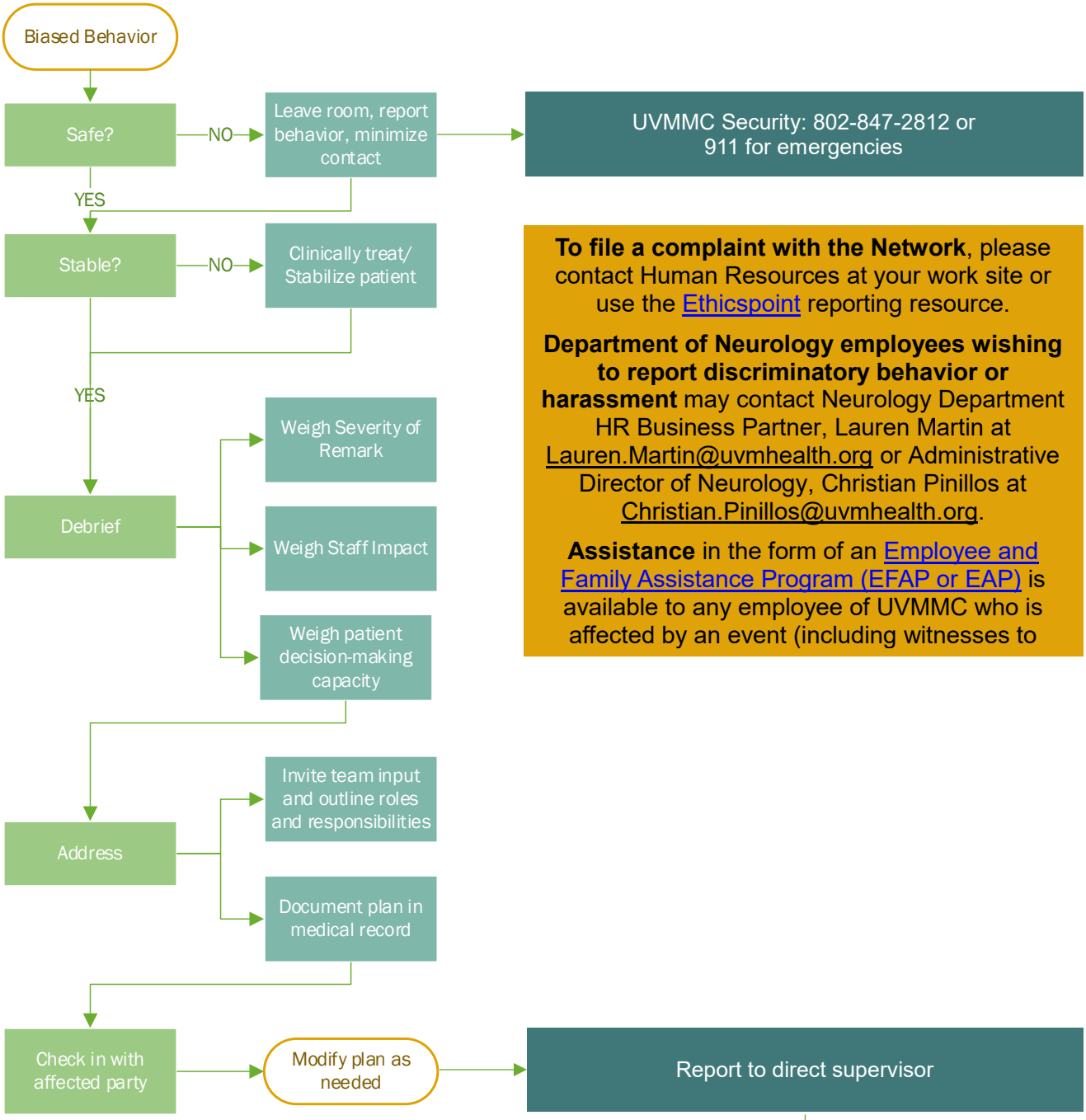

To file a complaint with the Network, please contact Human Resources at your work site or use the Ethicspoint reporting resource.

Department of Neurology employees wishing to report discriminatory behavior or harassment may contact Neurology Department HR Business Partner, Lauren Martin at Lauren.Martin@uvmhealth.org or Administrative Director of Neurology, Christian Pinillos at Christian.Pinillos@uvmhealth.org.

Assistance in the form of an Employee and Family Assistance Program (EFAP or EAP) is available to any employee of UVMMC who is affected by an event (including witnesses to

Response to patient microaggressions

1. **First, assess safety**. If employees 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.
2. **If a patient is unstable, prioritize medical stabilization of the patient**. Once the patient is stable, weigh the severity of the remark and the impact on the employees as well as patient decision-making capacity to formulate a plan of response. Consider the following when weighing the severity:
    a. Hurtful intent vs using out-of-date language.
    b. Pattern of behavior vs isolated event.
    c. Impact on the recipient or subject of the remarks.
    d. If the behavior or bias is an expression of trauma, fear, or regression in clinical status.
    e. Whether the patient has intact cognition, and thus more responsibility for the microaggression, than if not.
3. **Include the following factors when preparing a response and plan**:
    a. Identify who is in the best position to respond to the patient (this does not have to be the attending physician or the affected employee).
    b. Ask for input from the recipient of bias without assuming how they would like to respond nor that they will be involved in the response if they prefer not.
4. **Address the behavior with the patient**. Respond in real time, avoid ignoring or minimizing behavior, and avoid banter. Consider these scripts to help:
    a. **Direct**: “That is not OK to say” or “I am surprised you thought that was appropriate to say”.
    b. **Redirect**: “We are here to focus on your health” or “Let’s keep it professional”.
    c. **Clarify roles**: “We are your care team” or “Dr. X is in charge of your day-to-day care”.
    d. **Challenge stereotypes**: “That stereotype is not fair” or “I don’t think you would have said that to a male doctor”.
    e. **Describe**: “When you said X, it felt Y”.
    f. **Probe**: “What do you mean by that” or “What was your goal with that comment?”.
5. **Debrief with the affected employee after addressing the behavior with the patient**.
    a. Check in with team and if they feel safe and supported.
    b. Acknowledge challenge.
    c. Discuss ways to improve.
    d. Adjust the plan as necessary.
    e. Affirm commitment to the plan (consequences are carried out as appropriate).
6. **Document the plan in the medical record if it makes sense to do so**.
7. **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.

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:

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