



ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS

DEI Crash Course for Faculty: Addressing Bias in Your Residency Program

*APPD 2023 Pre-Conference Workshop
Confronting Racism Action Team*



March 28-31, 2023
Atlanta Marriott Marquis
Atlanta, GA

Welcome

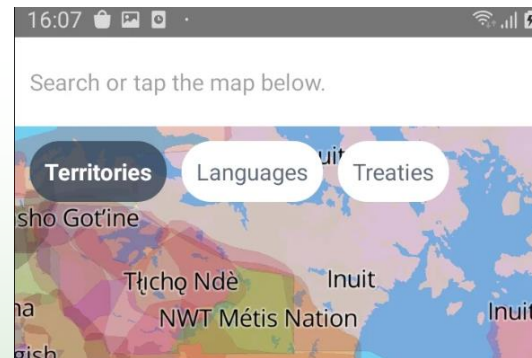
- Andria Tatem
- Margarita Ramos
- Sarah Gustafson
- Robert Trevino
- Theiline T. Gborkorquellie
- Lanre O. Falusi
- Mollie Grow
- Michael Weisgerber
- Jo-Ann Nesiamama
- Su Ting-Li
- Kimberly Montez
- Ana Mauro
- Stacey Laurent
- David Turner
- Chandra Smith
- Annie Gula
- Eyad Hanna
- Beth Nelsen
- Michelle Barnes



Land and Sovereignty

The Association of Pediatric Program Directors meeting is located on homelands of the Muscogee (Creek) people who lived, worked, produced knowledge on, and nurtured this land. We acknowledge though we are not the traditional stewards of these lands, we must commit to understanding the histories and current experiences of Native American peoples as we work toward more diverse, equitable, and inclusive health care.

[Emory University Land Acknowledgment](#)
[APPD Confronting Racism Action Team](#)
[How to Talk About Native Nations](#)
[Native-Land.ca](#)



Native Land app
[iOS App Store](#)
[Google Play Store](#)



Ground Rules

- Assume positive intent from others
- Show respect to colleagues, presenters, and other perspectives
- Use "I" statements, avoid generalizations
- Be nonjudgemental about the perspectives of others
- Avoid discussing other's experiences outside of this training



Trigger Warning

- This presentation may be uncomfortable for some and may trigger an anxiety response for others.



Background



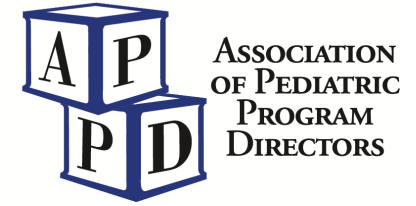
Rationale





Entrustable Professional Activities

EPA 14 for General Pediatrics



EPA 14: Use Population Health Strategies and Quality Improvement Methods to Promote Health and Address Racism, Discrimination, and Other Contributors to Inequities Among Pediatric Populations

Judicious Mapping to Competencies Critical to Entrustment Decisions*

SBP 1:	Patient Safety
SBP 2:	Quality Improvement
SBP 3:	System Navigation for Patient Centered Care – Coordination of Care
SBP 5:	Population and Community Health
PBLI 1:	Evidence-Based and Informed Practice
PBLI 2:	Reflective Practice and Commitment to Personal Growth
P 1:	Professional Behavior
ICS 2:	Interprofessional and Team Communication

**Modified based on Pediatrics Milestones 2.0. ©2021 ACGME/ABP. All rights reserved.*



Ice Breaker Activity





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Developing a Health Equity Curriculum for Faculty: A National Needs Assessment

Theiline Gborkorquellie, MD, MHS, Cara Lichtenstein, MD, MPH, Anthony Artino, PhD,
Aisha Barber, MD, MEd, Lin Chun-Seeley, MA, Yael Smiley, MD, Danielle Dooley, MD, MPhil,
Olanrewaju Falusi, MD, MEd



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Disclosure

- I have no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.



Why is this important?

- 2019 American Academy of Pediatrics (AAP) seminal policy statement on racism
- American Board of Pediatrics: Entrustable Professional Activity 14
- Several published curricula on racism and implicit bias largely focused on trainees, none focused on faculty

Trent M, et al. *Pediatrics*. 2019; 144(2)
Unaka N, et al. *Pediatrics*. 2022; 149(2)



Objective

To conduct a national faculty **needs assessment** related to **teaching** and **modeling** health equity principles to inform the design of a **health equity curriculum** for faculty

Research Question:

What knowledge and skills do pediatric academic faculty need in order to effectively teach about health equity?



Curating Survey Content

Robert Wood
Johnson
Foundation

World Health
Organization

Cochrane Equity
Methods Group
PROGRESS-Plus

U.S. Dept. of
Health and
Human Services

PROGRESS refers to:



Place of residence



Race/ethnicity/culture/language



Occupation



Gender/sex



Religion



Education



Socioeconomic status



Social capital

<https://methods.cochrane.org/equity/projects/evidence-equity/progress-plus>



Survey Tool Development

First iteration:

- 96 Likert-type survey items
- 4 open-ended items

7 Expert Reviews
6 Cognitive Interviews

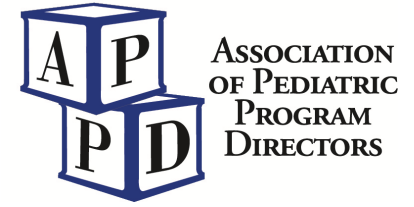
Final instrument:

- 55 Likert-type survey items
- 4 open-ended items

Disseminated to core teaching pediatric faculty from a representative sample of U.S. pediatric residency programs



Results



50 (23%) U.S. pediatric residency programs agreed to participate

**Of 1933 faculty surveyed, 997 responded
(52% response rate)**



Demographics*

Region

- 9 regions - East North Central to West South Central

Program Type

- 42% Free-standing, 36% University-based, 8% Public general hospital

Race

- 56% White, 12% Asian/Pacific Islander, 4% Black

Ethnicity

- 71% not of Hispanic or Latinx origin, 4% Hispanic or Latinx

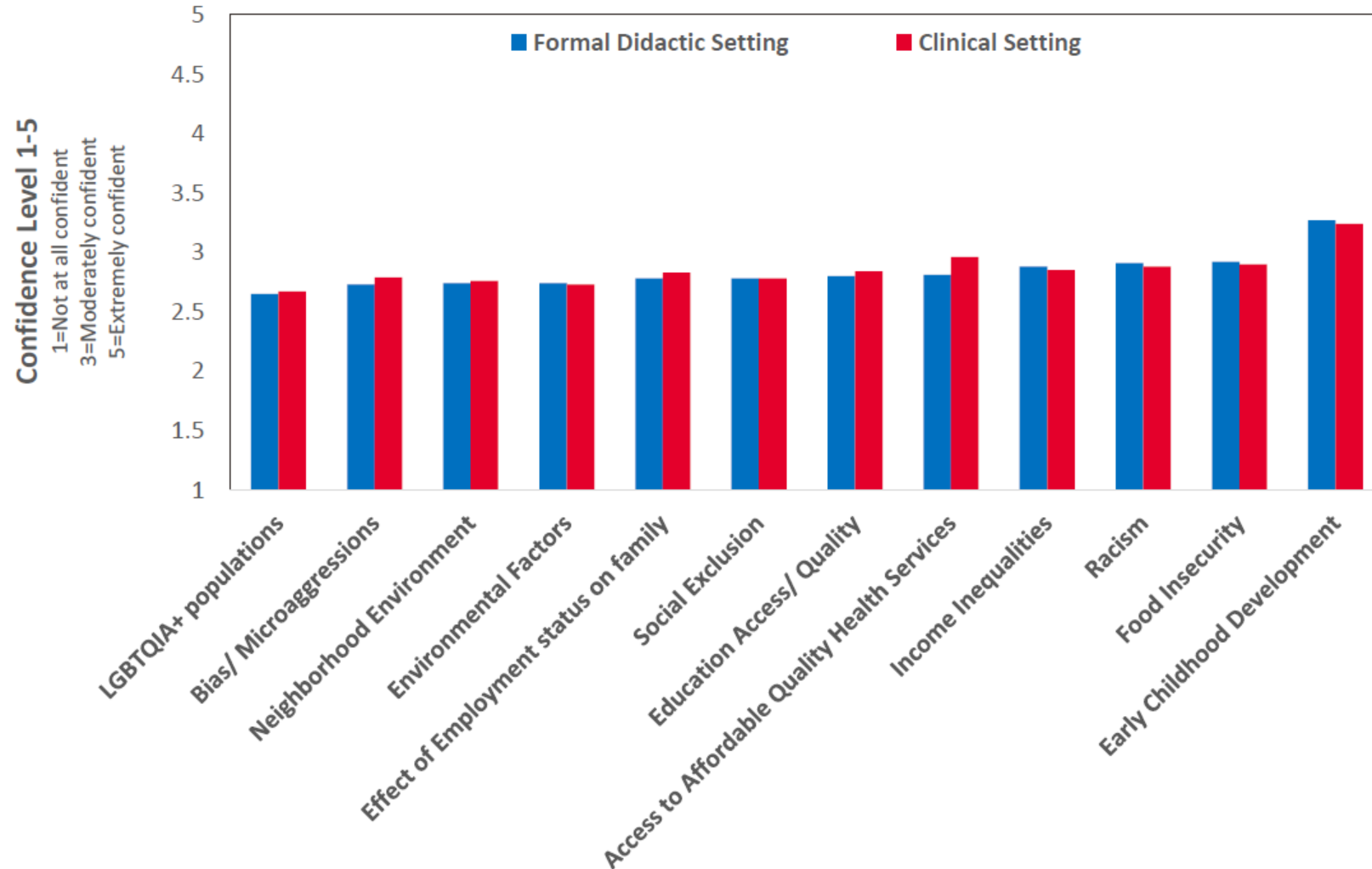
Gender

- 51% Female, 26% Male

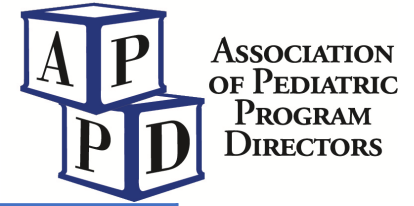
*For each category, there was approximately 18% missing data (not reported)



Confidence in Ability to Teach Residents Health Equity Topics



During FORMAL DIDACTIC TEACHING, how confident are you in your ability to teach residents about the following social constructs and structural drivers of health?

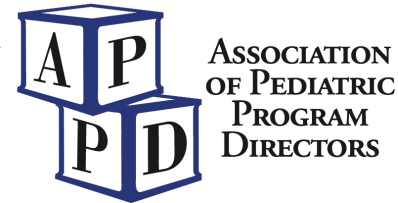


- 1-Not at all confident
- 2-Somewhat confident
- 3-Moderately confident
- 4-Quite confident
- 5-Extremely confident

Variable	Mean	Std Dev
LGBTQIA+ populations	2.65	1.109
Bias/microaggressions	2.73	1.075
Neighborhood environment	2.74	1.091
Environmental factors that influence health (i.e., lead, global warming, pollution, water quality)	2.74	1.095
Effect of employment status on child/family welfare	2.78	1.146
Social exclusion or marginalization	2.78	1.068
Education access and quality	2.80	1.121
Access to affordable health services of decent quality	2.81	1.085
Income inequalities	2.88	1.119
Racism	2.91	1.043
Food insecurity	2.92	1.135
Early childhood development	3.27	1.180



While **TEACHING IN A CLINICAL SETTING** (e.g., outpatient clinic, inpatient hospital wards, etc.), how confident are you in your ability to teach residents about the following social constructs and structural drivers of health?

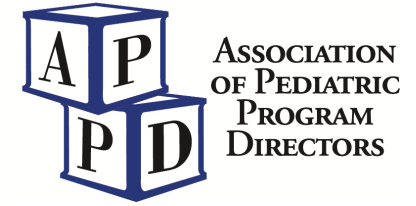


- 1-Not at all confident
- 2-Somewhat confident
- 3-Moderately confident
- 4-Quite confident
- 5-Extremely confident

Variable	Mean	Std Dev
LGBTQIA+ populations	2.67	1.131
Environmental factors that influence health (i.e., lead, global warming, pollution, water quality)	2.73	1.086
Neighborhood environment	2.76	1.073
Social exclusion or marginalization	2.78	1.088
Bias/microaggressions	2.79	1.048
Effect of employment status on child/family welfare	2.83	1.091
Education access and quality	2.84	1.104
Income inequalities	2.85	1.098
Racism	2.88	1.045
Food insecurity	2.90	1.136
Access to affordable health services of decent quality	2.96	1.024
Early childhood development	3.24	1.161



Priority Topics for Faculty Development Training in Health Equity



1-Lowest priority
2-Lower priority
3-Moderate priority
4-Higher priority
5-Highest priority

Topic	Mean*	Std Dev
Effect of Employment status on child/family welfare	3.33	0.84
Environmental factors that influence health	3.34	0.95
Early Childhood Development	3.34	1.05
LGBTQIA+ populations	3.47	0.96
Income Inequalities	3.49	0.90
Education Access and Quality	3.53	0.89
Bias/ Microaggressions	3.61	1.00
Neighborhood Environment	3.78	0.86
Food Insecurity	3.79	0.83
Access to Affordable Quality Health Services	3.89	0.87
Social Exclusion or marginalization	4.01	0.88
Racism	4.09	0.89



Barriers to Curriculum Implementation



Conclusions

- Data gathered will inform design of a faculty health equity curriculum that is generalizable and reproducible
- Future analysis of the qualitative survey data and individual semi-structured interviews
- Continued improvements to faculty development approach



Acknowledgements

- We would like to sincerely thank all faculty members who participated in our national survey.
- This research was performed in collaboration with the Children's National Building Equity in Graduate Medical Education (BEING) Initiative which is funded by the Children's National Hospital Rozanski Training Fund.



Next Steps

- Interested in participating in Phase 2 of our national needs assessment?
 - A single 45-minute interview
 - 20 interview slots available
 - \$40 gift card
- Please contact us using the QR code, or email:
tgborkorq@childrensnational.org
- Thank you! Questions?





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How to Mitigate Bias in Evaluations

Drs. Margarita Ramos, Kimberly Montez,
Robert Trevino, Su-Ting Li, Michelle Barnes



March 28-31, 2023

Atlanta Marriott Marquis
Atlanta, GA

Objectives

1. Demonstrate examples of implicit bias in evaluations and future implications on trainees
2. Utilize a systematic approach to narrative feedback for trainees
3. List strategies to reduce bias in clinical evaluations



Session Overview

5 mins	Background
11 mins	Breakout Session
12 mins	Discussion of Breakout Session
2 mins	Wrap-Up



Background: Bias in Evaluations



Evaluations

- Integral part of the personal and professional growth of trainees
- Required process for trainees to continue towards academic and professional advancement



AAMC & NIH Definitions

- **Underrepresented in medicine (URiM):** racial and ethnic populations underrepresented in medical profession relative to their numbers in the general population
- **Implicit bias:** Form of prejudice that occurs automatically and unintentionally, that nevertheless affects judgments, decisions, and behaviors

AAMC. Underrepresented in Medicine Definition. 2004: <https://www.aamc.org/what-we-do/equity-diversity-inclusion/underrepresented-in-medicine>

NIH. Implicit bias. 2022: <https://diversity.nih.gov/sociocultural-factors/implicit-bias>



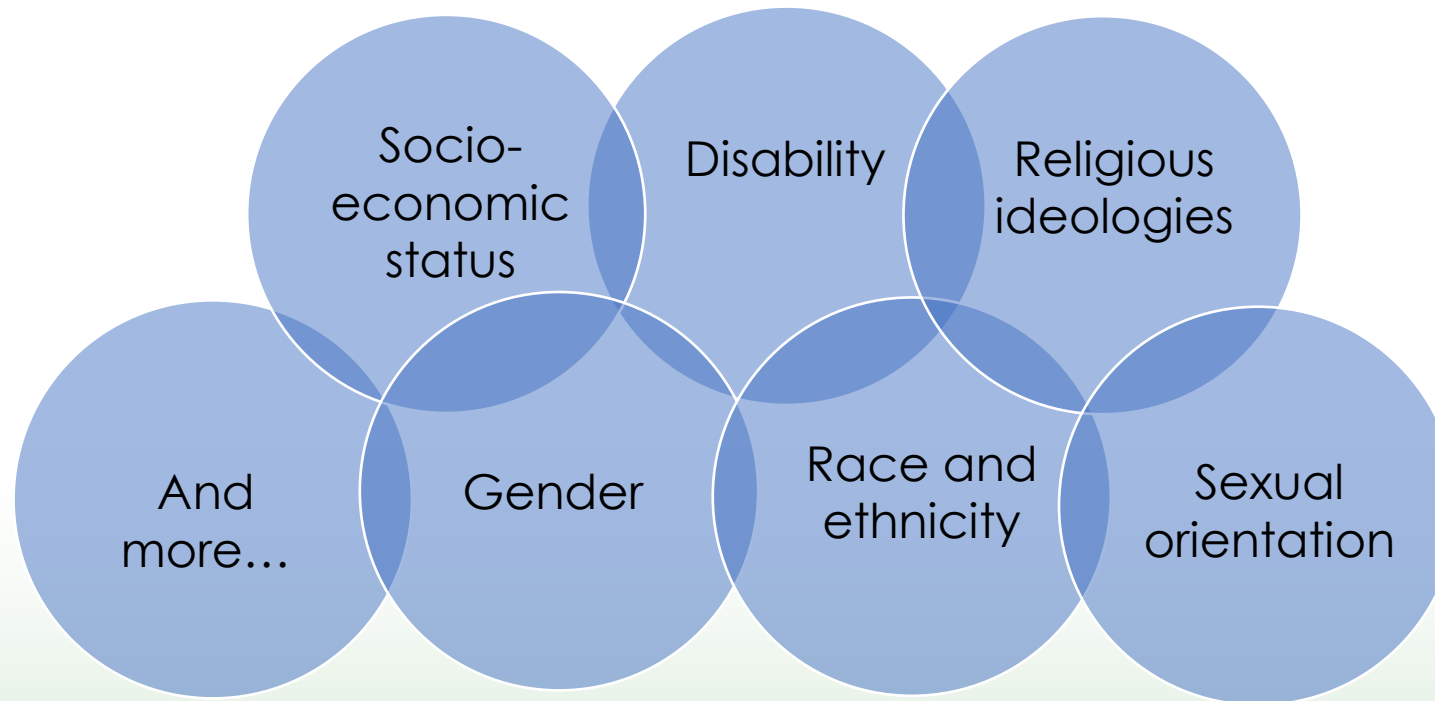
Definitions

- **Competency-based behaviors:** skills and behaviors noted and measured
- **Personality-based behaviors:** judgements made upon perceived characteristics



Bias in Evaluations

- Demonstrated along multiple dimensions



Racial and Ethnic Bias

- Underrepresented in medicine (URiM) trainees described more commonly using personal attributes

Personality-based

- Pleasant
- Caring
- Poised
- Assertive

Competency-based

- Comprehensive
- Conscientious
- Thorough
- Knowledgeable



Gender Bias

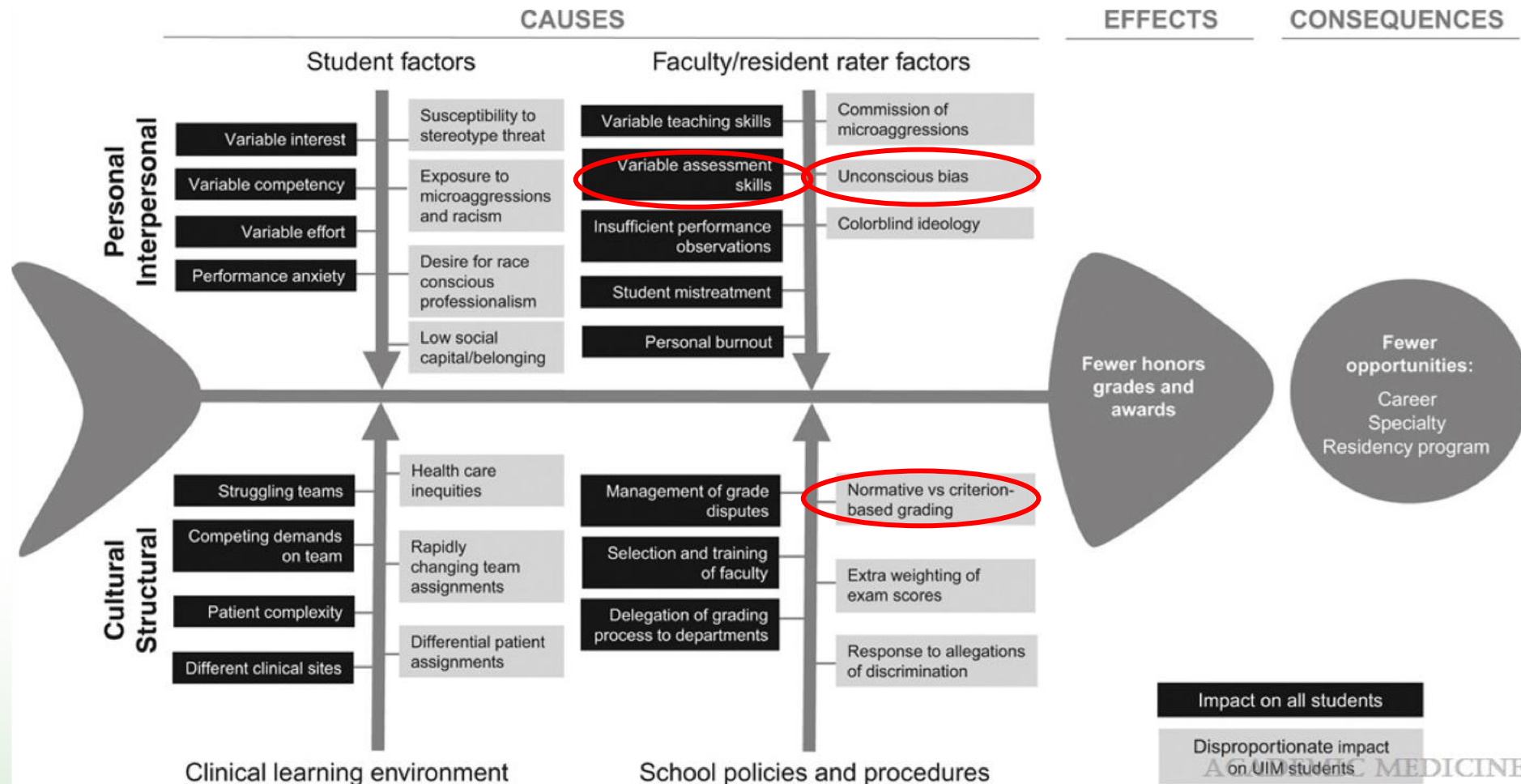
Codes With Male Predominance	Codes With Female Predominance
Good clinical skills	Good presentations
Constructive feedback given *specific* to resident	Constructive feedback given *not specific* to resident
Efficient	Caring
Intelligent	Enthusiasm
Use of evidence-based medicine	Trustworthy
Prepared	Helpful



Impact of Bias in Evaluations



Amplification Cascade



Examples of Bias in Feedback

- “As a Black woman, I’ve been told to “calm down” as I appeared frustrated while when defending my point during rounds.”
- “As a woman, I was told to not be “too assertive”, even while running a code on a patient”
- “As a woman with an accent, I’ve been told to read about concepts so that I can understand them more clearly, as if my accent implied I had difficulty understanding them.”



Examples of Bias in Feedback

- “As a non traditional student with an age difference between my peers, I was told I should focus on rotations that highlight my communication skills with patients and families rather than select fast-paced rotations that rely heavily on procedures.”
- “As a gay man, I was told that I needed to ‘tone it down’ and try being less sassy or else I wouldn’t get promoted, and my career would suffer because people wouldn’t take me seriously.”



Strategies for Effective Feedback



Effective Feedback: “BOATS”

- Behavior-focused
- Observable
- Actionable
- Timely
- Specific



Fishman et al. How to Write High-Quality Evaluations Without Bias. OPENPediatrics. 2022: <https://www.youtube.com/watch?v=kMr1NK3Mwx0>



Example of an Effective Evaluation

Intern demonstrated an exceptional fund of knowledge. She applied her understanding at the bedside in managing our patients with the level of skill we typically see in a second-year resident. She was well prepared with all the information needed to formulate treatment plans, and her ability to prioritize and integrate bits of evidence into a cohesive and logical story was especially noteworthy. She initiated literature searches to supplement her understanding and to address questions raised by the team. Intern was both efficient and thoughtful in her management. She was generous in teaching students in a kind, respectful manner. She was an eager learner and a quick study with deft technical ability. Her performance was exemplary



Breakout Session



Breakout Session

- Read through prompt
- Identify areas of biased language
- Rewrite evaluation in an unbiased way that focuses on behaviors (will need to use imagination)



Jordan was a great student during their rotation; they were a team player and demonstrated enthusiasm for learning. They had a good attitude with patients. They have a solid fund of knowledge that was not always evident as they did not always share their thoughts during rounds, and sometimes appeared shy in front of patients and families. In the teamroom, they were articulate and clear. They need to continue working on increasing their confidence and medical knowledge for improvement of patient care. They will be a great physician.



Breakout Session Discussion



Jordan sometimes appeared shy in front of patients
and families...



Jordan sometimes appeared shy in front of patients and families...

- Not clear about what behavior should be changed
- “Shy”: Avoid using these adjectives



Jordan sometimes appeared shy in front of patients and families...

- “Jordan had difficulty voicing plans for patients during rounds, finishing each point of their plan with “after confirming with the senior resident”. Then they would ask the senior resident for confirmation of what they had just said. Jordan was encouraged to try to answer questions about their assessment and plan, while knowing they have the help of the team if they need it.”



...They had a good attitude with patients.



...They had a good attitude with patients.

- Provide specific feedback about what you saw
- Include examples of actions you observed



...They had a good attitude with patients.

- “Jordan spent time after rounds with the patients, updating them of the plan of the day and getting to know them better. Multiple patients commented on how helpful Jordan’s time was to help them understand what was going on during their hospital stay.”



“They have a solid fund of knowledge that was not always evident as they did not always share their thoughts during rounds, and sometimes appeared shy in front of patients and families. In the teamroom, they were articulate and clear. They need to continue working on increasing their confidence and medical knowledge for improvement of patient care. They will be a great physician.”

- May demonstrate implicit bias and stereotyping
- Be mindful of using correct pronouns throughout



They have a solid fund of knowledge that was not always evident as they did not always share their thoughts during rounds, and sometimes appeared shy in front of patients and families...She needs to continue working on increasing their confidence and medical knowledge for improvement of patient care. She will be a great physician.

- “When discussing disposition plans for patients, Jordan was encouraged to decide whether they thought patients should be stable to go home, or whether they would benefit from continued inpatient care.”



“They were a great team player.”

- Nonspecific feedback
- Unactionable
- Not behavioral focused



“They were a great team player.”

- “Jordan always took the time to offer help to address multiple pending tasks even for patients they were not directly caring for. They actively participated in discharge rounds, paged consultants, worked with Pharmacy for medication reconciliation, and updated family members who were not able to be in the hospital.”



Final evaluation

“Jordan always took the time to offer help to address multiple pending tasks even for patients they were not directly caring for. They actively participated in discharge rounds, paged consultants, worked with Pharmacy for medication reconciliation, and updated family members who were not able to be in the hospital. Jordan spent time after rounds with the patients, updating them of the plan of the day and getting to know them better. Multiple patients commented on how helpful Jordan’s time with them was to help them understand what was going on during their hospital stay.

Jordan had difficulty voicing plans for patients during rounds, finishing each point of their plan with “after confirming with the senior resident”. Then they would ask the senior resident for confirmation of what they had just said. When discussing disposition plans for patients, Jordan was encouraged to decide whether they thought patients should be stable to go home, or whether they would benefit from continued inpatient care. Jordan was encouraged to try to answer questions about the patients’ assessment and plans, while knowing they have the help of the team if they need it.”



Tips for Writing Effective and Unbiased Feedback



Tips for Written Feedback

- Be specific with observed behaviors; may be helpful to keep a written log for tracking
- Review and edit your evaluation to evaluate for bias; have a colleague read your evaluation
- Use tools such as a gender bias calculator:
www.tomforth.co.uk/genderbias



Summary

- Implicit bias can have a negative impact on evaluations and the future of trainees
- Review and edit evaluations
- Utilize the BOATS mnemonic to use elements of effective feedback and to reduce bias
 - Behavior-focused
 - Observable
 - Actionable
 - Timely
 - Specific

Fishman et al. How to Write High-Quality Evaluations Without Bias. OPENPediatrics. 2022: <https://www.youtube.com/watch?v=kMr1NK3Mwx0>



References

- Fishman et al. How to Write High-Quality Evaluations Without Bias. OPENPediatrics. 2022: <https://www.youtube.com/watch?v=kMr1NK3Mwx0>
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- Gold JM, Yemane L, Keppler H, Balasubramanian V, Rassbach CE. Words Matter: Examining Gender Differences in the Language Used to Evaluate Pediatric Residents. Academic Pediatrics. 2022;22(4):698-704.
- UCSF Equity in Assessment Guidelines and Checklist: <https://meded.ucsf.edu/faculty-educators/equity-assessment-guidelines-and-checklist>





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Incorporating Antiracism into Didactic Teaching

Including the MPPDA Annual Meeting



March 28-31, 2023
Atlanta Marriott Marquis
Atlanta, GA

Learning Objectives

- Describe **guiding principles** for incorporating antiracism into didactic teaching
- Identify **key resources** on antiracism to utilize in didactic teaching
- Develop an **action plan** to incorporate antiracism resources into future teaching

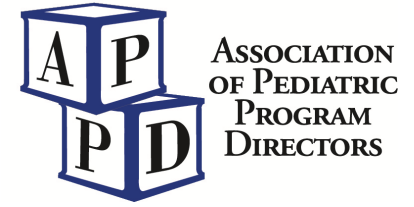


Guiding Principles

(why)



Spoiler Alert!: Future Discussion Prompts



- What is an important priority for your program around faculty development?
- What resource(s) on one of websites mentioned today would help you?
- What do you want to bring back to your program?
- Who will win the men's and women's NCAA basketball tournament?



Does this sound familiar?

"I have to talk about antiracism in my presentation about congenital cardiomyopathy (or otitis media or anemia or...)? Where would I start??"

"I only have 45 mins for this didactic session... There's already so much to cover!"

"Antiracism is a critical topic, but I don't feel confident in my ability to teach it!"



Why include antiracism in didactic teaching?

Experiencing racism is
significantly related to
worse overall health.

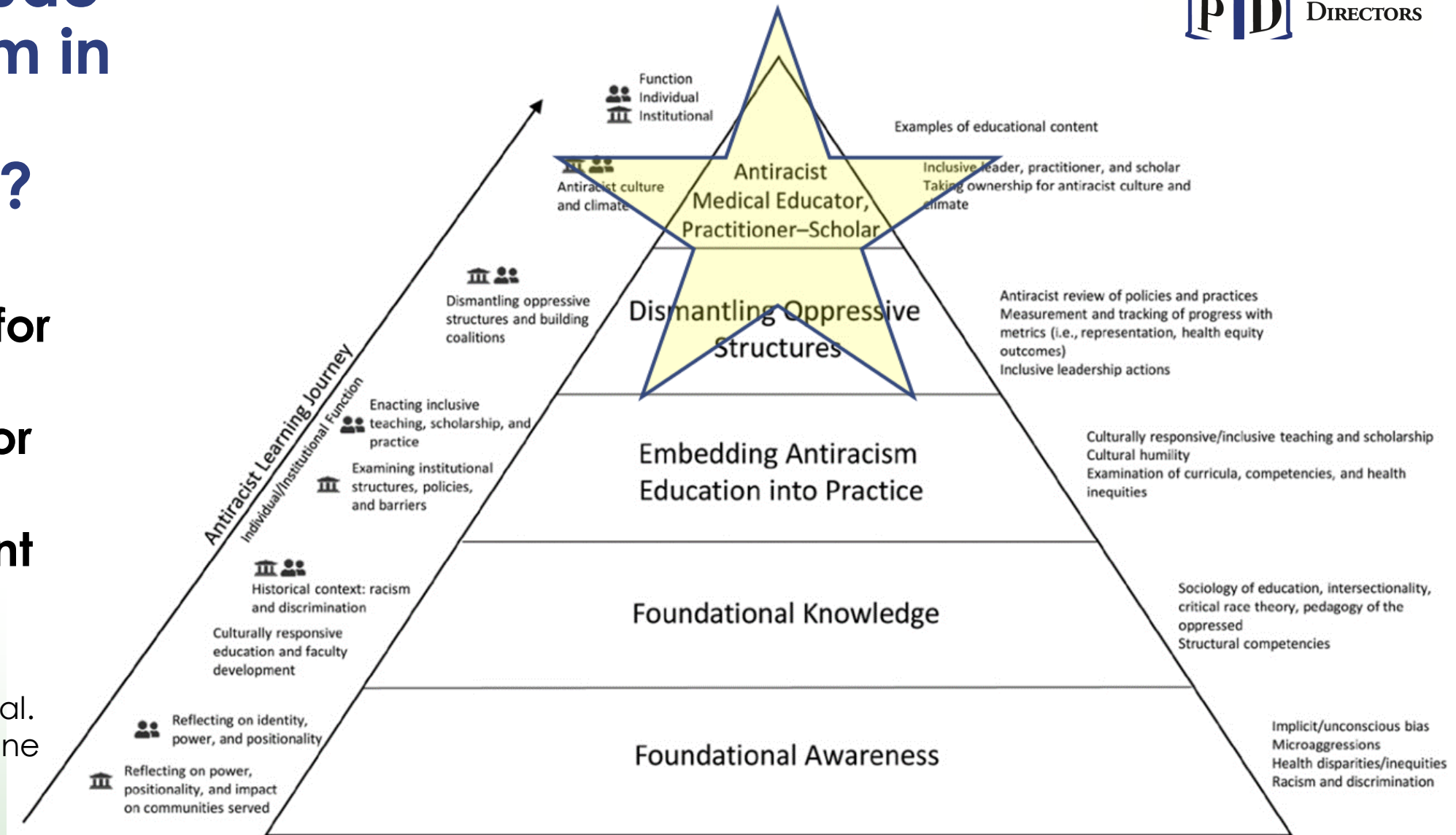
Racial health
disparities persist in
**nearly every aspect of
pediatric care.**



Why include antiracism in didactic teaching?

Framework for antiracism education for faculty development

Sotto-Santiago et al.
Academic Medicine
2022



Resources for Didactic Teaching

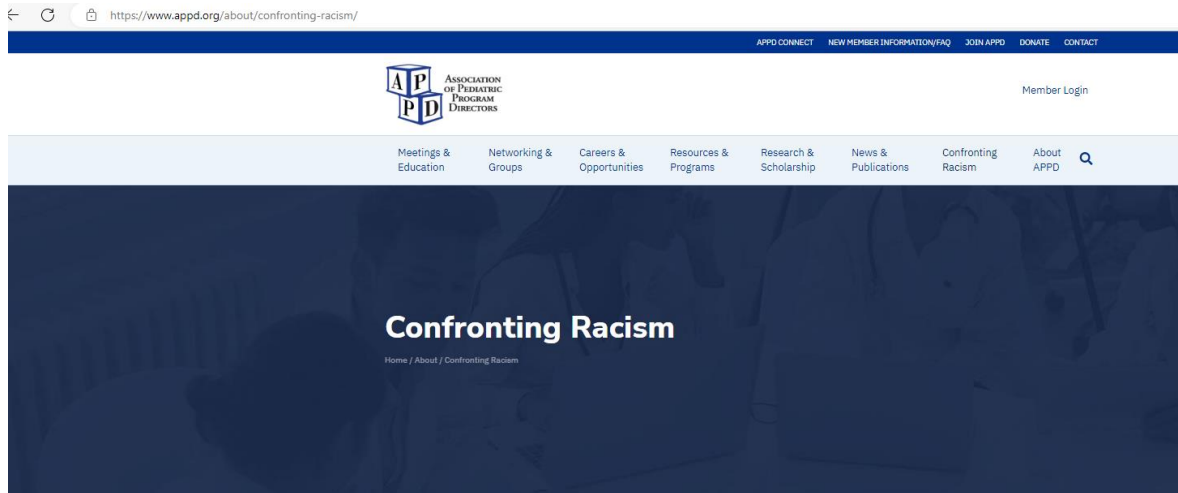
(how)



I want to find a repository of resources for our residents and faculty to address their personal and professional anti-racism and diversity needs– how do I do that?



1. Go to APPD Confronting Racism website and select “Curricula for Anti-Racism”



APPD's Commitment to Confronting Racism

Published Articles

Montez K, Omoruyi EA, McNeal-Trice K, Mack WJ, Yemane L, Darden AR, Russell. Trends in Race/Ethnicity of Pediatric Residents and Fellows: 2007-2019. Pediatrics. 2021 Jul;148(1):e2020026666. doi: 10.1542/peds.2020-026666. Epub 2021 Jun 15. PMID: 34131043; PMCID: PMC8290973.

Related Journals

- Montez K, Omoruyi EA, McNeal-Trice K, Mack WJ, Yemane L, Darden AR, Russell. Trends in Race/Ethnicity of Pediatric Residents and Fellows: 2007-2019. Pediatrics. 2021 Jul;148(1):e2020026666. doi: 10.1542/peds.2020-026666. Epub 2021 Jun 15. PMID: 34131043; PMCID: PMC8290973.

Resources & Statements

APPD Confronting Racism Action Plan and Dashboard

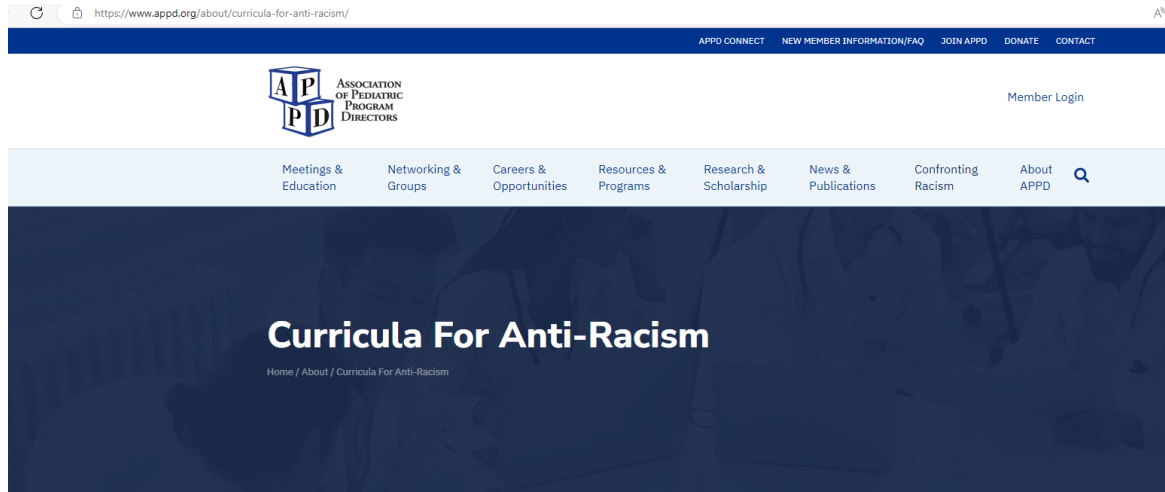
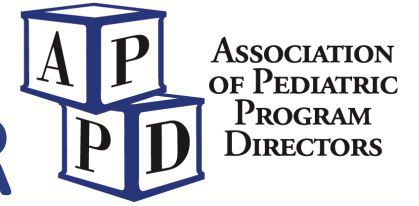
APPD Board of Directors Statement in Support of BIPOC Program Directors

Overview of the Confronting Racism Action Team Progress: April 7, 2022 Webinar

Curricula For Anti-Racism



2. Scroll down and download CFARGOFAR



APPD's Confronting Racism Action Team – Residency Curriculum Subgroup

Curricula For Anti-Racism: a Guided, Organized Framework for All Residencies (C-FAR-GO-FAR)

Our subgroup's goal is to assist residency programs in beginning or enhancing curricula that train anti-racist pediatricians who have the necessary knowledge, skills, and attitudes to become pediatricians who celebrate diversity and proactively engage with and advocate for systems and structures to improve the care of marginalized populations.



Download excel document

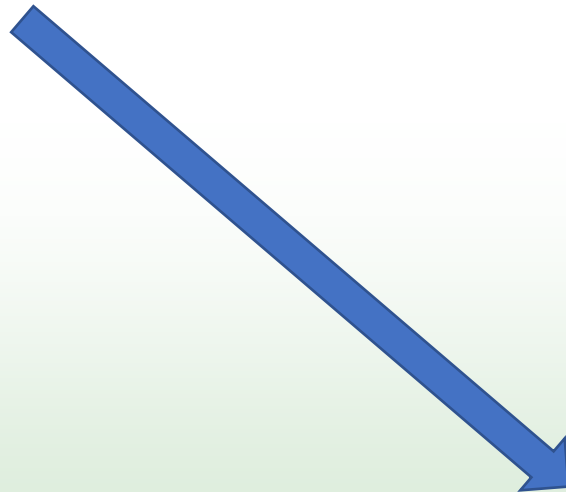
The C-FAR-GO-FAR matrix allows the user to identify a certain element of the EPA addressing racism and inequities and corresponding educational strategies that are used in existing curricula. C-FAR-GO-FAR lives at the link below as a 2 worksheet excel document. Worksheet one is the complete matrix.



The view-only excel document link is below. The 2nd worksheet with references can be sorted by domain. For example, if looking for references about domain 1 (Recognizing one's professional responsibility to populations, communities, and society at large) just sort or filter that column. Also, if searching for a keyword in a title just use "CTRL-F" and search for a term. For example, if looking for titles about resources about microaggressions try searching for that term.



3. Find row with comprehensive resources (domain 8)



EPA14 major heading	EPA 14 subheading	workshops med ed portal workshops share wareh workshops found on w workshops other	simulation/O simulation med ed port simulation share wareh simulation on website simulation other	didactics didactics on med ed po didactics on share ware didactics on website	other modalities articles podcasts books videos	comprehen sive resources spanning multiple modalities
1. Recognizing one's professional responsibility to populations, communities, and society at large	promote health life long learning bias policies and practices advocacy cultural humility prioritize community needs report errors	1, 4		2	12	
2. Identifying populations at risk (placed at risk for poor health outcomes using statistical, epidemiological, public health, and community outreach measures)	improve population health appraise literature analyze data equity and equality medical experimentation history and mistrust patient harm and inequity	3, 5				
3. Applying knowledge of epidemiology and statistical analysis to interpret data	social construct of race racism as an epidemiologic risk factor statistical and epidemiological concepts appraising literature for relevance with diversity					
4. Collaborating with diverse stakeholders in the development and/or implementation of initiatives to improve health outcomes	interprofessional health teams in population openness to improvement to combat racism recognizes expertise of others system and process improvement cross sector partnerships environment of inclusion	4				
5. Engaging in quality improvement initiatives to improve healthcare systems	health care quality aims aims and goals result measures validity, reliability, limitations using tools like run charts plan-do-study-act cycles repeated measures					
6. Utilizing resources (e.g.: EHR, patient registries, databases) to improve key processes and optimize population health	using information to help populations reporting and surveillance using databases data limitations					
7. Dismantling processes/ systems rooted in racism and/or discrimination to address inequities and achieve optimal health outcomes for all children.	defining racism promoting antiracism eliminating health inequities intersectionality establishing equitable processes mitigating racism by standards of care collections of multiple resources in existing toolkits	1, 3, 6, 7, 8		2		
8. Comprehensive resources spanning all domains						9, 10, 11



4. Find column with specific educational strategies or for toolkits spanning all modalities

EPA14 major heading	EPA 14 subheading	workshop med ed portal	workshops share wareh	workshops found on w	workshops other	simulation med ed port	simulation share wareh	simulation on website	simulation other	didactics on med ed po	didactics on share ware	didactics on website	other modalities	comprehensive resources spanning multiple modalities
1. Recognizing one's professional responsibility to populations, communities, and society at large	promote health life long learning bias policies and practices advocacy cultural humility prioritize community needs report errors													
2. Identifying populations at risk (placed at risk for poor health outcomes using statistical, epidemiological, public health, and community outreach measures)	improve population health appraise literature analyze data equity and equality medical experimentation history and mistrust patient harm and inequity													
3. Applying knowledge of epidemiology and statistical analysis to interpret data	social construct of race racism as an epidemiologic risk factor statistical and epidemiological concepts appraising literature for relevance with diversity													
4. Collaborating with diverse stakeholders in the development and/or implementation of initiatives to improve health outcomes	interprofessional health teams in population openness to improvement to combat racism recognizes expertise of others system and process improvement cross sector partnerships environment of inclusion													
5. Engaging in quality improvement initiatives to improve healthcare systems	health care quality aims aims and goals result measures validity, reliability, limitations using tools like run charts plan-do-study-act cycles repeated measures													
6. Comprehensive resources (e.g.: EHR, patient processes, etc.) to improve key	using information to help populations reporting and surveillance using databases using simulations													
7. Dismantling processes/ systems rooted in racism and/or discrimination to address inequities and achieve optimal health outcomes for all children.	promoting eliminating health inequities intersectionality establishing equitable processes mitigating racism by standards of care collections of multiple resources in existing toolkits													
8. Comprehensive resources spanning all domains														



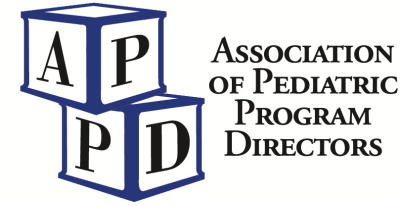
5. Review list of references and identify a match for your needs

B	C	D	E	F	G	H	I	J	K	L
Primary Domain	Secondary Domain (if applicable)	Title	Citation	Direct link if available	Brief Description	Start up resources need	Time investment	Format (workshop, didactics, OSCE/sim)	Target audience	Audience size
8; Collaborating with diverse stakeholders in the development and/or implementation of initiatives to improve health outcomes		APA's Anti-Racism & Diversity Toolkit	Academic Pediatric Association; Uchechi Oddiri, MD (Chair) Cynthia Osman, MD Oriaku Kas-Osoka, MD, MEd Lahia Yemane, MD Frank Belmonte, DO Stephanie White, MD, MS Michelle S. Barratt, MD, MPH Kacie	https://www.academicpediatrics.org/publications-resources/apa-anti-racism-diversity-toolkit/	Comprehensive Toolkit with over 50 individual resources that are well-organized in user-friendly website. The Academic Pediatric Association (APA)'s Anti-Racism and Diversity Taskforce created this toolkit to support pediatric clinicians in all facets of their academic practice, including leadership-practice, peer-peer	Expansive, if to be done correctly. Not necessarily requires any cost for setup; requires time to become familiar with material	Significant	Workshop, didactics, book, article, online module	Any type of audience - just needs to be tailored	Any size - can be tailored to size

M	N	O	P	Q	R
Outcomes	What pieces are available to me	Curriculum Strengths	Potential pitfalls	Potential modifications	Other Comments
a variety of outcomes are listed in the individual resources	over 50 different resources are listed with links to take you to a variety of materials including articles, videos, podcasts, and more	It is a comprehensive resource for all types of people/learners; Vast repository of resources for programs of all sizes, and meets the needs of clinicians at every level of career, trainees, and hospital/medical school leadership	May require someone who knows how to address uncomfortable situations/topics; No evaluation of toolkit usefulness, etc	each individual resource may include modifications	this is a must-see website with so many great resources you are likely to find multiple ones that will help your program



6. Go to link to get to comprehensive resource: APA Anti-Racism & Diversity Toolkit



[Groups & Networks](#)

[Programs & Awards](#)

[Journal & Resources](#)

[Meetings & Events](#)

[Advocacy](#)

[About](#)

Anti-Racism & Diversity Toolkit

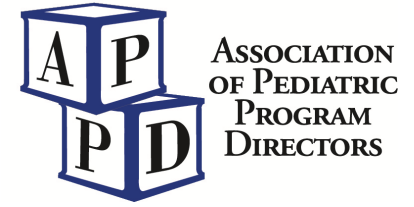
[Home](#) / [Journal & Resources](#) / [Anti-Racism & Diversity Toolkit](#)

Introduction

The Academic Pediatric Association (APA)'s Anti-Racism and Diversity Taskforce, tasked with determining tactics to combat systemic racism and discrimination against the underrepresented in academic pediatrics, created this toolkit to readily equip academic pediatricians with the necessary resources to achieve these goals. This toolkit is made to support pediatric clinicians in all facets of their academic practice, including leadership-practice, peer-peer, provider-patient, and educator-trainee interactions.



APA Anti-Racism & Diversity Toolkit

[Groups & Networks](#)[Programs & Awards](#)[Journal & Resources](#)[Meetings & Events](#)[Advocacy](#)[About](#)

Section A

Section A provides a framework for personal reflection and organizational needs.

What are Racism and Anti-Racism?



How can I recognize racism or prejudice in my own professional environment?



How do I create an environment of inclusivity and equity in my academic practice? How do I become an Anti-Racist?



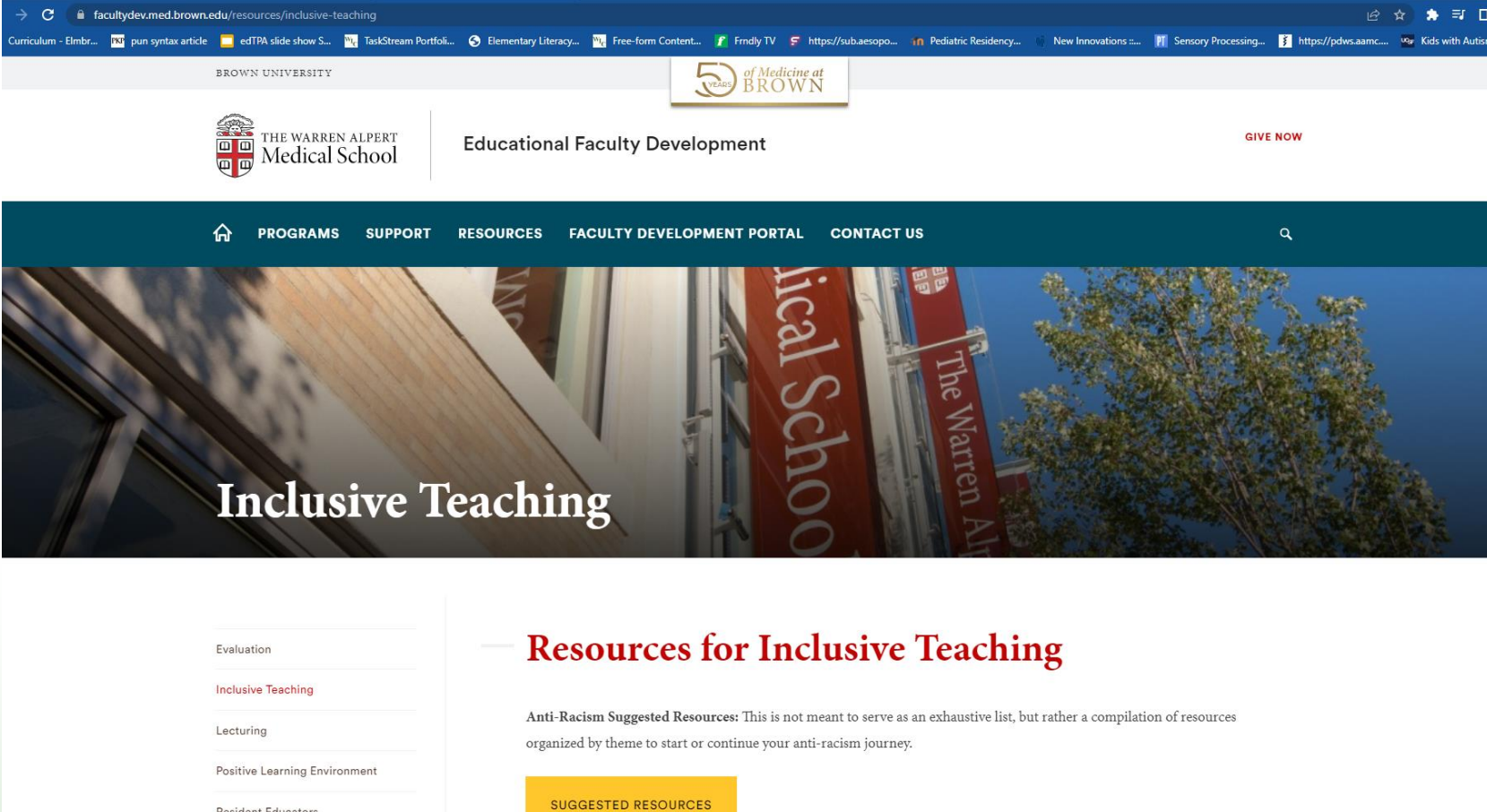
Section B

Section B of this toolkit provides a wealth of resources, in various forms, to allow for further exploration into the topics of anti-racism, diversity, equity, and inclusivity.



OR

6. check out another comprehensive resource like the Brown University Toolkit



The screenshot shows the website for the Warren Alpert Medical School's Educational Faculty Development. The page is titled "Inclusive Teaching" and features a sidebar with a list of topics: Evaluation, Inclusive Teaching (highlighted in red), Lecturing, Positive Learning Environment, and Resident Educators. The main content area is titled "Resources for Inclusive Teaching" and includes a section for "Anti-Racism Suggested Resources" with a description: "This is not meant to serve as an exhaustive list, but rather a compilation of resources organized by theme to start or continue your anti-racism journey." Below this text is a yellow button labeled "SUGGESTED RESOURCES".



Faculty Professional Development Portal

[Home](#) [Teaching & Learning](#) [Diversity & Inclusion](#) [Wellness](#) [Leadership](#) [Scholarship](#) [Career Development](#)

Diversity & Inclusion



Inclusive Curricula and Teaching

Educators interested in developing inclusive curricula, and their inclusive teaching skills, may want to check out the resources provided by the Brown University Sheridan Center for Teaching and Learning and the Program in Educational Faculty Development, including the [AMS Creating Inclusive Curricula guide](#), and an eight-minute video on [Reviewing Didactics for Inclusivity: Practical tips for faculty](#).

PROFESSIONAL DEVELOPMENT EVENTS

- | | |
|---|--|
| 3 | 7:00am - 8:00am
Flow - This is the Way to Wellness |
| 9 | All Day
AtKisson NIH Group Grant Writing Workshop |



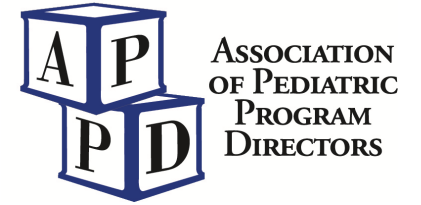
Resources from the Association of American Medical Colleges (AAMC)

The AAMC provides a variety of professional development resources and opportunities, including sexual and gender minority health resources, and workshops on unconscious bias. The [Advancing Health Equity: A Guide to Language, Narratives and Concepts](#) may be of particular help. Resources and opportunities are also provided by their [Group on Women in Medicine and Science](#). Additionally, the AAMC's *Academic Medicine* has curated a [collection of articles](#) on addressing race and racism in medical education.

AMS Faculty Professional Development

The Warren Alpert Medical School of Brown University
233 Richmond St
Providence, RI 02912

401-863-9139
pd@brown.edu



Implicit Bias Training

Professional development sessions on Implicit Bias can be provided by the AMS [Office of Diversity and Multicultural Affairs](#) free of charge for your group or committee by request. To request a session, please contact rosedelma_seraphin@brown.edu. [Resources and trainings](#) are also available from the AAMC.



Diversity and Inclusion Initiatives

Institutional Diversity and Inclusion Action Plans (DIAP) can be accessed via the [Office of Institutional Equity & Diversity](#). A variety of initiatives and groups regarding diversity and inclusion, and aimed at supporting the AMS, Brown and hospital DIAPs, are sponsored by the AMS [Office of Diversity and Multicultural Affairs](#). There are also local resources and programs designed specifically to support Women in Medicine and Science, including the [Rhode Island Medical Women's Association](#), and the national [Time's Up Healthcare](#) organization.

14	7:00am - 8:00am Fostering an Inclusive Learning Environment - This is the Way to Wellness
27	5:00pm - 9:00pm Medical Education Poster Session & Reception
5	7:00am - 8:00am The Art of Saying No - This is the Way to Wellness
VIEW FULL CALENDAR >	

<https://www.brown.edu/academics/biomed/faculty-development/diversity-inclusion>





CREATING INCLUSIVE CURRICULA

Considerations for review of curricular materials for inclusivity, diversity, and bias-free instruction

Images

- ☐ Do the images included in my presentation portray individuals of varied gender, age, and skin color?
- ☐ Are the images I include as examples of “typical” pathology diverse enough so as to prevent stereotyping? This may be especially important for pathology associated with social stigma. For example, only including images of young people when discussing STIs may give the impression that only young people are at risk and should be screened.

Language & Terminology

- ☐ Does my use of language promote a provider/patient divide, or do I acknowledge that learners in my audience may have personal experience with the content I am presenting? For example, in a talk about mental illness, do I discuss patient behavior as what “they” do and provider behavior as what “we” do without acknowledging potential learner experience?

Links to additional resources included below.

[Inclusive Teaching resources from the Brown University Sheridan Center for Teaching and Learning](#)

[Unconscious bias in medicine, online CME course](#)

[Medicine and Race: AMS Annotated Bibliography](#)

Brown Digital Repository Collection for further readings about race and medicine

[Guidelines for Promoting a Bias-Free Curriculum from Columbia University Vagelos College of Physicians and Surgeons](#)

[The relationship between medical students' and doctors' personal illness experiences and their performance](#)
Woolf, K., Cave, J., McManus, I.C. et al. BMC Med Educ (2007)7: 50. <https://doi.org/10.1186/1472-6920-7-50>



OR

6. check out a teaching resource like the checklist on the George Washington site

https://cfe.smhs.gwu.edu/applying-anti-racist-principles-teaching

Prospective Students Current Students Residents & Fellows **GIVE TO SMHS**

GW School of Medicine & Health Sciences **QUICK LINKS**

The Center for Faculty Excellence

Teaching and Learning Career Development Education Research Leadership Development Resources Events Newsletter

Home / Applying Anti-Racist Principles in Teaching

Applying Anti-Racist Principles in Teaching



Applying Anti-Racist Principles in Health Sciences Teaching

- Teaching and Learning +
- Career Development +
- Education Research +
- Leadership Development +
- Resources -
- About Us
- News
- CFE Learning Group
- Clara Bliss Hinds: Women in Medicine & Health Sciences
- Applying Anti-Racist Principles in Teaching

Checklist for Sessions

Incorporating Anti-Racist Principles in Teaching

Apply this series of questions to your teaching sessions to see where you can include additional context and anti-racism content.

Are Different Races Represented?


1. Cases include a variety of the human difference (not limited to race or culture) representations (or none stated at all)
2. Race is not mentioned in the summary statement; it can be part of a social history, but should rarely be part of the initial summary
3. Names are varied to represent different identities
4. Images include varying skin tones, features, body types

When Mentioned, is Race Contextualized?

1. When discussing race as a descriptor in epidemiological data, distinguish observation from causation.
2. Consider and identify structural and social determinants of disease when discussing the causes of unequal disease burden.
3. Carefully consider whether the population categories used in a study or lecture represent true genetic differences due to ancestry. Avoid the use of race as the sole reason for differences in disease burden between populations.
4. Direct students to literature or studies that are working to challenge/clarify generally accepted guidelines

Have You Eliminated Stereotypes?

1. Written, oral, and graphic materials used in the classroom, online, and for reference do not



7. Review resource and see if it fits your program's needs.
8. If you found what you are looking for then work with your local team to implement things from this comprehensive resource!



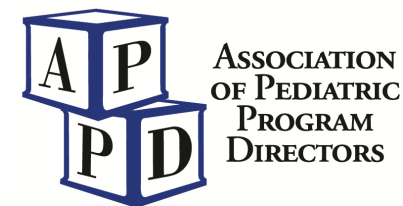
I want to find an **article** describing an approach to faculty development to develop antiracist medical educators. How do I do that?



1. Go to APPD
Confronting Racism
website and select
“Curricula for Anti-
Racism”

2. Scroll down and
download CFARGOFAR

EPA14 major heading	EPA 14 subheading	workshops workshop med ed portal workshops share wareh workshops found on w workshops other	simulation/O simulation med ed port simulation share wareh simulation on website simulation other	didactics didactics on med ed po didactics on share ware didactics on website	other modalities articles podcasts books videos	comprehen sive resources spanning multiple modalities
1. Recognizing one's professional responsibility to populations, communities, and society at large	promote health life long learning bias policies and practices advocacy cultural humility prioritize community needs report errors	1, 4		2 12		
2. Identifying populations at risk (placed at risk for poor health outcomes using statistical, epidemiological, public health, and community outreach measures)	improve population health appraise literature analyze data equity and equality medical experimentation history and mistrust patient harm and inequity	3, 5				
3. Applying knowledge of epidemiology and statistical analysis to interpret data	social construct of race racism as an epidemiologic risk factor statistical and epidemiological concepts appraising literature for relevance with diversity					
4. Collaborating with diverse stakeholders in the development and/or implementation of initiatives to improve health outcomes	interprofessional health teams in population openness to improvement to combat racism recognizes expertise of others system and process improvement cross sector partnerships environment of inclusion	4				
5. Engaging in quality improvement initiatives to improve healthcare systems	health care quality aims aims and goals result measures validity, reliability, limitations using tools like run charts plan-do-study-act cycles repeated measures					
6. Utilizing resources (e.g.: EHR, patient registries, databases) to improve key processes and optimize population health	using information to help populations reporting and surveillance using databases data limitations					
7. Dismantling processes/ systems rooted in racism and/or discrimination to address inequities and achieve optimal health outcomes for all children.	defining racism promoting antiracism eliminating health inequities intersectionality establishing equitable processes mitigating racism by standards of care	1, 3, 6, 7, 8		2		
8. Comprehensive resources spanning all domains	collections of multiple resources in existing toolkits					9, 10, 11



3. Find row that addresses professional responsibilities and life-long learning (domain 1)

EPA14 major heading	EPA 14 subheading	workshop med ed portal	workshops share wareh	workshops found on w	workshops other	simulation med ed port	simulation share wareh	simulation on website	simulation other	didactics on med ed po	didactics on share war	didactics on website	other modalities	comprehensive resources spanning multiple modalities
1. Recognizing one's professional responsibility to populations, communities, and society at large	promote health life long learning bias policies and practices advocacy cultural humility prioritize community needs report errors													
2. Identifying populations at risk (placed at risk for poor health outcomes using statistical, epidemiological, public health, and community outreach measures)	improve population health appraise literature analyze data equity and access medical representation history and mistrust													
3. Applying knowledge of epidemiology and statistical analysis to interpret data	social construct of race racism as an epidemiologic risk factor statistical and epidemiological concepts appraising literature for relevance with diversity													
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7. Dismantling processes/ systems rooted in racism and/or discrimination to address inequities and achieve optimal health outcomes for all children.	defining racism promoting antiracism eliminating health inequities intersectionality establishing equitable processes mitigating racism by standards of care													
8. Comprehensive resources spanning all domains	collections of multiple resources in existing tools													



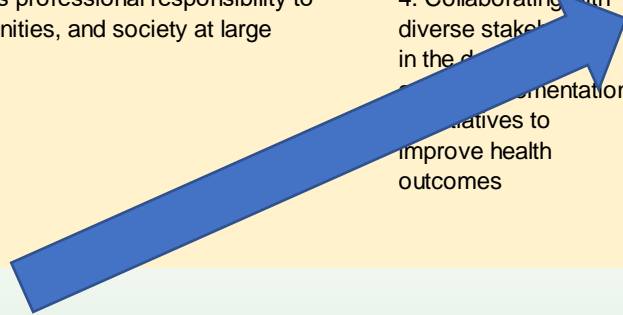
4. Find column with article in domain 1

EPA14 major heading	EPA 14 subheading	workshops workshop med ed portal workshops share wareh workshops found on w workshops other	simulation/O simulation med ed port simulation share wareh simulation on website simulation other	didactics didactics on med ed po didactics on share ware didactics on website	other modalities articles podcasts books videos	comprehen sive resources spanning multiple modalities
1. Recognizing one's professional responsibility to populations, communities, and society at large	promote health life long learning bias policies and practices advocacy cultural humility prioritize community needs report errors	1, 4				
2. Identifying populations at risk (placed at risk for poor health outcomes using statistical, epidemiological, public health, and community outreach measures)	improve population health appraise literature analyze data equity and equality medical experimentation history and mistrust patient harm and inequity	5			2	12
3. Applying knowledge of epidemiology and statistical analysis to interpret data	social construct of race racism as an epidemiologic risk factor statistical and epidemiologic appraising literature diversity					
4. Collaborating with diverse stakeholders in the development and/or implementation of initiatives to improve health outcomes	interprofessional teams in population openness to combat racism expertise of others and process improvement cross sector partnerships environment of inclusion	4				
5. Engaging in system improvement initiatives in healthcare systems	health care quality aims aims and goals result measures validity, reliability, limitations using tools like run charts plan-do-study-act cycles repeated measures					
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8. Comprehensive resources spanning all domains	collections of multiple resources in existing toolkits				2	

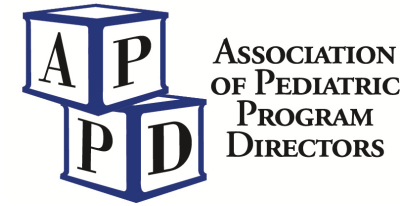


5. Review list of references and identify a match for your needs

reference #	Primary Domain	Secondary Domain (if applicable)	Title	Citation	Direct link if available	Brief Description	Start up resources need	Time investment	Format (workshop, didactics, OSCE/sim)	Target audience
2	1. Recognizing one's professional responsibility to populations, communities, and society at large	7. Dismantling processes/ systems rooted in racism and/or discrimination	Health Equity Rounds: An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism for Faculty	Perdomo J,	https://www.mededp.org/doi/10.1576/6/mep	longitudinal case-based curriculum for interdisciplinary audience spanning training levels (residents and faculty, etc.) to	Facilitator and participant time, space or virtual, AV equipment	Quarterly, 1 hour sessions (however, like all case conferences, requires hours of planning for each session) but could be adjusted, would guess few hours prep per session for already built cases and more	Case conference; Workshop	Interdisciplinary, including faculty and residents
3	1. Recognizing one's professional responsibility to populations, communities, and society at large	7. Dismantling processes/ systems rooted in racism and/or discrimination to address inequities and achieve optimal	Cultural Complications: Why, how, and lessons learned [This is an M&M-format, evidenced-	Harris CA et	https://www.ncbi.nlm.nih.gov/pmc/articles	Cultural complications curriculum designed to be delivered via a hospital M&M conference covering	Facilitator and participant time, space or virtual, AV	Monthly for 20 min is suggested, but could be a different frequency; 20 minutes per conference (12 total) and not required but encouraged prep time likely ~30 min per	Didactics; M&M (could also be adapted for other formats such as case conference)	All health care providers, interdisciplinary team, faculty and
5	1. Recognizing one's professional responsibility to populations, communities, and society at large	4. Collaborating with diverse stakeholders in the documentation of outcomes	Words Matter: An Antibias Workshop for Health Care Professionals to Reduce Stigmatizing Language	Raney J, Pa	https://www.mededp.org/doi/10.1576/2374-8265.1	Anti-bias workshop focusing on awareness and removal of biased language; This workshop provides a framework for clinicians to identify and replace	Facilitator and participant time, space or virtual, AV equipment for powerpoint,	90 minutes for the workshop itself	Workshop: Mix of didactic, role play, and discussion components	All health professionals who document in the EMR, including novice learners



6. Go to link to get the resource:



Browser address bar: https://journals.lww.com/academicmedicine/Fulltext/2022/01000/A_Framework_for_Developing_Antiracist_Medical.19.aspx

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Journal of the Association of American Medical Colleges

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SCHOLARLY PERSPECTIVES

A Framework for Developing Antiracist Medical Educators and Practitioner-Scholars

Sotto-Santiago, Sylk EdD, MBA, MPS¹; Poll-Hunter, Norma PhD²; Trice, Traci MD³; Buenconsejo-Lum, Lee MD⁴; Golden, Sherita MD, MHS⁵; Howell, Joy MD⁶; Jacobs, Nicole PhD⁷; Lee, Winona MD⁸; Mason, Hyacinth PhD, MPH⁹; Ogunyemi, Dotun MD¹⁰; Crespo, Waleska PhD¹¹; Lamba, Sangeeta MD, MS-HPed¹²

Author Information ⓘ

Academic Medicine 97(1):p 41-47, January 2022. | DOI: 10.1097/ACM.00000000000004385

FREE | SDC | Metrics

Abstract

With an increasing awareness of the disparate impact of COVID-19 on historically marginalized populations and acts of violence on Black communities in 2020, academic health centers across the United States have been prioritizing antiracism strategies. Often, medical students and residents have been educated in the concepts of equity and antiracism and are ready to tackle these issues in practice. However, faculty are not prepared to respond to or integrate antiracism topics into the curriculum. Leaders in faculty affairs, education, diversity, and other departments are seeking tools, frameworks, expertise, and programs that are best suited to meet this imminent faculty development need.

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7. Review resource and see if it fits your program's needs.
8. If you found what you are looking for then work with your local team to implement things from this comprehensive resource!



Let's develop an action plan!

(now)



Discussion Prompts

- What is an important priority for your program around faculty development?
- What resource(s) on one of websites mentioned today would help you?
- What do you want to bring back to your program?
- Who will win the men's and women's NCAA basketball tournament?



Upstander Training





ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS

Teaching Faculty to be UPstanders

Andria Tatem, Elizabeth Nelson, Eyad Hannah



March 28-31, 2023
Atlanta Marriott Marquis
Atlanta, GA

Definitions

- Upstander
- Bystander
- Aspiring Ally
- Silent Collusion
- Microaggressions
- Overt Discrimination/Harassment



UPstander

- A person who intervenes or "ACTS IN SUPPORT" of the individual being targeted



BYstander

- A person who "WITNESSES" an individual being targeted



Silent Collusion

- Silence = Agreement



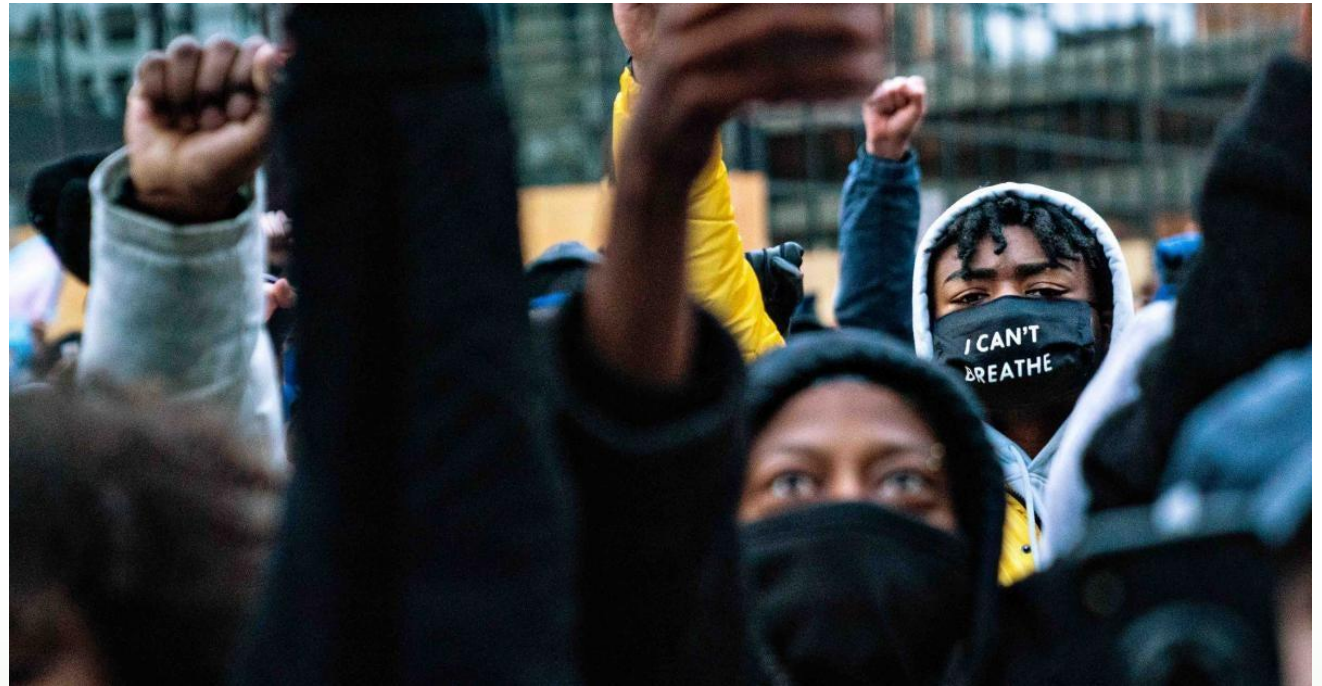
microAGGRESSIONS

- “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative...slights and insults.”



Overt Discrimination

- Direct
- Intentional

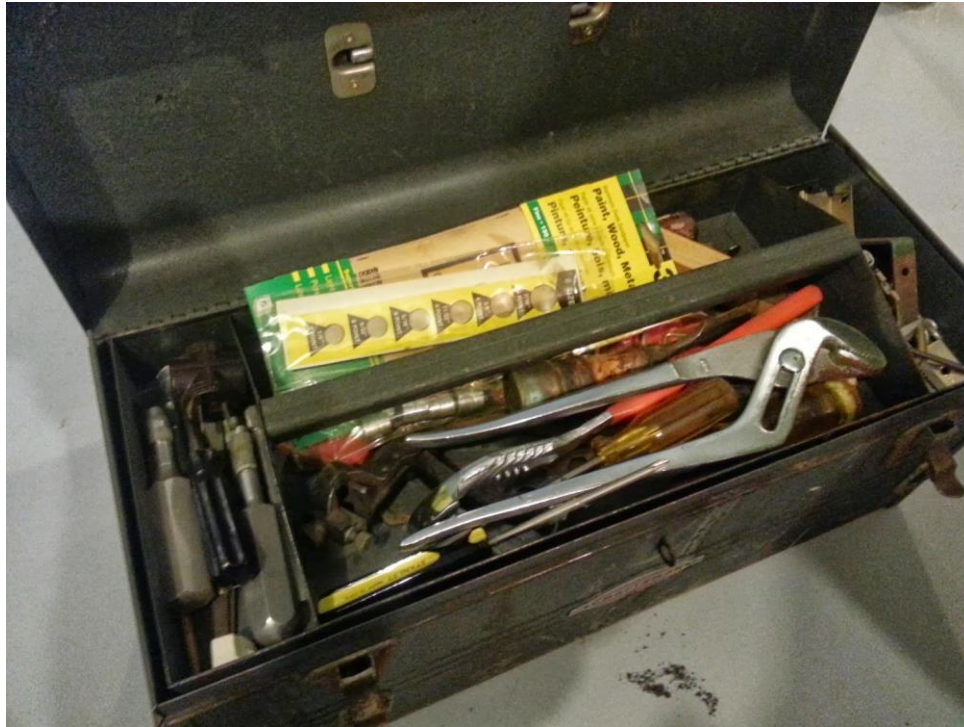


Why should we be allies?

- Understanding Allyship is key to helping us all practice and evolve our roles in advancing health equity and creating inclusive health care settings



OBJECTIVES



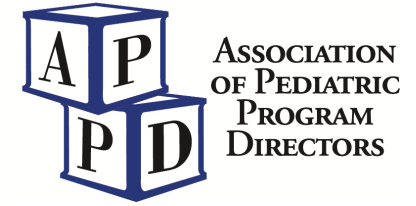
Acknowledge...



...my imposter syndrome

Andria Tatem, Beth Nelson, Mike Weisgerber, Becky Blankenburg, Michelle Barnes, Tyree Winters, Beth Wueste, Dena Hofkosh, Franklin Trim, Jeramiah Cleveland; Aisha Barber, Val Cohran, Dedrick Moulton, Conrad Cole, Dennis Spencer, Elizabeth Mileti, Monique Galpin, David Moser, Joyce Goins-Fernandez, Nicole Del-Castillo, Denise Martinez, Kanya Ferguson, Mike Tansey, Hannas (Emily, Dexter, Maya, Michael, Haifa, Michael, Mazen), Chris Shields, Shad St. Louis, Kevin Watson, Temara Hajjat, Faith D. Ihekweazu, Amy Stier, Amal Shibli-Rahhal, Paras Bassuk, Dasia Taylor, Luke Dillon, Laura Gray, Eric Howard, Andrea Jayne, Claire McGranahan, Justin Bullock, Mike Colburn, Katie Larson-Ode, Andrea Swenson, Keenan Crow, Crystal Tsai, William Liu



Tools for Responding to Patient-Initiated Verbal Sexual Harassment: A Workshop for Trainees and Faculty




Lauren E. Hock, MD , Patrick B. Barlow, PhD, Brittini A. Scruggs, MD, PhD , Thomas A. Oetting, MD, MS, Denise A. Martinez, MD, Michael D. Abramoff, MD, PhD, Erin M. Shriver, MD




Download at MedEdPortal or EyeRounds.org (**search Harassment**)




I-RESPOND Download




A. Facilitator Guide




B. Presentation



C. Harassment Tool Kit



D. Pre- and Postworkshop Survey



E. MedEdPortal Article



I-RESPOND Pocket Card

IF YOU ARE HARASSED AND DECIDE TO RESPOND...

- I Use "I" Statements**
I feel uncomfortable when you comment on my [physical appearance/race/religion/age/etc..]."
- R Repeat and Clarify Statement**
"Help me understand what you mean by that." or "I heard you say _____. Will you clarify what you meant?"
- E Emphasize Shared Goals**
"I want to give you the best care that I can, but comments like that distract from my ability to focus on your care. Let's keep our conversation professional."
- S Set Boundaries**
"Our hospital policy does not allow for discrimination on the base of [race/religion/gender/sexual orientation]. If you continue, I will have to leave the room."
- P Patient Actions Rather than Person**
"I felt disrespected when you said that," is less likely to make a harasser respond defensively than, "You are disrespectful."
- O Offer an Alternative**
"I'd prefer if you call me 'Doctor,' rather than 'baby' or 'honey'."
- N Separate Intent from Impact**
"I'm sure you didn't mean to be hurtful when you said that, but it made me feel..."
- D Don't Use Humor**
Use humor with caution as exaggeration or sarcasm may be misconstrued as reinforcement of prejudice.

Putting it all together (example statement)

"I'm sure you didn't mean to be hurtful, but I feel uncomfortable when you comment on my [appearance/identity/background]. I want to give you the best care that I can so let's keep our conversation professional."

IF YOU OBSERVE HARASSMENT OF A COLLEAGUE...



Establish a culture of openness and respect

Expect that harassment will happen and recognize it when it occurs. "I wish that inappropriate comments and harassment by patients and visitors did not occur. But it does. I want to hear when things like this happen. It's important that everyone feel safe and supported here."



Validate and offer support

"That was a difficult encounter. How are you doing?" "I want you to feel empowered to speak up in a situation like that. You have my support."



Assess the situation

Does the person who was harassed appear uncomfortable or upset? Nonverbal cues should clue you in to whether the person desires help handling the situation.



Debrief with individual and team

"I would like to take some time to acknowledge and reflect on how that encounter felt for everyone." "How do you think the encounter went? How can I/we address the situation differently next time to ensure a better outcome for everyone involved?"



Respond to the harassment in real time

"Mr. Z, we want to give you the best care and ask that you treat all of our team members with respect." "We don't tolerate that kind of language here, Let's keep it professional." Provide the harassed with an opportunity to leave the room.



Encourage reporting and documentation of patient harassment

Create a written record of the incident.





Establish a culture of openness and respect

Expect that harassment will happen and recognize it when it occurs. "I wish that inappropriate comments and harassment by patients and visitors did not occur. But it does. I want to hear when things like this happen. It's important that everyone feel safe and supported here."



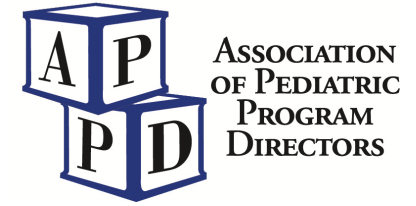
Assess the situation

Does the person who was harassed appear uncomfortable or upset? Nonverbal cues should clue you in to whether the person desires help handling the situation.



Respond to the harassment in real time

"Mr. Z, we want to give you the best care and ask that you treat all of our team members with respect." "We don't tolerate that kind of language here, Let's keep it professional." Provide the harassed with an opportunity to leave the room.



Validate and offer support

"That was a difficult encounter. How are you doing?" "I want you to feel empowered to speak up in a situation like that. You have my support."



Debrief with individual and team

"I would like to take some time to acknowledge and reflect on how that encounter felt for everyone." "How do you think



Encourage reporting and documentation of patient harassment

Create a written record of the incident.



- I Use "I" Statements**
I feel uncomfortable when you comment on my [physical appearance/race/religion/age/etc.]."
- R Repeat and Clarify Statement**
"Help me understand what you mean by that." or "I heard you say _____. Will you clarify what you meant?"
- E Emphasize Shared Goals**
"I want to give you the best care that I can, but comments like that distract from my ability to focus on your care. Let's keep our conversation professional."
- S Set Boundaries**
"Our hospital policy does not allow for discrimination on the base of [race/religion/gender/sexual orientation]. If you continue, I will have to leave the room."
- P Patient Actions Rather than Person**
"I felt disrespected when you said that," is less likely to make a harasser respond defensively than, "You are disrespectful."
- O Offer an Alternative**
"I'd prefer if you call me 'Doctor,' rather than 'baby' or 'honey'."
- N Separate Intent from Impact**
"I'm sure you didn't mean to be hurtful when you said that, but it made me feel..."
- D Don't Use Humor**
Use humor with caution as exaggeration or sarcasm may be misconstrued as reinforcement of prejudice.

Putting it all together (example statement)

"I'm sure you didn't mean to be hurtful, but I feel uncomfortable when you comment on my [appearance/identity/background]. I want to give you the best care that I can so let's keep our conversation professional."



Reporting Mistreatment

Show of hands...



- Do you have a process in your hospital/institution?
- If one of your residents experienced mistreatment, would they know how to report it?



Things to Consider

- Who “owns” the process?
- Is it accessible?
- What information is collected?
- How is information collected?
- To whom do the reports go when submitted?



Things to Consider

- How are investigations conducted?
- Are confidentiality and anonymity assured?
- How do those that reported receive updates?
- How are data tracked and reported?



Small Group Sharing

- Discuss any or all of these as a table – 5 minutes total
- Be as vulnerable (or not) as you want to be

A time when you witnessed something as a bystander and wished you would have done something differently

A time when you were an upstander. What was that like?

A time you experienced identity-based harassment and how you and/or others handled it in the moment



Large Group Sharing

- Be as vulnerable (or not) as you want to be

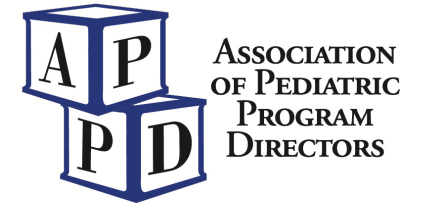
A time when you witnessed something as a bystander and wished you would have done something differently

A time when you were an upstander. What was that like?

A time you experienced identity-based harassment and how you and/or others handled it in the moment



Summary



Questions

