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## Stanford Genetic Counseling DEI Rotation Supplement

### Instructions on how to use this guide:

#### Our goal

The goal of this guide is to encourage you and your trainee to engage in conversations about issues related to inclusion, diversity, and equity. It is meant to facilitate discussion about the different perspectives that each individual brings to the rotation and troubleshoot areas of conflict.

#### Suggested Timeline - 1st use

Date	Document
Prior to first meeting	Trainees: Complete the trainee homework, select one or two questions from the DEI Checklist ( <a href="#">clinical/patient interactions</a> ) if applicable
	Supervisors: Review DEI Checklist <a href="#">Logistics and Micro-inclusions</a> and ensure you're aware of resources for students
	Select one or two questions from the DEI Checklist <a href="#">clinical/patient interactions</a> (if applicable)
First meeting	Supervisors: Complete DEI Checklist <a href="#">Logistics and Micro-inclusions</a>
	Both: Discuss the questions you've selected from the DEI checklist <a href="#">clinical/patient interactions</a>
Mid-point evaluation (can be modified)	Trainees & Supervisors: <a href="#">Managing microaggressions</a>
Final evaluation (can be modified)	Trainees & Supervisors: <a href="#">End of rotation activities</a>

## Suggest timeline - subsequent uses

Date	Document
Prior to first meeting	<p>Trainees: Review your notes for the <a href="#">trainee homework</a>, are there things that have changed since the last time you did this assignment?</p> <p>Pick 1-2 new questions from the DEI checklist (<a href="#">clinical/patient interactions</a>)</p>
	<p>Supervisors: Review with trainee the DEI checklist for Beginning of rotation - for consecutive trainees, note what different perspectives they bring to the table</p> <p>Pick 1-2 new questions from the DEI checklist (<a href="#">clinical/patient interactions</a>)</p>
First meeting	Review items from <a href="#">DEI checklist</a>
Mid-point evaluation (can be modified)	Trainees & Supervisors: <a href="#">Managing microaggressions</a>
Final evaluation (can be modified)	Trainees & Supervisors: <a href="#">End of rotation activities</a>

2021-2022 Academic School Year contacts:

If questions come up and you would like to discuss it with someone on this committee

Student contact: Claire Barton - [cbarton@stanford.edu](mailto:cbarton@stanford.edu)

Supervisor contact: Carly Siskind - [csiskind@stanfordhealthcare.org](mailto:csiskind@stanfordhealthcare.org)

### **What if I experience any interactions with faculty, patients, staff, supervisors, or classmates that make me feel uncomfortable or treated differently?**

- Stanford students: Please use the “SUGC DEI issues feedback form” link included in the Student Handbook, SUGC Canvas page, and SUGC Slack #admin-students channel



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## Trainee homework:

1. Watch [“From Bystander to Upstander: Advocacy through Action”](#) by Dr. Kimberley Manning at Emory (approx 1 hour) and complete the homework assignment from the video:
  - a. Reflect on the list of things you do/don’t think about
  - b. Make a list of 3 perspectives you don’t have to consider
  - c. Imagine what it would be like to worry about those things
  - d. Think about a time where you witnessed or committed a microaggression
    - i. What would you have done differently?
2. Read the [intro to the Genetic Counselor Cultural and Linguistic Competency Toolkit](#)
  - a. Click through to the toolkit and familiarize yourself with the contents – identify three resources to help you learn about the patient population on which you’ll focus for this rotation
3. Review the [DEI checklist for beginning of rotation](#) prior to your first meeting with your supervisor



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## DEI Checklist for Beginning of Rotation

(clinical and non-clinical)

Logistics and Micro-inclusions - Settling in (For supervisors) :

- ☐ What are your pronouns?
- ☐ Tell me about your previous professional experience/expertise (can include work/volunteer experience, schoolwork and rotations)
- ☐ Explain how the student can receive accommodation for disabilities.
- ☐ Are there any important holidays/celebrations that we should plan around?
- ☐ Offer other people the student can talk to if they feel uncomfortable discussing concerns about the supervisor due to power differential.
- ☐ Are there topics outside of the rotation itself that the student would like to receive mentoring on?
- ☐ Discuss patients populations seen in this rotation (clinical) or discussed in the context of this rotation (non-clinical). How can we approach cultural differences and develop our cultural humility?

Encourage ongoing discussion:

*Students* - please complete the [Trainee Homework](#) and review these questions prior to having this conversation with your supervisor

*Supervisors/students* - *pick at least one or two questions* that you would like to discuss during this meeting

- ☐ What perception gaps (perspectives you don't need to consider) are you working on?
- ☐ How might those gaps impact interactions with the patient populations just discussed?
- ☐ How can we employ techniques for working with cultures different than our own without relying on stereotypes and while acknowledging diversity within cultural groups?
- ☐ Which of the 5-Ds (display discomfort, direct, distract, delegate, delay) do you prefer that I employ if I witness a microaggression occurring?
  - ☐ Which is most appropriate in different scenarios (i.e. during a visit, in the clinic workroom, in one-on-one meetings)?
  - ☐ Which one of the 5-D's is most approachable for you? Which one you are working on.

More resources:

[Implicit Bias and Microaggressions](#): Information about creating an inclusive environment

## Managing Microaggressions in Rotations

### **Purpose:**

The goal of this document is to help students/supervisors understand and manage microaggressions. It includes actions one can take before, during and after a microaggression occurs.

### **Background information:**

A microaggression is “a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group” (Merriam Webster dictionary). The aim of this document is to provide guidance for addressing microaggressions as they arise during rotations.

The 5 D’s of addressing microaggressions (From Bystander to Upstander: Advocacy through Action by Dr. Kimberly Manning)

- Display discomfort - facial expressions or body language that show disapproval
- Direct - addressing the microaggression while it’s occurring
  - Example: Move into clarify if you perceive that assumptions are being made – ask clarifying question of provider or patient
- Distract - changing the subject so that the microaggression stops occurring
  - Example: If there is a need to intervene during the session – consider distraction – “let’s move on to ‘X’”
- Delegate - asking someone else (i.e. a supervisor/advisor) to handle the situation
- Delay - speak with the recipient of the microaggression after the interaction has ended

### **Discussion prompts for *supervisors*:**

After a microaggression has occurred:

- Delay: Incorporate supervisor check-ins as a standard part of weekly / post session processing – “Is there anything about that session that seemed biased or made you feel uncomfortable?”
- When you feel a microaggression may have occurred: “I was unsure of X, let’s brainstorm other ways that could have been handled.”

### **Discussion prompts for *trainees*:**

Preparing for an interaction

- What are some DEI issues that I should be aware of before the session?
- How does my lens influence how I approach that situation? What are some things I could be missing?

After a microaggression has occurred:



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- Delegate: Talk to your supervisor or program supervisor about what happened
- Delay: When you feel a microaggression may have occurred, "I noticed that X occurred and wanted to talk more about that."

## More information about Microaggressions:

Types of Microaggressions:

- "Microassault - conscious violent verbal or non-verbal attacks with the intention of hurting another based on [an aspect of their identity]
- Microinsult- conscious behavioral or verbal statements that are insensitive and demeaning to one's...identity
- Microinvalidation- unconscious behaviors or verbal comments that negate or exclude someone's thoughts, feelings or reality based on their [identity]" (Adapted from "Healing Racial Trauma" by Dr. Candice Nicole)

## General Resources:

It is important to remember that simply because a person is identified as a member of a particular ethnic group or religion does not necessarily mean that the person or the person's family has the set of beliefs that may be associated with the ethnicity or religion. An assessment should be made of how acculturated a person and their family are, their language skills, and whether an interpreter is needed. Be aware of some of the overall cultural values of the community and then explore the pertinent themes as they relate to providing health care for individual patients. Remember there is great diversity within a community. Experiences will vary greatly depending, for example, on whether people lived in rural or urban communities in their countries of origin, how long they have been in the United States, immigration process, former occupations and levels of education. Remember that patients are individuals and are not defined by their cultural group. ([ethnomed.org](http://ethnomed.org))

- [Genetic Counseling Cultural and Linguistic Competence Toolkit](#)
- [Georgetown National Center for Cultural Competence](#)
- [ethnomed.org](http://ethnomed.org)
- [US Dept of Health and Human Services – Office of Minority Health](#)
  - [Think Cultural Health online training](#)
- [Association of Medical Colleges Resource page](#)
- [UCSF Diversity and Inclusion](#)

## For supervisors:

- [Diversity & Inclusion in Medical Schools: The Reality](#) - Scientific American
  - "Once they are in school, they are told to leave precisely what they bring to the table at the threshold of the hospital."



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- [Structural Solutions for the Rarest of the Rare – Underrepresented-Minority Faculty in Medical Subspecialties](#) – **New England Journal of Medicine**
- [How should organizations support trainees in the face of patient bias?](#)



## Addressing Patient Bias

Purpose: This document is meant to provide guidance for supervisors who need to address patient bias towards a trainee.

### Definitions and Laws:

- Patient Bias - behavior that is rude/disruptive, inappropriate conduct/comments/jokes/innuendo, epithets, slurs, negative stereotyping, displays of offensive materials, unwelcome physical contact, verbal abuse, reassignment demands (Paul-Emile, 2019).
- Laws: See Table 1: Relevant Laws in Paul-Emile et al, 2020)

The following protocol is adapted from Health Law How should Organizations Support Trainees in the Face of Patient Bias? Paul-Emile, 2019

1. Assessment
  - a. Acknowledge that patient's behavior is inappropriate
  - b. Assess whether trainee feels comfortable addressing it themselves
  - c. If not, inform patient that trainee is qualified to take part in the session and bigotted behaviors will not be tolerated
  - d. Check with the trainee about whether they want to proceed: do not force the trainee to comply with any bigotted requests (may violate employment/education antidiscrimination laws)
2. Debriefing
  - a. Follow up with the trainee afterwards, provide support and validation
  - b. Offer to continue conversation or connect trainee with other individuals for further support
3. Tracking and Data collection \*data tracking is important to identify areas of improvement in DEI policies - please select the most appropriate tracking system for your situation\*:
  - a. For acts of intolerance towards *students*, please see the instructions: <https://deanofstudents.stanford.edu/acts-intolerance-protocol/reporting-and-response>
    - i. This can be used by students or faculty and can be filled out **anonymously**. If the student chooses to do so, they can participate in further meetings to discuss the incident and move towards resolutions.
  - b. Students and Employees can also report by contacting the Diversity and Access Office, please note that this method is not anonymous:  
<https://diversityandaccess.stanford.edu/reporting-discrimination-concern>

### Resources:



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[How Should Organizations Support Trainees in the Face of Patient Bias?](#) - Kimani Paul-Emile, 2019

[Addressing Patient Bias Toward Health Care Workers: Recommendations for Medical Centers](#) - Kimani Paul-Emile et al 2020

[Bias and Sociocultural Awareness in Clinical Settings](#) - Fernando S. Mendoza, MD, PhD and Lars Osterberg, MD, MPH

## End of rotation activities

Discussions for the supervisor/trainee:

- Past experiences thinking about diversity, health equity, and inclusion:
  - Recall a past experience and troubleshoot it
- Which of my perceptions have been challenged during this rotation? How can I integrate this reflection into my future rotations?

Stanford trainees/supervisors - please fill out the applicable feedback form to help us improve these documents:

[Student Input Form](#)

[Supervisor input form](#)

## Additional resources