

2022
Professional
Development
Symposium,
GME and
2021-22
Resident
Council

April 12, 2022



**WAYNE STATE
UNIVERSITY**

School of Medicine
Graduate Medical Education

Agenda

“Diversity, Equity, and Inclusion: Becoming a Catalyst for Change”

WSUSOM Office of Graduate Medical Education and 2021-22 Resident Council
2022 Professional Development Symposium

- | | |
|---------------------|--|
| 6:00-6:30 pm | Zoom meeting open |
| 6:30-6:35 pm | Housekeeping (Dr. Kenaga) |
| 6:35-6:45 pm | Overview and introductions (Dr. Taheri, Dr. Siemiesz) |
| 6:45-7:30 pm | Dr. Herman Gray, presentation and Q&A |
| | Break - 5 min |
| 7:35-8:20 pm | Dr. Donovan Roy, presentation and Q&A |
| 8:20-8:30 pm | Thank yous and wrap up |

Speakers

- ***Dr. Herman Gray, MD, MBA, FAAP, chair, WSUSOM Dept. of Pediatrics***
- ***Dr. Donovan Roy, EdD, WSUSOM vice dean for inclusion, diversity, equity, and access***

2021-22 Resident Council Leadership

- **Danyal Taheri, MD, President, Internal Medicine program, PGY3**
- **Katrina Siemiesz, MD, Vice President, Family Medicine program, PGY2**

Office of Graduate Medical Education, WSUSOM

- **Anne Messman, MD, FACEP, Associate Dean and DIO**
- **Heidi Kenaga, PhD, Research Coordinator**
- **R. Brent Stansfield, PhD, Director of Education**

Housekeeping

- State of Michigan has mandated implicit bias training for all healthcare providers
- This Professional Development Symposium offers 2.0 hours of training for those who have taken pretest, attend the Symposium, and take posttest
- The posttest will be distributed after the event, and certificates will be issued in 7-10 days
- Attendees should **mute** themselves during the presentations. There will be a Q&A session after each presentation; use the raised hand icon or send a question to the chat
- We encourage participation!

Diversity, Equity, and Inclusion

DEI training:

- Enhances health care provider awareness of issues related to health disparities
- Improves providers' cultural competency
- Allows providers to create individualized assessment of patients based on their social determinants of health
- Contributes to health equity, provision of equal opportunity for all people to attain their full health potential
- Encourages research initiatives and QI projects that address disparities
- Fulfills the WSUSOM and GME mission and ACGME mandate

Definitions

- **Health** is defined as a state of complete physical, mental, and social well-being
- **Health Equity** is a situation in which every person is provided with an equal opportunity to attain their full health potential
- **Health Disparities** are those barriers to achieving health equity in a population
- **Social Determinants of Health** “are the conditions in the social, physical, and economic environment in which people are born, live, work, and age. They consist of policies, programs, and institutions, and other aspects of the social structure, including the government and private sectors as well as community factors” (Healthy People 2020)

Diversity and Inclusion

Diversity refers to the richness of human differences -

socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, age, and individual aspects such as personality, learning styles, and life experiences.

**E
x
c
e
l
l
e
n
c
e**

Inclusion refers to active, intentional, and ongoing engagement with diversity.

Inclusion is achieved by creating a climate and culture within the institution that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community.

Dr. Herman Gray, MD, MBA, FAAP

- **MD, University of Michigan Medical School, 1976**
- **MBA, University of Tennessee, 2003**

- **Chair and professor at the WSUSOM Dept. of Pediatrics**

- **Interim vice dean of WSUSOM's Office of Diversity and Inclusion**

- **Former president and Chief Executive Officer of the DMC Children's Hospital of Michigan**



2022 PROFESSIONAL DEVELOPMENT SYMPOSIUM

“Diversity, Equity, and Inclusion: Becoming a Catalyst for Change”

April 12, 2022

*Herman B. Gray, MD, MBA, FAAP
Distinguished Service Professor
Chair, Department of Pediatrics
Wayne State University School of Medicine*

DISCLOSURES

I have no relevant personal financial relationships to disclose

OBJECTIVES

- Briefly discuss culture and cultural competence
- Describe race and racism
- Describe implicit bias and its impact on patient care
- Discuss strategies for reducing implicit bias in your personal practice and as a growth opportunity

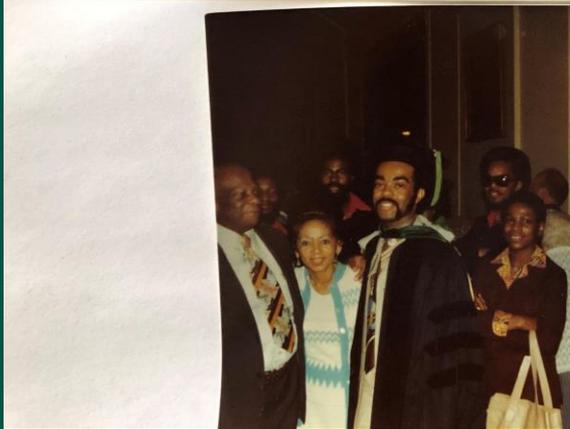
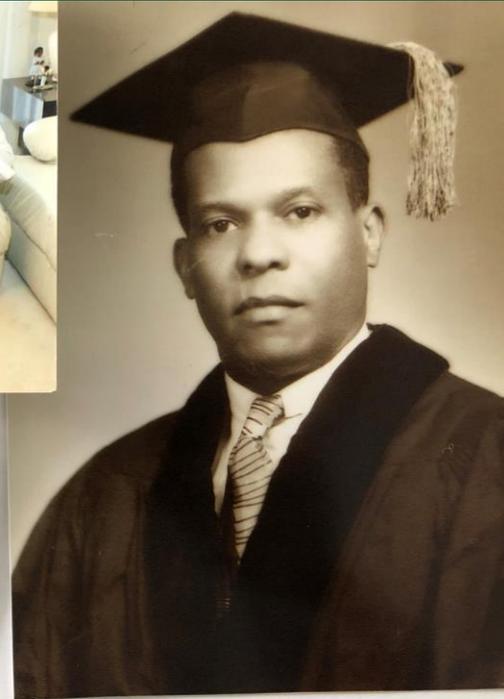
GROUND RULES

- This is a place of respect & acceptance
- Some of the discussion may be uncomfortable
- All are welcome to share
- Every idea, thought or impression is important
- ***We are all learning!***

Why is this important?

- Recent events have uncovered areas of long-standing disparities, particularly health disparities, among members of our society
- Marginalized members of our society are now speaking up about how they are treated
- As physicians, we have a sacred commitment to providing the best care possible to our patients

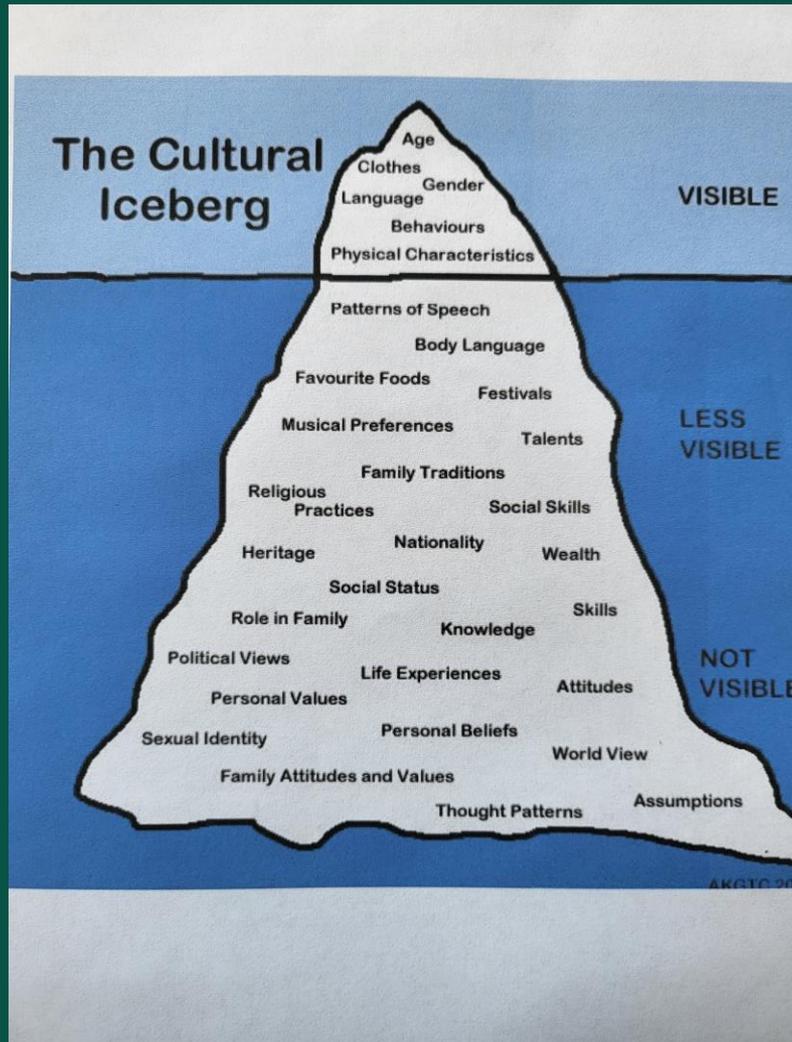
MY "WHY?" MY CULTURE



CULTURE

- The customs, arts, social institutions, and achievements of a particular nation, people, or other social group
- Attitudes and behavioral characteristics of a particular social group

The Cultural Iceberg



The Face of America is Changing

- As our population becomes more diverse, we must educate ourselves to meet the needs of those we serve and/or interact with
- With these changes, we must honestly address our own biases

BIAS

- Prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair
- Explicit Bias
 - Openly expressed
 - Aware of the bias
 - Operates consciously
- Implicit Bias
 - Expressed indirectly
 - Unaware of bias and operates unconsciously

RACE

- Race is a social construct
- As physicians, we have specialized knowledge that humans are fundamentally the same – e.g., the Human Genome Project; our in-depth and personal exposure to the human body
- “We are more alike my friends, than we are unlike.” Maya Angelou

RACISM

- Prejudice, discrimination, or antagonism directed against someone of a different race based on the belief that one's own race is superior
- The belief that all members of each race possess characteristics or abilities specific to that race, especially to distinguish it as inferior or superior to another race or races
- Institutional/Structural, Interpersonal, or Internalized

IMPLICIT BIAS IN HEALTHCARE

- Implicit bias is NOT racism
- Patient interactions
- Recommended treatment options
- Pain management
- End of life care

REDUCING IMPLICIT BIAS (IHI)

- Take time for reflection – do your personal work
- Have a basic understanding of the cultures your patients come from
- Don't stereotype; individuate
- Perspective taking – “put yourself in the other person's shoes”
- Partnership building
- Increase your exposure to people from other groups
- Practice evidence-based medicine

Q & A

- **You may now raise hand, unmute once called upon, and ask question.**
- **Chat option is also open for any questions you may have.**

Thank you Dr. Gray!

Break!

Meeting will resume in 5 minutes



Dr. Donovan Roy, EdD

- **Masters in higher education counseling, 2011**
- **Doctorate in educational psychology, University of Southern California, 2020**
- **Vice dean for inclusion, diversity, equity, and access at WSUSOM**
- **Assistant dean for diversity and inclusiveness at Western Michigan University, Stryker School of Medicine**
- **Director of Academic Support Services at University of Southern California, Keck School of Medicine**

WARRIOR STRONG



WAYNE STATE
UNIVERSITY



2022 Professional Development Symposium

“Diversity, Equity, and Inclusion: Becoming a Catalyst for Change”

April 12, 2022, 6:30-8:30 pm

Microaggressions

Donovan Roy, Ed.D

Wayne State University School of Medicine
Vice Dean of Inclusion, Diversity, Equity, and Access (I.D.E.A.)



Objectives

- By the conclusion of this presentation, attendees will understand the evolution of microaggressions.
- By the conclusion of this presentation, attendees will be able to identify the three different forms of microaggressions.
- By the conclusion of this presentation, attendees will be able to distinguish between acts of microaggressions.



Agenda

- The Evolution of Microaggressions
- The Different Forms of Racial Microaggressions
- Name that Microaggression (Case Studies)
- Explain it in your own words



Group Agreements

- "Vegas" rule – "What happens in Vegas stays in Vegas." Please don't tell any stories your peer share outside of Teams discussion without their permission.“
- Raise your hand to speak or type your comments in the chat
- Take care of yourself - Some of these microaggressions may trigger you. Please do what you need to do to take care of yourself throughout this session, including excusing yourself or take some time out to gather yourself
- If you witness any microaggressions in the clinical setting please report it to the proper authorities.

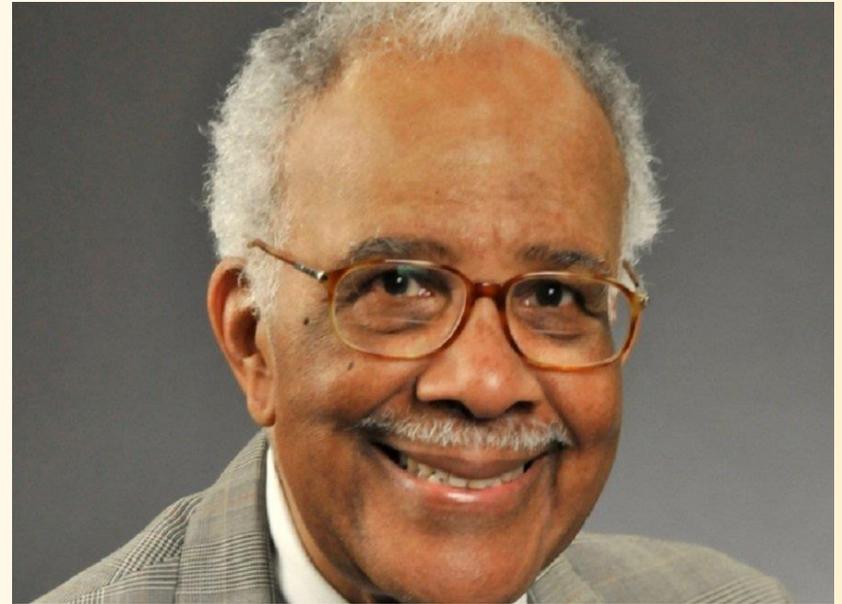


The Evolution of Microaggressions



Dr. Chester Pierce

- Microaggressions
 - The term “microaggressions” was initially coined by a medical doctor and psychiatrist, Dr. Pierce, in the 1970s to describe “subtle, stunning, often automatic, and nonverbal...’ put-downs’ Black individuals were experiencing in everyday interactions.
 - A decade later, Dr. Pierce argued the Black communities must have a firm awareness of a theoretical framework to deal with racism as way of dealing with its crippling effects on their mental well being.



• Pierce et al., 1978

Dr. Wing Sue

- Definition: Microaggressions:

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

- Derald Wing Sue et al., 2008



Forms of Racial Microaggressions



Microassaults

- Explicit racial derogation characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, behavior, or purposeful discriminatory actions
 - Referring to someone as “colored” or “Oriental,” using racial epithets, discouraging interracial partnerships, displaying a swastika



Microinvalidation

- Communication that exclude, negate, or nullify the psychological thoughts, feelings, or reality of racial and ethnic minorities.
 - When ethnic minorities born and raised in the United States are:
 - Complimented for speaking good English
 - Repeatedly asked where they were born
 - “Where are you from, no really, where are you really from?”



Name that Microaggression Activity



Which microaggression are you noticing?

Why is this microaggression inappropriate?

How would you respond to this microaggression?

What strategies would you employ in your response?



The resident speaks with her patient in Spanish and translates for the attendee, who does not speak Spanish. The attendee comments, “You don’t look like you speak Spanish!”

- **Which microaggression are you noticing?**
 - **Microassault**
 - **Microinsults**
 - **Microinvalidation**
- **Why is this microaggression inappropriate?**

How would you respond to this microaggression?

What strategies would you employ in your response?



‘Stop acting like an angry Black Woman’ ‘Why can’t you people ever listen’ ‘Why do I get a dumb Black nurse?’

- **Which microaggression are you noticing?**
 - **Microassault**
 - **Microinsults**
 - **Microinvalidation**
- **Why is this microaggression inappropriate?**

How would you respond to this microaggression?

What strategies would you employ in your response?



‘You are a doctor? You look like a teenager ’Referring to minority residents or medical students as ‘those people’ or stating that they obtained their current position because of ‘affirmative action.’

- **Which microaggression are you noticing?**
 - **Microassault**
 - **Microinsults**
 - **Microinvalidation**
- **Why is this microaggression inappropriate?**

How would you respond to this microaggression?

What strategies would you employ in your response?



Ashlee Walker is a third-year resident who told her clinic advisor, Dr. Jones, that she was confused and wanted her input on a clinical evaluation. She states, "Dr. Jones, you expressed I am doing well doing fine, but on my 360 assessment, a nurse mentions that I am rude and standoffish. I am taken aback by her description of me since I can not recall any unpleasant encounters with any nurses." I want to know if there is a specific incidence of me being disrespectful towards any the nurses? Dr. Jones responded, "Does it matter? It would probably benefit you to smile more."

- **Which microaggression are you noticing?**
 - **Microassault**
 - **Microinsults**
 - **Microinvalidation**
- **Why is this microaggression inappropriate?**

How would you respond to this microaggression?

What strategies would you employ in your response?



Q & A

- You may now raise hand, unmute once called upon, and ask question.
- Chat option is also open for any questions you may have.

Thank you Dr. Roy!

Upcoming WSUSOM implicit bias training event

WSUSOM Office of Faculty Affairs & Professional Development ***“Identity Privilege Among Health Care Providers”***

Tuesday, May 3, Noon – 1 pm (Zoom)

Presenter: Rhonda Dailey, MD

1.0 CME credits

Thank you!

Be sure to complete the posttest after conclusion of the PDS