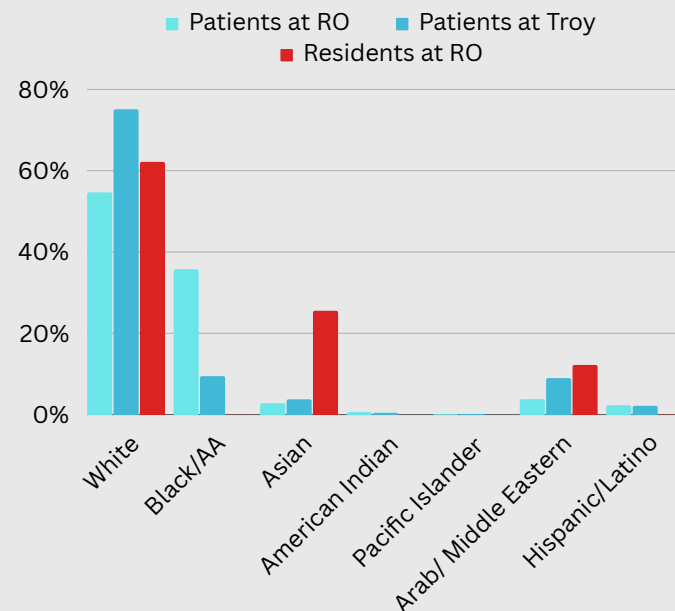


In this Issue

Who We Are & Who We Serve
Micro-aggressions Toward Staff
Stepping In For Respect Recap
Articles of the Month

Authors

Dr. Lauren Adams,
Dr. Todd Zimmerman
Dr. Sarah Di Bartolomeo
Dr. Heaveen Ahdi
Dr. Muna Tamimi
Dr. Shruthi Rethi
Editor Sarah Armitage PA-C



Who Are We & Who Do we Serve: The Makeup of WBH

Dr. Heaveen Ahdi

- When given the choice, patients often prefer providers who share the same race and/or ethnicity as them. This phenomenon is referred to as racial and ethnic concordance. However, the lack of underrepresented minority (URM) providers has made it difficult for URM patients to seek healthcare from URM providers of the same race and/or ethnicity.
- Research suggests that race concordance between patients and providers is associated with positive outcomes such as improved communication, better perceptions of care, better health outcomes, and increased trust in the provider
- The majority (83%) of caregivers reported that it is important to have a mental health provider of the same race and ethnicity
- Even patients who were neutral in their race concordance preference valued diverse perspectives and appreciated their providers' cultural awareness

Did I hear that right?

Dr. Sarah Di
Bartolomeo

No way
you're
the doctor

....Where
did you go to
school?

Where are
you REALLY
from?

Your're the
PA/NP/RN?
When are
you going to
be a real
doctor

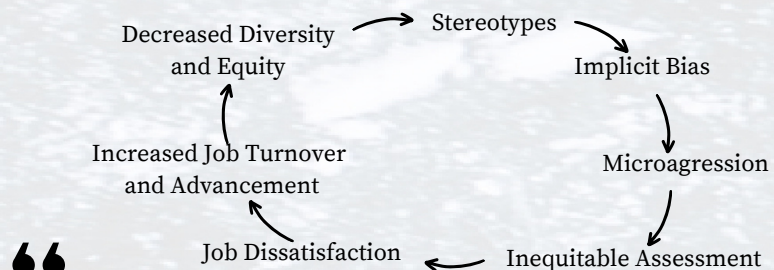


Microaggressions are subtle behaviors and attitudes towards others that arise from conscious or unconscious bias. These instances of discrimination can have negative impacts on patients and medical providers. Microaggressions on providers can have harmful effects including job dissatisfaction, physician burnout, suboptimal care, and even medical errors. Unfortunately, our department is not immune to these instances.

- **Not being identified as the physician despite introducing myself and wearing a badge. It happens so often - almost every shift - it becomes exhausting to keep correcting.**
- **Wrapping up a patient encounter and the patient or family asking, "When will the doctor be coming in?"**
- **Being mistaken for other individuals of a similar background.**
- **Walking into a patient's room and immediately being met with, "No way you are a doctor." Politely responding, "Yes I am." Followed by, "No, really. You are not."**
- **Starting a shift and the first patient encounter is a male patient refusing to see a female provider because "you can't be trusted."**
- **"Where are you from from?" Then followed by, "Where did you go to school?"**

Having a diverse ED staff is indispensable and could help to mitigate these disparities. Unfortunately, retention of physicians of color can be challenging when persistently exposed to these commonplace experiences with minimal support in their department - further perpetuating underrepresentation.

Only 9.9% of EM physicians identify as an underrepresented minority (URM; 4.5% Black, 4.8% Hispanic/Latino, and 0.6% American Indian/Alaska Native) and only 25% of emergency physicians are female despite 50% of current medical students identifying as female. From an education standpoint, underrepresented students can go through training without encountering faculty of similar backgrounds. This makes it difficult to establish mentorship relationships with those of shared backgrounds and places a large burden on the few, further promoting tokenism.



I had a patient who was an African American female in the ED here with her daughter. I was providing return precautions and discharging, and she made the remark -

"I have never met a female doctor, can you be my primary?"

Bittersweet, but I did hear her right.

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Racial Inequalities in Health Care: Affirmative Action Programs in Medical Education and Residency Training Programs

Author: Arnold, J. Summarized by Dr. Shruthi Rethi

Background:

The issue of inequality was more prevalent in healthcare in 2020, in which racial and ethnic minorities were disproportionately affected by COVID-19. This article discusses the use of race-conscious policies in medical school admissions. It also discusses the reasoning and limitations behind Supreme Court cases, responds to criticisms of affirmative action, and makes several policy recommendations.

- Racial disparities in health care are a consequence of systemic racism
- Affirmative action programs in higher education are intended to remedy these inequities by giving historically disadvantaged groups the opportunity to engage a broader section of society and to provide them a better future
- If affirmative action policies are to survive current legal challenges, proponents will need to identify a consistent set of metrics and develop a philosophical foundation that justify its continued use
- Recommendation that colleges and universities should continue to recruit a talented and diverse incoming class through the use of race-conscious affirmative action programs
- Residency training programs should also seek ways to recruit medical students from underrepresented groups and to create effective mentorship programs
- Approach to dealing with the complexity and controversy surrounding affirmative action is through medical narrative writing, reflections of both physicians and patients about their experiences in medicine and clinical care



Stepping in for Respect Recap

Dr. Todd Zimmerman

The Stepping in for Respect lecture series was designed to help equip us with tools to address micro or macro aggressions by our peers and patients. Please take the time to review the tools below so that you are ready to address this behavior in the hospital. The best way to make a change in our environment is to do more than simply brush off these comments and if you don't remember where to start, simply BEGIN.

Ask/Clarify

"I'm sorry, could you repeat that?"

Disagree

"The gender/race of your doctor is not important to your care"

Arouse Dissonance

"I'm surprised you said that, you always supported ____"

Express Emotions

"I am uncomfortable/upset with what you said"

BEGIN

Breathe

You will be met with the same tone that you lead with. Start calm

Start with Empathy

Empathy will prevent ineffective communication. Choose the best environment and people to be present

Set Goals

State why this is an important conversation

Inquire

Ask curious question

"Help me to understand your view"

"Do you have any questions for me"

Engage

Have the conversation

Bring support as needed

Debrief with those impacted after

Every one of us has implicit bias. It is natural, but the best way to minimize the negative impacts it may have on our peers and patients is to understand what they are. Harvard has put together Project Implicit and the Implicit Association Test to provide a quick way to measure your own biases. Please take the time to complete some of these tests to help you better understand yourself. Link in the Newsletter email