

MASOC PRACTICE UPDATE: Prevention and Progress



July 2020 MASOC NEWSLETTER
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[Addressing microaggressions in racially charged patient-provider interactions: a pilot randomized trial](#)

BOTTOM LINE

Whether we see our own racial microaggressions or not, this combination of mindfulness and intergroup exercises can significantly decrease racial bias and increase the clinician/client rapport.

RESEARCH

Disparities in medical care for black patients has been well documented and sadly, have not changed significantly for decades. Furthermore, there is significant evidence to indicate that it is the providers of services that contribute to this disparity through biased provider-patient interactions.

Microaggressions are defined as “brief, everyday, intentional or unintentional, verbal and non-verbal behavioral expressions that communicate hostile, derogatory, or negative racial slights and insults to the oppressed target person or group.” A growing number of studies are showing that these experiences predict distress, distrust and disengagement from a relationship that is supposed to be helping them. In fact, research also shows that white providers who score higher on implicit bias (biases that influence behavior and are activated outside of the provider’s awareness) will speak faster, dominate conversations, display fewer positive nonverbal cues and maybe most importantly, negatively affect their ability to show express emotional rapport.

This study tested whether training interventions are able to decrease microaggressions and improve rapport between white providers and black patients. These training interventions were grounded first in teaching mindfulness skills -- rather than directly trying to change implicit bias -- which has been shown to decrease biased reactions in healthcare professionals. The second portion of the training introduced intergroup exercises that created opportunities for exchanges between white and black participants. In this case, the exercises focused on activities to increase vulnerable self-disclosure and encouraged empathy responsiveness. The study observed the interaction of white providers with black patients in a racially charged moment – in this case, describing past incidents of discrimination.

Overall, the interventions improved provider beliefs and behaviors across a range of measures, especially for the white providers working with black patients. The study results support the idea that

this form of workshop intervention can significantly decrease racial bias and should be considered by all institutions working with youth.

IMPLICATIONS FOR PROFESSIONALS

This study focuses on self-observation and awareness of one's practice as a crucial element in coming to terms with the biases that unintentionally affect our clinician work. Likewise, this study shows how simply practicing new skills in a safe and comfortable environment can improve outcomes for patients and clients from communities of color. The importance of using mindfulness exercises to improve one's own self-awareness cannot be understated, especially when one considers the public-safety elements of working with individuals who may be at risk to cause harm to others in the future.

In the present era, professionals have spent considerable time and effort learning the details of administering assessment measures and studying the micro-skills of various treatment approaches. However, we know that an authentic client-clinician relationship is key to a client successfully completing treatment. It is imperative to also consider the in-the-moment cultural differences that act as barriers to open dialog.

IMPLICATIONS FOR THE FIELD

Studies such as this have been a long time in coming. With the recent focus on the impact that race, privilege bias and inclusion have on our lives, many professionals have begun to ask what they can do and how they can improve the way they are working with their clients from widely diverse backgrounds. These methods are a model of how professionals can begin to develop their skills in this area.

CITATION:

Kanter, J.W., Rosen, D.C., Manbeck, K.E., Branstetter, H.M., Kucznski, A.M., Corey, M.D., Maitland, D.W.M., & Williams, M.T..(2020). Addressing microaggressions in racially charged patient-provider interactions: a pilot randomized trial. BMC Medical Education. Doi:10.1186/s12909-020-02004-9.

ABSTRACT:

Background: Racial bias in medical care is a significant public health issue, with increased focus on microaggressions and the quality of patient-provider interactions. Innovations in training interventions are needed to decrease microaggressions and improve provider communication and rapport with patients of color during medical encounters.

Methods: This paper presents a pilot randomized trial of an innovative clinical workshop that employed a theoretical model from social and contextual behavioral sciences. The intervention specifically aimed to decrease providers' likelihood of expressing biases and negative stereotypes when interacting with patients of color in racially charged moments, such as when patients discuss past incidents of discrimination. Workshop exercises were informed by research on the importance of mindfulness and interracial contact involving reciprocal exchanges of vulnerability and responsiveness. Twenty-five medical student and recent graduate participants were randomized to a workshop intervention or no intervention. Outcomes were measured via provider self-report and observed changes in targeted provider behaviors. Specifically, two independent, blind teams of coders assessed provider emotional

rapport and responsiveness during simulated interracial patient encounters with standardized Black patients who presented specific racial challenges to participants.

Results: Greater improvements in observed emotional rapport and responsiveness (indexing fewer microaggressions), improved self-reported explicit attitudes toward minoritized groups, and improved self-reported working alliance and closeness with the Black standardized patients were observed and reported by intervention participants.

Conclusions: Medical providers may be more likely to exhibit bias with patients of color in specific racially charged moments during medical encounters. This small-sample pilot study suggests that interventions that directly intervene to help providers improve responding in these moments by incorporating mindfulness and interracial contact may be beneficial in reducing racial health disparities.