Inclusion Requires Courage

(I don’t always have it)

Microaggressions and strategies to address them

#StandUp

Many thanks

- My former residents University of Pittsburgh, especially Vivian Chidi
- Chenits Pettigrew
- John Reilly
- ELAM program
- My students
- Regina Richards
- Brenda J. Allen
- SNMA, WC4BL
- Alda Maria Gonzaga, Eliana Bonifacino, Eloho Ufomata
- Family, work and beyond, especially my nephew

Disclosures

- No financial disclosures or relationships to report.
- I have biases and so do we all.

What would you like to get out of today?

- Type into the chat box what you hoped would be covered today?
- What skill would you like to practice?

First a warm up!

- Choose the identity: I am a teacher, a daughter, a parent, a physician
- Passion is: Diversity and Equity
- Aligned with my work role
- Strength comes from justice, role models and sense of ownership

In a few moments…

- Choose one of your identities.
- What are you passionate about changing?
- Who or what motivates you?

OR

- Where does your strength come from?

I hope we will be able to:

- Define and compare implicit bias, stereotype threat, microaggressions.
- Recognize some of the possible etiologies/sources of bias.
- Apply tools to mitigate the impact of bias in professional settings.
- Consider how we can advocate for structural changes in our processes.

Take a moment

- Choose one of your identities.
- What are you passionate about changing?
- Who or what motivates you?

OR

- Where does your strength come from?

Case

Mike is a 22 yo first year medical student who was an economics major at the University of Michigan and moved to Colorado this fall to begin medical school. Anatomy was great, but he is really interested in getting to see patients, so eagerly looked forward to his first clinical experience at the outpatient ID clinic the week before Thanksgiving Break.

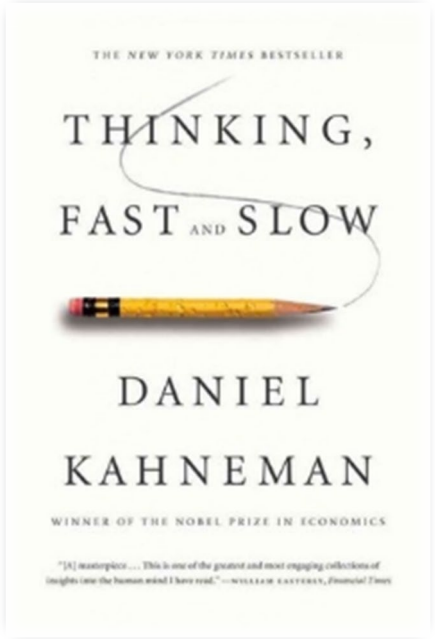
Spiffy and new in his clean white coat and tie, Mike arrived to the clinic afternoon early and was welcomed by his new preceptor and the clinic staff. Before they went in to see their very first patient, the preceptor paused at the door and said, "I want you to be prepared, this first patient might be a white supremacist. I've known him for a long time."

When they entered the room together, the patient was sitting with his shirt off and a large swastika tattoo glared from his upper chest. The visit was otherwise uneventful and at the end of an afternoon of patients, the preceptor left for the airport and Mike went home to study.

- *As his preceptor, how would you respond next week?*
- *As an education administrator, what would you ask if the student came to see you post visit?*
- *As a resident with this student on your team or in your office, what would you say to him about the patient and the teacher?*
- *As a classmate, how might you respond to Mike when he shared this story dinner? What advice would you give him?*

System one or System two

- The majority of our cognition is unconscious (system 1)
- https://www.youtube.com/watch?v=JiTz2i4VHFw
- Associations are everywhere
- IAT measures the relative strength of the implicit associations between concepts.
- Our implicit associations may not align with our explicit beliefs.

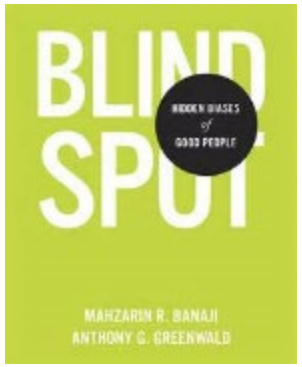


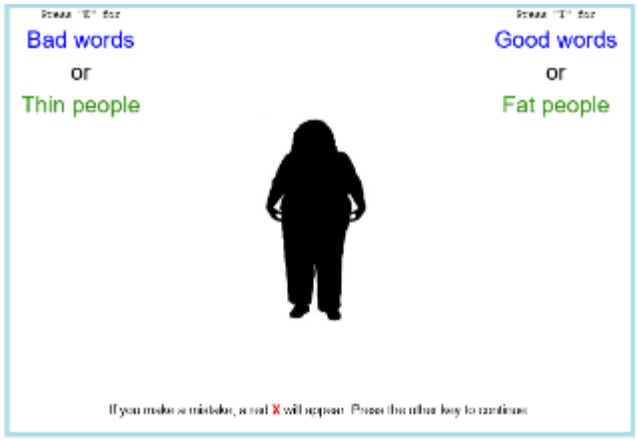
Assess your own biases

Project Implicit®

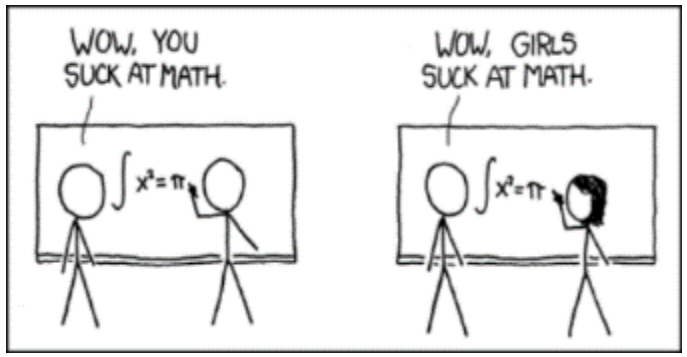
Implicit Association Test (IAT):

An online research tool for interested individuals to gain greater awareness about their own unconscious preference and belief.





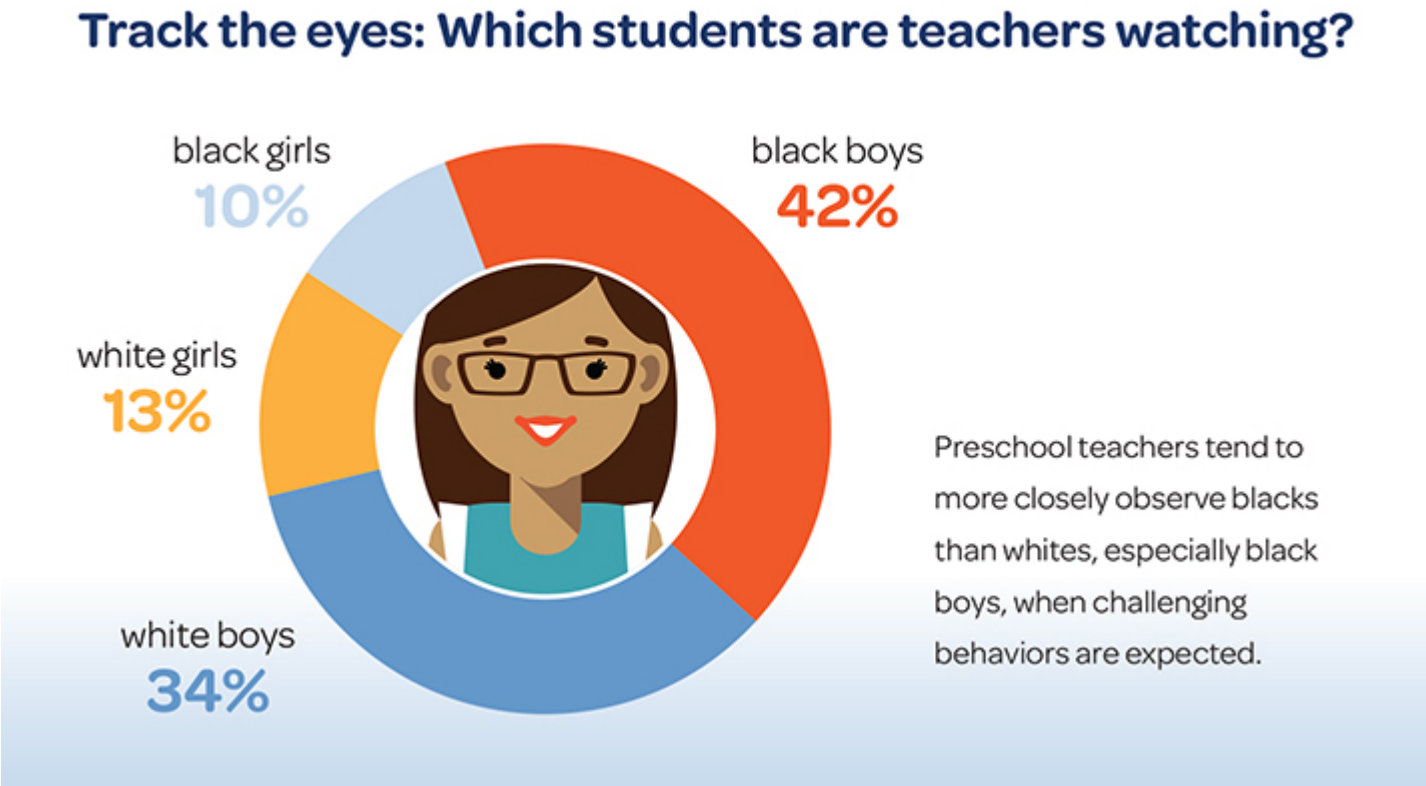
Examples are everywhere



- Education: teachers are more likely to perceive facial expressions as angry or aggressive in Black as opposed to White children
- Jurors
- Police officers
- Medical Care

Psychol Sci. 2016 Mar;27(3):384-93

Yale Preschool Study: Gilliam W, et al 2016



Why does this matter in our teaching, mentoring and hiring processes?

- Health disparities exist in every specialty in medicine
- Diverse populations produce better outcomes
- Bias impacts our decision making
- Awareness of bias helps (It’s a start)

Impact of implicit racial bias on patient care

- 37 studies demonstrate mixed results for the role of implicit bias in disparities.
- Increased provider bias consistently correlates with poorer patient-provider interactions.
- Higher implicit bias was associated with disparities in treatment recommendations, expectations of therapeutic bonds, pain management, and empathy
- Studying the impact of implicit provider bias on real-world patient-provider interaction found that providers with stronger implicit bias demonstrated poorer **patient-provider communication**

Maina IW, Belton TD, Ginzberg S, et al. Soc Sci Med. 2017 May 4.

Implicit Racial Bias in Medical School Admissions

Quinn Capers IV, MD, Daniel Clinchot, MD, Leon McDougle, MD,
and Anthony G. Greenwald, PhD

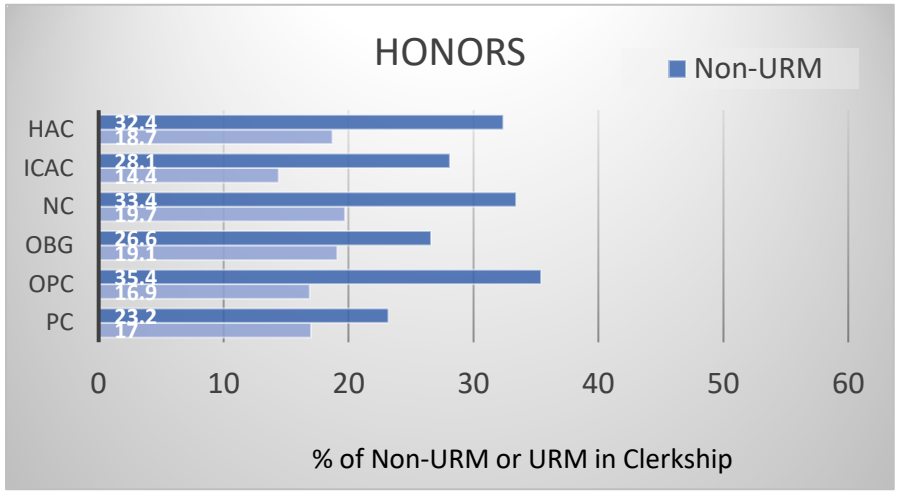
- All admissions committee members took IAT in advance of 2012 season
- 10% of members reported explicit “white preference”
- 64 % of men and 52% of women on the committee displayed implicit “white preference”
- Student members were not much different
- 45% of committee members reported that they thought about IAT during the season
- Recruitment that season of URiM highest in their history

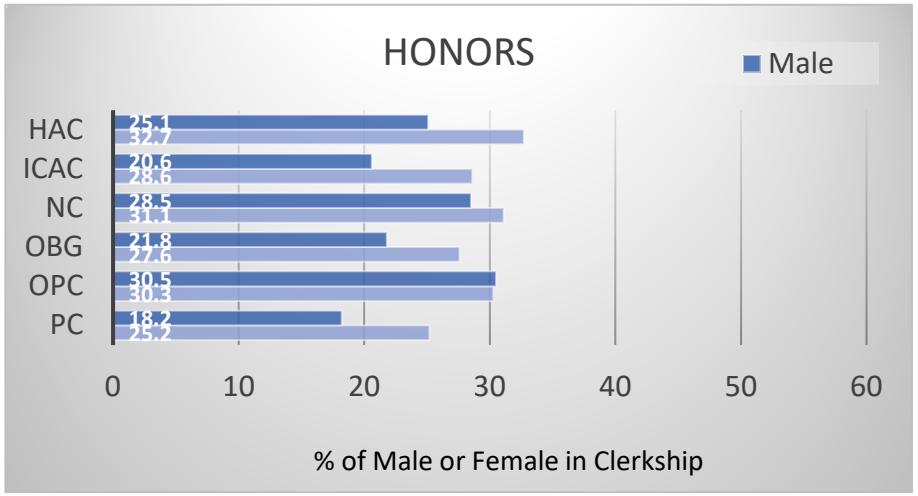
Capers Q et al. 2016 Academic Medicine.

Bias in grading – initial results

- Differences in % of honors/high pass/pass grades were found in every block when comparing URM to non-URM
  - URM with fewer honors/high pass than non-URM
  - When adjusting for shelf score some of these differences were no longer significant
- Differences in % of honors/high pass/pass grades were found in every block except OPC and NC when comparing women to men
  - Men with fewer honors/high pass than women
  - Similar to above, some of these differences were no longer significant when adjusting for shelf scores but fewer than with URM.

Summary data across clerkships (2012-2016)





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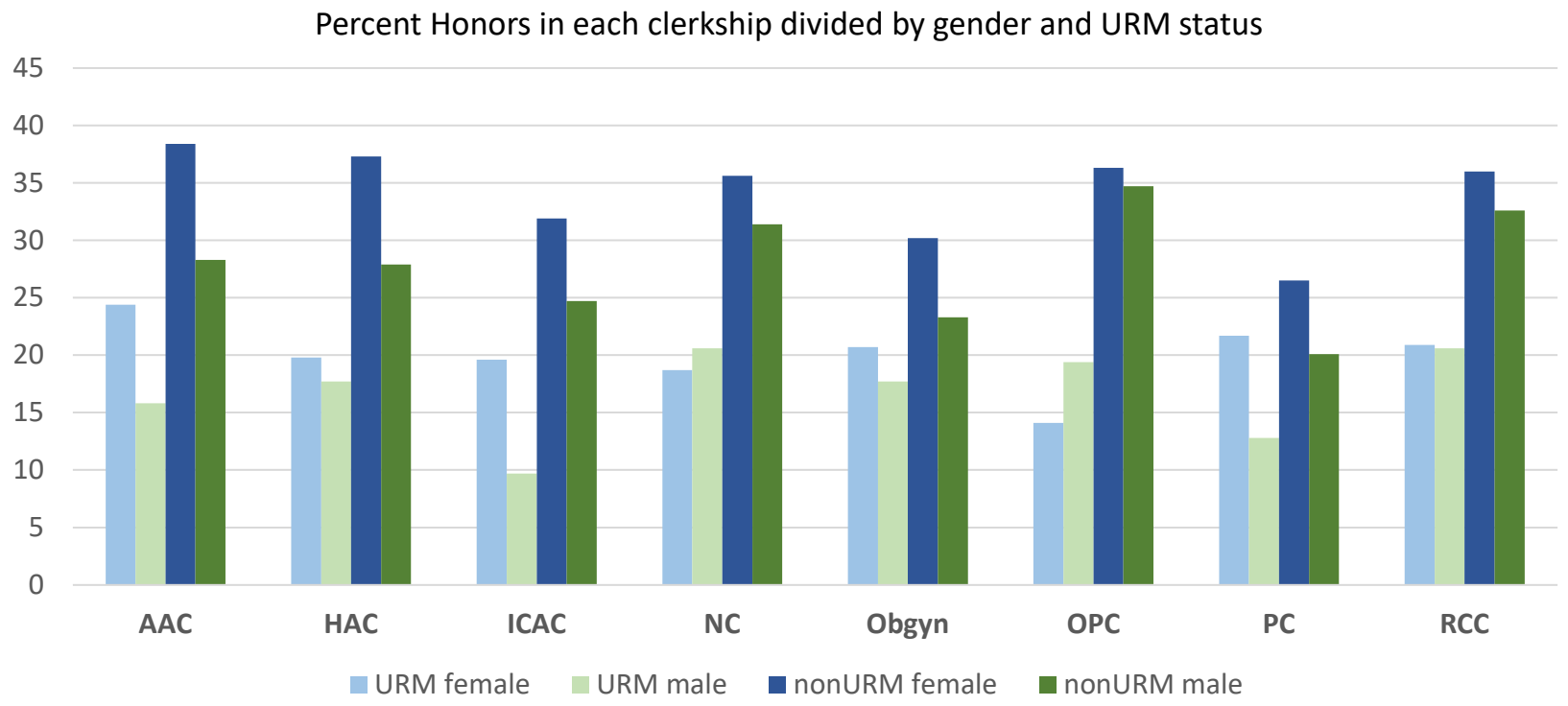
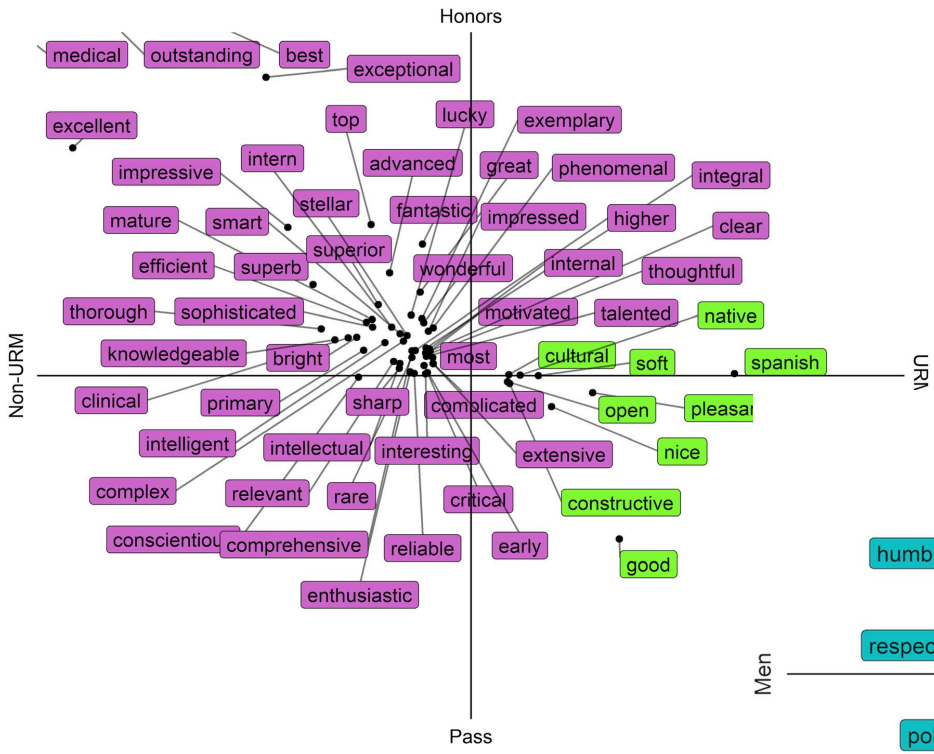
Summary data across clerkships (2012-2016)



Tai Lockspeiser, Office of Evaluation Assessment and Outcomes, CUSOM

Differences in Narrative Language in Evaluations of Medical Students by Gender and Under-represented Minority Status

Alexandra E. Rojek, AB[1], Raman Khanna, MD, MAS[2], Joanne W. L. Yim, PhD[3], Rebekah Gardner, MD[4], Sarah Lisker, BA[1,5], Karen E. Hauer, MD, PhD[1], Catherine Lucey, MD[1], and Urmimala Sarkar, MD, MPH[1,5]



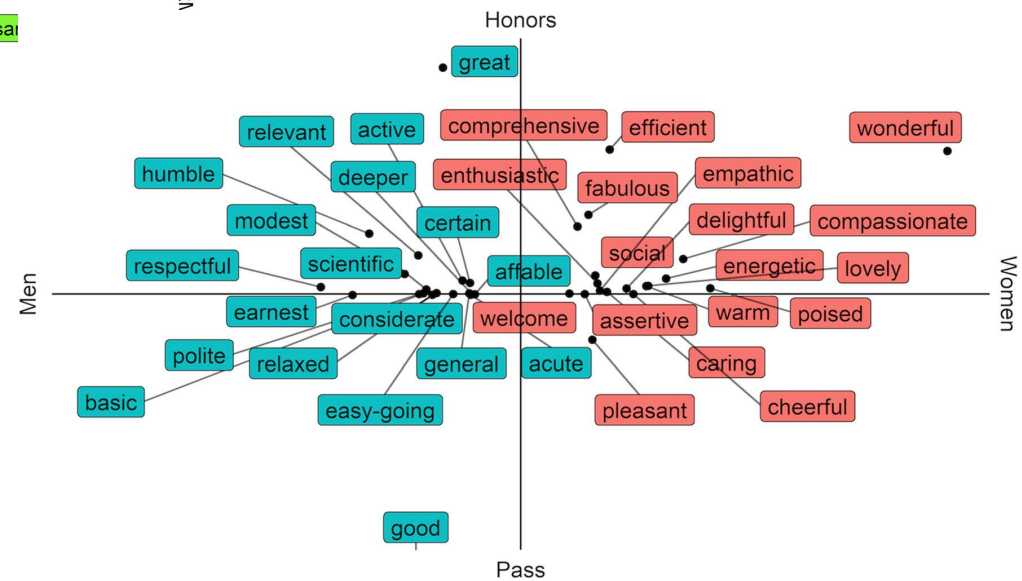


Table 2. Adjectives Describing Communal and Agentic Demeanors and Characteristics

Communal: Warmth-Based		Agentic: Competency-Based	
Positive	**Negative**	**Positive**	**Negative**
Approachable	Unapproachable	Competent	Weak
Warm	Cold	Thorough	Timid
Asks for help	Pushy	Quick learner	Unassertive
Trustworthy	Manipulative	Confident	Insecure
Eager	Not helpful	Hard-working	Passive
Polite	Abrasive	Efficient	Indecisive
Compassionate	Intimidating	Inquisitive	Unproductive
Reliable	Mean	Achievement	Lazy
Eager	Unreliable	Oriented	Not ambitious
Team-oriented	Selfish	Professional	Not self-directed
Enthusiastic	Conniving	Task-oriented	Unmotivated
Respectful	Not supportive	Effective	Not curious

Bias	Explanation: the Tendency to Base Feedback and Evaluations On
Confirmation	What one already believes to be true about a person's performance
Halo	Positive first impressions, thus giving a benefit of doubt regardless of poorer actual performance
Opportunity	Factors beyond the trainee's control that affect opportunities for quality performance
Recency	The most recently observed performance rather than all within a timeframe
Contrast errors	A curve (eg, relative to others) rather than mastery (novice to expert)
Fundamental attribution errors	Personality characteristics rather than situational performance
Self-serving bias	A need for performance to reflect the evaluator's skill as a supervisor
Severity	Excessively high standards (all 1s on a scale of 1–5)
Leniency	Excessively low standards (all 5s on a scale of 1–5)
Central tendency	The middle of the road (All 3s on a scale of 1–5)
Gender	Different standards for men and women

Mitigating bias in feedback

Consider the circumstances of the feedback

Is there agreed upon rubric or language?

Do you all look for the same thing and have the same definition for success?

Who contributes to the evaluations?

Are there differences in outcomes/assessments in your program by demographics?

Words matter, look for red flag language:

Doesn’t fit in, attitude, affect, personality

Use verbs not adjectives

Give examples of actions, behaviors, not feelings or appearances

Use the milestone language or another rubric

Where do we go from here?

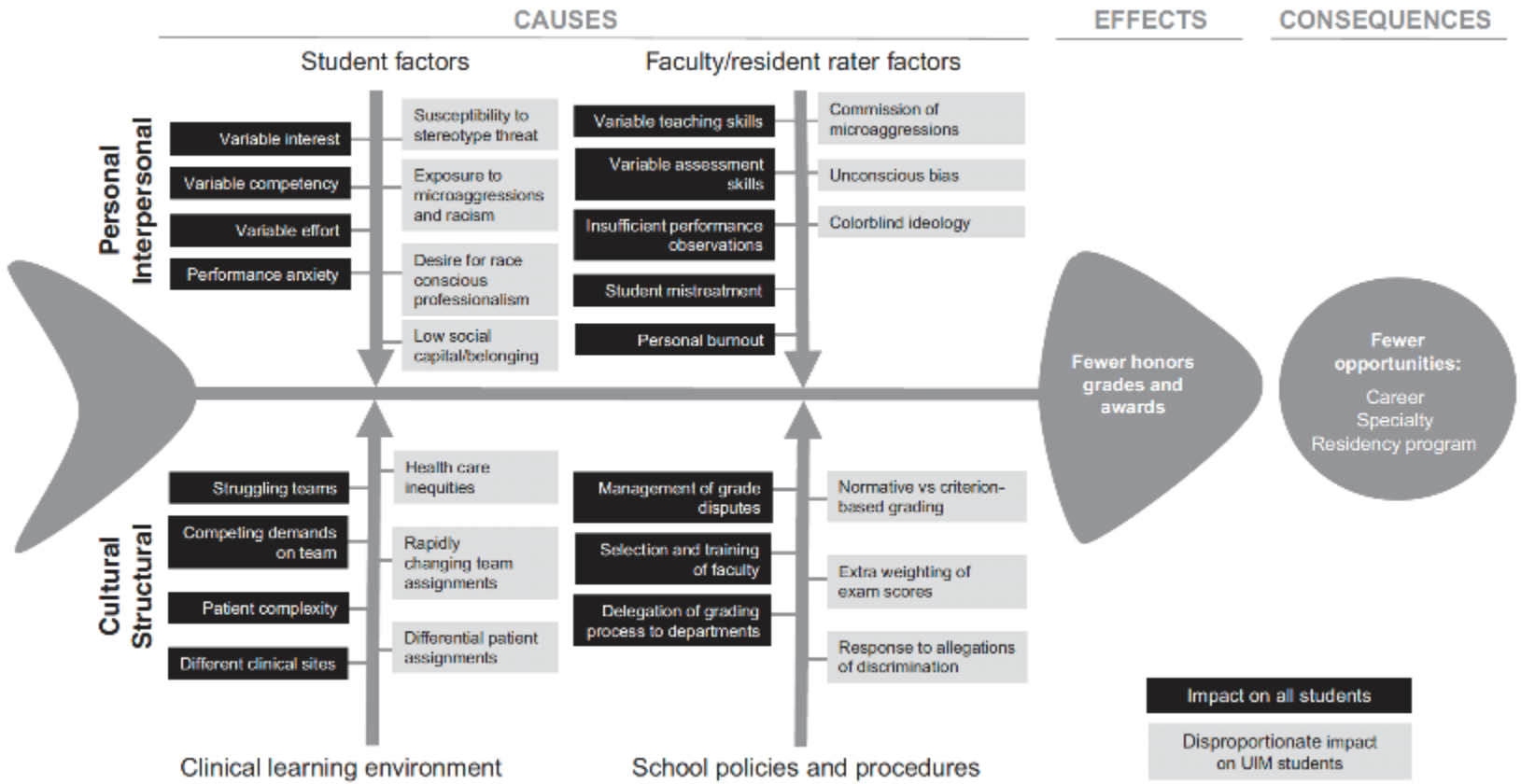


Figure 1 Fishbone diagram illustrating the causes, effects, and consequences of lower assessed performance in underrepresented in medicine (UIM) students compared with all students.

Tai Lockspeiser, Office of Evaluation Assessment and Outcomes, CUSOM

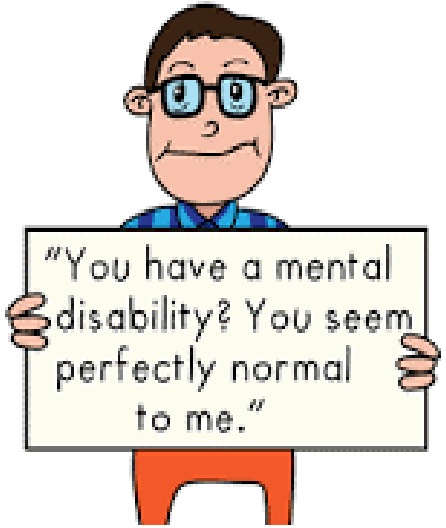
When are we susceptible?

- Fatigue
- Excess cognitive load
- Time constraints
- Ambiguous or incomplete data
- Burnout?

Burgess, Diana J. et al. Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. *Patient Education and Counseling 2017.*

Microaggressions

- Definition
- Examples
- Impact



What is a Microaggression?

*"Microaggressions are **brief and commonplace** verbal, behavioral, and environmental indignities, whether **intentional or unintentional**, that communicate hostile, derogatory, or negative slights and insults that potentially have **harmful or unpleasant psychological impact** on the target person or group."*

- Could be on the basis of race, income, social capital, religion, ableness, gender, immigration status, sexual orientation and/or other characteristics

Sue et al. Racial Microaggressions in Everyday Life. Implications for Clinical Practice. Am Pschol. 2007

Here are some real life examples of microaggressions in medical school

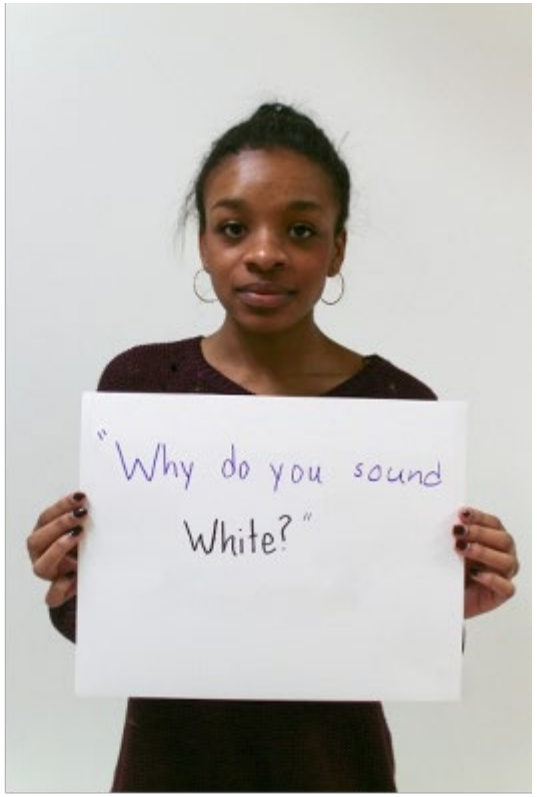
A) Transgender third year medical student is asked on urology elective if she is interested in a career in gender reassignment surgery.

B) Black male faculty recruited in orthopedics is told in welcome interview he must be interested in the city's football team.

C) Several faculty enter a committee room and greet everyone except the one staff person sitting at the table.

D) The first patient one of our students met was someone with a swastika tattoo on his chest.

More Examples of Microaggressions



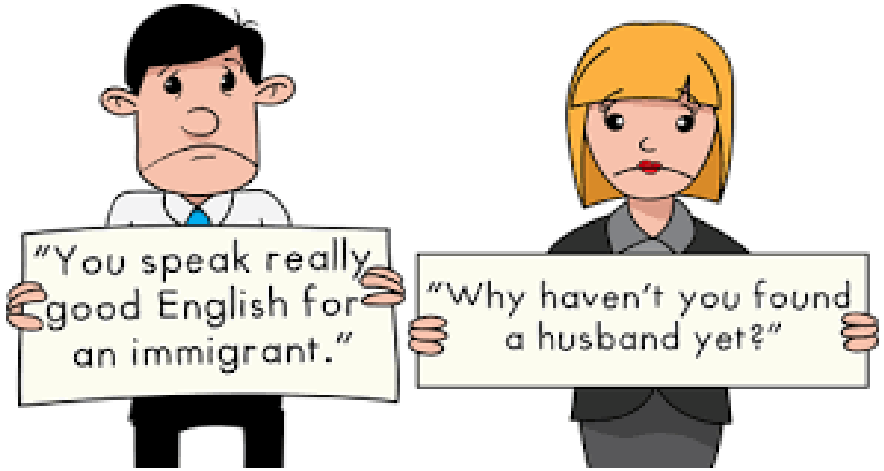
http://editorial.designtaxi.com/news-racial121213/1.jpg

- “You speak English really well,” to someone born and raised in the United States.
- “Are you a nurse?” to a female resident examining a patient.
- “Are you the sitter?” to a black resident walking into a patient room .
- “You look too masculine,” to a self-identified lesbian resident.
- “Minorities are still hung up on race” to a fellow resident.
- "Your people must be so proud of you" to a resident with an accent.

Montenegro RE. My Name Is Not “Interpreter”. JAMA. 2016

Types of Microaggressions

- Microassault
- Microinsult
- Microinvalidation



Microassault

- Explicit and conscious
- Intent to hurt
- Characterized by being most similar to "old fashioned racism" towards an individual
- Typically expressed privately, but may be displayed publicly when there is a loss of control, or in a "safe“ environment
- Examples include
  - Name calling such as "Colored"
  - Derogatory epithets towards a personal characteristic
  - Displaying a swastika

Sue et al. Racial Microaggressions in Everyday Life. Implications for Clinical Practice. Am Pschol. 2007

Microinsult

- Subtle and often unconscious
- No intent to hurt
- Characterized by communications that convey rudeness, insensitivity and demean a person's identity
- Expressed publicly
- Examples include
  - "I believe the most qualified person should get the job regardless of race"
  - "You are black and a woman, you should have no trouble getting in (to medical school)
  - "How did you get your job?"

Sue et al. Racial Microaggressions in Everyday Life. Implications for Clinical Practice. Am Pschol. 2007

Microinvalidation

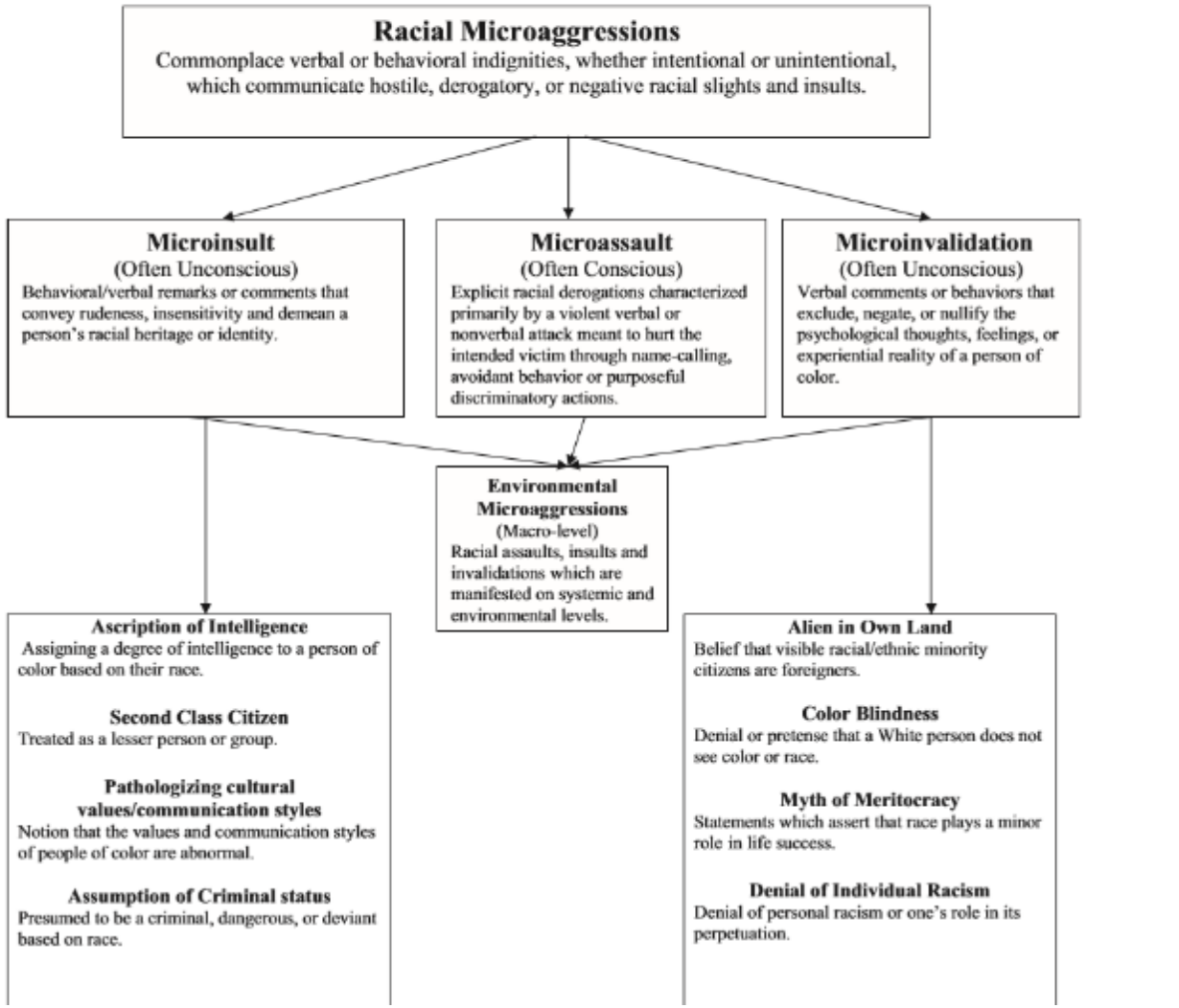
- Unconscious
- No intent to hurt; often positive intent
- Characterized by communications that exclude, negate or nullify the psychological thoughts, feelings or experiential reality of a person
- Examples include
  - “Jennifer, I’ve never thought of you as a black girl; I don’t see color"
  - "All lives matter"
  - An Asian American being complimented for speaking English well
  - A Muslim resident is snubbed at a cafeteria, to be told by a co-resident “you are too sensitive", "they were probably just busy“

Sue et al. Racial Microaggressions in Everyday Life. Implications for Clinical Practice. Am Pschol. 2007

Moral Courage

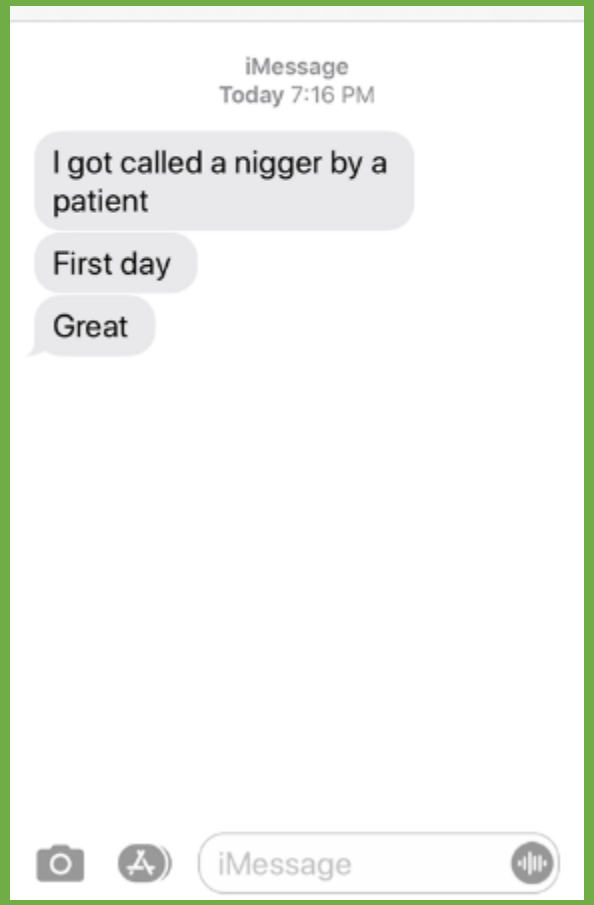
- What does this mean?
- Whose responsibility is it?
- What hat do you wear…
  - Learner?
  - Advocate?
  - Colleague?
  - Friend?
  - “Victim?”
  - “Perpetrator?”
  - Boss?
  - LEADER??

Figure 1
Categories of and Relationships Among Racial Microaggressions



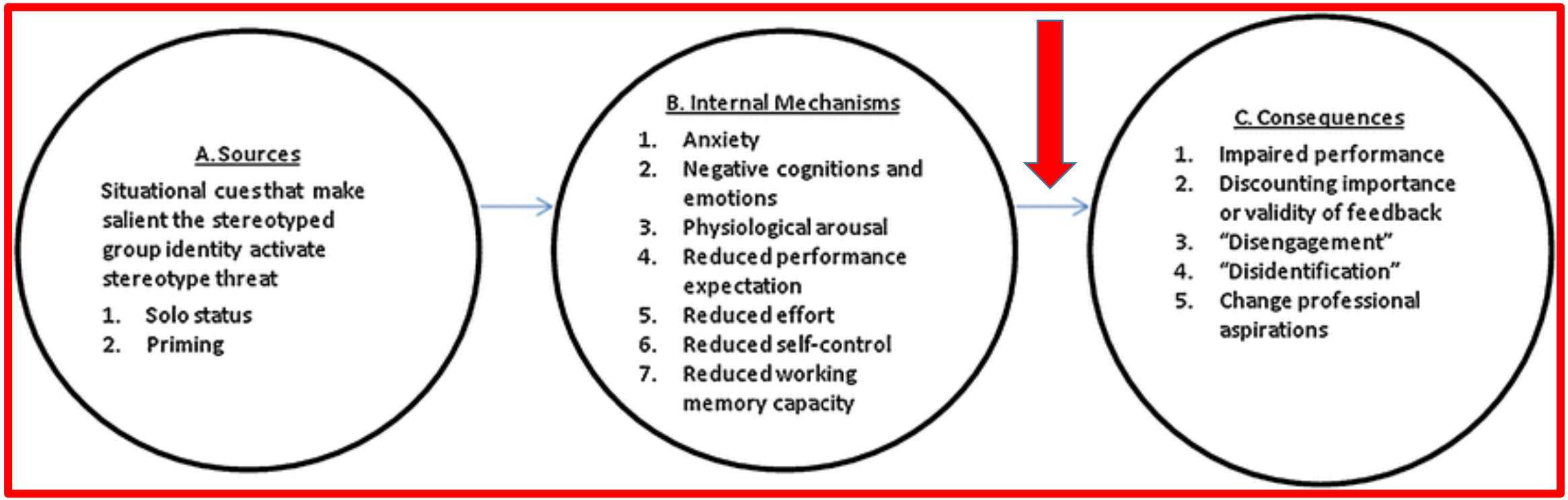
Sue et al. Racial Microaggressions in Everyday Life. Implications for Clinical Practice. Am Pschol. 2007


WHEN THE SYSTEM IS AGAINST YOU... I, STILL, WILL BE FOR YOU.
WHITE COATS for BLACK LIVES


iMessage
Today 7:16 PM
I got called a nigger by a patient
First day
Great
iMessage

Microaggressions and Stereotype Threat

In medical education, microaggressions can trigger “stereotype threat” by making negative stereotypes associated with an individual’s group status more salient.



Burgess et al. Stereotype Threat and Health Disparities: What Medical Educators and Future Physicians Need to Know. JGIM 2010

What is the Impact of Microaggressions?

- Individuals who perceive and experience racial microaggressions are likely to have negative mental health symptoms, such as depression, anxiety, negative affect (or negative view of the world), and lack of behavioral control
- Racial battle fatigue is a theoretical framework for examining social-psychological stress responses and the cumulative effects of microaggressions.

Nadal et al. The Impact of Racial Microaggressions on Mental Health: Counseling Implications for Clients of Color. Journal of Counseling and Development. 2014

Smith et al. Assume the position…you fit the description. Psychosocial Experiences and Racial Battle Fatigue Among African American Male College Students. American Behavioral Scientist. 2007

WE (you) are the intervention

Address imposter syndrome and stereotype threat along the way.

Design systems that recognize bias and mitigate its impact.

Intervene before ‘circle C’

Let’s Practice

Addressing Bias and Microaggressions

Approaching the Speaker

- Patient or co-worker
- Role model how anyone can respond in a similar situation
  - Inquire
  - Paraphrase/Reflect
  - Reframe
  - Express the impact of the statement
  - Express one's preference
  - Re-direct the conversation
  - Use strategic questions
  - Re-visit

Adapted from Kenney, G. (2014). *Interrupting Microaggressions*, College of the Holy Cross, Diversity Leadership & Education. Accessed on-line, October 2014. Kraybill, R. (2008). "*Cooperation Skills,*" in Armster, M. and Amstutz, L., (Eds.), *Conflict Transformation and Restorative Justice Manual,* 5th Edition, pp. 116-117. LeBaron, M. (2008). "*The Open Question,*" in Armster, M. and Amstutz, L., (Eds.), *Conflict Transformation and Restorative Justice Manual,* 5th Edition, pp. 123-124. Peavey, F. (2003). "*Strategic Questions as a Tool for Rebellion,*" in Brady, M., (Ed.), *The Wisdom of Listening*, Boston: Wisdom Publ., pp. 188-189.

Review Case

Mike is a 22 yo first year medical student who was an economics major at Princeton and moved to Colorado this fall to begin medical school. Anatomy was great, but he was really interested in getting to see patients, so eagerly looked forward to his first clinical experience at the outpatient ID clinic the week before Thanksgiving Break.

Spiffy and new in his clean white coat and tie, Mike arrived to the clinic afternoon early and was welcomed by his new preceptor and the clinic staff. Before they went in to see their very first patient, the preceptor paused at the door and said, "I want you to be prepared; this first patient might be a white supremacist. I've known him for a long time."

When they entered the room together, the patient was sitting with his shirt off and a large swastika tattoo glared from his upper chest. The visit was otherwise uneventful and at the end of an afternoon of patients, the preceptor left for the airport and Mike went home to study.

- *As his preceptor, how would you respond next week?*
- *As a staff member in the clinic, what might you have said before he left to go home?*
- *As an education administrator, what would you ask if the student came to see you post visit?*
- *As a resident with this student on your team or in your office, what would you say to him about the patient and the teacher?*
- *As a classmate, how might you respond to Mike when he shared this story at dinner? What advice would you give him?*

Case 1

First week medical students are asked to spend a “week on the wards” and you are asked to facilitate the debrief sessions at the end of the week. One of your students spent the week with the renal consult team. She reports to the group: An obese teenager on the service was obtunded and in distress due to volume overload, needing urgent dialysis. I watched the procedure as the renal fellow struggled to place a femoral dialysis catheter saying, “She is such a whale, and it’s going to be impossible to get this in her.”

Case 2

You are planning to hire a new director for one of your courses and have identified a well-qualified candidate from within the ranks of your current team. When you meet together to discuss the position and the new opportunity with plans to revamp the section and create a new business model, she says that she is excited about the opportunity but probably shouldn’t take it. When you ask why, she says that she is planning to have another baby and would not want to let you down by missing the part of the implementation of the new course.

Case 3

A student comes to meet with you after a rotation in a clinic in southern Colorado. The experience went “ok,” but the student described several examples of feeling as if they were being made fun of for not having good surgical skills. The student, a woman, also said that the attending told her, “You should think twice about surgery if you want to have a family.” Finally, through tears, she explains, “Sometimes he also made fun of the patients, saying ‘you know how those Mexicans can be; we shouldn’t let them all into our country.’”

Case 4

At the end of a rotation, a faculty member starts the feedback session to the resident by saying, “ this is the longest time I have spent with a Black man since I was assaulted by one at the end of my own residency training.”

Case 5

A Korean-American physical therapist enters the room to introduce himself to a veteran in need of rehabilitation therapy after a stroke. The patient states, “I saw enough of you people in the war, I want a different therapist.”

What do you do? What can you do?

What can institutions do?

- Take a strategic approach
  - Mission, vision, policies
- Improve processes
  - Guidelines for promotion, hiring, awards, appointments
- Collect data
- Provide faculty development and training sessions
- State, seek and measure inclusive outcomes
- Cultivate an inclusive culture

http://m.youtube.com/watch?v=ThO74-oFt_Q (AT&T CEO, Stevenson)

Summary

- Everyone has implicit biases.
- A diversity of perspectives enhances the outcomes of most team activities, including research and medicine.
- Microaggressions are, by definition, subtle but also destructive.
- There are times when we know biases are more likely to be at play; we should watch for these times.
- The best way to mitigate the impact of biases is not only to be aware of them but to put processes in place to safeguard against them.
- Addressing microaggressions requires practice (and courage).
- Today is a step, not a finish or a start, but a path forward.

Food for thought

- Where do you think bias might sneak into your clinical environment in your specialty?
- What are the most likely areas where microaggressions (micro-dissess) might occur?
- In what settings could students feel pressure to “fit in”?
- What are some examples of language you have read in evaluations or might have written that invoke stereotypes?
  - Gender, race, sexual orientation, religion
- What diversity exists in your training program?
- Where do people go if they need to address issues of bias or discrimination?

https://thenocturnists.com/the-nocturnists-black-voices-in-healthcare

#ThisIsOurLane

YOU CAN'T GO BACK AND CHANGE THE BEGINNING, BUT YOU CAN START WHERE YOU ARE AND CHANGE THE ENDING.
- C.S. LEWIS

Nikkolas Smith

Atatiana Jefferson

#sayhername

"Our struggle is not the struggle of a day, a week, a month, or a year, it is the struggle of a lifetime. Never, ever be afraid to make some noise and get in good trouble, necessary trouble."

http://thenocturnists.com/the-nocturnists-black-voices-in-healthcare

End with gratitude, too.

- Our Faculty, Staff and Students at CUSOM
- Frontline workers
- Communities, Patients and their families
- Our families!