

# Creating an Optimal Learning Environment Free from Bias

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# Learning Objectives:

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- Define terms related to bias in the clinical learning space
- Identify characteristics of an optimal clinical learning environment that is free from bias
- To describe issues that sexual or gender minority (SGM) and/or underrepresented in medicine (UIM) trainees may experience related to the learning environment
- Review types of microaggressions encountered in the clinical setting
- Practice strategies to respond to microaggressions in the clinical setting
- Create an action plan toward building an optimal clinical learning environment free from bias

# Introductions /Ice Breaker

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What clinical area do you work within?

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What is your level of training?

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Describe what shoes you are wearing and why you chose them for today.

# What is the clinical learning space?

*“The cultural norms and institutional practices that learners experience through the course of their learning whenever and wherever they gather to learn.” (Maudsley 2001)*

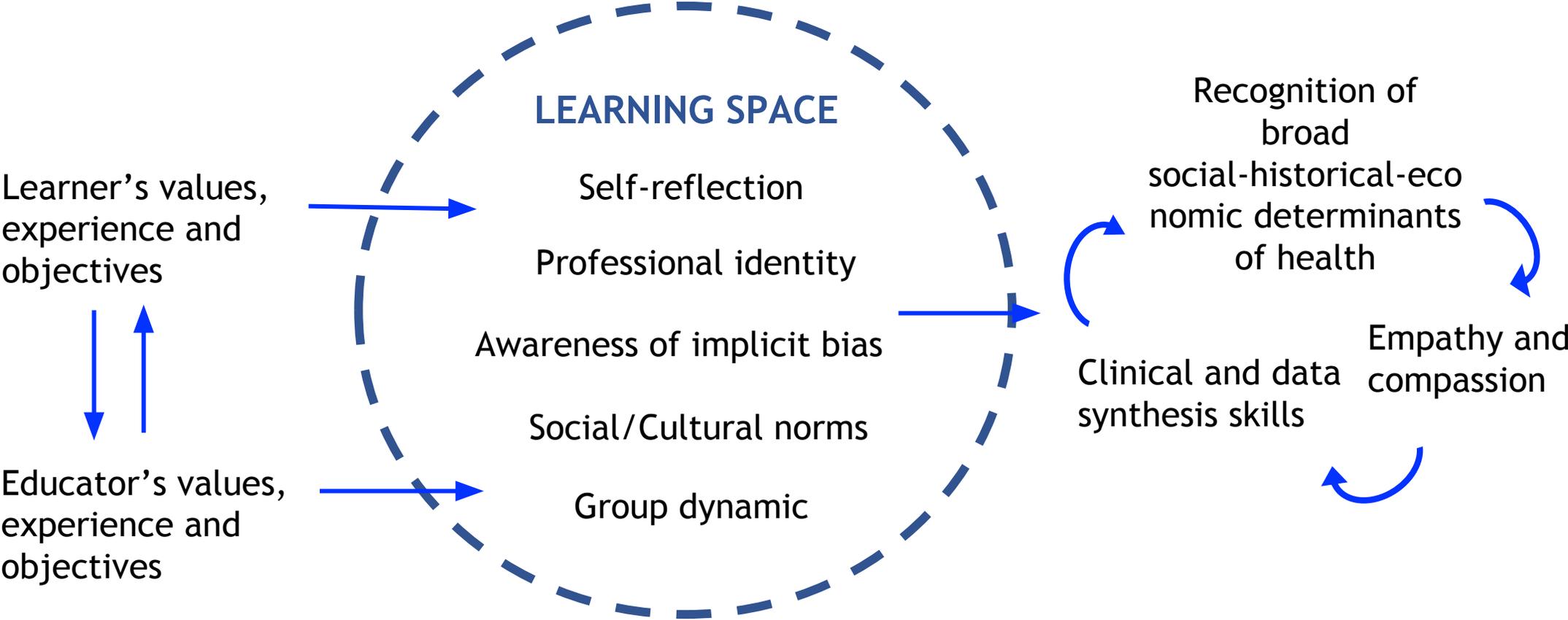


Maudsley RF. Role models and the learning environment: essential elements in effective medical education. *AcMed*. 2001 May;76(5):432-4.

*" The social interactions organizational cultures and structures, and physical and virtual spaces that surround and shape participants' experiences, perceptions and learning."*

Presentation by Dr. David Irby

# Clinical Learning Environment





# Learners and Clinical Learning Space

- Learners want to feel valued and supported as learners and service providers
  - Suboptimal clinical learning spaces are associated with:
    - Adverse patient care
    - Adverse learning outcomes
    - Negative impacts on medical student well-being





Can be applied to learning about sexual and gender minority and other identities as well...

A Quick Poll....

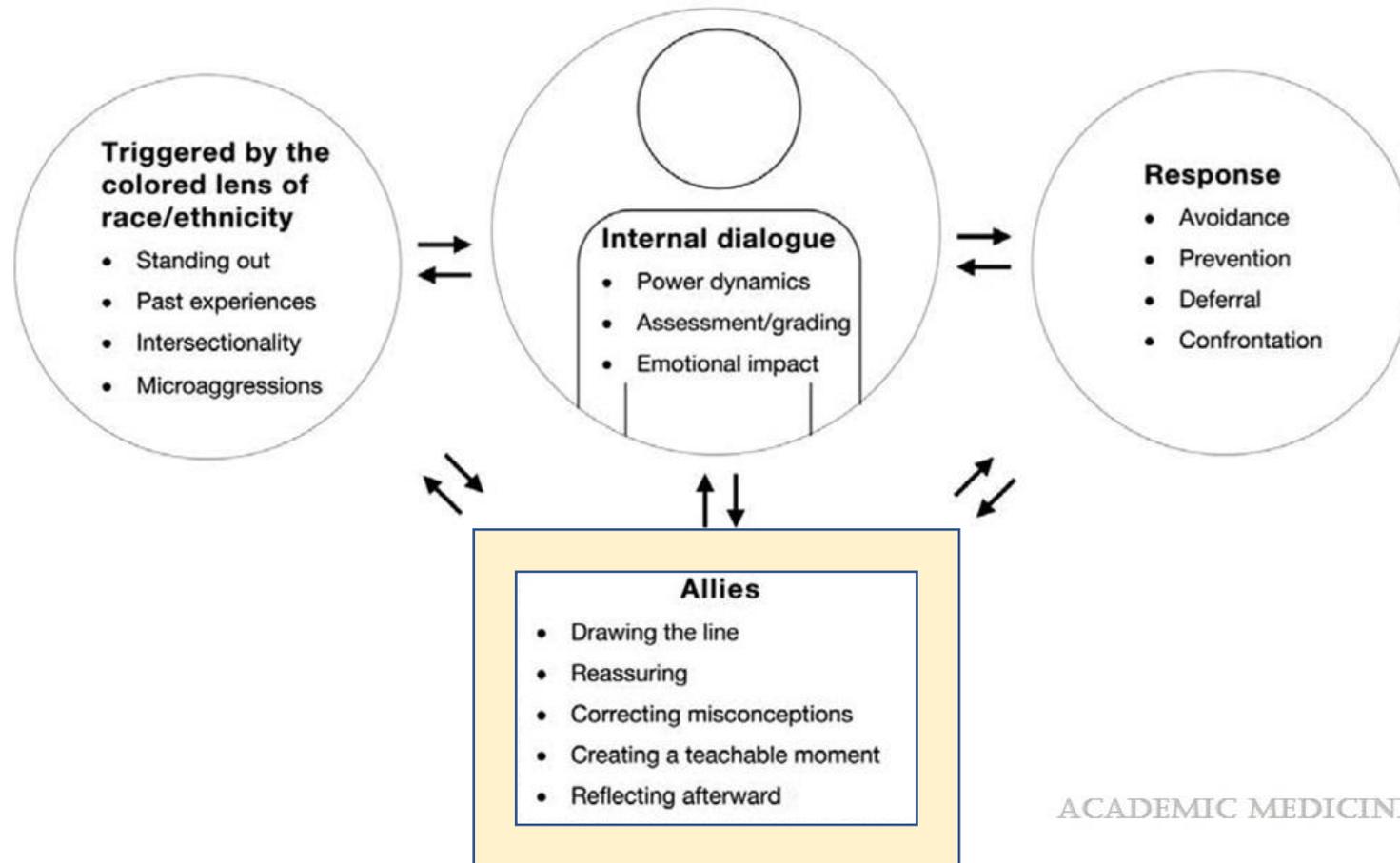
Stereotype Threat

Minority Tax



# Stereotype Threat

When the fear of fulfilling negative stereotypes about one's group impairs performance



# Minority Tax

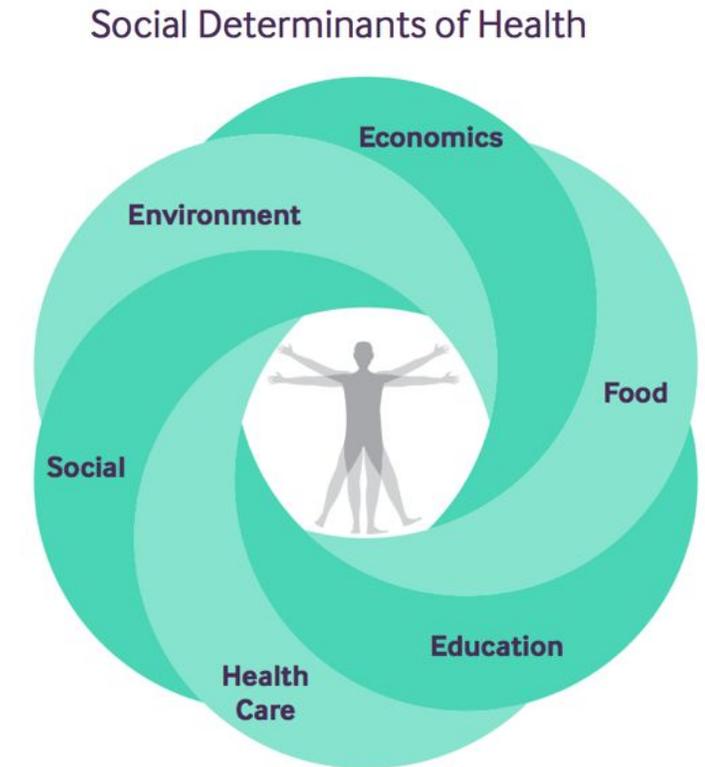
- An Underrepresented in Medicine (URiM) trainee or faculty responsibility disparity evident in many areas: diversity efforts, racism, isolation, mentorship, clinical responsibilities, and promotion
  - Expected to “represent” diversity
  - Invisibility and hypervisibility
  - Expected to teach about DEI issues- race or gender

*“I need my space. I need to hang out with my dog. I need to spend time with my girlfriend. I need to read and learn to become a better doctor. I need to do all these other things, so it’s just tiring sometimes.”*

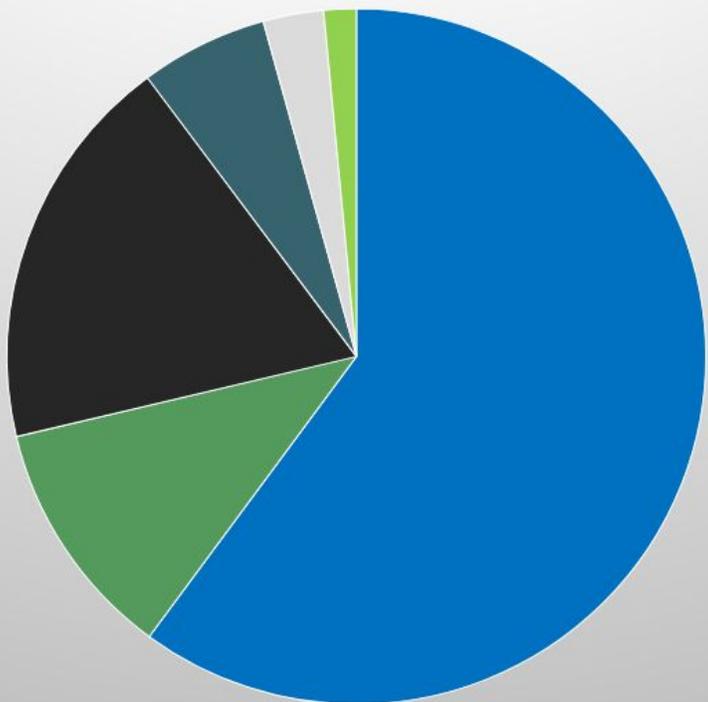


# Race is a sociopolitical construct

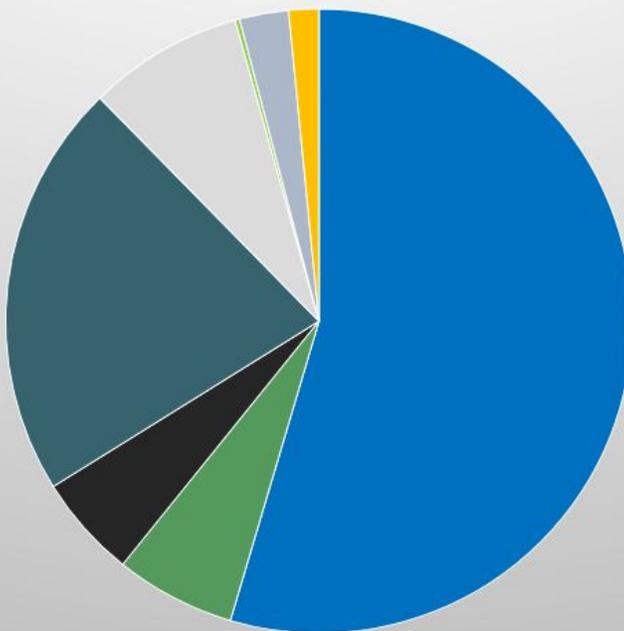
- There is more genetic heterogeneity between **individuals of the same race** than between races
- Although it is socially constructed, race and racism have real and devastating effects on health.
- Discussion of “racial disparities” should include a thorough examination of the ways in which **oppression** contributes to disease.
- How we talk (or don't talk) about race with trainees affects the **clinical learning environment**



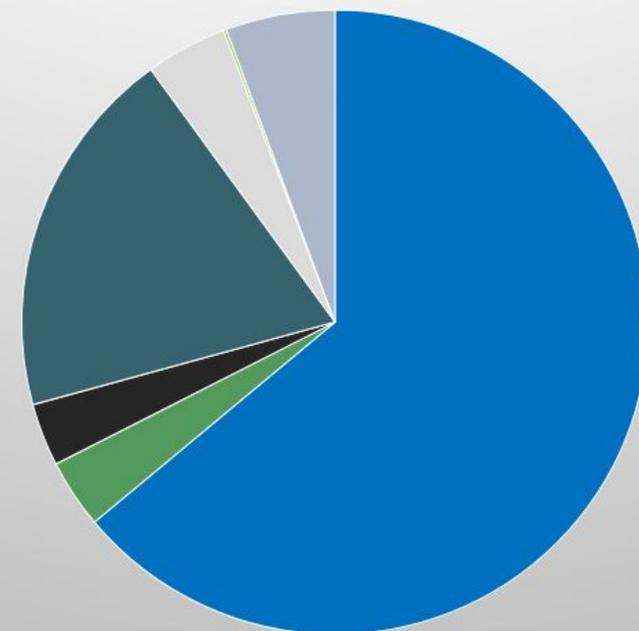
### US Census Data 2019



### US Medical School Graduates 2019



### Full Time Medical School Faculty 2018



White, non-Hispanic
Hispanic

Black or African American
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Asian
Multiracial

American Indian, Alaskan Native, Native Hawaiian, Pacific Islander
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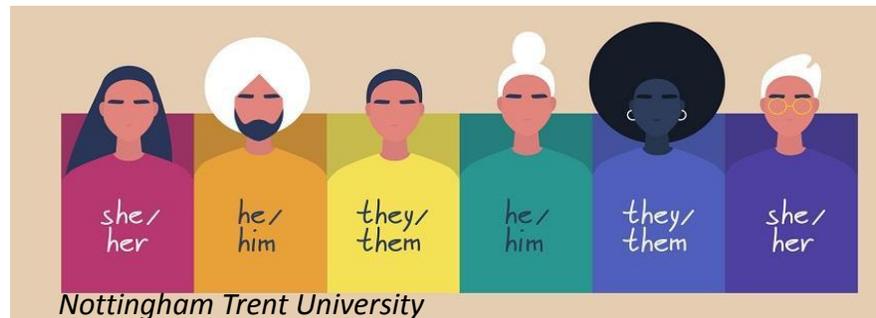
Other/Unknown
Non-US

# Sexual and Gender Minority (SGM) populations:

Individuals who identify as **lesbian, gay, bisexual, asexual, transgender, Two-Spirit, queer, and/or intersex.**

Individuals with **same-sex or -gender attractions or behaviors**; those with a **difference in sex development**

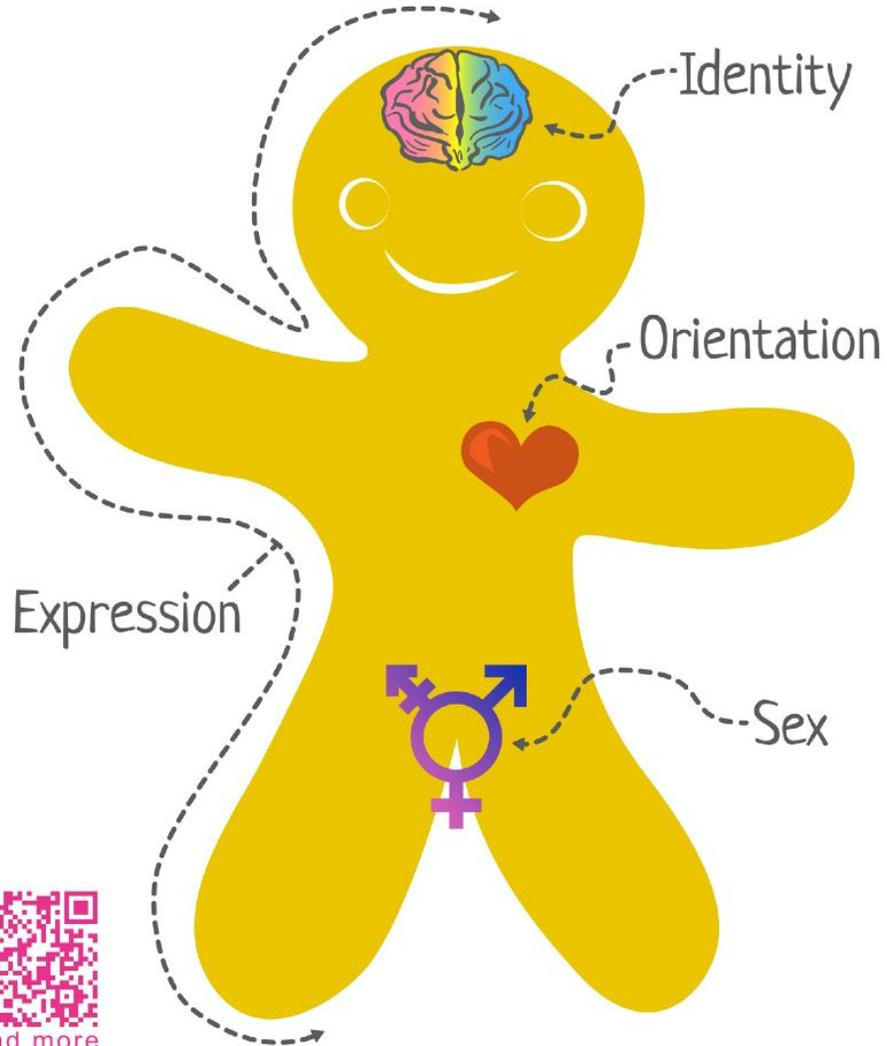
Those whose sexual orientation, gender identity or expression, or reproductive development is characterized by **non-binary constructs of sexual orientation, gender, and/or sex.**



<https://dpcpsi.nih.gov/sgmro>

# The Genderbread Person

by [www.ItsPronouncedMetrosexual.com](http://www.ItsPronouncedMetrosexual.com)



## Gender Identity

Woman Genderqueer Man

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

## Gender Expression

Feminine Androgynous Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

## Biological Sex

Female Intersex Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

## Sexual Orientation

Heterosexual Bisexual Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

# Definitions: Gender Identity

- **Transgender:** Internal knowledge of gender is different from the sex assigned at birth.
  - A transgender woman is a woman who was assigned male at birth
  - A transgender man is a man who was assigned female at birth
- **Cisgender:** Gender identity fits assigned sex at birth
- **Gender non-conforming/Nonbinary/Genderqueer:** a broad range of gender identities/expressions along a spectrum from more masculine presenting to more feminine presenting, or someone who identifies with no particular gender

I wasn't "born with a boy's body".

I am a girl  
and my body  
is mine.

so it's a  
girl's body.

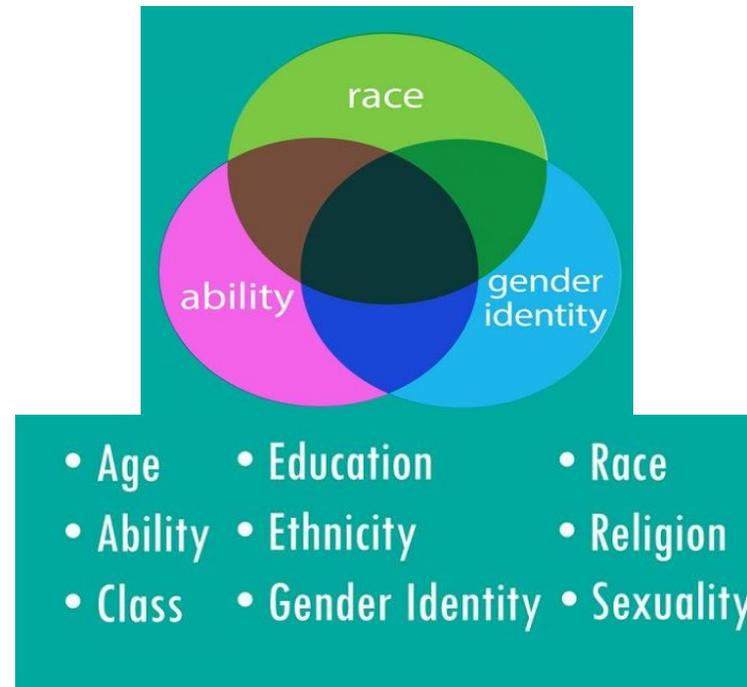
Girls have  
all kinds of bodies.



fb.com/assignedmale  
assignedmale.tumblr.com

# Intersectionality

- The interconnected nature of social categorizations
- In oppressed groups, may cause overlapping and interdependent systems of disadvantage
- Even individuals who share a social identity with you may experience discrimination based on their unique makeup of identities



## Sources:

-<https://www-jstor-org.libproxy.uhcl.edu/stable/1229039>

-<http://circuitous.org/scraps/combahee.html>

-[https://www.ted.com/talks/kimberle\\_crenshaw\\_the\\_urgency\\_of\\_intersectionality/discussion?language=en#t-488283](https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality/discussion?language=en#t-488283)

# Optimal Clinical Learning Environment

- [https://www.polleverywhere.com/free\\_text\\_polls/8E2g6clqFsTu6DZn96l4o?preview=true&controls=none](https://www.polleverywhere.com/free_text_polls/8E2g6clqFsTu6DZn96l4o?preview=true&controls=none)

# Minority resident physicians' views on the role of race/ethnicity in their training experiences

- 27 URM residents in the United States
- 3 major Clinical Learning Environment themes:
  - Frequent episodes of microaggressions and bias
    - *"I've never been called 'transport' so many times in my life"*
  - Residents who are URM are tasked as race/ethnicity ambassadors
    - *"I am asked to be the representative of all of the ideas of minorities"*
  - Challenges negotiating professional and personal identity, while seen as "other"
    - *"If you don't have a sense of identity, then you feel very lost and you might not even finish"*



Dr. Aihan Kuhn



# Experiences of Transgender and Gender Nonbinary (TGNB) Medical Students and Physicians

- Survey-based study: sampling through national LGBTQ professional groups
- 36 participants: 21 medical students/15 physicians.

- **50% had not disclosed status**

- **78% censored speech and/or mannerisms** at least half of the time to avoid unintentional disclosure

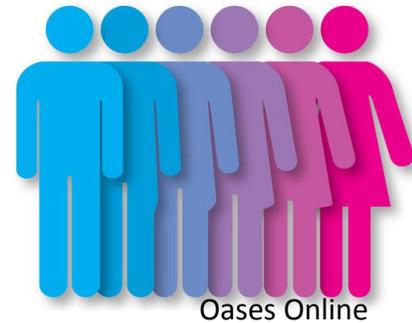
- **69% heard derogatory comments** about TGNB individuals at school/work

- **33% witnessed discriminatory care** of a TGNB patient

- Racism, ableism, classism affects compound difficulty

- 1.8% of high school students and 0.7% of adults identify as Transgender

*(CDC 2017; Williams Institute 2016)*



# The Prevalence of Medical Student Mistreatment by Sex, Race/ Ethnicity, and Sexual Orientation

- More than 27,000 AAMC graduation surveys (2016-2017)
- Self-reported mistreatment by sex, race/ethnicity and sexual orientation
- Conclusion:
  - **Students who are female, URiM, Asian, multiracial, and lesbian/gay/bisexual seem to bear a disproportionate burden of the mistreatment reported in medical schools**



# Medical/Nursing student suggestions for promoting inclusion

- **Diversify** the student body, faculty, staff, and leadership
- **Allyship**- particularly in leadership
- **Curriculum reform**- greater focus on *social determinants of health* and promoting *health equity*
- **Open conversations** about issues related to race, racism, ethnicity (*and gender*)
- **Safe spaces** both informal and formal, are essential to connect with others who have similar backgrounds



# Microaggressions

Everyday verbal, nonverbal and environmental slights, snubs or insults, whether intentional or unintentional which communicate hostile, derogatory or negative messages to target persons based solely upon their marginalized group membership.

Most done by well-intentioned, non-racist, non-sexist, non-X...

Adapted from Sue, Derald Wing, *Microaggressions in Everyday Life: Race, Gender and Sexual Orientation*, Wiley & Sons, 2010.



<https://www.youtube.com/watch?v=SQxiXGWvDGE>

# Examples of Microaggressions

Theme	Example	Message
<b>Alien in One's Own Land</b>	-Where are you from? No where are you <u>really</u> from? -Not learning name pronunciation	-You are a perpetual foreigner
<b>Pathologizing Cultural Values &amp; Communication Styles</b>	-To an Asian student: "Why are you so quiet? Speak up more"	-Assimilate to dominant culture
<b>Denial of Individual Racism/Heterosexism</b>	-As a woman, I know what you go through as a racial minority	-Denying the experience of individuals facing bias
<b>Second Class Citizen</b>	-Faculty member of color mistaken for service worker -Raising your voice when speaking to a blind person	-You are not important; -You are a lesser being
<b>Color Blindness</b>	-I don't believe in race -When I look at you, I don't see color	-Denying the significance of a person of color's racial & ethnic experience/history

Adapted from Sue, Derald Wing, *Microaggressions in Everyday Life: Race, Gender and Sexual Orientation*, Wiley & Sons, 2010.

- What motivates you to respond (or not) to instances of racism, discrimination, and/or microaggressions?
- To what extent do you believe your role influences the learning environment for learners?



# Example

- A 14-year-old transgender male patient has recently started to transition at home and school, and has indicated that his pronouns are he/him. His parents insist on using she/her pronouns as they have always used. During rounds, the resident used she/her pronouns multiple times in front of the child.



# Open (Widely) The Front Door!

## *Response to Microaggressions*

- **Observe:** “I noticed...”
- **What** did you mean?
- **Think:** “I think...”
- **Feel:** “I feel...”
- **Desire:** “I would like...”

*(adapted from Cheung, Ganote, and Souza 2018)*



*“I noticed that you used the pronouns that the child does not go by anymore. What did you mean by that, if anything? I think the child felt uncomfortable when we were talking. I feel sad that the child is struggling so much and want to make sure he feels safe here. Would you use the pronouns that the child requested?”*

# A.C.T.I.O.N.

## *Response to microaggressions*

- Ask clarifying questions to understand
- Carefully listen to the response
- Tell others what you observed
- Impact: consider impact on others
- Own your own thoughts/feelings
- Next steps: Request appropriate action



# Example: A.C.T.I.O.N. response

- **Ask**: *Did you mean to use the child's former pronouns instead of he/him as he requested we use?*
- **Carefully listen**: *(response)*
- **Tell**: *I noticed that the child seemed uncomfortable when we were talking.*
- **Impact**: *I worry about his mental health; he also has medical issues to worry about*
- **Own**: *I want to make this as safe a place as possible for him. I have made a lot of mistakes related to pronouns and am trying to be more careful.*
- **Next steps**: *So, will it work for you to use the pronouns that he requested?*



# Scenario 1

An attending physician of color takes care of patient with a swastika and other tattoos that may indicate his membership to Nazism ideologies and white nationalism

The next day the physician asks the team how the patients are doing. A resident says: “Patient Smith is doing very well, he is so nice, well maybe not to you, but he is very nice”.

You are an attending physician who overhears this comment. How would you respond to the resident? To the attending physician?



## Scenario 2



You are sitting in the physicians' workroom, listening to one of the interns describe a young patient in the emergency department to a resident.

"By the way," the intern said, "the dad just looked at my name tag and asked, 'Oh, is that a Spanish last name? I don't want a Spanish doctor.'"

The resident does not address it and continues to talk about another patient. You notice that the intern is surprised -- and not prepared -- to hear that.

How could you respond to the resident?

# When a patient requests a different doctor based on race/ethnicity (or other characteristics)

- Assess Illness Acuity- is transfer of care even an option?
- If patient/parent stable and has normal decision-making capacity:
  - Cultivate Therapeutic Alliance- “I’m very worried about your child”
  - Ensure Safe Learning Environment:
    - “I agree with this physician”
    - “we are a team”
  - Depersonalize the Event- Name the behavior, consider stress level
  - **Consider impact** on student/physician



Paul-Emile, *NEJM*, 2016.

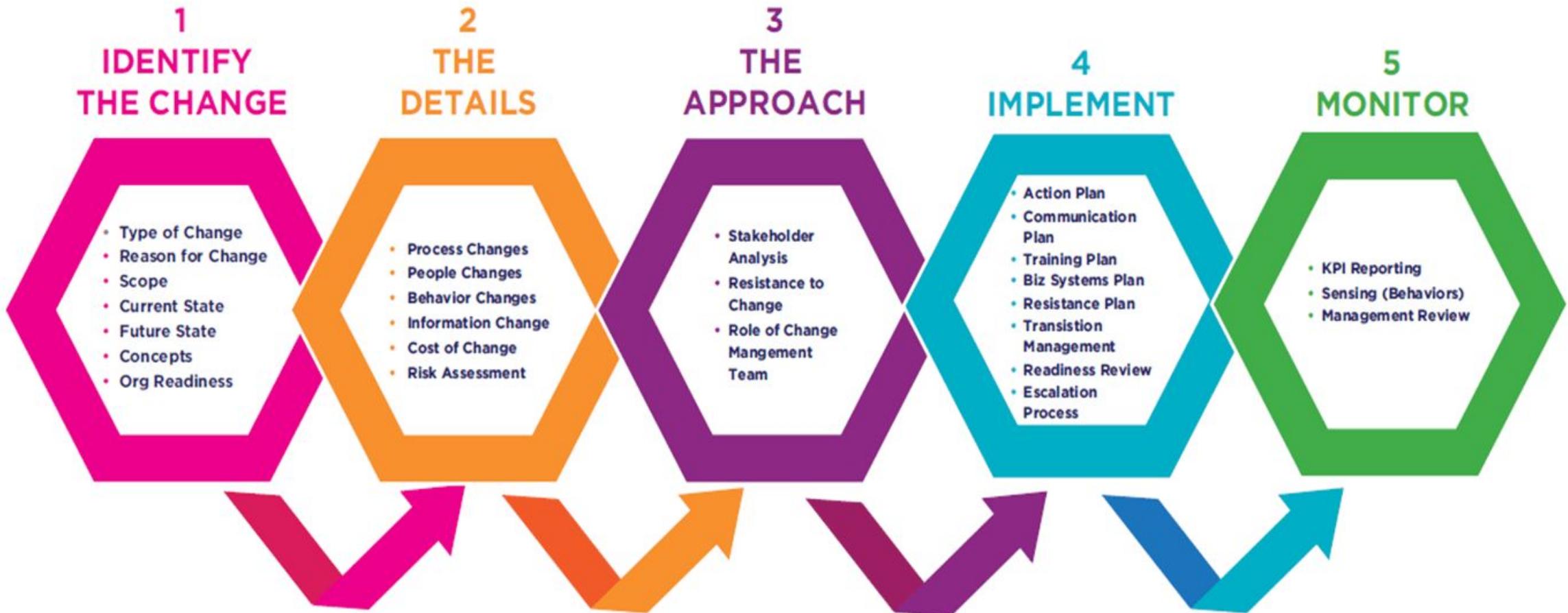
Whitgob, *Acad Med.* 2014

# Summary

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- To create an optimal learning environment, consider issues that individuals with minority identities may encounter
- In an optimal learning environment, team-members are prepared to recognize and respond to microaggressions they witness
- Under-represented In Medicine (UIM) and Sexual and Gender Minority (SGM) individuals encounter frequent microaggressions
- Intersectionality refers to the multiple identities an individual may hold whose effects cannot be separated from each other, including race, gender, sexual identity, class, ability, and age among others

# How Does Change Happen An Overview



# Implementing Change in our Institution

## Faculty Development

- Awareness of biases
- Individual anti-racism commitment
- Anti-racist, anti-bias training

## Pipeline

- Setting students up for success
- Institutional anti-racism, anti-bias commitment
- Utilizing the resources that are available to you

## Pre-clerkship

- Academic & emotional support services
- Thoughtful curriculum design

## Clerkship

- Fair feedback & equitable assessments
- Representation (residents, faculty, etc.)

“Do the best you can  
until you know better.  
Then when you know better,  
do better.”



*Maya Angelou*