

MOCK CIVILITY CODE TRAINING = TAKE TEN

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Disclosures

- None.



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What are Microaggressions?

Microaggression: comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)

<https://www.merriam-webster.com/dictionary/microaggression>



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Learning objectives



Recognize some of the behaviors that constitute harassment/microaggressions.



Intervene in the moment by interrupting, distracting, delegating or directly addressing the situation with effective language.



Reflect on personally experienced barriers that led to not responding or not responding as effectively as possible.



Current State based on UMN Survey



Discrimination – Microaggression:

- By Program Faculty 5%
- By interprofessional Team 9%
- By Other Faculty 4%
- By Trainees in Program 3%
- By Patients 20%
- By Non-program Trainees 3%



Current State at MVAHCS

From staff: 11%



2021-22 VA Learning Environment - Climate Assessment Tool

	NEVER	LESS THAN ONCE A MONTH	MONTHLY	WEEKLY	MORE THAN ONCE A WEEK	DAILY	TOTAL
From staff	89.26% 133	6.71% 10	2.68% 4	0.00% 0	0.67% 1	0.67% 1	149
From patients	57.14% 84	24.49% 36	11.56% 17	5.44% 8	0.00% 0	1.36% 2	147

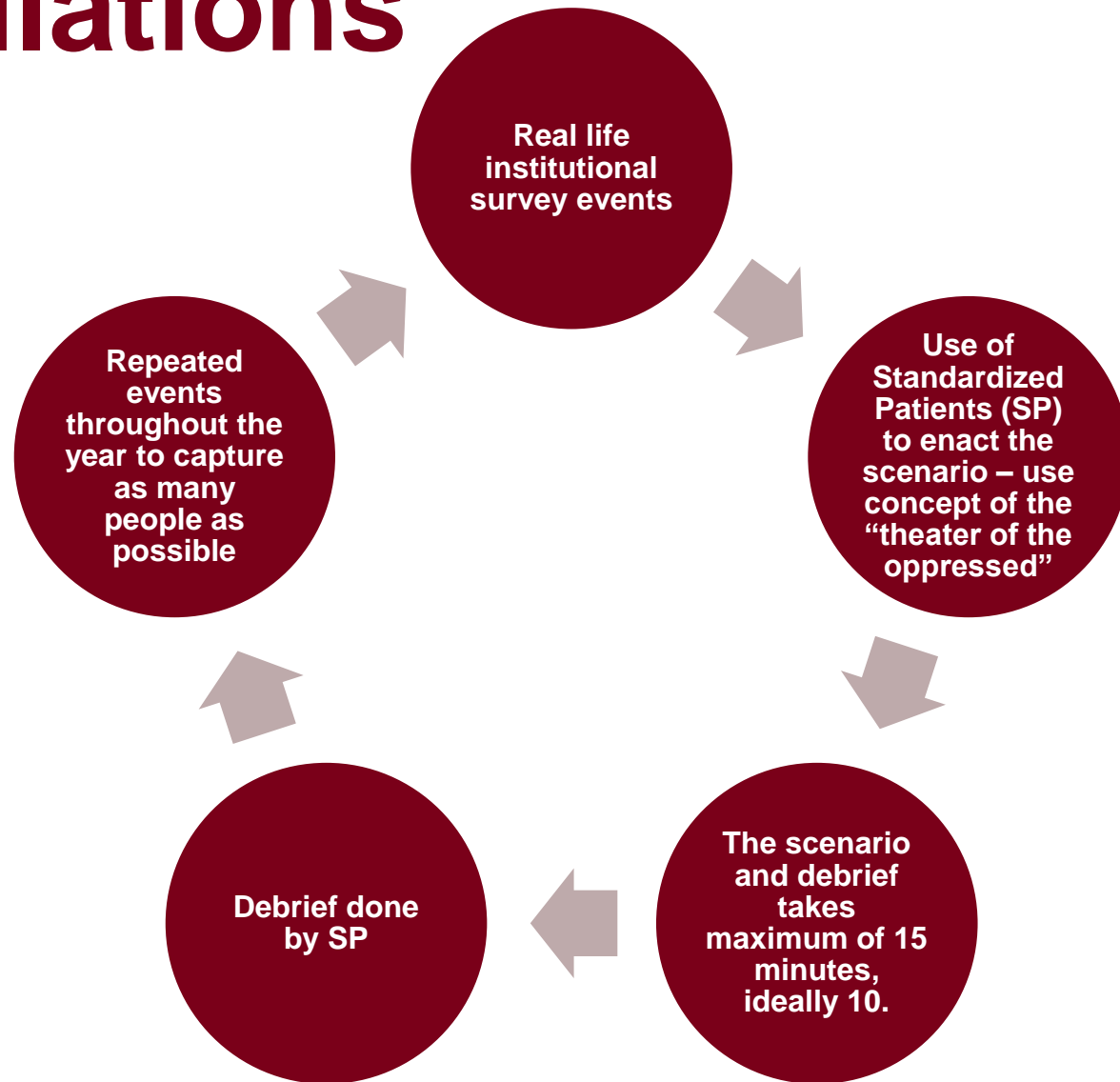


Current Interventions to Minimize Harrasment / Microaggression

- On-line materials – low impact
- Workshops – time consuming
- Focus groups – time consuming
- Lectures/didactic sessions – low impact
- Institutional policies – extremely important
- Diverse recruitment – extremely important
- Reporting systems with consequences and accountability – extremely important
- Create a culture of respect and inclusion – difficult and time consuming
- Support and resources - important



Simulations



Definitions

Bystanders

- People who are present and not involved.
- Have historically been passive in the face of bias, harassment, & injustice.



Upstanders

- Anyone who is aware of unjust behavior or practices and comments or takes action.

Sue et al. 2019. American Psychologist



The 5 D's of Bystander Intervention

Distract

Distract: Disrupting the harassment dynamic

- Derail the incident and interrupt it by talking to the person being harassed.
- Ask if the person needs help getting to their next appointment or finishing a task.
- Strike up a conversation with the person or ask them to come with you.

Delegate

Delegate: Recruiting a third party for assistance

- Engage other bystanders in the vicinity or a trusted peer in helping to address the situation.
- Find a supervisor or preceptor: "It look like _____ might be experiencing mistreatment from that person over there."
- Call security. Tell them what you have observed.

Direct

Direct: Addressing the harasser in the moment

- Tell the harasser to stop; say it's inappropriate, disrespectful, not okay, etc.
- Say: "I am feeling uncomfortable." or "We don't say things like that here." If they don't stop, say you'll call security.
- Focus on the behavior and be succinct to avoid escalation and intervene only if physical safety is not a risk.

Delay

Delay: Intervening after the incident

- Acknowledge difficulty of situation and support the target after the incident: "I am sorry this happened." "Can I do anything?"
- Validate the experience and reassure the target that this was not their fault. "This was not okay."
- Educate or confront the harasser: "You may have been trying to be funny, but it was inappropriate to make a joke about ____."

Document

Document: Capturing details about the incident

- If incident is already being interrupted, help by documenting the incident as it occurs.
- Write down details (time, date, description) and share the information with the target to use as they wish.
- Offer to help report the incident or use formal reporting structures to ensure the incident is captured.



Implementation Phase

- SPs play out the scenario 5 min
- Engage people around in debrief 5 min

There are four different ways the scenario may unfold on the wards/patient care areas:

- a. If bystanders did not notice and did not intervene, offer a quick repeat of the case with an opportunity to intervene and debrief. (D-S-D)
 - b. If bystanders noticed, but do not intervene, debrief about the barrier to responding and offer a repeat of the case as is, so the learners still have one option to practice. (S-D-S)
 - c. If bystanders do intervene and do so ineffectively, offer feedback and an optional re-do if learners would like to a do-over opportunity (optional). (S-D-S)
 - d. If bystanders do intervene and do so very effectively, offer feedback and end the sim (S-D-celebration/gold star badge)
- Brief survey 3-5 items



Implementation phase

- Pilot 1 and 2 implementation in a safe simulation environment with a group of learners who knew they would be instructed about harassment and microaggression
- **Lessons learned:**
 - People reluctant to intervene
 - Scenarios must be absurdly obvious
 - Time concern to make the activity scalable

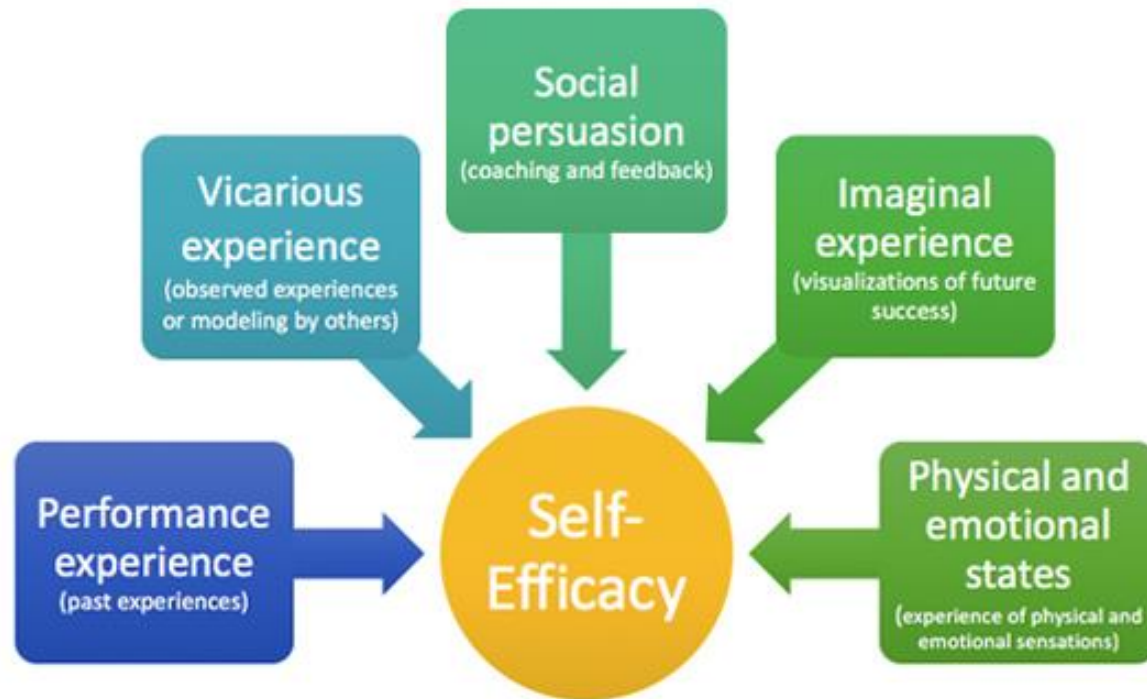


Misgendering



Assessment

- Repeat institutional surveys – study actual behavior
- Brief survey – explore self-efficacy and intention



Post Survey

- Participants
 - witness 2-5 instances per year
 - may feel more comfortable after one event
 - I will likely would intervene
 - I will achieve the goal
 - I will do well



Results/Observations from Focus Discussions

- People in general notice things but do not intervene
- People do not have tools to respond
- Bystander effect



Lessons Learned

- Many different options for education/sharing of the materials
 - Recorded Video
 - In person
 - Workshops
 - Conferences
 - Across states
- Institution has to mean it





The Five Stages of Successful Bystander Intervention

Notice the situation

- Potentially problematic situations can begin with offensive comments, subtle inappropriate behavior or withdrawal. Trust your "gut instinct" and pick up cues.

Interpret the situation

- Observe the situation and determine if there is a need of intervention. Assess the body language or check in verbally with the person that appears to be harassed.

Recognize personal responsibility to intervene

- When one person says or does something, others are more likely to act. Even a small gesture can be helpful. There are many ways for you to make a difference.

Decide how to intervene

- Develop strategies ahead of time to deal with harassing behavior (i.e. 5 D's). Having a range of options and knowing how to intervene safely is critical.

Intervene

- Use the 5 D's to intervene and stop harassing behavior. Always pay attention to your and others safety. You will get more comfortable and effective with practice.



4 Requirement for Upstander Action

- Recognize acceptable vs unacceptable
- + benefits that accrue to targets, perpetrators, bystanders, organization through action
- **Toolkit for active bystander intervention**
- **Use of bystander training and rehearsal**

Sue et al. 2019. American Psychologist



2022 VA Climate Survey

Harassment

- When patients are the source of microaggressions, the harassment is based on gender and race. When staff is the source the harassment is based on mental health status.

Harm

- Staff cause harm through humiliation and shaming, while patients are harmful in all domains listed including sexual harassment and physical harm or threats.

Impact

- These experiences impact the likelihood to recommend the VA as a training or work site to others in a negative way for 29% of learners.
- 33% report a decreased desire to work at the VA for themselves.

Reporting

- 46% of trainees think that the incidents are not severe enough to report while 25% do not believe that anything would change as a result of reporting.
- Almost 50% of trainees will not report going forward. Staff intervention and learning what to say in the moment are listed as an effective way of providing support.



Reflect & Share

What microaggressions are happening around you at work?



“The issue with microaggressions is that they are often so subtle that it will call into question, or cause you to doubt your experience.”

Sarah Ahmad, MD

Healio



<https://www.healio.com/news/primary-care/20220922/female-physicians-far-more-likely-to-experience-microaggressions-from-patients>



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See No Evil, Hear No Evil, Stop No Evil: Institutional-Level Tracking to Combat Mistreatment of Residents and Fellows



Taj Mustapha, MD
Yedam Ho, MA
John S. Andrews, MD
Michael J. Cullen, PhD

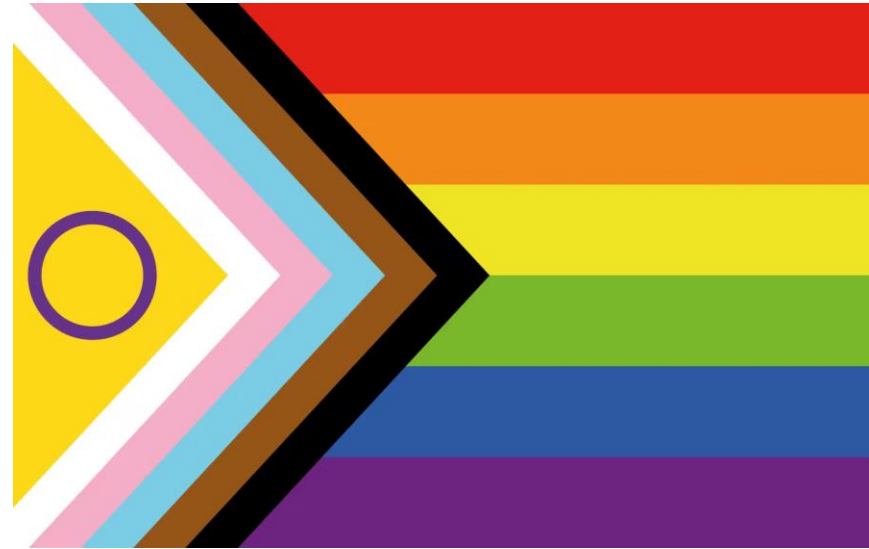
Journal of Graduate Medical Education, October 2019

- **Patients were the source of harassment in 5 of 6 categories** ($n = 234$, paired t -tests comparisons from $t = 3.92$ to $t = 9.71$, all $P < .001$)
 - direct and indirect offensive remarks
 - microaggressions
 - sexual harassment
 - physical threats
- The only category of mistreatment in which patients were not the most significant source was humiliation and shaming.



Why Focus on LGBTQIA+ Patients?

- LGBTQIA+ receive less preventative care than heterosexual patients
 - Due to dissatisfaction with clinician-patient relationship
- Health issues experienced at higher rates than heterosexual patients
 - Alcohol use
 - Drug use
 - Mental health issues
 - Gay and Lesbian teens are six times more likely than the average to commit suicide



Transgender Patients – Unique Healthcare Concerns

- **Transgender people** = 1 million+ of U.S. Population
- **Significant Health Disparities**
 - Higher rates of suicide
 - Higher rates of depression and anxiety
 - Increased rate of HIV especially in transwomen
- **Surgical and Hormonal Changes**
- **Socioeconomic Inequities affecting Poorer Health Outcomes**
 - Higher rates of poverty
 - Higher rates of unemployment
 - Legal discrimination/harrassment



Dubin, S. N., Nolan, I. T., Streed Jr, C. G., Greene, R. E., Radix, A. E., & Morrison, S. D. (2018). Transgender health care: improving medical students' and residents' training and awareness. *Advances in medical education and practice*, 9, 377.

Clarifying Concepts Specific to LGBTQIA+ Patients

- **Sexual Orientation** = A person's characterization of their emotional and sexual attraction to others. Examples include lesbian, gay, heterosexual, and bisexual.
- **Gender Identity** = self-identified, internal sense of degree of masculinity, femininity, other genders
 - **Transgender Individuals** - people whose gender identity differs from their sex assigned at birth
 - **Nonbinary, (Nonconforming) Individuals** – people whose gender identity does not confirm to conventional binary gender categories
 - **Cisgender individuals** – people whose assigned sex at birth aligns with their gender identity
- **These are 2 distinct concepts that sometimes but not always overlap**
- **Sexual Orientation is different than Gender Identity**

Dubin, S. N., Nolan, I. T., Streed Jr, C. G., Greene, R. E., Radix, A. E., & Morrison, S. D. (2018). Transgender health care: improving medical students' and residents' training and awareness. Advances in medical education and practice, 9, 377.

Resources for working with LGBTQIA+ individuals

- **CDC**, Guide to Taking a Sexual History
<https://www.cdc.gov/std/treatment/sexualhistory.pdf>
- Dubin, S. N., Nolan, I. T., Streed Jr, C. G., Greene, R. E., Radix, A. E., & Morrison, S. D. (2018). **Transgender health care: improving medical students' and residents' training and awareness.** *Advances in medical education and practice*, 9, 377.
- **Fenway Institute**, mission is to optimize health and well being for gender and sexual minorities (SGM) and those affected by HIV:
<https://fenwayhealth.org/the-fenway-institute/>
- **UMASS Chan Medical School** website, highlights youth patients:
<https://www.umassmed.edu/TransitionsACR/resources/culturally-competent-mhc-to-LGBTQIA/>

Practice Discussion with Video Vignettes

Misgendering and experiences of stigma in health care settings for transgender people

Misgendering negatively affects the mental and physical health of trans individuals

Misgendering occurs when a person is addressed or described using language that does not match their gender identity.¹ Misgendering within the health care system can significantly affect the mental and physical health of transgender (hereafter trans) individuals and can negatively impact future engagement with the health care system. Systemic policies and practices create situations which increase the likelihood of misgendering and experience of stigma, affecting the delivery of health care to trans individuals.



Dolan, I. J., Strauss, P., Winter, S., & Lin, A. (2020). Misgendering and experiences of stigma in health care settings for transgender people. *Med J Aust*, 212(4), 150-1.

