**Diversity, Equity, Inclusion & Climate on the ID Consult Service**

Welcome to the AID Consult Service,

While learning about the clinical management of infections, we also strive to create a welcoming climate that fosters diversity, equity, and inclusion (DEI). We believe that DEI are integral to excellence. We value and honor diverse experiences and perspectives and strive to create welcoming and respectful learning environments. Our vision of promoting diversity includes providing opportunities and fostering an inclusive atmosphere for underrepresented and/or disadvantaged groups and individuals.

Many national, regional, and local sources indicate the persistence of problems related to DEI. These problems involve many layers including the climate that we all encounter daily. At UW, a 2018 climate survey in the School of Public Health found that "Twenty two percent of respondents reported having personally experienced intimidating, offensive, and/or hostile conduct (harassing behavior)." Additional details are included in the full report (https://sph.washington.edu/sites/default/files/inline-files/2018-SPH-Climate-Survey-Report-Final_1.pdf). This UW survey highlights the importance of jointly working on these issues.

On the ID consult service, there are two topics that we would like to highlight in these introductory materials—microaggressions and language in chart notes and on rounds. Please review the enclosed materials as part of your orientation to the consult service to help us all work together on these important issues.

Summary of enclosed materials:

**1. Microaggressions:** Dr. Michela Blain provides a summary of important issues regarding microaggressions and difficult situations that we sometimes encounter. Information on microaggressions as well as recommendations for strategies for responding to them are described.

**2. Language in chart notes and on rounds:** The article by Goddu et al describes a randomized vignette study which assessed two chart notes employing stigmatizing vs neutral language to describe a hypothetical patient with sickle cell disease. The results demonstrate that a chart note with more stigmatizing language was associated with more negative attitudes towards the patient and less aggressive management of their pain. The main message in this article is that it is important to carefully choose chart note language which does not further stigmatize patients in the eyes of other providers.

We also include a language guide from NIH that emphasizes the importance of using *People First Language* when describing the medical history and condition of patients. The article discusses language choices in the realm of HIV-related care as an important example that could also be extended to many other conditions. The examples in the Tables include suggested "preferred options." While we endorse most of these options, we also had a range of opinions about some of them. Our goal is to foster a discussion about language. Utilizing non-stigmatizing language when discussing patients on rounds, with other teams, and when talking to patients themselves will improve our ability to provide inclusive patient care.

Goddu et al (2017) Do words matter? Stigmatizing language and the transmission of bias in the medical record. *J Gen Intern Med.* 33: 685-91.

NIAID HIV Language Guide (https://www.hptn.org/sites/default/files/inline-files/NIAID%20HIV%20Language%20Guide%20-%20March%202020.pdf)

We encourage you to take time to review these materials, discuss with your team and colleagues, and ponder how to incorporate these ideas into your professional practices. We also want to know if you have been the recipient of discrimination or exclusion based on your diverse identity. We continue to grow and learn in this critical area of life and welcome your feedback with this endeavor on the AID consult service.

Sincerely,

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And the AID Diversity Committee

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Infectious Diseases Consult Services
Team Climate around Microaggressions
By Dr. Michela Blain

- Diversity is integral to health equity. In our division, we value and honor diverse experiences and perspectives, strive to create welcoming and respectful learning environments. Microaggressions are a persistent negative force in the workplace and require an active strategy for countering. We provide a brief summary of issues related to microaggressions and some strategies for countering them.

- **Microaggressions** – "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults towards people of color"[1]
    - Also applies to other marginalized groups – women, people with disabilities, sexual and gender minorities, religious minorities, etc.[2]

  If you recognize inappropriate behavior by patients and their families or staff towards members of the ID team: Call It Out! Common categories of microaggressions are listed in Table 1.[3]

| **Table 1.** Common categories of microaggressions | | |
|---|---|---|
| **Type of microaggression** | Explanation | Example |
| **Ascription of intelligence** | e.g. unintelligent or smarter than average based on appearance or accent | "Your English is so good" –or- "You are so articulate" |
| **Denial of racial reality** | e.g. dismissing claims that race was relevant to understanding a student's experience | |
| **Denial or devaluing of experience or culture** | e.g. ignoring the existence, histories, cultures of groups of people – assuming that others are like you | Mistaken identity of people from the same racial/ethnic group ("All Asians look alike") |
| **Making judgments about belonging** | e.g. assuming people are foreign or don't speak English well because of their appearance; questioning someone's membership status such as " | "you don't look disabled" or "you don't seem that gay to me" or "if you were Jewish, wouldn't you do x?" |
| **Assumption of criminality** | e.g. guarding belongings more carefully when around certain groups or expressing fear of certain groups | |
| **Assumption of immorality** | e.g. assuming that poor people, undereducated people, LGBTQ people, or people of color are more likely to be devious, untrustworthy, or unethical | Doubting details of patient history.<br>Judging patients for difficulties with accessing care, rather than recognizing barriers ("non-compliant", "failed") |

- **Set the stage with your team:**
    - "Patients will say things that are demeaning to us or others based on a person's race, gender, sexual orientation, or appearance. While it is our job to care for patients no matter their beliefs, it is not ok for patients to take advantage of this relationship and abuse us or other providers."
    - <u>It is best for the attending to address these comments</u> in the moment or immediately after the team has left the room.
        - Emphasize that it is your responsibility to handle the situation
        - Take the burden off the trainee to have to handle it on their own
        - Discuss in advance with the trainee if they would like the situation to be handled differently (i.e. the residents may like to speak for themselves)
        - Helpful phrases to use in the moment:
            - "We are here to focus on your health."[4]
            - "Let's keep it professional."[4]
            - "We don't tolerate that kind of speech here"[5]
            - "We care about you as a person, but I will not tolerate offensive behavior"[5]
    - If a situation like this happens when the attending is not present, encourage the trainee to tell you about it so that you can help.

- Implicit bias and microaggressions can also come from other trainees or faculty (including you). Talk with your team about these possibilities and be open to feedback. Additional strategies for dealing with microaggressions in your team are described in Tables 1-3.[4]

**TABLE 1**
Before the Encounter: Reflecting for Action

| Principle | Suggested Language |
|---|---|
| 1. Set the stage | "Sometimes we are the recipients of language or behavior from patients that feels demeaning or discriminatory. I would like to take some time as a team to discuss how we are going to respond." |
| 2. Invite resident input | "Sometimes it feels safer if I, as the attending, am the one to address this behavior, However, I want to empower you to act if you prefer. What are your preferences?" |
| 3. Make the plan explicit | "It sounds like the team would like me to step in and address discriminatory behavior and statements. If this occurs, you will notice me saying the following phrase: *'I'm surprised to hear you say that.'*"<br>"It sounds like you all feel comfortable addressing this behavior as it comes up. That is fine, and we can work out the ways to do this. In those situations, I will remain quiet until/unless the patient escalates or the learner signals for help." |
| 4. Obtain an all-in pledge | "I would like us all to commit to protect each other and our environment from the harm of discrimination as much as possible. Can we all agree to that?" |

**TABLE 2**
During the Encounter: Reflecting in Action

| Principle | Suggested Language |
|---|---|
| 1. Ensure the patient is clinically stable | |
| 2. Address the comment: name the behavior as inappropriate | "I'm surprised you thought that would be an appropriate comment/joke."<br>"Let's keep it professional."<br>"I think you are trying to compliment me, but I am here to focus on your health." |
| 3. Inform the patient you are there to improve his or her health | "I am/we are here to focus on your health." |
| 4. Share your perspective | "When you said XX, I felt YY." |
| 5. (Re)educate the patient about the roles of team members | "Your care team is made up of many different people who are all working to improve your health. I respect every member of your team and ask you to do the same."<br>"Dr. Jones is the physician in charge of your day-to-day care."<br>"Maria is a highly trained nurse who is working hard to provide your daily care." |
| 6. Temporarily remove learners from the setting if behavior continues | "We are going to come back in 30 minutes and hope you will be ready to focus on your health." |

**TABLE 3**
After the Encounter: Reflecting on Action

| Principle | Suggested Language |
|---|---|
| 1. Attend to safety and emotions of group | "I would like to take some time to acknowledge and reflect on how that experience felt for everyone." |
| 2. Acknowledge what went well | "I'm hoping you will share a bit about what went well during that encounter." |
| 3. Discuss what could have gone better | "How could we have addressed that situation differently to get a better outcome?" |
| 4. Plan for the future | "I am recommitting myself to keeping the learning environment as safe and positive as possible. Next time something like this happens, I will . . ." |

- **Find moments for you and your team to process microaggressions that were committed towards members of the healthcare team.**
  - This could also include moments where you and other members of the team failed to respond.
- **Remind the fellow/resident that incidents of harassment/discrimination/bias can be anonymously reported to:**

- GME Confidential Reporting Form: https://catalyst.uw.edu/webq/survey/hamrac/361295
- UW Bias Reporting Tool: https://www.washington.edu/bias/

References & Resources:


1. Sue DW, Capodilupo CM, Torino GC, et al. Racial microaggressions in everyday life: implications for clinical practice. Am Psychol. 2007May-Jun;62(4):271-286.
2. Overland MK, Zumsteg JM, Lindo EG, et al. Microaggression in Clinical Training and Practice. PM&R. 2019 Sep;11(9):1004-1012.
3. https://www.washington.edu/teaching/addressing-microaggressions-in-the-classroom/
4. Shankar M, Albert T, Yee N, Overland M. Approaches for Residents to Address Problematic Patient Behvior: Before, During, and After the Clinical Encounter. J Grad Med Educ. 2019 Aug;11(4):371-374.
5. Cowan AN. Inappropriate Behavior by Patients and Their Families – Call It Out. JAMA Intern Med. 2018 Nov 1;178(11):1441.
6. Goddu P, O'Conor KJ, Lanzkron S, et al. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. J Gen Intern Med. 2018 May;33(5):685-691.
7. Low D, Pollack SW, Liao ZC. Racial/Ethnic Disparities in Clinical Grading in Medical School. Teach Learn Med. 2019 Oct-Dec;31(5):487-496.
8. Wheeler DJ, Zapata J, Davis D, Chou C. Twelve tips for responding to microaggressions and overt discrimination: When the patient offends the learner. Med Teach. 2019 Oct;41(10):1112-1117.
9. Paul-Emile K, Smith AK, Lo B, Fernandez A. Dealing with Racist Patients. N Engl J Med. 2016 Feb 25;374(8):708-11.