

College of Pharmacy and **Pharmaceutical Sciences**



Objective

Describe the impact of microaggressions training module as part of an interprofessional learning activity to support student pharmacists' demonstration of learning of the interprofessional education (IPE) core competencies.

Activity Educational Outcomes

1. Identify unintended discrimination/microaggression in the interprofessional healthcare setting.

- 2. Demonstrate the ability to respond to unintended discrimination/microaggression as a recipient, source, and bystander.
- 3. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care. (VE7)
- 4. Act with honesty and integrity in interactions with all team members including individuals, families, and
- communities. (VE9)
- 6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members. (TT6)

Background

- A microaggression is defined as: "Commonly occurring brief, verbal or nonverbal, behavioral, and environmental indignities that communicate derogatory attitudes or notions toward a different other. Microaggressions may be intentional or unintentional."²
- Microaggressions are commonplace in society impacting healthcare providers, students and patients. Marginalized populations often experience microaggressions more than others.³
- Microaggressions can lead to negative outcomes for both mental and physical health. Individuals can experience depression, high blood pressure, negative well-being, high stress levels and poor sleep.³

Methods

The microaggressions training module included a thirty-minute asynchronous prework module followed by a synchronous two-hour session. During the synchronous session learners were divided into interprofessional teams of six learners. The interprofessional teams participated in three case scenarios to identify and address the microaggression. Students engaged in roles of the recipient, bystander and source of the microaggression. The training utilized case discussion and role play with standardized patients.

Professions Represented				
1.	Nursing (BSN)	4.	Physician's Assistant	
2.	Medicine (MD)	5.	Athletic Training (BS)	
3.	Pharmacy (PharmD)	6.	Nursing (DNP)	
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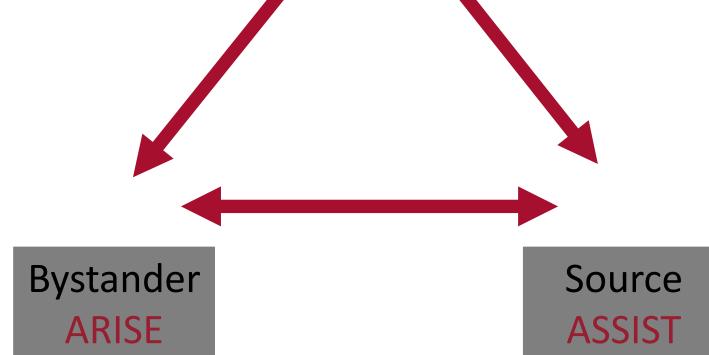
The project was certified by WSU's Research Protection Program to be Not Human Subjects Research that didn't require review. The Interprofessional Collaborative Competencies Attainment Scale (ICCAS) was used to evaluate the interprofessional learning.^{5,6}

Recipient	Source	Bystander ⁴
ACTION Approach	ASSIST Approach	ARISE Approach
Ask clarifying questions	Acknowledge your bias	Awareness of microaggression
Come from curiosity, not judgement	Seek feedback and information	Respond with empathy
Tell me what you observed in a factual manner	Say you are sorry	Inquiry of facts
Impact exploration	Impact not intent	Statements that start with "I"
Own your own thoughts and feelings	Say Thank you	Educate and engage
Next steps		

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5. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict. (CC6)

t (PA)



Recipient

ACTION

Figure: Triangle Model of Microaggression.4







Results

Three hundred seventy-four students completed the training module including 49 student pharmacists. Fifty-eight percent (218/374) students completed the full ICCAS tool with 26/49 (53%) of student pharmacists completing the full ICCAS survey tool.

ICCAS Results

	1. Promote effective communication among members of an interprofessional
	2. Actively listen to IP team members' ideas and concerns
	3. Express my ideas and concerns without being judgmental
	4. Provide constructive feedback to IP team members
	5. Express my ideas and concerns in a clear, concise manner
	6. Seek out IP team members to address issues
	7. Work effectively with IP team members to enhance care
	8. Learn with, from and about IP team members to enhance care
	9. Identify and describe my abilities and contributions to the IP team
	10. Be accountable for my contributions to the IP team
	11. Understand the abilities and contributions of IP team members
	12. Recognize how others' skills and knowledge complement and overlap with
	13. Use an IP team approach with the patient to assess the health situation
	14. Use an IP team approach with the patient to provide whole person care
	15. Include the patient/family in decision-making
	16. Actively listen to the perspectives of IP team members
	17. Take into account the ideas of IP team members
	18. Address team conflict in a respectful manner
	19. Develop an effective care plan with IP team members
	20. Negotiate responsibilities within overlapping scopes of practice
	Overall
-	
L	-

■ Post ■ Pre

p-value: <0.05 for all items listed.

Lessons Learned and Conclusion

Students enjoyed the opportunity to practice with individuals from other professions. Microaggression provided consistent content which was relevant to all health professions.

Standardized patients were invaluable to the experience by providing the opportunity to role play scenarios allowing skills to be practiced and providing feedback on communication and how the response was received.

Faculty and standardized patient development training is needed to support students learning the content.

Microaggressions are commonplace in society. Often health professionals can be recipients, sources, and bystanders to microaggressions. The interprofessional microaggressions training module was an effective learning activity to improve student pharmacists interprofessional learning.

References

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