

Educating Pediatric Providers about Microaggressions



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Introduction

- Microaggressions are defined as brief, indirect, verbal, behavioral, or environmental prejudicial expressions communicating derogatory or negative insults towards marginalized groups which are further classified as: microassaults, microinsults, and microinvalidations.
- A recent needs assessment showed 75% of pediatric resident physicians at HDVCH thought microaggressions education is important, but only 10% felt “very comfortable” with identifying microaggressions.
- There is currently no formal education regarding microaggressions without our pediatric residency program.

Hypothesis

- We hypothesized that knowledge gaps and discomfort about this topic existed among pediatric providers at Helen DeVos Children’s Hospital (HDVCH).

Quality Improvement

- We followed the PDSA model (Plan, Do, Study, Act).

Methods

- Pediatric providers (resident and attending physicians) received a pre-survey to assess knowledge about and comfort level with microaggressions.
- An educational intervention was performed in the form of a brief lecture and discussion.
- The same providers then completed a post-survey comprised of the same knowledge and comfort level questions
 - 3 knowledge-based questions with discrete correct answers
 - 3 comfort level questions using a 5-point scale

Results

Question or Category	Pre-survey	Post-survey
Knowledge	51%	57%
Confidence: Identifying microaggressions (5-very confident, 3-somewhat confident, 1-not confident at all)	6% - 5 11% - 4 53% - 3 28% - 2 2% - 1	13% - 5 54% - 4 31% - 3
Confidence: Responding as a Receiver (5-very confident, 3-somewhat confident, 1-not confident at all)	3% - 5 11% - 4 33% - 3 44% - 2 9% - 1	25% - 5 38% - 4 37% - 3
Confidence: Responding as a Witness (5-very confident, 3-somewhat confident, 1-not confident at all)	11% - 4 36% - 3 47% - 2 6% - 1	25% - 5 38% - 4 37% - 3
Gender and Population Group	64% - She/Her 36% - He/Him 11% - East Asian 3% - SE Asian 17% - South Asian 64% - Caucasian 3% - LatinX	69% - She/Her 31% - He/Him 6% - East Asian 6% - SE Asian 25% - South Asian 63% - Caucasian 6% - LatinX
Level of training	40% PGY I 54% PGY II + 6% attending	25% PGY I 69% PGY II + 6% attending

Conclusions

- Education about types of microaggressions and a basic response framework was beneficial for pediatric providers at HDVCH. The initial PDSA cycles of this QI educational intervention showed increased knowledge and comfort with topics relating to microaggressions.

Discussion

- Based on initial low confidence responses, there is room for improvement with workshops allowing for simulated practice.
- Alternative response frameworks allow for more tools for utilization.
- Further studies may target specific interpersonal interactions involving clinical medicine hierarchy or provider-patient relationship.
- Further studies may investigate provider populations that are more diverse.

Next Steps

- Future PDSA cycles
- Track provider retention of knowledge and confidence through post-surveys at 6 months.
 - Repeat education with pre- and post-surveys with incoming intern group.

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