



# AIM to Learn: **Actioning on Implicit (Biases) and Microaggressions in the Learning Environment**

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Advancing Integrated Psychiatric Care for the Medically Ill



# Disclosures – Participant

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With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (and/or spouse/partner) and any for-profit company which could be considered a conflict of interest.

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## COURSE OBJECTIVES

- Identify ways that implicit bias and microaggressions can impact our perceptions and behaviors in patient care and the clinical learning environment
- Describe how identity (including both personal and professional identities) and intersectionality impact team dynamics
- Practice communication strategies to use when faced with unexpected bias



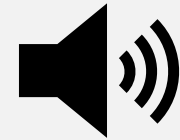
# AGENDA/OUTLINE

- Brief Review Definitions
- Sharing Identities
- Upstander Actions
- Vignettes and Discussion
- Interprofessional team dynamics
- Vignettes and Discussion

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# OUR LEARNING COMMUNITY



Brave Space



Chat Function



Write It Down

“This makes me think of...”

“I could incorporate this by...”



# WORKING DEFINITIONS

## EXPLICIT BIAS

Stereotypes, attitudes, and impressions about people or a group of people that you are actively aware of

## IMPLICIT BIAS

Unconscious, unintentional, and/or automatic mental process in which individuals may hold negative beliefs about others (Devine, 2012)

## MICROAGGRESSIONS

Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to or about historically stigmatized groups (Sue et al, 2007)

# WORKING DEFINITIONS

## STEREOTYPE THREAT

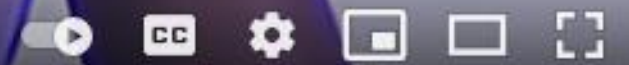
Situational predicament in which people are or feel themselves at risk to be conforming to stereotypes about their social group (Steele and Aronson, 1995)

## INTERSECTIONALITY

Identities interact with one another to shape our sense of self and of how we interact in the world. (Wilson, 2019)



THE DANGER OF  
A SINGLE STORY



# TRIO SHARE: HOW ARE YOU SHOWING UP TODAY?

## REFLECT (Two minutes):

- Identify one personal or professional identity that is showing up for you right now that you feel pride in
- Identify an unintended impact that this identity can have on others

## SHARE: (Two Minutes per person)

- Choose who the sharer and listener will be
  - Listener(s) – ONLY actively listen, do not respond
  - Sharers – only share what YOU feel comfortable with and avoid responding to others' shares during your share



## DISCUSSION: SHARING IDENTITIES

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What was it like **sharing aspects** of your identity to others?  
What **reactions** did you have when doing this exercise?

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What factors made it easy or hard? What factors **influenced** whether you shared or not and what you **chose to share**?

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How might you help **foster an environment** where your patients and learners can **feel safe to share** aspects of themselves with you and other team members?

Strategy	Intention
<b>State their values</b>	naming the aggressor's positive values serves to emphasize the discrepancy between their values and behavior.
<b>State how you feel</b>	particularly helpful when there is a close relationship; serves to highlight the discrepancy between values and behavior.
<b>Get curious, ask for an explanation</b>	helps them think things through and allows opportunity for education
<b>Empathize with them</b>	opportunity to reflect their emotion and add a different perspective
<b>Provide information</b>	opportunity to correct misinformation
<b>Use Humor</b>	Depending on your comfort, personality, and relationship with the aggressor this can help to reduce defensiveness
<b>Get support</b>	Adding other voices to the conversation can help set expectations that this behavior is against the norms of the community
<b>Use non-verbal cues</b>	change in facial expression, sighing are ways to communicate

## STRATEGIES FOR RESPONDING

## INTERRUPTING BIAS—IN THE MOMENT

- Can we take a time-out so we can unpack that a bit?
- I'm confused about what you just said - would you explain a bit more?
- I'm uncertain about how to talk about what you just said. I need to give it some thought and get back to you later.
- I heard you say \_\_\_\_\_.  
Will you clarify what you meant?
- When I heard your comment I felt/thought ...
- I'm thinking about how what was said could impact women...
- Can you help me understand...
- We seem to see this differently, can you share more about your perspective?

INTERRUPTING  
BIAS—AFTER THE  
FACT

- *May I speak with you about something that's been bothering me?*
- *May I ask you a question about what happened? I'd like to understand where you're coming from.*
- *Would it be OK if we spoke with you about something we observed/experienced?*
- *I'm uncomfortable too, but we'll get through this together.*



## BREAKOUT ROOMS / PRACTICE

Small groups of 3 (20 minutes)

- Decide who takes on each role (two in scenario, one upstander)
- Role play scenario 1
- Role play scenario 2

Large group discussion (10 minutes)



**BREAK**



# CHALLENGE

IN ONE MINUTE...

Type in as many words as you can to answer this prompt:

“What makes a healthcare community feel more safe and inclusive?”

Can we come up with 50+ words?

# INTERPROFESSIONAL TEAMS

Power and  
hierarchy

Stereotypes about  
professional role

Psychologic safety  
to share diverse  
perspectives and  
address bias

Ad hoc versus  
stable teams

Trainees

# PRACTICE VIGNETTE

Breakout Rooms (30 minutes)  
Large Group Discussion (10 minutes)

WHAT WILL YOU BRING  
FROM TODAY TO  
NURTURE YOUR  
PROFESSIONAL  
GROWTH?

