MGUH Equity Forward Faculty Workshop: Apologizing When You've Done Harm in the Learning Environment (IEM) Activity Information

Original Release Date: June 25, 2025 Termination Date: April 30, 2028

Target Audience: Physicians, Nurses

Speaker Name and Disclosure Information:

Sneha Daya, MD

Speaker Disclosure Information:

No relevant financial relationships to report.

Learning Objectives

- Evaluate prior instances where harm resulted from microaggressions to identify contributing factors and their consequences.
- Identify personal reactions that may be experienced when receiving feedback from learners.
- Differentiate between impact and intent to develop a deeper understanding of accountability.
- Construct and apply effective communication strategies for delivering meaningful and empathetic apologies.

No commercial support has been provided.

The following Planning Committee Members have no relevant financial relationships with ineligible companies to disclose:

Mun Chun Chan, PhD | Sneha Daya, MD | Vicki Girard, JD | Aniket Kini, MBBS, MPH | Sarah Kureshi, MD, MPH | Michelle A. Roett, MD, MPH | Lois Wessel, DNP, FNP-BC

Accreditation



In support of improving patient care, MedStar Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation



This enduring material was planned by and for the healthcare team, and learners will receive **0.75** Interprofessional Continuing Education (IPCE) credits for learning and change.



MGUH Equity Forward Faculty Workshop: Apologizing When You've Done Harm in the Learning Environment (IEM) Credits Available for this Activity

Nurses: This activity is approved for **0.75** ANCC contact hour. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Physicians: MedStar Health designates this enduring material for a maximum of **0.75** *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



MGUH Equity Forward Faculty Workshop: Apologizing When You've Done Harm in the Learning Environment (IEM) Bibliographic Resources

- Daya S, Edwell A, Essakow J. Handout: Apologizing When You've Done Harm. 2021
- Essakow J, Edwell A, Smith E, Daya S. Acknowledging and Addressing Microaggressions: A Virtual Experiential Learning Approach for Faculty. MedEdPORTAL. 2024;20:11436. https://doi.org/10.15766/mep 2374-8265.11436



MGUH Equity Forward Faculty Workshop: Apologizing When You've Done Harm in the Learning Environment (IEM) Evaluation and Transcript

You must complete an online evaluation within 30 days to receive continuing education credit.

After completing the evaluation, your CE credits will be available in your MedStar Health CE transcript on CloudCME™ on the **next business day**. CloudCME™ is a web-based continuing education portal where users can access their transcript anywhere, anytime, as well as register for MedStar Health conferences. Healthcare provider demographic information from all MedStar entities has been uploaded to CloudCME™ to facilitate a single sign-on system.

To access your transcript via CloudCME:

Choose one of the two login options below.

- 1. MedStar Employees: From your SiTELMS account under the Main Menu, select CloudCME. This will automatically log you into your CloudCME account.
- 2. <u>Non-MedStar Learners</u>: From your browser, go to https://medstar.cloud-cme.com, select Sign in, select "I am Not a MedStar Associate", and log in with your credentials.
 - Select My CE (yellow button in the navigation menu)...
 - Select Transcript.
 - On the left side, adjust the **Filter by Date** fields to the desired time period.
 - On the right side, select **Download Transcript** to save your transcript, or select **Email Transcript** to email your transcript to yourself or someone else.

For questions about accessing CloudCME™, please contact:

SiTEL Help Desk at 855-745-1861, Monday through Friday from 8 a.m. to 5 p.m. Eastern time, or at medstarceapplications@email.sitel.org



Attention Physician Learners

To ensure accurate CME credit data reporting to participating state medical licensing boards/certifying boards, please log into CloudCME and click on My CE / Profile to review and update your profile with the following details: your full name, state of licensure (including number and expiration date), and your birth month and day.

CloudCME Website: https://medstar.cloud-cme.com/

Additionally, please remember to check the box at the bottom of the profile screen to grant permission for us to report your completion data to ACCME and participating licensing/certifying boards.

As an ACCME Accredited Provider, we share and transmit your CME/MOC completion data with the Accreditation Council for Continuing Medical Education (ACCME), licensing board(s), and participating certifying boards. If you wish to opt out of this service, please uncheck the box below:

I provide permission for my CME/MOC completion data to be shared and transmitted to the Accreditation Council for Continuing Medical Education (ACCME), licensing board(s), and participating certifying boards.





Questions? Email <u>medstarceapplications@email.sitel.org</u>



You have successfully reviewed the interprofessional continuing education credit information for this activity.

Click "Save & Exit" in the upper right to complete.

Reminder: You must complete an online evaluation at the end of this course to receive continuing education credit. After completing the evaluation, your CE credits will be available on your MedStar Health CE transcript on CloudCME™ on the next business day.

It's how we treat people.



Apologizing When You've Done Harm Skills Handout

Sometimes, feedback modalities can be difficult, because many do not offer a chance to reply directly in real-time. This can seem frustrating, but can also be an opportunity for you to reflect before approaching an apology. In-the-moment apologies take pause and practice to be successful. We will lay out strategies for apologizing in three different venues.

In person/One-on-one

DO- Breathe

Pause to breathe and internally reflect upon your own feelings before responding verbally to any sort of feedback. What are you feeling? Disappointed? Sad? Angry? Embarrassed? Scared? Nervous? Frazzled? Defensive?

You need to find your location of self before engaging in apology. Understand where your thoughts and feelings are, process them, and then move on to the topic of importance-- the learner-- which is the person upon whom this conversation is centered.

DO-Listen before Responding

Active listening requires you to listen to the feedback in order to process it. THIS IS THE ONLY WAY THAT YOU WILL BE ABLE TO IDENTIFY THE IMPACT VERSUS INTENT.Minimize all of your external (phone, computer, other people) and internal distractions. Validate what the other person is saying with gestures and words (Mmm...hmmm, I see, I hear you). Avoid interrupting their voice; wait until their are finished talking to have your turn. Make sure you summaryize, paraphrase, restate impact, and ask clarifying questions.

DO- Followup

Offer to follow-up with that person. If they want to have another conversation with you, make yourself available. If not, offer them your contact information. Remember that the followup is not for you or to ask the learner to educate you on your mistakes. It is to follow-up on how they are feeling and whether or not there will be difficulty in building trust in your relationship in the future.

DO- Apologize Genuinely

The apology must be genuine and must, again, be accountable to your own actions.

- "I apologize deeply for saying something so offensive."
- "I am so sorry for the way that landed."
- "I am sorry for that impact that I had when I..."

DO NOT- Make it about you (or your intent)

This is about the impact you had on somebody else and the possible harm you inflicted on another being. Whether or not you meant it does not matter. Keep it about the impact on the learner, not about what you wanted to message or hoped to come across.

DO NOT- Keep talking after the apology

DO NOT keep talking about your guilt or stating that you aren't racist or biased or defending yourself. In general, replace your defensiveness with genuine curiosity and empathy

- "I am committed to doing better..."
- "I want you to feel included and heard on this team..."

CASE SCENARIO (IN-PERSON):

You are giving end-of-rotation feedback to a resident after working for two weeks together. The resident, who identifies as Black, did an exceptional job and you were thoroughly impressed with all aspects of her patient care and team leadership. You give her feedback on her ability to give great teaching pearls, communicate with patients, discuss cases with consultants, and manage the care team. You then ask the resident for feedback as well.

She tells you, "I wanted to bring this up earlier, but I felt tokenized when you would ask me only to talk about all of the health equity topics, and conditions like Sickle Cell Disease and Prescription Drug Disorder. Is there a reason you asked me to do that?"

As a group, determine the best response for this feedback in-the-moment. You may consider writing it/typing it and emailing it out to the rest of your small group for reference later. Each person in the group should practice saying aloud their personal version of the apology.

In public

DO- Show Gratitude

Getting feedback in a public space can often feel embarrassing. Remembering again that this is not about you is important for getting out the embarrassment state. Instead of focusing on your own feelings, approach feedback with gratitude. It must have also been difficult for an audience member to deliver that feedback in front of a group.

"Thank you for voicing this feedback."

"I really appreciate you bringing this to my attention."

DO- Be Brief

The entire presentation or talk does not now have to center on this mistake. In order to address it, and re-direct back to the topic, be brief.

"I apologize for using that word. I will not be using it in the future."

"I am sorry for the impact of my words. I will not be referring to anymore."

DO- Commit to Learning, Growing, and Doing Better

Go home and do the homework. Figure out why what you did had a negative or harmful impact. Use literature to help you understand how to do better.

DO- Follow-up personally

Apologizing directly to a person publicly may be perceived as performative. Instead, consider speaking to the person who gave the feedback afterward, or corresponding over email, to see if they would like to discuss more. Note- this is not to get them to teach you, but to listen more about the impact of your behavior

DO NOT- Make it about you (or your intent)

This is about the impact you had on somebody else and the possible harm you inflicted on another being. Whether or not you meant it does not matter. Keep it about the impact on the learner, not about what you wanted to message or hoped to come across.

DO NOT- Belabor the point

There is no need to continuously refer to the mistake or continuously apologize or state your intent. If there is more to say, leave room at the end of your presentation to discuss with those who may be interested

CASE SCENARIO (PUBLIC EVENT):

You are speaking at a conference and giving statistics about HIV in the community. In the description of risk factors, you include a reference to higher risk in "men who have sex with men" or MSM, a commonly used phrase in HIV health literature in the past.

A student in the audience speaks up when you pause for questions, saying, "I'm confused as to why you keep using the term MSM. It is offensive. It is not inclusive of identity and doesn't describe any of the behaviors for HIV risk."

As a group, determine the best verbal response for your apology in a public forum and email it to the rest of the group. Before the end of group work time, each person should practice saying aloud their personal version of that script.

Electronically

DO- Show Gratitude

Similar to public speaking, it is important to express gratitude to the learner for bringing up this feedback. If they didn't bring this up, then you wouldn't know you had a negative impact, and you wouldn't have an opportunity for change.

DO- State the Impact

For clarity, state the impact in your email explicitly, the way that you understand it. This ensures that the learner got their message across and that you are perceiving your impact correctly.

DO- State your Commitment

As above, go home and do your homework. And explicitly state that you are committed to doing better in the future.

"I am committed to doing better."

DO- Offer follow-up options

Offer to meet in person to follow-up on any lingering thoughts or concerns from the learner. Again, this isn't an invitation to be taught by the learner, just to listen more

DO- Ask for second opinion if needed to review before hitting "Send"

It is never a bad idea to get a second opinion before sending out a message on the internet.

DO NOT- Make it about you (or your intent)

This is about the impact you had on somebody else and the possible harm you inflicted on another being. Whether or not you meant it does not matter. Keep it about the impact on the learner, not about what you wanted to message or hoped to come across.

DO NOT- Respond when emotionally overwhelmed

Emails are considerably more difficult because now you are committing yourself to your words that can be forwarded, screen-shot, and placed on the internet for all to view. DO NOT respond when you are emotionally charged. Take some time to, again, reflect on your feelings and process them-- and then turn your attention to the learner.

As a group, draft a template email to respond to this learner and email it out to your group members to save as a reminder for the future. Each group member can personalize the template to their style.

Apologizing When You've Done Harm

Equity Forward Faculty Curriculum

Sneha Daya, MD Associate Professor, Internal Medicine/Pediatrics April 23, 2025



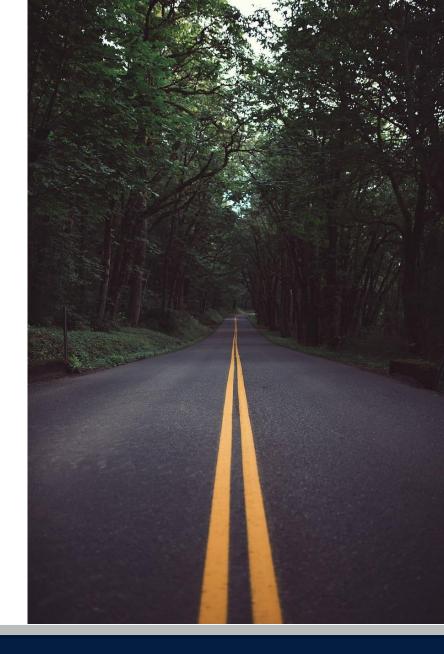
Learning Objectives

- 1) Evaluate prior instances where harm resulted from microaggressions to identify contributing factors and their consequences
- 2) Identify personal reactions that may be experienced when receiving feedback from learners
- 3) Differentiate between impact and intent to develop a deeper understanding of accountability
- 4) Construct and apply effective communication strategies for delivering meaningful and empathetic apologies

Roadmap

NO BREAKOUTS TODAY- just open discussion in a large group

- History
- Feelings
- Recommendations
- Case Studies



WHY ARE WE SO BAD AT APOLOGIZING?

Storytime

The plight of the multi-faceted caregiver

- The sister
- The doctor
- The Asian/Indian
- The caregiver
- The able-bodied
- The advocate
- The people pleaser
- The anxious human



What is the the message?



The othering is okay

It's okay to yell at somebody who is disabled

His communication is wrong

His rights can be violated

I'm embarrassed of him

I don't stand up for him

I don't use my voice for him, but I do for patients/others

He is not safe in public

He is not welcome in public



Teaches Responsibility/ Accountability

Demonstrates Vulnerability/ Safety

Builds Trusting Relationships

Promotes Growth Mindset

Demonstrates Care

Influences Others

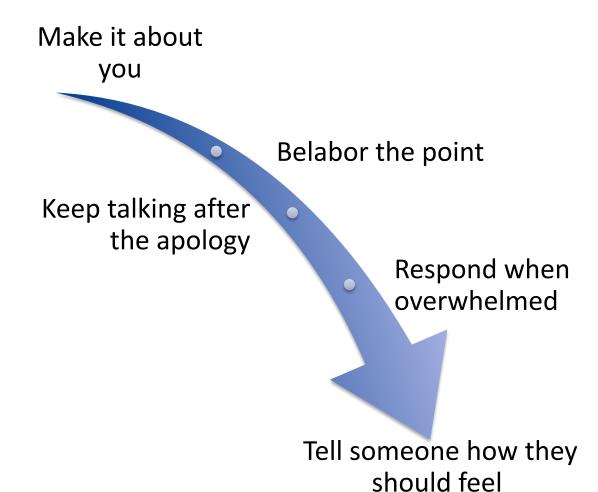
Encourages Self-Reflection

Promotes Human-Centeredness

Promotes Comfort with Uncertainty



DO NOT!



CASE STUDIES

VENUE: In-person

You are giving end-of-rotation feedback to a resident after working for two weeks together. The resident, who identifies as Black, did an exceptional job and you were thoroughly impressed with all aspects of her patient care and team leadership. You give her feedback on her ability to give great teaching pearls, communicate with patients, discuss cases with consultants, and manage the care team. You then ask the resident for feedback as well.

She tells you, "I wanted to bring this up earlier, but I felt tokenized when you would ask me only to talk about all of the health equity topics, and conditions like Sickle Cell Disease and Prescription Drug Disorder. Is there a reason you asked me to do that?"

VENUE: Public Event

You are speaking at a conference and giving statistics about HIV in the community. In the description of risk factors, you include a reference to higher risk in "men who have sex with men" or MSM, a commonly used phrase in HIV health literature in the past.

A student in the audience speaks up when you pause for questions, saying, "I'm confused as to why you keep using the term MSM. It is offensive. It doesn't describe any of the behaviors for HIV risk."

VENUE: E-mail

Dear	,
Dear	,

I wanted to address an issue that made me feel uncomfortable today. When we were working in the our simulated cases, you persistently called the standardized patient by the wrong pronoun, using "he" instead of "they." I didn't know how to bring it up, but our classmates noticed it too. I hope this doesn't happen again.

Sincerely,



Gratitude

<u>sneha.s.daya@medstar.net</u>

301.980.8555



