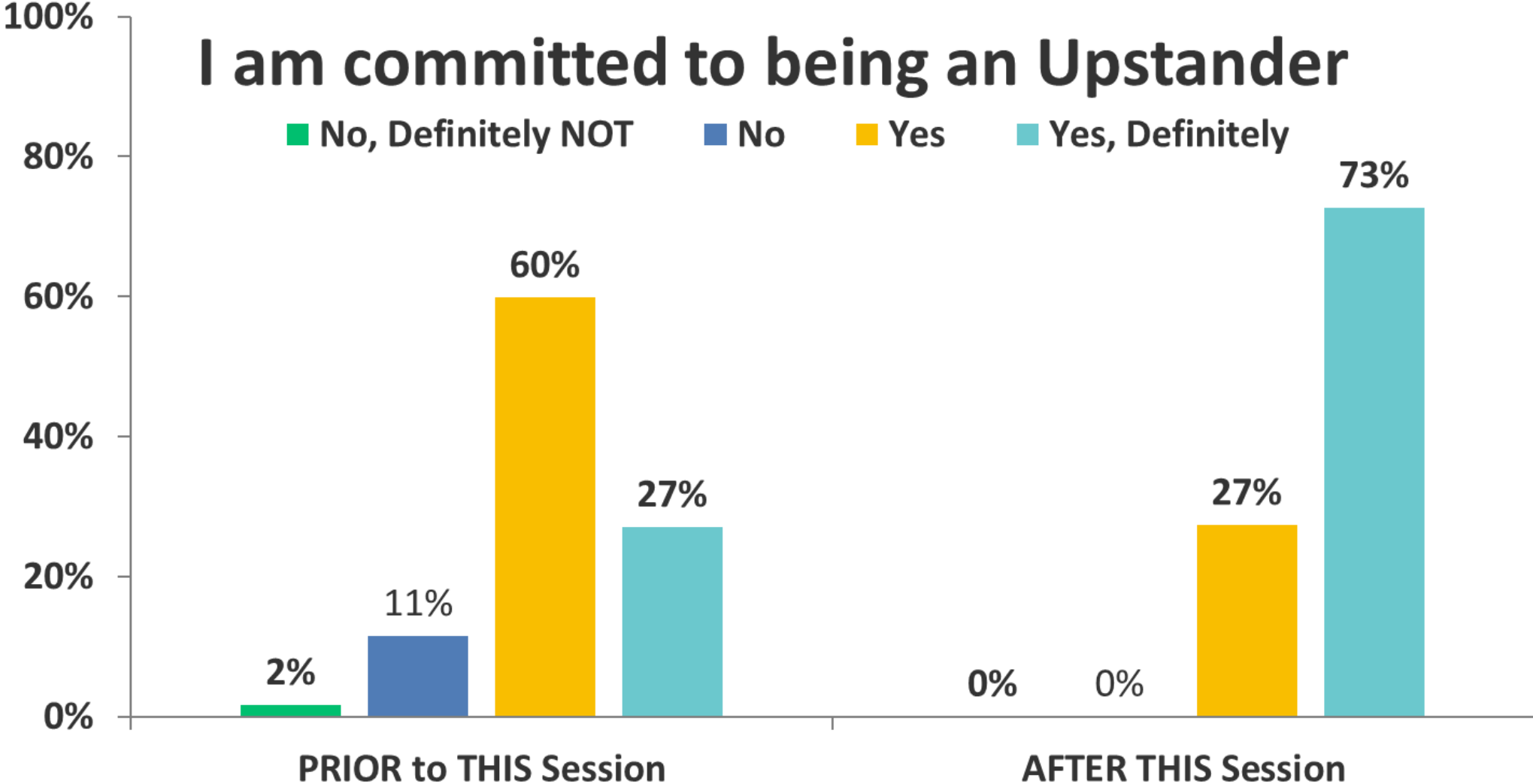
- **Use “I” statements**
 - Focus on how action/behavior affected you (own your response)¹
- **Verbal & Non-Verbal Behaviors**
 - Note the tone of voice, body language, etc. when responding¹
 - Align your tone and body language to achieve goal:¹ respectful to the person (they matter) driven by curiosity re: behavior
- **Make people feel affirmed – that they matter – when possible**
- **Avoid judgments** allows others the grace to make mistakes learn^[5]

[1] Acholonu 2020 [2] UC-SC [3] Livingston 2021 [4] Prilleltensky 2021 [5] Ackerman-Barger 2020-

TRAINING SURVEY RESULTS TO DATE N=127



TRAINING SURVEY RESULTS TO DATE N=127



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

PRESS

P: Prob Aware

RCA

Empathy

Strategy

Sacrifice

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

PRESS

P: Prob Aware

RCA

Empathy

Strategy

Sacrifice



Gather
Your Thoughts
Restate
Inquire
Talk it Out

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

PLEASE – CONTINUE EVOLVE



<https://www.surveymonkey.com/r/Upstand-AIAMC>

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*

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