Leadership Education in Advancing Diversity: the imposter syndrome, implicit bias and microaggressions

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#LEADatStanford
Disclosure

- Presenters have no conflicts of interest

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OBJECTIVES

1. **Identify** the prevalence and **role** of the imposter syndrome
2. **Design** strategies to **overcome** the imposter syndrome
3. **Understand** the **impact** of microaggressions and implicit **bias** on the learning and workplace climate
4. **Organize** a **toolkit of strategies** to address the imposter syndrome, microaggressions and implicit bias.


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The changing face of America, 1965–2065

% of the total population

Note: Whites, blacks and Asians include only single-race non-Hispanics; Asians include Pacific Islanders. Hispanics can be of any race.

PEW RESEARCH CENTER
Number of Languages Spoken in the 15 Largest Metro Areas

Source: 2005-2013 American Community Survey
For more information, see www.census.gov/acs
Figure 10: U.S. Physicians by Graduation Year, Race, Ethnicity, and Sex, 1980–2012

Number of Physicians

- White Women
- White Men
- Asian Women
- Asian Men
- Black or African–American Women
- Black or African–American Men
- Hispanic or Latino Women
- Hispanic or Latino Men
- American Indian or Alaska Native Women
- American Indian or Alaska Native Men
How do you see loneliness and isolation manifest in your work?
How do you see loneliness and isolation manifest in your work?

- second victim/trauma phenomenon
- medical errors
- patient complaints
- implicit bias
- microaggressions
- imposter syndrome
second victim/trauma phenomenon
medical errors
patient complaints
microaggression
implicit bias
imposter syndrome
second victim/trauma phenomenon
medical errors
patient complaints
microaggression
implicit bias
imposter syndrome
Do I Belong Here?
Imposter Syndrome and its Impact on Diversity in the Medical Workforce

Daniel Hernandez MD, Nancy Rivera MD, MS, Elana Feldman MD, Dimitri Augustin MD, Amanda Rigas MD, Taranjit Bains MD, Wendy Caceres MD, Hayley Gans MD, Rebecca Blankenburg MD, MPH
Objectives

1. Define imposter syndrome to better recognize individuals and groups most impacted

2. Discuss the impact of imposter syndrome on the diversity of the medical workforce

3. Develop tools to address imposter syndrome
Young Imposter Quiz
WHAT IS IMPOSTER SYNDROME
AND HOW CAN YOU COMBAT IT?

https://www.ted.com/talks/elizabeth_cox_what_is_imposter_syndrome_and_how_can_you_combat_it?utm_campaign=tedspread&utm_medium=referral&utm_source=tedcomshare
What is Impostor Syndrome?

“The term impostor phenomenon is used to designate an internal experience of intellectual phoniness”

“Self-declared impostors fear that eventually some significant person will discover that they are indeed intellectual impostors”

Pauline Rose Clance et al: 1978
- **1 minute:** Think about a time when you experienced imposter syndrome

- **4 minutes:** Pair with the person next to you and share your experiences, and how you dealt with it
Imposter Syndrome in Medicine
Imposter Syndrome in Medicine - Students

- 138 medical students
- Female gender (49.4% female vs 23.7% male students)
- Burnout components
  - Physical exhaustion, Cynicism, Emotional exhaustion, Depersonalization
- 4th year of medical school

All p<0.05

Harris et. al 2016
Imposter Syndrome in Medicine - Residents

- 185 FM Residents
- Imposter Syndrome identified in 1/3 of residents

- **Female** (41% female vs 24% male students)
- Depression and Anxiety
- “Believe they **will not be ready** to practice after residency”

All $p<0.02$
Oriel et al. 2004
Imposter Syndrome in Medicine - Attendings

Many of my colleagues and I often talk about the imposter syndrome and we feel like someone’s really going to find out that I have absolutely no idea what I’m doing. I still think someone is going to send me a letter saying “actually it was a mistake. You weren’t supposed to get into medical school, therefore, we’re taking it all away.” And yet you go on and you pass all your exams with flying colors, but it’s this “who am I and am I really capable of doing this?” (P7)
• Has something like this ever happened to you and how did it make you feel?
• What are some factors that contribute to this happening?
• What can the individuals, peers, and institutions do to help?
- Self compassion
- Keep learning
- Find mentors
- Be a mentor

Strategies - Individual
Strategies - Interpersonal

- Peer support programs
- Openness about the issue among peers
- Supportive environment
Strategies

- Give it a name
- Be authentic
- The power of storytelling
- Diversity 3.0
Imposter Syndrome is not uncommon!
References


JOHN IS CONFIDENT, JADA IS TOO ASSERTIVE: HOW TO RECOGNIZE AND MINIMIZE BIAS IN WRITTEN TRAINEE EVALUATIONS

Emily Earl-Royal, MD MPH, Hannah Keppler, MD, Kamaal Jones, MD, Maria de Lourdes Eguiguren, MD, Jonathan Updike, MD MPH, Xinshu She, MD, Quynh Dierickx, MD, Joseph Perales, DrPh LCSW, Lahia Yemane, MD
Objectives

1. Define implicit bias and recognize how implicit bias impacts written evaluations of trainees

2. Review current best practices to minimize bias in written evaluations of trainees

3. Analyze and edit written evaluations of trainees to minimize bias
Small Group Activity:

Read through the two evaluation examples on the handout, then discuss with your table which words or phrases may contain implicit bias.
Why Does This Matter?
What is implicit bias?

Implicit bias “refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”

-Definition of implicit bias from Kirwan institute
The Effects of Bias in Evaluations

Leadership positions
Clerkship Grades¹

Underrepresented minorities were more likely to have lower grades in all clerkships when controlling for other factors.
Racial disparities in MSPEs²

Percentage of applicants by race/ethnicity group for whom each descriptive word was used at least once in the Medical Student Performance Evaluation.

<table>
<thead>
<tr>
<th>Word Categories</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
<th>Asian</th>
<th>Multi</th>
<th>Other</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word Categories</td>
<td>n = 346</td>
<td>n = 202</td>
<td>n = 2,740</td>
<td>n = 1,281</td>
<td>n = 336</td>
<td>n = 109</td>
<td>(α = .002)</td>
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<tr>
<td>Standout Words</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Exceptional</td>
<td>50%</td>
<td>52%</td>
<td>64%</td>
<td>54%</td>
<td>64%</td>
<td>58%</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Best</td>
<td>41%</td>
<td>44%</td>
<td>54%</td>
<td>49%</td>
<td>50%</td>
<td>58%</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Outstanding</td>
<td>77%</td>
<td>84%</td>
<td>86%</td>
<td>79%</td>
<td>82%</td>
<td>88%</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Superb</td>
<td>30%</td>
<td>32%</td>
<td>38%</td>
<td>36%</td>
<td>38%</td>
<td>38%</td>
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<tr>
<td>Stellar</td>
<td>7%</td>
<td>7%</td>
<td>10%</td>
<td>8%</td>
<td>9%</td>
<td>13%</td>
<td>0.067</td>
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<tr>
<td>Excellent</td>
<td>91%</td>
<td>90%</td>
<td>93%</td>
<td>93%</td>
<td>95%</td>
<td>97%</td>
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<tr>
<td>Phenomenal</td>
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<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>8%</td>
<td>0.213</td>
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<tr>
<td>Ability</td>
<td></td>
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<tr>
<td>Intelligent</td>
<td>40%</td>
<td>43%</td>
<td>49%</td>
<td>50%</td>
<td>46%</td>
<td>44%</td>
<td>0.004</td>
</tr>
<tr>
<td>Bright</td>
<td>43%</td>
<td>44%</td>
<td>57%</td>
<td>54%</td>
<td>54%</td>
<td>52%</td>
<td>&lt;0.001*</td>
</tr>
</tbody>
</table>
Gender disparities in MSPE$^3$

“Compassionate”
“Enthusiastic”
“Sensitive”

“Quick learners”
Disparities in AOA Membership

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>No. (%) of Applicants</td>
<td>US Medical Students (n = 14,405)</td>
<td>AOA (n = 2,246)</td>
<td>US Medical Students (n = 18,349)</td>
</tr>
<tr>
<td>Female</td>
<td></td>
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<tr>
<td></td>
<td>3,788 (26.3)</td>
<td>602 (26.8)</td>
<td>8,725 (47.6)</td>
<td>404 (41.8)</td>
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<tr>
<td>Race/ethnicity</td>
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</tr>
<tr>
<td>White</td>
<td>12,319 (85.5)</td>
<td>2,083 (92.7)</td>
<td>11,012 (60.0)</td>
<td>691 (71.5)</td>
</tr>
<tr>
<td>Black</td>
<td>769 (5.4)</td>
<td>31 (1.4)</td>
<td>1,061 (5.8)</td>
<td>7 (0.7)</td>
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<tr>
<td>Hispanic</td>
<td>610 (4.2)</td>
<td>52 (2.3)</td>
<td>865 (4.7)</td>
<td>27 (2.8)</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>553 (3.8)</td>
<td>67 (3.0)</td>
<td>3,701 (20.8)</td>
<td>168 (17.4)</td>
</tr>
</tbody>
</table>
## Disparities in AOA Membership

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>1989 US Medical Students (n = 14,405)</th>
<th>1989 AΩΑ (n = 2,246)</th>
<th>2015 US Medical Students (n = 18,349)</th>
<th>2015 AΩΑ (n = 966)</th>
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<tbody>
<tr>
<td>Female</td>
<td>3,788 (26.3)</td>
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<td>67 (3.0)</td>
<td>3,701 (20.8)</td>
<td>168 (17.4)</td>
</tr>
</tbody>
</table>
Gender Disparities in Resident Milestone Achievement

![Graph showing frequency distribution of milestone levels for postgraduate year (PGY) 1 and PGY3 attending and resident physicians.](image)

**Figure.** Frequency Distribution of Milestone Levels for Postgraduate Year (PGY) 1 and PGY3 Attending and Resident Physicians.
Gender Disparities in Resident Feedback

Discordant Personality-focused
- Autonomy
- Assertiveness

Consistent Specific
Gender Disparities in Resident Feedback

“argues a lot with the attending, is very confident in her diagnosis, and has a hard time entertaining other possibilities”

“appropriate confidence and autonomy”

“I would encourage Emma to be more assertive”

“you should not defer so much to the attending. Confidently craft a plan and lay out to the attending how you will execute it”

“I think he is capable of doing the job. However, I still find his clinical decisions are limited to what the staff wants to do”

“keep working on expanding that differential”
Gender Disparities in Resident Feedback

“seemed to respond negatively to my input on her plans last shift... I know she’s late in the third year and needs progressive autonomy, but she seemed to have a negative attitude toward supervision.”

“sometimes argumentative, but he is trying to assert his confidence”
Gender Disparities in Resident Feedback

Characteristics of the “ideal” Resident in EM:

- Team leader/takes charge
- Independent/autonomous
- Decisive
- Motivated
- Confident
- Doesn’t Complain
- Doesn’t get frustrated
US Medical School Faculty Trends: Female Faculty by Rank

- Instructor
- Assistant Professor
- Associate Professor
- Professor
US Medical School Faculty Trends: Male Faculty by Race/Ethnicity

- White
- Asian
- Other/Unknown race
- Hispanic/Latino
- Multiple race, non-Hispanic
- Black or African
- American
- Native Hawaiian
- Multiple race – Hispanic American Indian / Alaskan Native

Impact on Leadership

% of Faculty

Year

Take a moment...

Write down a list of the ten people you trust the most (outside your family)
Best Practices for Challenging Bias
3 Levels of Change

- Individual
- Interpersonal
- Institutional
Recognizing Individual Bias
Recognizing Individual Bias

Implicit Association Test: Harvard Medical School

Implicit Association Test

Next, you will use the ‘E’ and ‘I’ computer keys to categorize items into group groups and the items that belong to each:

<table>
<thead>
<tr>
<th>Category</th>
<th>Items</th>
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<tbody>
<tr>
<td>Good</td>
<td>Attractive, Pleasing, Spectacular, Pleasure, Friendship, Fantastic, Celebrate, Cherish</td>
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<tr>
<td>Bad</td>
<td>Bothersome, Failure, Hurtful, Gross, Scorn, Negative, Annoy, Disaster</td>
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https://implicit.harvard.edu/implicit/takeatest.html
Recognizing Individual Bias

<table>
<thead>
<tr>
<th>Name or Initials</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Age</th>
<th>Sexual orientation</th>
<th>Education level</th>
<th>Disabled (yes/no?)</th>
<th>Marital Status</th>
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The Trusted Ten
Program-Wide Bias Reduction Strategies
# Train Evaluators to Challenge Bias

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Application</th>
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</thead>
<tbody>
<tr>
<td>Stereotype replacement</td>
<td>Avoid stereotypic language</td>
</tr>
<tr>
<td>Counter stereotypic imaging</td>
<td>Minorities in leadership positions</td>
</tr>
<tr>
<td>Individuation</td>
<td>Be detailed, use specific examples</td>
</tr>
<tr>
<td>Increasing opportunities for contact</td>
<td>Know the person well</td>
</tr>
</tbody>
</table>
Train Evaluators to Challenge Bias

1. Focus on specific skills rather than personality traits
2. Vet your criticisms to job applicability and universality
3. Balance positive and negative feedback
Tips From the Business Community

- Similar performance data should be collected on all employees
- Start with a rubric using defined criteria
- Create better, more specific prompts
- Run consistency checks
- Diversity of reviewers

Best aspects of this resident’s performance

Open box = open to bias
Reflection for Residency Program Leadership

- Does your program have a standardized evaluation process?
- How can the evaluation process become more objective?
- Who is involved in your clinical competency committee in determining milestones?
Reducing Bias on an Institutional Level

- Important to create transparency and accountability throughout the evaluation process
- Periodic review of own evaluation practices over years to notice trends
- Cultural change on an institutional level
- GME review of milestones
In your tables, re-write one of the two examples using what we’ve learned so far
Review written examples as a larger group
How can you work to reduce bias in your own evaluations of medical trainees?

How can you help others at your program to reduce bias in their evaluations?

How can you implement best practices and standardization of evaluations at your institution?
Share 1-2 specific changes that you could bring back to your institution based on today’s workshop.
Summary

● **Implicit bias negatively impacts** medical trainee evaluations resulting in less diversity among medical providers and leaders in medicine

● **Strategies exist** to reduce biased evaluations at the individual, programmatic and institutional level
  ○ **Standardized, objective evaluation process**
  ○ **Implicit bias training** for evaluators
Citations


7. AAMC Faculty Trends: [https://www.aamc.org/data/facultyroster/453634/faculty-trends-percentages.html](https://www.aamc.org/data/facultyroster/453634/faculty-trends-percentages.html)


14. Wisconsin Course: [https://wiseli.wisc.edu/workshops/hiring-diverse-excellent-faculty/](https://wiseli.wisc.edu/workshops/hiring-diverse-excellent-faculty/)


16. Hopkins Course: [https://diversity.jhu.edu/roadmap/climate/](https://diversity.jhu.edu/roadmap/climate/)
CEASE AND DESIST: Addressing and Debriefing Biases and Microaggressions in the Clinical Setting

Carmin Powell, MD and Ripal Shah, MD
Objectives

1. Discuss communication approaches in addressing microaggressions and biases in the clinical setting
2. Apply a new debrief tool using common clinical scenarios
3. Develop strategies to overcome microaggressions and biases at your institution
Outline

▪ 5 min: Brief introduction and definitions

▪ 10 min: Self-awareness and interactional activity

▪ 15 min: Discussion, cases, tools

▪ 15 min: Large group discussion
What’s the problem?

- Clinical teachers are **not trained in how to handle bias and discrimination** in the clinical setting where they are teaching.
- When bias or microaggression occurs, they **don’t feel comfortable addressing it**.
- Students and trainees have complained that these issues are not being addressed appropriately, and that it negatively impacts the learning environment.
- 60% of female medical residents reported gender based discrimination by families/patients

- 35% of African American/Hispanic/Native American medical residents reported discrimination

- 60% of Middle Eastern medical residents reported discrimination
#MedEdPearls October 2018 - Microaggressions

A Piece of My Mind
May 17, 2016

**My Name Is Not “Interpreter”**
Roberto E. Montenegro, MD, PhD

**Making All Lives Matter in Medicine From the Inside Out**
Michael O. Mensah, MD

**Viewpoint | Physician Work Environment and Well-Being**
October 2017

I was in medical school when I learned that I did not matter in medicine.
Definitions

▪ **Bias**
  
  — **Implicit** - A positive or negative mental attitude towards a person, thing, or group that a person holds at an *unconscious level*.
  
  — **Explicit** - A positive or negative mental attitude towards a person, thing, or group that a person is aware of and is under *conscious control*.

▪ **Microaggressions** - *Brief and commonplace daily verbal, behavioral, or 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.*
# Explicit vs Implicit Biases

<table>
<thead>
<tr>
<th>Explicit Bias</th>
<th>Implicit Bias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscious, aware</td>
<td>Unconscious, unaware</td>
</tr>
<tr>
<td>Expressed directly</td>
<td>Expressed indirectly</td>
</tr>
<tr>
<td>Deliberate discrimination</td>
<td>Unintentional discrimination</td>
</tr>
<tr>
<td>Less common</td>
<td>Widely prevalent</td>
</tr>
<tr>
<td>Relatively easier to contain</td>
<td>Difficult to mitigate</td>
</tr>
</tbody>
</table>

**Ex:** “I like whites more than Latinos”

**Ex:** Sitting further away from a Latino person than a white person
- Take a moment a write down examples of a microaggression or implicit/explicit bias on a post-it note at your table.

- There are posters around the room, labeled “Experienced”, “Witnessed” and “Committed”.

- At each poster station, place your post-it note example in the above listed categories.
Were you surprised by the distribution of post-it’s around the room?

Were there any statements that you did not consider as either microaggressions or indicating bias?

Were there any comments after reading the post-it notes that did not sit well with you?
Why is this so hard?

- Embarrassment
- Uncertainty
- Therapeutic alliance/collegiality
To Address or Not to Address?

- **Adaptive**  Does not change relationship with offender
- **Generative**  Potential to change the relationship with offender

“You can choose courage or you can choose comfort, but you cannot have both” – Brené Brown
Summarize: “So, what I heard was that ****. Is that correct?”

Perspective: “When I noticed x, the impact on me was y.”
Summarize: “So, what I heard was that ****. Is that correct?”

Perspective: “When I noticed x, the impact on me was y.”

Sample Phrases
Not ready to address it right away?
“Something doesn’t feel right to me, but I need time to process it internally before discussing it. I’d like to address it before the program meeting tomorrow (or some designated time).”

Acknowledgment is key
“Maybe we can take a second to process this. Even though I’m not sure what to say or how to manage this, I want to acknowledge what you are feeling.”
Not ready to address it right away?
“Something doesn’t feel right to me, but I need time to process it internally before discussing it. I’d like to address it before the program meeting tomorrow (or some designated time).”

Acknowledgment is key

“Maybe we can take a second to process this. Even though I’m not sure what to say or how to manage this, I want to acknowledge what you are feeling.”
If it seems like conversation is diverging in an unproductive way

“In an effort to be mindful of the importance of this discussion, we should consider that there doesn’t appear to be enough time to do justice to the conversation. Let’s plan to address this at a later time.”

Want to address something from a previous time?
I've been thinking a lot about _____ (time of incident) when _____(incident) happened, and I'd really like to take some time to talk about it.
If it seems like conversation is diverging in an unproductive way

“In an effort to be mindful of the importance of this discussion, we should consider that there doesn’t appear to be enough time to do justice to the conversation. Let’s plan to address this at a later time.”

Want to address something from a previous time?

I've been thinking a lot about _____ (time of incident) when _____(incident) happened, and I'd really like to take some time to talk about it.
A Tool to Debrief Biases
Goals of Tool

1. Provide a safe and supportive environment to **discuss** biases

2. Create a guide for providers to **address biases** with their learners

3. Help **change the culture** at institutions
The 5 S of Debrief

- Solutions
- Space
- Self Reflection
- Support
- Situation
Create a safe space for the individual
Help set expectations for the conversation
Start with openness and active listening
Reflective practice
Encourage mindfulness
Provide emotional support

Support → Space → Self Reflection → Situation → Solutions

Stanford Medicine Emergency Medicine
Leadership Education in Advancing Diversity
SAEM 2019
- Objectively evaluate the situation
- Explore different perspectives
- Develop a shared understanding of the situation
- Explore potential next steps
- Reframe the situation
- Encourage having the difficult conversations
- Provide validation, support, and empathy
- Offer to check-in again in the future
- Provide any resources needed
Facilitated Group Activity

In small groups, read the 3 different clinical scenarios provided and discuss the biases and strategies to handle each scenario.

In a large group we will discuss these cases and share strategies used by each group.
Case 1

- A 1st year fellow who identifies as female is working with an attending who identifies as male. The fellow mentions that she and her husband are thinking about having kids soon. The attending makes a comment about how having kids can really stall your career.

What microaggressions and/or biases are present?

What strategies can be applied to address it?
Case 2

- A 3rd year medical student is working with an attending in a primary care clinic that serves mostly Spanish-speaking families in an underserved area. The attending overhears the student making comments to other students how he doesn’t understand why these patients can’t just learn English or why these patients can’t just be compliant with their medications.

What microaggressions and/or biases are present?
What strategies can be applied to address it?
Case 3

- A 2nd year male resident signs out a new patient to the ED female attending. When they both go into the room to see the patient, the family makes several comments referring to the male resident as the attending and the female attending as the nurse.

What microaggressions and/or biases are present?
What strategies can be applied to address it?
Large Group Discussion

- How did the cases go?
- What strategies did you use?
- What challenges were experienced?
- What did you learn?
- What other strategies would you suggest including?
What can you do next?

- **Individual** (ex. interrupt microaggressions, use micro-affirmations)

- **Interpersonal** (ex. faculty development, communication workshops)

- **Institutional** (ex. learning climate survey, chain of command)
Action Plans & Next Steps

Write down one thing you plan to do differently after this workshop

(2 minutes)
Take Home Points

▪ Bias and Microaggressions occurs frequently in medicine and in everyday life

▪ These tools are guides that can help people debrief biases and microaggressions in a safe and supportive way

▪ Having an open dialogue can be the first step in raising awareness and changing a culture

What questions are you leaving with?
References


Daniel J. Wheeler, Josué Zapata, Denise Davis & Calvin Chou (2018): Twelve tips for responding to microaggressions and overt discrimination: When the patient offends the learner, Medical Teacher

Cora-Bramble, Denice MD, MBA et al. Minority Faculty Members’ Resilience and Academic Productivity: Are They Related? Academic Medicine, Vol. 85, No. 9, September 2010


Brooks, Katherine C. “A Silent Curriculum”. JAMA May 19, 2015 Volume 313, Number 19
"Self-compassion is simply giving the same kindness to ourselves that we would give to others."
self-kindness

common humanity

mindfulness
Thanks for existing in my little galaxy!
Shame in medical education
What it is, what it can cause, and why we need to be talking about it

SHAME (n.) Shame occurs when a person attributes a failure to reach a standard or ideal to something global and stable about themselves. Shamed individuals assess themselves to be globally flawed, deficient, and/or unworthy.

SHAME “I am bad”

GUILT “I did a bad thing”

VS.

Shame can be caused by events related to

- Patient Care e.g., making a medical error, showing emotion to a patient
- Learning e.g., answering questions wrong in public, undergoing remediation
- Personal Goals e.g., failing to become a resident

These factors can contribute to shame

- high focus on performance
- perfectionism
- difficulty with subjective standards
- comparisons to others
- fear of judgment

These negative effects can occur with shame

- social isolation & impaired belonging
- disengagement from learning
- diminished psychological & physical wellness
- impaired empathy

WE NEED TO...

- Recognize shame in ourselves & others
- Normalize shame through honest & open conversation
- Confront shame through self-compassion & reaching out
- Understand shame through further study

What the outside world may see:

airway
TRUE STORIES FROM THE EMERGENCY ROOM

Sentinel Emotional Events: The Nature, Triggers, and Effects of Shame Experiences in Medical Residents

William F. Bryson, MD, Anthony R. Antino, PhD, Sebastian Uchitelle, PhD,
Albert M.D. Webb, MD, and Laza Vrpera, PhD
Diversity is being invited to the party. Inclusion is being asked to dance.

Verna Myers
Diversity is being invited to the party.

Inclusion ends with being asked to dance.

Somewhere in between, you have to cultivate, and teach to dance. - Modified by LEAD Team 4

LEAD’19 Team 4: Alexander Ball, Julia Chandler, Anju Goyal, Rebecca Saenz, Omar Sahak, Ripal Shah, Irene Loe, AJ Fletcher, Michelle Brooks, Al’ai Alvarez
Belonging
Psychological Safety
Diversity + mentorship + + + → Inclusion and Belonging

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Mentorship

“Mentoring is a critical element for faculty career advancement in academic medicine,¹⁻⁵ and mentors can play a variety of roles in helping mentees delineate and accomplish their career goals.”
Sponsorship

- The sponsor should be a person with a high status in an organization who can advocate for an individual’s future successes. Sponsors take a direct role in the advancement of their protégés, by helping them earn raises and promotions and garner success in their shared environment.

Coaching

- The coach is usually focused on task and performance. The role of a skills or performance coach is to give feedback on observed performance. Coaching usually happens at the workplace and set or suggest goals for the learner. This needs a good working relationship between learner and coach.
Retention

Minority Resident Physicians’ Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace

- Challenges negotiating professional and personal identity
- Minority Tax
- Daily Bias and Microaggressions
Why It Matters

50% of underrepresented faculty members report having no formal academic mentorship.

Challenges
Marginalization
Overt and covert racism
Activities that do not advance careers
Higher burden of clinical care

Consequences
Less likely to obtain grants
Less likely to be promoted

Ginther et al, Science 2011; Liu et al, AAMC Brief 2010
## Why It Matters

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<th>Group (M)</th>
<th>Residents (3832)</th>
<th>Clinical Fellows (2286)</th>
<th>Research Fellows (945)</th>
<th>Faculty (11168)</th>
<th>Residency Directors (118)</th>
<th>Division Chiefs (837)</th>
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Mendoza et al, Pediatrics 2015
Leadership Education in Advancing Diversity (LEAD) Program


The LEAD Program

Background
The pediatric patient population is rapidly becoming more diverse, yet the healthcare workforce has remained static in reflecting the patients we serve across diverse backgrounds. Pediatric leadership needs more representation of racial, ethnic, sexual and gender minorities. Building leadership and scholarship capacity for improving diversity and inclusion efforts should begin early during residency and fellowship training. This will strengthen the faculty pipeline in academic medicine and ensure that our core values of diversity and inclusion are reflected in our medical programs, leadership, and culture.

Program Outline
The LEAD Program, funded through a grant from the...
Scholar and Mentor Experience

“I always felt I had something to say, but part of me thought my voice shouldn’t be so loud. **The mentors in this program helped elevate my voice and told me my ideas mattered as much as everyone else’s. They helped me have a sense of belonging among a world of accomplished doctors and scholars I once felt distant from. Now, I can see myself tapping into my potential for leadership, and it’s exhilarating.”**

- LEAD Scholar, Psychiatry resident, 2018-2019
“Appreciating diversity and practicing diversity are not the same.”

Teresa Smith, MD
SUNY-Downstate
“Appreciating wellness and practicing wellness are not the same.”

Teresa Smith, MD
SUNY-Downstate
Diversity Operating System → DOS 3.0

**DOS 1.0** *(Diversity as an end to itself)*
Racial and ethnic diversity *important, but not critical* to an institution’s primary functions.

**DOS 2.0** *(Diversity as educationally additive)*
Diversity of trainees *enhances the educational environment for all*, and teaching diversity enhances the intellectual development, service orientation, self-awareness, and cultural competency for all students. But still not integrated into the whole academic system.

**DOS 3.0** *(Diversity as a vehicle to excellence)*
Diversity linked with inclusion builds innovative, high-performing organizations; diversity becomes a strategic imperative.

Diversity and inclusion is used to frame all academic activities.

**Faculty and Academic Leaders key to achieve Diversity 3.0**

Dr. Marc Nivet *(Diversity 3.0: A Necessary System Upgrade, Acad. Med., Vol86, no12, Dec. 2011)*
“We are people responding to a calling. All of us can be part of the effort. We are brothers and sisters in Medicine.”

--Vivek Murthy, MD
19th Surgeon General of the United States
Make a Change!

Our community needs to promote inclusion, and you can be part of that.

Pick **ONE goal** that you personally want to focus on.

Write down **YOUR goal** in an email and send it to yourself.

Pick **ONE need** that your institution should address.

Write down **the need** in an email and commit to working on it when you get back home.
Thank you!

- Please complete your feedback forms before leaving

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Acknowledgements

LEAD Steering Committee, Scholars and Mentors
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Stanford Emergency Medicine
Stanford Vice Provost for Faculty Development and Diversity
Stanford Teaching and Mentoring Academy

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