

**In the Moment Anti-Racist Teaching Tools for Educators in Addiction Medicine.**

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ASAM National Meeting, Washington DC, April 14, 2023

**Case 1 Materials:**

Case 1:

Mr. Grey is a 45 year old man with a history of severe opioid use disorder, hypertension, and chronic knee pain who presents to the outpatient addiction clinic for treatment of his opioid use disorder. Mr. Grey is black. He has previously been treated with methadone, but self-tapered because he felt “drugged up” when taking it. He has been seen in two different primary care and pain clinics in the past year seeking treatment for knee pain. You are the attending physician or psychologist. Before seeing the patient, the nurse notes to you and your intern that the patient is “angry” and “demanding.” The intern has interviewed the patient and returns to discuss the case with you. The intern reports that Mr. Grey is “a really angry guy.” They say “it seems like he’s really not going to be happy with anything we have to offer him. He’s already failed other treatments. He’s just a difficult patient” Mr. Grey has made no verbal or physical threats to staff.

You are concerned that Mr. Grey being perceived as “angry” and “difficult” is a microaggression. What can you do?

Consider using the “One Minute Preceptor Model” to probe the intern’s knowledge and assist in their acknowledgement and empathy of how this patient’s race and social determinants of health may have affected their healthcare thus far.

Step	For Example, Say
Get a commitment	“What part of this patient’s life may be affecting his ability to seek or adhere to treatment?” “What part of this patient’s experiences do you think have led to him feeling this way?”
Probe	“I hear you say that Mr. Grey appears ‘angry.’ How did you come to that conclusion?” “What do you know or have you observed about this patient that makes you feel this way?”

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<p>Teach General Rule of Principle Customize to learner based on whether probe step demonstrates that they:</p> <ul style="list-style-type: none"><li>-Acknowledge</li><li>-Empathize</li><li>-Activate</li><li>-Engage</li></ul>	<p>-Acknowledge “Have we considered the societal or structural issues that may have led Mr. Grey to feel this way, including racism?”</p> <p>-Empathize “When I find myself thinking of a patient as ‘difficult,’ I feel it is a good opportunity to examine my own experiences and biases. Can we take a moment to consider how this visit feels for Mr. Grey?” “Do you think Mr. Grey may be frustrated by the barriers that may have prevented him seeking care for his substance use?”</p> <p>-Activate “We can use the Structural Vulnerability Assessment Tool to help us understand the power relationships and hierarchies that could exacerbate Mr. Grey’s health problems”</p> <p>-Engage “With his structural vulnerabilities in mind, let’s create a treatment plan for his substance use that includes working with our social work team.”</p>
<p>Reinforce What Was Right</p>	<p>“I’m very impressed that you took a moment to consider our privilege and bias in the care of this patient.” “Taking time to explore this patient’s structural vulnerabilities made a big difference to his treatment today.”</p>
<p>Fill in Gaps/Advance Stage</p>	<p>“Let’s be sensitive to this patient’s experience of racism.” “There are far fewer options for buprenorphine therapy than methadone in this patient’s neighborhood. Let’s keep that disparity in mind when we’re creating a treatment plan for this patient.”</p>

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**Table 13.2** Structural Vulnerability Assessment Tool

Domain	Screening questions
Financial Security	Do you have enough money to live comfortably – pay rent, get food, pay utilities, telephone?
Residence	Do you have a safe, stable place to sleep and store your possessions?
Risk environments	Do the places where you spend your time each day feel safe and healthy?
Food access	Do you have adequate nutrition and access to healthy food?
Social network	Do you have friends, family, or other people who help you when you need it?
Legal status	Do you have any legal problems?
Education	Can you read?
Discrimination	Have you experienced discrimination (being treated differently)? Do some service providers (including me) make you feel unwelcome or make it hard for you to access treatment?

\* Directly from: Jordan, A., (2021). Incorporating a Race Equity Framework into Opioid Use Disorder Treatment. *Treating Opioid Use Disorder in General Medical Settings*. Springer, Cham.

Adapted from: Bourgois Acad Med 2017

**Role Play:**

-Create a role-play demonstration for the group using this case. Session faculty will share the case-description with participants. Consider starting the role play from the time that the intern returns from the patient room to discuss the case. Role-play the attending physician/psychologist utilizing the One-Minute Preceptor with the intern. The role-play should conclude within 5 minutes. Remember in “Teach a general rule of principal” to choose which stage your learner is in (do they need to acknowledge, empathize, activate, or engage about SDOH and structural racism’s impact on this patient). Utilize phrases/teaching for just the one stage the learner is in. Session faculty will briefly review this tool (and the structural vulnerability assessment tool) with the larger group (you will not need to include the details of the structural vulnerability assessment tool as part of your role play).

1. Cacace F. APPLICATION OF ONE MINUTE PRECEPTOR TO TEACHING SOCIAL DETERMINANTS OF HEALTH. SGIM Forum. 2022;43(4)

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<https://www.sgim.org/File%20Library/SGIM/Resource%20Library/Forum/2020/SGIM-APR-4.pdf>

2. Jordan, A., Martinez, C.P., Isom, J. (2021). Incorporating a Race Equity Framework into Opioid Use Disorder Treatment. In: Wakeman, S.E., Rich, J.D. (eds) Treating Opioid Use Disorder in General Medical Settings. Springer, Cham. [https://doi.org/10.1007/978-3-030-80818-1\\_13](https://doi.org/10.1007/978-3-030-80818-1_13)\*

\*For workshop, focus on pages 195-196

3. Bourgeois P, Holmes SM, Sue K, Quesada J. Structural vulnerability: operationalizing the concept to address health disparities in clinical care. Acad Med: journal of the Association of American Medical Colleges. 2017;92(3):299.

### **Case 2 Materials:**

#### Case 2:

You are a medical student on an Inpatient Substance Use Consult Service. You are following a 29 year-old woman, Ms. Green, with opioid use disorder, admitted for mitral valve endocarditis. Ms. Green is currently on buprenorphine therapy for OUD and is interested in attending residential treatment after hospital discharge. Given the large size of Ms. Green's vegetation and continued signs of sepsis and bacteremia despite optimal antibiotic therapy, the medical team consulted Cardiothoracic Surgery to seek surgical management. After evaluation, the surgical team declined intervention, though Ms. Green has now clinically worsened and is now in the ICU. You know that earlier in the week, another patient (who is white and from an affluent family) received a valve replacement for endocarditis. When you ask the surgical team why they chose not to operate on Ms. Green, the surgical resident replies, "I know you haven't seen this much, but we see people like her come in all the time, then they just end up right back in here with endocarditis again. There's only so many resources to go around!" You are worried that Ms. Green is not being offered the same care because she is a black woman and not in a position of power.

As a medical student, how can you respond to this?

Consider using the 5D Framework or the Interrupting Microaggressions Framework to Respond:

### **5D Framework**

**Direct:** verbally respond to the perpetrator in the moment.

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- We are trained to observe and describe or report those observations. You may consider incorporating this skill into the stepwise approach below:
  - o Step 1: Objective – state the facts of what you heard or saw.
  - o Step 2: Subjective – share your interpretation and how this affected you or made you feel.
  - o Step 3: Listen – be open to hearing what the other person has to say

**Distract:** defuse the situation by shifting the attention or focus of the perpetrator to prevent further harm.

- Medical students/learners are often well-positioned for this approach, as you may try shifting the conversation back to a learning point.
  - o Can we discuss how you would care for this patient? Can we review the mechanism of that drug?

**Delegate:** take action by delegating this responsibility to someone who may be able to better approach the individual and engage them in discussing the incident.

- This may be used in situations where you do not feel safe or comfortable responding to the individual. In this case, by relaying what you witnessed or heard, the individual can approach the perpetrator for a discussion.
- Examples of who you can delegate to:
  - o Individuals: Course director, Attendings, Residents, School Deans, Program directors, mentors.
  - o Institutional reporting systems

**Delay:** discuss the situation with the perpetrator or victim later.

- This can give you 1) time to process the event, and/or 2) a more private setting for your conversation to take place.
- You can apply the same steps as described in the “direct” response.

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**Display Discomfort:** exhibit discomfort or concern in response to the incident.

- This can be used in situations where you do not feel comfortable verbally responding, or when you want to supplement your verbal response. It can be an effective way to communicate your disagreement with the situation.
- To do this, you may frown, furrow or raise your eyebrows, or keep a straight face.

If possible, avoid behaviors such as nodding or laughing, as these can provide positive affirmation the individual.

### **Role-Play:**

You are the medical student described in the case. Role Play Utilizing the “Direct” approach from the 5D framework.

Resources:

1. York M, Langford K, Davidson M, Hemingway C, Russell R, Neeley M, et al. Becoming Active Bystanders and Advocates: Teaching Medical Students to Respond to Bias in the Clinical Setting. MedEdPORTAL. 2021;17:11175.\*

[https://www.mededportal.org/doi/10.15766/mep\\_2374-8265.11175](https://www.mededportal.org/doi/10.15766/mep_2374-8265.11175)

\*Focus on the Response Framework Handout (most of which is included above)

2. Acholonu RG, Cook TE, Roswell RO, Greene RE. Interrupting Microaggressions in Health Care Settings: A Guide for Teaching Medical Students. MedEdPORTAL. 2020 Jul 31;16:10969. doi: 10.15766/mep\_2374-8265.10969. PMID: 32754633; PMCID: PMC7394346.

[https://www.mededportal.org/doi/10.15766/mep\\_2374-8265.10969](https://www.mededportal.org/doi/10.15766/mep_2374-8265.10969)

### **Case 3 Materials:**

You are an attending physician in a residential substance use treatment center with medically supervised withdrawal. You have a medical student (who is a Hispanic woman) rotating with you at the center. While entering a treatment room, you observe a colleague (who has not met the

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student yet) asking the medical student to empty the trash of the room next door due to the smell. The student looks confused and leaves the room.

You may choose to respond to your colleague using the 5D Framework (which will be reviewed in Case 2).

**Role Play:**

Role-play how you may support the student after observing a microaggression.

Consider assessing the students' feelings and reactions and then utilizing the PEARLS framework adapted in Interrupting Microaggressions in Healthcare.

- P=Partnership. The function is for joint problem solving.
- E=Empathy. The function is to show understanding and compassion
- A=Apology. The function is to show concern for errors and hurts. Say "I'm sorry" for hurting/offending you or for how you observed them being hurt/offended.
- R=Respect. The function is to value the person's choices, traits, behaviors and special qualities.
- L=Legitimation. The function is to let the person know that their response is normal and respected. Validate their response.
- S=Support. The function is to let the person know that you are not abandoning them and you will be there to help them.

**Resources:**

1. Acholonu RG, Cook TE, Roswell RO, Greene RE. Interrupting Microaggressions in Health Care Settings: A Guide for Teaching Medical Students. MedEdPORTAL. 2020 Jul 31;16:10969. doi: 10.15766/mep\_2374-8265.10969. PMID: 32754633; PMCID: PMC7394346

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