Icahn School of Medicine at Mount Sinai

Northwestern

Talk is cheap (but not easy!)

Maintaining Professional Communication and Avoiding Microaggressions

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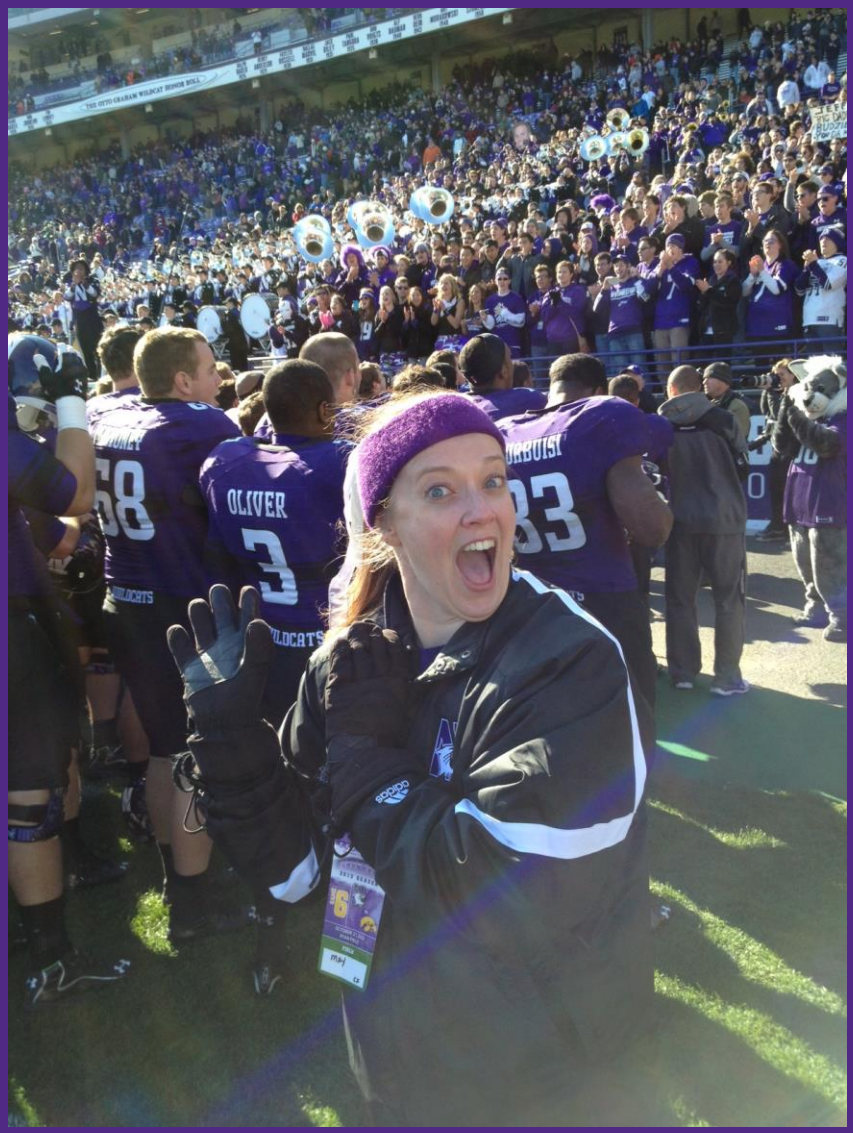

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Agenda

- Highlights of communication theory
- Unique considerations in health science programs
- Review some disability related microaggressions
- 360 view
  - How is faculty supported in communicating around disability needs with students?
  - How are students supported in communicating around disability needs with the school?
  - The role of the Disability Office
  - Avoiding microaggressions

Communication

“Good” or “effective” communication is an essential life skill integral across both personal and professional domains

- Leadership skills
- Healthy relationships
- Employment-job postings, performance reviews

Communication gaps

- Many students do not seek out or make use of accommodations
- Poor communication around disability needs can lead to:
  - Poor academic performance
  - Strained student /faculty relationships
  - Increased burden for students, staff and faculty

What we've got here is failure to communicate.

Cool Hand Luke, 1967

Influential factors

Intergroup communication

Intergroup communication proposes that when people interact, it is their salient social memberships and not their individual characteristics that shape the communication. These social memberships are wide ranging, and include age, ethnicity and sexual orientation


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J.CHANG MD
WHY DO THEY CALL YOU A "FELLOW"?
YOU SURE LOOK LIKE A LADY TO ME.

Psychological factors

Psychological factors that promote or hinder the disability status disclosure by university students include:

- Identity
- Stigma
- Self worth
- Self awareness

} Self determination

Barriers to disclosure

- Identity issues
- Concerns about negative perceptions of peers and faculty
- Lack of knowledge
- Student perceptions of accommodations
- Negative experiences with faculty
- Campus climate
- Previous experiences with microaggressions

Kranke et al. 2013,
Marchak et al. 2010

Disability Microaggresions

"Distorted assumptions and beliefs that fuel negative attitudes and behaviors toward [people with disabilities],…operate in a much more subtle, secretive, and covert manner, often outside the level of awareness of well-intentioned perpetrators"

Keller & Galgay, 2010

Catalysts for disclosure

- Supportive faculty
- Vulnerability
- Stress overload
- Referral by a trusted source

Achieving competence

Communication competence means achieving a balance between effectiveness and appropriateness

- Effectiveness is the extent to which you achieved your goal. i.e. Did you get the raise?
- Appropriateness refers to fulfilling social expectations. i.e. Were you assertive or wishy washy when you asked?

Health science programs

- Higher expectations around communication and self advocacy (just as in the academics)
- Communication is an essential element of patient care and safety
- Communication is an integral part of team work


...AND THAT IS WHY WE LIFT ON THREE...
COMMUNICATION
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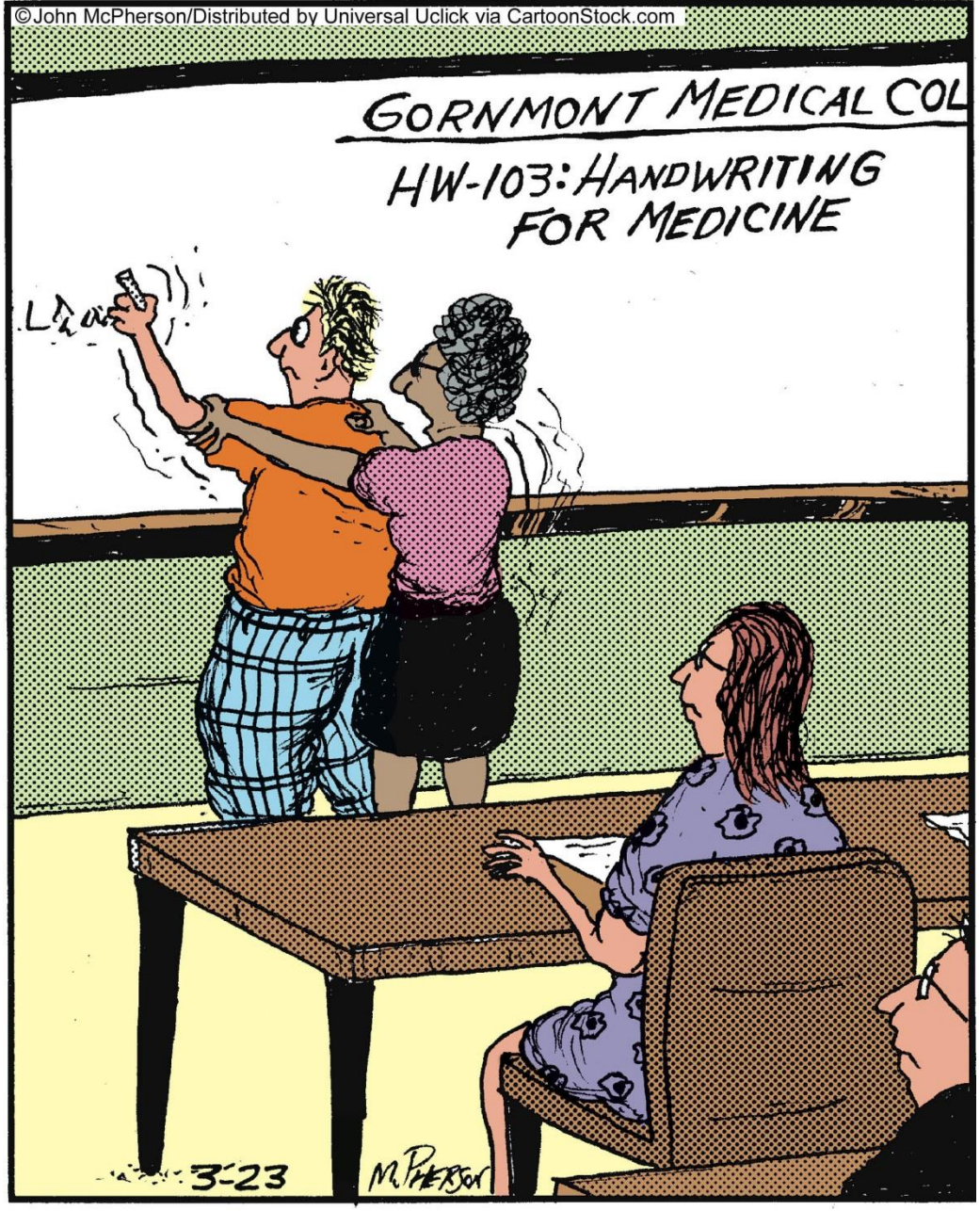
Technical standards

Communication: Students should be able to communicate with patients and/or their caregivers for the purposes of eliciting information, detecting changes in affect, physical functioning, and establishing an effective physician-patient relationship. Students should be able to communicate effectively and sensitively with patients, caregivers and all members of the health care team in all manners of communication including face-to-face, telephonic and written…

Core competencies

- Residency Programs- The Accreditation Council for Graduate Medical Education (ACGME) includes communication as one of the six core competencies as graduation requirements for medical residency programs
- Nursing Education – The Commission on Collegiate Nursing Education (CCNE) requires nursing students demonstrate leadership communication and conflict management among other competencies



"No, no, no ... that's far too legible. Shakier. MUCH shakier!"

CartoonStock.com

Stumbling blocks for students

- Different expectations in different settings
- Varied or unspecified expectations
- Evaluators will become colleagues
- Disclose when, to whom and to how many?

Student specific hurdles

- Limited experience self advocating for disability accommodations
- New versus more established disability (diagnosis)
- Familiarity or experience with health science settings
- Support network

Supporting faculty

You talking to me?

Taxi Driver, 1976

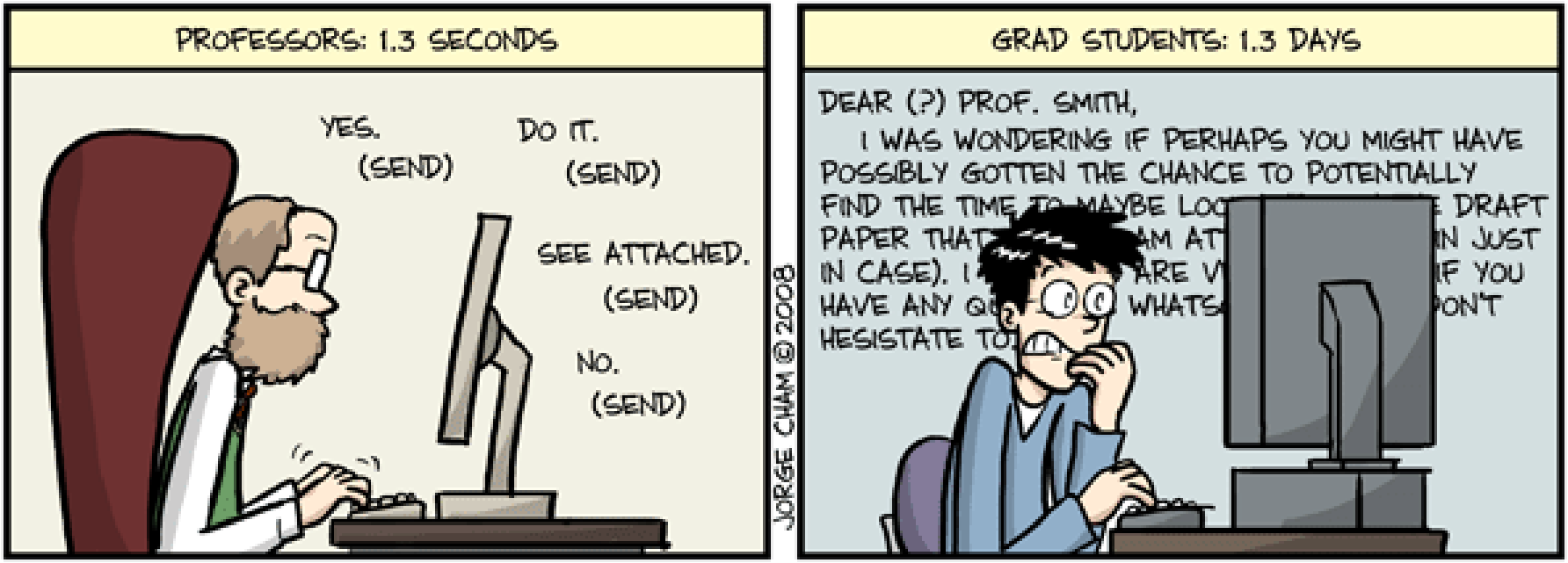
Supporting faculty

Encourage faculty to:

- “Stay in their lane” as educators
- Appreciate the pitfalls of having too much information
- Focus on the implementation of accommodations
- Use good practices
- Avoid microaggressions
- Utilize the disability office

Supporting students

AVERAGE TIME SPENT COMPOSING ONE E-MAIL



**footnote: *Thanks to Oliver from Leiden U. for this comic idea!*

Added burden for SWD

- Requesting accommodations
  - Disclosing disability status to the appropriate professional
  - Providing supporting documentation
  - Interactive process to determine accommodations
- Working with faculty/staff to implement approved accommodations
- Additional processes to receive accommodations on board or licensing exams

Supporting students

Students are encouraged to:

- Consider what and when to disclose
- Consider why they want to disclose
- Be thoughtful around timing of disclosure
- Take out emotionally laden content
- Be clear and concise

The Disability Office - setting the tone

- Campus climate
- Working collaboratively
- Developing clear policies and processes that are widely disseminated and easy to find
  - Including clear processes if there are problems or disagreement
- Layered messaging

The Disability Office

- Protocols for only sharing minimum needed information
- Helpful materials
- Inclusion of disability in diversity initiatives
- Faculty and staff trainings
- Soup to nuts approach

Anecdotal Disability Microaggressions in Medical Education

Disbelief/Denial/Ascription of Unintelligence

- You don't have a disability. You're too bright.
- But you look healthy! But you're so pretty!

Minimization

- *Everyone* has problems. We all have some disability.
- I get it: I'm totally OCD about my files!
- You're lucky to always be able to get a parking spot!

Laziness/Effort Misattribution/Myth of Meritocracy

- You just need to try harder/apply more effort

Anecdotal Microaggressions (cont.)

Assumption of Abnormality/Brokenness

- To a student in a wheelchair with a perplexed look: “What’s wrong…aside from the obvious?”
- Using the terminology “suffers from” or “confined/restricted to.”

Outgroup vs. Ingroup

- They’re not going to get extra time in the real world.
- There are students with learning disabilities in medical school?

Denial of Privacy/Objectification/Others

- Medical student being asked to explain her condition to multiple MDs in her program rather than referral to Disability Services
- If I’m writing you a recommendation letter, I’ll need to include the fact that you used accommodations.
- Faculty describing symptoms related to a patient diagnosis and saying to the student (on rounds in front of the care team) “You’re re having those symptoms right now, aren’t you?”

Account from a Medical Student

“A medication that I took for a short time caused a tremor that became very pronounced at times, especially when I’d had coffee. I had an attending, a resident, and a faculty member I didn't even know comment on my tremor. In some cases these comments were in front of other students/residents/attendings. For example, during this time, I practiced using an [instrument] at a workshop with several other students, and the [instructor] said something like, ‘This is no big deal, why are you shaking?’ I replied, ‘Don't worry, I'm not nervous, it's just because I've had coffee.’ She responded, ‘It's a good thing you're not a neurosurgeon.’ Luckily I don't have an interest in surgery or I might have been crushed! I was offended though, and I resented having to explain myself in these types of situations. I even reduced the dose of that medication because of the repeated comments I got about my tremor and the assumptions people made about me when they saw my hands shake.”

What Can You Do?
Mitigating Microaggressions

- Start by removing the shame and stigma from recognizing microaggressions and other forms of unconscious bias in our own language and behaviors.
- We must address not only our individual biases but also those of the institution in order to impact cultural biases.
    - Exposure to negative comments from attending physicians can worsen medical students' own negative implicit attitudes
    - To achieve true equity and inclusion, it must permeate every aspect of an organization.
- Administratively, we need to be beware of the cost vs. value approach to health care.
    - Bias accelerates within a condensed timeframe (such as when the culture calls for back-to-back,15-minute appointments).

Krisberg, 2015; Nivet & Ross, n.d.

Initial Steps to Reducing Disability Microaggressions

1: Raise Your Awareness

- Take one or more of Harvard's Implicit Association Tests (IATs).
  - A number of publicly available tests including disability, gender-science, gender-career
- Know when you are most vulnerable to committing a microaggression
  - Ambiguous/incomplete information
  - Time constraints
  - Compromised cognitive load (high load and/or fatigue)
- Acquaint yourself not only with the concept of cultural competency, but also of cultural humility and cultural safety

Initial Steps to Reducing Disability Microaggressions

2: Apply Your Awareness

- Use tools such as the IAT with admissions committees and other stakeholders
- Create opportunities for decreasing bias/stereotypes
  - Small-group settings
  - Intergroup contact (ensure equal status within contact situation)
  - Mindfulness
  - Identify post-admission institutional barriers
    - Cases of students with disabilities who fail to progress present one such opportunity
      - Watch tendency to blame the student

Summary

- Prior experiences and campus climate are significant factors
- Remember unique considerations in health science programs
- Consider common pitfalls for students and faculty
- Best practice guidelines for communication
  - Avoid inadvertent discrimination
  - Maintain student privacy
  - Be clear and concise
  - Utilize the disability office
  - Be proactive in addressing microaggressions

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QUESTIONS?