AIM to Learn: Actioning on Implicit (Biases) and Microaggressions in the Learning Environment

Asale Hubbard, PhD
Caitlin Hasser, MD
William Hua, PhD

ACADEMY OF CONSULTATION-LIAISON PSYCHIATRY
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Disclosures – Participant

Asale Hubbard, Caitlin Hasser, William Hua:

With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (and/or spouse/partner) and any for-profit company which could be considered a conflict of interest.
COURSE FACULTY

Asale Hubbard, PhD

- Director, Office of Diversity, Equity, and Inclusion
  San Francisco VA Health Care System
- Assistant Clinical Professor
  University of California San Francisco
COURSE FACULTY

Caitlin Hasser, MD
- Staff Psychiatrist
  Portland VA Health Care System
William Hua, PhD

- Staff Psychologist
  San Francisco VA Health Care System
- Associate Clinical Professor
  University of California San Francisco
COURSE OBJECTIVES

▪ Identify ways that implicit bias and microaggressions can impact our perceptions and behaviors in patient care and the clinical learning environment

▪ Describe how identity (including both personal and professional identities) and intersectionality impact team dynamics

▪ Practice communication strategies to use when faced with unexpected bias
AGENDA/OUTLINE

- Brief Review Definitions
- Sharing Identities
- Upstander Actions
- Vignettes and Discussion
- Interprofessional team dynamics
- Vignettes and Discussion

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OUR LEARNING COMMUNITY

Brave Space

Chat Function

Write It Down

“This makes me think of…”
“I could incorporate this by…”
WORKING DEFINITIONS

EXPLICIT BIAS

Stereotypes, attitudes, and impressions about people or a group of people that you are actively aware of.

IMPLICIT BIAS

Unconscious, unintentional, and/or automatic mental process in which individuals may hold negative beliefs about others. (Devine, 2012)

MICROAGGRESSIONS

Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to or about historically stigmatized groups. (Sue et al, 2007)
WORKING DEFINITIONS

STEREOTYPE THREAT
Situational predicament in which people are or feel themselves at risk to be conforming to stereotypes about their social group. (Steele and Aronson, 1995)

INTERSECTIONALITY
Identities interact with one another to shape our sense of self and of how we interact in the world. (Wilson, 2019)
THE DANGER OF A SINGLE STORY
TRIO SHARE: HOW ARE YOU SHOWING UP TODAY?

REFLECT (Two minutes):
• Identify one personal or professional identity that is showing up for you right now that you feel pride in
• Identify an unintended impact that this identity can have on others

SHARE: (Two Minutes per person)
• Choose who the sharer and listener will be
  o Listener(s) – ONLY actively listen, do not respond
  o Sharers – only share what YOU feel comfortable with and avoid responding to others’ shares during your share
DISCUSSION: SHARING IDENTITIES

What was it like sharing aspects of your identity to others? What reactions did you have when doing this exercise?

What factors made it easy or hard? What factors influenced whether you shared or not and what you chose to share?

How might you help foster an environment where your patients and learners can feel safe to share aspects of themselves with you and other team members?
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>State their values</td>
<td>naming the aggressor's positive values serves to emphasize the discrepancy</td>
</tr>
<tr>
<td></td>
<td>between their values and behavior.</td>
</tr>
<tr>
<td>State how you feel</td>
<td>particularly helpful when there is a close relationship; serves to highlight</td>
</tr>
<tr>
<td></td>
<td>the discrepancy between values and behavior.</td>
</tr>
<tr>
<td>Get curious, ask for an explanation</td>
<td>helps them think things through and allows opportunity for education</td>
</tr>
<tr>
<td>Empathize with them</td>
<td>opportunity to reflect their emotion and add a different perspective</td>
</tr>
<tr>
<td>Provide information</td>
<td>opportunity to correct misinformation</td>
</tr>
<tr>
<td>Use Humor</td>
<td>Depending on your comfort, personality, and relationship with the</td>
</tr>
<tr>
<td></td>
<td>aggressor this can help to reduce defensiveness</td>
</tr>
<tr>
<td>Get support</td>
<td>Adding other voices to the conversation can help set expectations that this</td>
</tr>
<tr>
<td></td>
<td>behavior is against the norms of the community</td>
</tr>
<tr>
<td>Use non-verbal cues</td>
<td>change in facial expression, sighing are ways to communicate</td>
</tr>
</tbody>
</table>

Byrd (2018), pgs. 5-6
Can we take a time-out so we can unpack that a bit?

I’m confused about what you just said - would you explain a bit more?

I’m uncertain about how to talk about what you just said. I need to give it some thought and get back to you later.

I heard you say __________. Will you clarify what you meant?

When I heard your comment I felt/thought ...

I’m thinking about how what was said could impact women...

Can you help me understand...

We seem to see this differently, can you share more about your perspective?
• May I speak with you about something that’s been bothering me?
• May I ask you a question about what happened? I’d like to understand where you’re coming from.
• Would it be OK if we spoke with you about something we observed/experienced?
• I’m uncomfortable too, but we’ll get through this together.
BREAKOUT ROOMS / PRACTICE

Small groups of 3 (20 minutes)
• Decide who takes on each role (two in scenario, one upstander)
• Role play scenario 1
• Role play scenario 2

Large group discussion (10 minutes)
BREAK
Type in as many words as you can to answer this prompt:

“What makes a healthcare community feel more safe and inclusive?

Can we come up with 50+ words?
INTERPROFESSIONAL TEAMS

- Power and hierarchy
- Stereotypes about professional role
- Psychologic safety to share diverse perspectives and address bias
- Ad hoc versus stable teams
- Trainees
PRACTICE VIGNETTE

Breakout Rooms (30 minutes)
Large Group Discussion (10 minutes)
WHAT WILL YOU BRING FROM TODAY TO NURTURE YOUR PROFESSIONAL GROWTH?