

## **Supporting learners when a patient makes an inappropriate (racist, sexist) request or comment.**

It is important for individuals in leadership roles to take the lead on responding to inappropriate comments. Failure to do so places our learners in a vulnerable and potentially traumatic position.

Model for Recommended Responses to inappropriate comments by patients and visitors

### **A. Expect and Recognize**

- Some behaviors are indisputable (derogatory language, racial slurs, sexualized comments)
- Some are less so, i.e., microaggressions (statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority), or problematic “compliments.”

### **B. Address (Respond) in real time:**

- Step in, in real time, when you observe behavior that does not align with UVMLCOM values. Failing to do so makes us complicit and is not supportive of our learners.
- Below are some possible responses to a variety of inappropriate comments. Feel free to choose whichever resonates best for you:
  - a. Derogatory comments about race/ethnicity:
    - i. *“We are here to help you as a team. As is clearly outlined in our [UVMHN Patient Bill of Rights](#), we do not change doctors/nurse/etc because of their race/ethnicity/religion/etc.”*
    - ii. *“We know you are here to get the best medical care possible and we want to provide you with that care. In order for that to happen, we need to treat each other with respect.”*
    - iii. *“This is a unit where we treat each other with respect/kindness/trust. We don’t accept/tolerate/allow that kind of behavior/language here.”*
    - iv. *“Please do not use that type of language as it is offensive to others and not acceptable in this medical center.”*
    - v. *“Making comments like that is disrespectful and we cannot tolerate that kind of language.”*
    - vi. *“We are here to help you, but it is hard to do that when you use language like that.”*

- vii. *“Our students/residents come from a diverse array of backgrounds; they are all exceptionally qualified to participate in your care.”*
- viii. *“That is not a word/term we use here.”*
- ix. *“All UVMLCOM team members are very qualified. Our top priority is that you receive the best care, and I know our team can provide that.”*
- x. *“All UVMLCOM staff are credentialed and licensed to practice in the State of \_\_\_\_\_. One of our core principles is that we treat everyone in our diverse community with respect and dignity. We are confident in \_\_\_\_\_’s character and clinical skills.”*
- xi. *“I would trust this physician/nurse/therapist/etc to care for my own child/family member.”*

b. Being asked “Where are you from?”

- i. *“Why do you ask this question? It will be helpful to understand how this will help me provide you with the best medical care.”*
- ii. *“I am from X, but let’s spend our time today focusing on your health.”*

c. Comments about appearance:

- i. *“Let’s focus on facts and issues that are relevant to our ability to provide you the best quality medical care. “*
- ii. *“I know you mean well, but we are more concerned about our learners’ knowledge than their appearance.”*
- iii. *“We’re trying to help you. It is hard to do that when you make comments like that.”*

**C. Support:**

- After an event in which inappropriate comments are made, consider taking a few moments to support the learner(s) who were impacted by the comments. Asking if they would like to talk about the incident can be helpful. Also inquiring about the adequacy of your response can also be informative.

a. Suggested questions/comments:

- i. Simple check in: *“That was a difficult encounter... how are you feeling?”*
- ii. Involve trainee in decisions re: next steps – *“I can understand how continuing to work with Mr. Z could be difficult. We have a couple of options here...I’d like to get your input on which one feels right to you.”*
- iii. Encourage reporting such incidents and empower trainees to speak up – *“I want to hear when things like this happen. It’s important that everyone feel safe and*

*comfortable here.” “I want you to feel empowered to speak up in situations like this. You will always have my support.”*

- iv. *“I am sorry this happened to you. I can’t imagine what this experience has felt like. How can I best support you with this? How do you feel about continuing to work with this patient?”*