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TITLE: Addressing Microaggressions

PURPOSE:

The University of Vermont Health Network (UVMHN) does not tolerate or condone discrimination or mistreatment of staff or patients. One form of mistreatment or discrimination can be microaggressions, including microinsults, microinvalidations, and micro assaults. The purpose of this policy is to help prepare staff to respond appropriately to microaggressions in a way that fits the severity and impact of the behavior.

DEFINITIONS:

Bias: To favor or have a preference for or against something (American Psychological Association, (APA), 2022). **Conscious bias:** Aware of these biases | Know where they come from | Some level of belief in them

- **Unconscious bias:** Attitudes, beliefs and opinions about people that one may not be aware of but influence judgement or behavior towards others.
- **Discrimination** is the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, ethnicity, age, sex, or disability. For example, a form of prejudice that assumes members of certain races have specific characteristics and differences from other races and that these differences make them inferior to others is a type of discrimination called racism (APA, 2022).
- **Microaggression** is a term used for brief and commonplace verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative insults toward any group, particularly structurally and culturally marginalized groups. Included in this policy are also the following microaggressions:
 - **Micro assault:** An explicit derogation characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions.
 - **Microinsult:** Verbal and nonverbal communications that subtly convey rudeness and insensitivity and demean a person's identity.
 - **Microinvalidation:** Verbal comments or behaviors that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person related to discrimination or bias, .

APPLICABILITY: This policy applies to all employees at UVMHN, including vendors, contracted individuals, and anyone who is affiliated with UVMHN employees and patients. Note: For University of Vermont Home, Health, and Hospice (UVMHHH) employees, the words “client” and “clients” may be substituted for “patient” and “patients”.

POLICY STATEMENT:

- The UVMHN goal is to provide a safe environment for all patients, visitors, employees, medical staff, students, volunteers, and vendors across all of our network sites and where care is provided.
- UVMHN does not discriminate on the basis of age, race, skin color, sex, sexual orientation, gender identity or expression, ethnicity, color, place of birth, HIV status, national origin, religion, marital status, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces, or any other characteristic protected by law.
- We are committed to Diversity, Equity, and Inclusion. Employees are expected to respect the diverse opinions, beliefs and cultural differences of our staff, patients and visitors.
- We do not tolerate harassment or unfair discrimination and treat such actions as a form of misconduct. Those who choose to file a complaint through the Network do not lose their right to file with an outside enforcement agency.

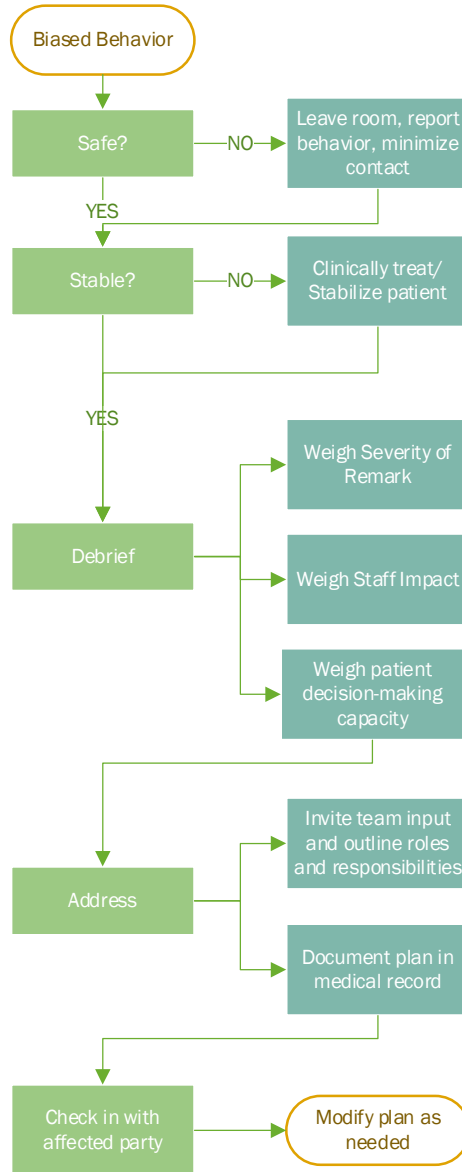
These statements are aligned across many of our policies and procedures across the network such as:

- The UVMHN [Code of Conduct](#)
- The UVMHN Workplace Violence Network Policy
- [The UVMHN Vermont Patient Bill of Rights](#)
- [The UVMHN New York Patient Bill of Rights](#)

I. Biases from patients and families towards staff

The UVM Health Network is committed to providing high quality patient care wherever patients encounter care within our Network. However, we do not provide care in a way that places employees in harm's way or devalues who they are as an individual. We recognize that when patients are the ones displaying microaggressions or biased behavior towards staff, it can be difficult to step in and stop the behavior in the moment. This policy will provide guidance for what to say and do in various situations.

We expect our UVMHN employees to follow the below algorithm when addressing biased behavior when providing clinical care for a patient (and recognize there may need to be adjustments for inpatient vs outpatient).



a. Response to patient microaggressions

- i. First, assess safety. If staff feel in danger emotionally or physically, they should leave the location, let another staff or manager know, and report the behavior by following local organization reporting structure (this may be supervisor, another clinician, team member, or security). The goal is to minimize contact with the patient if there is concern for safety while also ensuring someone else is available to see or stabilize the patient.
- ii. If a patient is unstable, prioritize medical stabilization of the patient. Once the patient is in a stable condition, weigh the severity of the remark and the impact on staff as well as patient decision-making capacity in order to formulate a plan of response. Consider the following when weighing the severity:
 1. Hurtful intent vs using out-of-date language
 2. Pattern of behavior vs isolated event

3. Impact on the recipient or subject of the remarks
 4. If the behavior or bias is an expression of trauma, fear, or regression in clinical status
 5. Whether the patient has intact cognition, and thus more responsibility for the microaggression than if not.
- iii. Include the following factors when preparing:
 1. Identify who is in the best position to respond to the patient (this does not have to be the attending physician or the affected staff member)
 2. Ask for input from the affected staff member (recipient of bias) without assuming how they would like to respond nor that they will be involved in the response if they prefer not.
 - iv. Address the behavior with the patient - respond in real time, avoid ignoring or minimizing behavior, and avoid banter. Consider these scripts to help:
 1. **Direct:** “That is not OK to say” or “I am surprised you thought that was appropriate to say”
 2. **Redirect:** “We are here to focus on your health” or “Let’s keep it professional”
 3. **Clarify roles** “We are your care team” or “Dr. X is in charge of your day-to-day care”
 4. **Challenge stereotypes:** “That stereotype is not fair” or “I don’t think you would have said that to a male doctor”
 5. **Describe:** “When you said X, it felt Y”
 6. **Probe:** “What do you mean by that?” or “What was your goal with that comment?”
 - v. Debrief with the staff after addressing the behavior.
 1. Check in on team and if they feel safe and supported
 2. Acknowledge challenge
 3. Discuss ways to improve
 4. Adjust the plan as necessary
 5. Affirm commitment to the plan (consequences are carried out as appropriate)
 - vi. Document the plan in the medical record if it makes sense to do so.
 - vii. Use your organization’s event reporting system to file a patient safety report and, if necessary, follow the workplace violence flag guidelines to place a workplace violence flag in the patient’s chart in the medical record.
 - viii. To file a complaint with the Network, please contact Human Resources at your work site, or use the Ethicspoint reporting resource <https://secure.ethicspoint.com/> or 877-518-3579

For staff that have been the recipient of microaggressions or bias, the supervisor should ensure the employee is supported, in the way that works best for them. Offer the employee assistance that is available by your organization (e.g., employee and family assistance program or equivalent) and reach out directly to the employee periodically to ensure the employee is not continuing to receive biased behavior in the workplace. There are tools in the Everyday Inclusion toolkit (available after the training) to help supervisors and staff know how to support and address situations rooted in bias and microaggressions.

As a reminder, we do not honor discriminatory patient preferences. All patients receive the patient bill of rights during their visit. If staff feel comfortable doing so, remind patients of the statement in the bill of rights: *“It is not our practice to reassign clinicians, learners or staff based on patient requests that are motivated by the identities of the clinician, learner or staff, such as, race, ethnicity, sexual orientation, or gender identity or expression. In selected circumstances, we will give careful consideration to clinician, learner or staff reassignment based on the patient’s religion, prior history of trauma and/or other personal factors that motivate a request that is not inappropriately biased. Careful consideration of factors such as clinical urgency, staffing availability, engagement with support services and the details of the request will be made on a case-by-case basis.”*

As per our bill of rights, patients may request non-discriminatory preferences. Some of these examples may be:

- Female patient prefers a female clinician treat them
- Patient expresses discomfort or felt mistreated by a staff member and asks for someone else

Accommodate these preferences when possible. If not possible, clearly explain to the patient the reason and document patient’s preference in the medical record. Reasons for not accommodating should be due to urgency of treatment, staff not available, or if it is unsafe to do so.

Visitors or household members are held to the same standards as our patients and employees and any behavior rooted in bias should be addressed similarly.

To file a complaint with the Network, please use your local safe reporting system. You can also contact Human Resources at your work site or use the Ethicspoint reporting <https://secure.ethicspoint.com/> or 877-518-3579.

II. Biases from staff to patient

We do not tolerate discrimination or microaggressions from staff to patients. Staff witnessing their colleagues exhibiting microaggressions towards patients should mention this with their supervisor immediately. The supervisor should treat this behavior as they would any other unacceptable behavior and follow the healthcare partner's guiding policy around corrective action, which may include termination after appropriate investigation.

If a staff member is behaving with *unconscious* bias and have had no previous work concerns related to microaggressions, then the staff member witnessing this should determine if they are comfortable discussing the options and impact directly with the offending employee. They may choose to share with a leader who will address the situation. If it is safe to do so, a leader may choose to remove the staff from the patient's care. A staff member may also bring this to the care team that is responsible for the patient's care.

For all incidents of bias towards a patient, a selected member of the care team should apologize to the patient and ensure the patient feels safe and supported. The care team should decide who is in the best position to speak to the patient. This may not be the physician or provider overseeing the patient's care. This staff member should speak to the patient as close to the incident as possible to minimize the distress to the patient. When speaking to the patient, consider the following:

- Explore patient's reaction to the bias and the impact it had on them
- What changes to the care team is feasible

Report these incidents in the organization's event reporting system.

Accommodate these preferences when possible. If not possible, clearly explain to the patient the reason and document patient's preference in the medical record. Reasons for not accommodating should be due to urgency of treatment, staff not available, or if it is unsafe to do so.

To file a complaint with the Network, please contact Human Resources at your work site, or use the Ethicspoint reporting resource <https://secure.ethicspoint.com/> or **877-518-3579**.

III. Biases from staff to staff

Supervisors should immediately address conscious bias or microaggressions towards staff from other staff. Depending on the bias or microaggression, an employee may or may not be comfortable directly speaking with the offending employee. In this case, the supervisor or direct leader should address the situation with the offending employee. We do not tolerate bullying or unwelcome behavior that insults, humiliates or intimidates another individual or group. Anyone who is aware of such behavior should report it to their supervisor or their organization's Human Resources.

As soon as they are aware, direct supervisors should communicate with any employee showing *unconscious* bias and who have had no previous work concerns related to microaggressions. For staff who respond apologetically and with an interest to learn more, visit the [DEI website](#). Supervisors can also sign employees up for DEI trainings in Cornerstone.

Supervisors should support employees who are the recipient of microaggressions or bias in the way that works best for them. Offer the employee assistance that is available by your organization (e.g., employee and family assistance program or equivalent) and reach out directly to the employee again, in an agreed upon timeframe (always discuss with the employee the frequency that works for their needs). The leader should make sure that the employee does not continue to receive [biased behavior in the workplace](#). There are tools in the Everyday Inclusion toolkit (will be shared in an email after the training in Cornerstone is completed) to help supervisors and staff know how to support and address situations rooted in bias and microaggressions.

Repeated bullying or unacceptable behavior by any employee that has not improved is a performance concern and should be handled accordingly.

To file a complaint with the Network, please contact Human Resources at your work site, or use the Ethicspoint reporting resource <https://secure.ethicspoint.com/> or **877-518-3579**.

IV. Prevention and Training

1. All employees across the network are required to take the annual Diversity, Equity, and Inclusion module in Cornerstone. This is included in every employee's mandatory annual training module in Cornerstone.
2. All leaders and employees with direct reports are required to take Everyday Inclusion training on Cornerstone. Although not required, all other employees across the network are encouraged to take Everyday Inclusion training in Cornerstone.
3. All network leaders should be familiar with and aware of potential for bias and microaggressions in respective work areas.
4. It is the responsibility of all supervisors, managers, and all Staff in leadership roles to handle and address situations involving patient bias or microaggressions towards their employees, including providing ongoing support as needed
5. All network leaders should engage in discussions with staff for any issues related to potential for bias or microaggressions and support as needed.
6. Reporting events is how we can tailor training and target where we need to focus efforts on preventing future events where we can.
 - i. Leaders should encourage staff to report microaggressions using the patient safety system at their organization for patient related incidents. For staff driven incidents, use EthicsPoint or local HR system to report events.
 - ii. If applicable, employees should communicate with their leader following an incident in addition to filing a report. The leader receiving this communication should follow this policy and take appropriate steps to support the employee.
7. All network partners are expected to review this policy with new employees as a part of their local onboarding process. At a minimum, please provide a copy of this policy to all new employees.
8. If available, assistance in the form of an Employee and Family Assistance Program (EFAP or EAP) should be offered to any employee who is affected by an event (including witnesses to events).

AUTHORITY:

Each UVMHN affiliate will be responsible for:

- Providing an environment where incidents of bias and microaggressions are addressed immediately whenever possible.
- Ensuring that there is no retaliation against an individual for the good faith reporting of an alleged violation of this policy.
- Ensuring that the appropriate steps are taken for each situation as outlined above.
- Ensuring that the victims of micro-aggressive behavior are supported and that the appropriate resources are made available to them, including, but not limited to an Employee Family and Assistance Program.

RELATED POLICIES:

[Code of Conduct](#)

[Workplace Violence Care Plan Flag](#)

[Individual Network Partner Policies:](#)

[UVMHC: EXEC23- Unsafe Patient Behavior](#), [ETHI1 - Patient Rights and Responsibilities](#)

[CVMC HR Policy: Workplace Harassment Prevention](#)

REFERENCES:

Responding to Biased Comments Video Series available in [Cornerstone](#):

- Responding to Biased Comments | Part 1 | General Overview
- Responding to Biased Comments | Part 2 | The Process
- Responding to Biased Comments | Part 3 | Case Studies

[DEI UVMHN Sharepoint](#)

[Ethicspoint](#) or 877-518-3579.

Pilcher F, Shubkin CD, Marcolini E, Coleman M, Lahey T. Ethical responses to violence toward health care workers. *J Hosp Med.* 2024; 1-4. doi:10.1002/jhm.13355

Sheffield V, Fraley L, Warriar G. Addressing Biased Patient Behavior: A Teachable Moment. *JAMA Intern Med.* 2021;181(12):1631–1632. doi:10.1001/jamainternmed.2021.5719

American Psychological Association. (2022, October 31). Discrimination: What it is and how to cope. <https://www.apa.org/topics/racism-bias-discrimination/types-stress>

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DISCLAIMER: Only the online policy is considered official. Please compare with on-line document for accuracy.

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