Psychological Safety and Addressing Mistreatment of Residents: Tip Sheet for Teachers[4]

Create Psychological Safety: Psychological safety[1] means promoting a culture of openness and respect for all so that everyone across all social identities and intersections are included. In psychologically safe environments, residents feel secure speaking up, asking for help, and fully engaging in optimal learning which includes productive struggle. **Early in your work with a resident, explicitly acknowledge that bias events will happen, and your approach to addressing these.** There is a power differential between faculty and trainees, and faculty are encouraged to initiate these important conversations. There is no one right way of addressing incidents of mistreatment, and a trauma-informed approach (that enhances safety, minimizes harm, and centers the goals of the person most directly affected) can be helpful. Mistreatment can occur from faculty, other learners, patients, families, visitors, and healthcare professionals.

- Acknowledge that bias incidents happen in the hospital, including incidents that are racist, sexist, homophobic, ableist or otherwise discriminatory, and that they are unacceptable.
- Invite residents to share with you when bias incidents occur, and their experience of the incident. Do not assume what their experience might be. Be open to discussion, while recognizing residents may not feel comfortable disclosing these experiences.
- Commit to explicitly acknowledging bias incidents when they occur in real time, and only take action with the resident's consent (rare exceptions include mandatory reporting obligation or safety concern). Explore the resident's preferences around this (consider a "pre-brief"[2]), and support them in decision making after the incident.
- Reiterate that the resident has your support and you want to empower them.
- Ensure residents are aware of additional resources available through the **Learner Mistreatment Unit** through the Office of Learner Affairs to discuss, disclose or report), as well as through the **Resident Advisor**.
- If a resident does not wish to connect with the Learner Experience Unit, you can consult the unit directly on the resident's behalf in a de-identified manner for confidential advice to ensure you are aligned with the **Guidelines on Managing Disclosures of Learner Mistreatment**.

Types of Bias:
--Overt derogatory language (e.g., slurs)
--Microaggressions (e.g., mistaking a BIPOC trainee for environmental services, asking a Latinx resident to interpret Spanish)
--"Complimentary" comments (e.g., "People from [X ethnicity] are so intelligent/attractive/exotic/etc.")

"ERASE" Framework[3]
- **Expect** that bias events will happen and prepare accordingly
- **Recognize** mistreatment, including obvious and subtle manifestations
- **Address** the situation in real time
- **Support** the learner after the bias event
- **Establish** a positive and bias-free culture

Strategies for Addressing Learner Mistreatment[3,4]

1. **Set clear limits:** express clear behavior expectations and communicate institutional policies (i.e. for team culture, for patients in the clinical milieu, when a bias incident is debriefed in the learning environment).
2. **Redirect/reframe:** help the person who has committed the mistreatment see their behavior from another perspective (i.e. "How would you feel if someone used a term like that about you or your loved one?")
3. **Appeal to values and principles:** express compassion and build an alliance by appealing to shared truths
4. **Make the invisible visible:** name and make the observed bias/metacommunication explicit
5. **Disarm:** instantly stop or deflect the comment/action by expressing disagreement or challenging it
6. **Educate:** engage in dialogue about how and why the comment/action was offensive and/or provide correct information
7. **Separate intent from impact:** acknowledge that they might not have intended to harm while explaining the negative impact. Impact is privileged over intent in reviewing incidents of mistreatment.

References:

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3. Goldenberg MN, Cyrus KD, Wilkins KM: *ERASE: A New Framework for Faculty to Manage Patient Mistreatment of Trainees*. Acad Psychiatry 2019;43(4):396-9. PMID: 30523539
4. Gerken, Adrienne T., Faller, Veronica. (2021, February 19). *"Bias at the Bedside: A Toolkit for Upstanders"* Department of Psychiatry Grand Rounds Mount Sinai Hospital. Toronto, Ontario, Canada.
5. Sue DW, et al.: *Disarming Racial Microaggressions: Microintervention Strategies for Targets, White Allies, and Bystanders.*American Psychologist 2019;74(1):128-142. PMID: 30652905