

# Family Medicine Forum 2025

## Caught in the Middle (Part 2): Managing Patient Microaggressions In a Family Medicine Teaching Practice

Facilitators: Catherine Tong, Cindy Donaldson

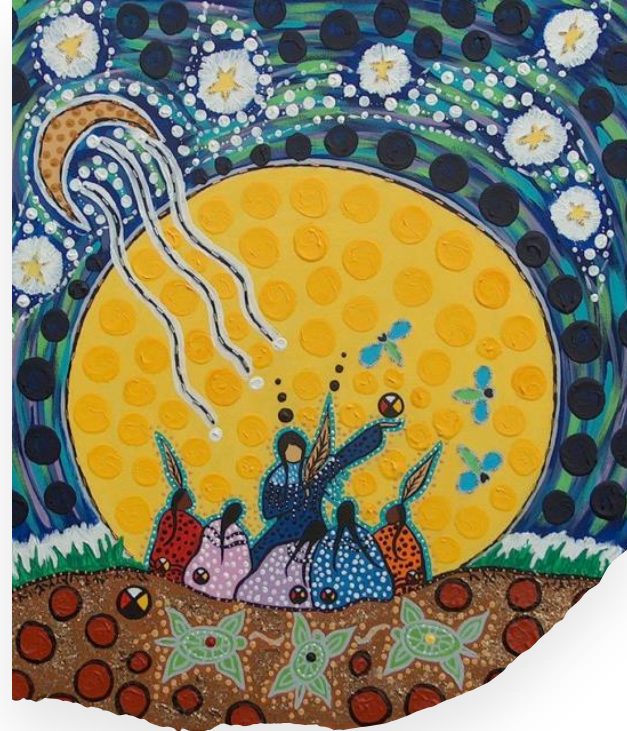
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Winnipeg, Canada

Nov 7<sup>th</sup> 2025



At McMaster, we live and work on the traditional territories of the Mississauga and Haudenosaunee nations, and within the lands protected by the “Dish with One Spoon” Wampum agreement

We acknowledge that we gather today on Treaty 1 Territory and that Manitoba is located on the Treaty Territories and ancestral lands of the Anishnaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk Nations.



Grandmother's Stories, Leah Dorion (2007)

## PRESENTER INTRO and CONFLICT OF INTERESTS

- **Dr. Catherine Tong** is the lead author for this project on the McMaster Gender and Health Grant. She is also funded by the Dept. of Family Medicine for developing faculty development curricula.
- **Dr. Cindy Donaldson** is a faculty member at McMaster University and primary preceptor at a community-based teaching practice.

# Pause



# Agenda

Cases-video simulations.. Review, Reflect, Discuss

Definitions

Impact

Strategies

Roles and Responsibilities

Case 3- Incorporate, Enact

Summary

## CASE (Part 1)

Helen is a 65 year old woman who never worked outside the home. She has booked an appointment to see her family physician related to her worries about peri-menopausal symptoms. She has been a long time patient of this doctor. She has been having lots of night sweats, and not sleeping well. She feels frustrated that she had waited weeks to see her doctor and did not realize that she has a new resident.

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# You are watching this interaction

- How would you handle this?

## CASE (Part 2)

Helen and her family physician, Dr. MacKinnon, had a conversation about this interaction. The physician noted that Helen should not be booked with a resident again. Dr. MacKinnon shared this incident with the team without using Helen's name.

A month later, Helen's daughter sees you for a regular follow up appointment. At the end of the visit, she says "do you think maybe you could take my mom as a patient? She is not getting along with Dr. MacKinnon." Upon further inquiry, you recognized this situation.

You say to the daughter:

## Case: The Follow Up Appointment (Part 1)

- Frank is a 70 year old retired owner of a small business. He is his own boss, and never was subjected to human rights and employment law training. He often banters back and forth with women in his workplace.
- Frank is worried about his bloodwork result. He is worried that his years of not taking care of himself has finally caught up on him. He is quite sure he is now finally diabetic, and have high lipids, and might need to be on medication for the rest of his life. Frank generally feels well but he is anxious about this appointment.

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## Case: The Follow Up Appointment (Part 2)

- Your resident Dr. Li shares that the patient Frank has sent a letter to her:
  - “I felt a special connection”
  - ”Maybe we can go out to coffee some time!”

## TABLE DISCUSSION:

What do you say to Dr. Li:

What do you say to Frank:

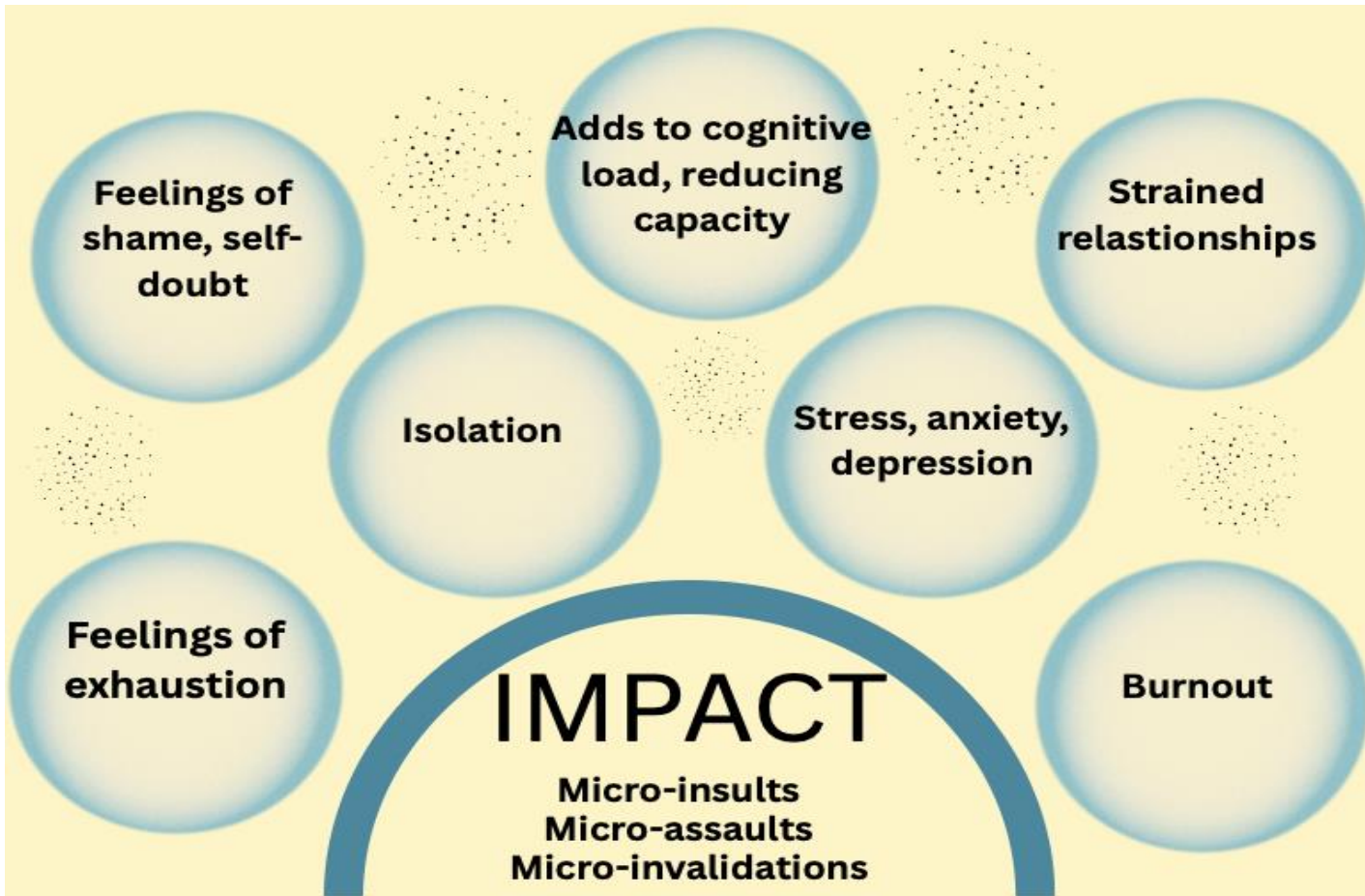
What do you say to the rest of the clinic team:

# Microaggressions, Sexism and Xenophobia



## Microaggressions are...

- Subtle putdowns
- Everyday indignities
- Brief
- Commonplace
- Invisible to most



# Sexism

## *Origins and Definitions*

- Oppression by patriarchal systems/structures against women, intersex, transgender and non-conforming people that asserts men are inherently superior to the latter
- This often become expressed in overt discriminatory and harassing behaviors, creating environments where sexual violence is normalized
  - Sexual violence is an umbrella term to sexual assault or sexual harassment
- Sexual Violence can also be expressed very covertly, through beliefs, attitudes, and values that suggest inferiority, sexualization, lack of competence and ability, etc.

# Sexual Violence

## A trainee doctor is raped and killed in India, sparking protests and an attack at a medical college

Bikas Das  
The Associated Press  
August 16, 2024



# Xenophobia

## *Origins and Definitions*

- The fear and hatred of strangers and foreigners
- Many international students and patients face racism and discrimination when they come to study, work and live in Canada
- This can be experienced through comments about their accents, physical and verbal racist abuse, pejorative comments about their home country and being told to go back to their home country or that they are "leeching" off of social structures and funding
- This is often accompanied with stereotypical assumptions around cultural customs, ability to integrate into Canadian society, criminality/danger, competence and abilities

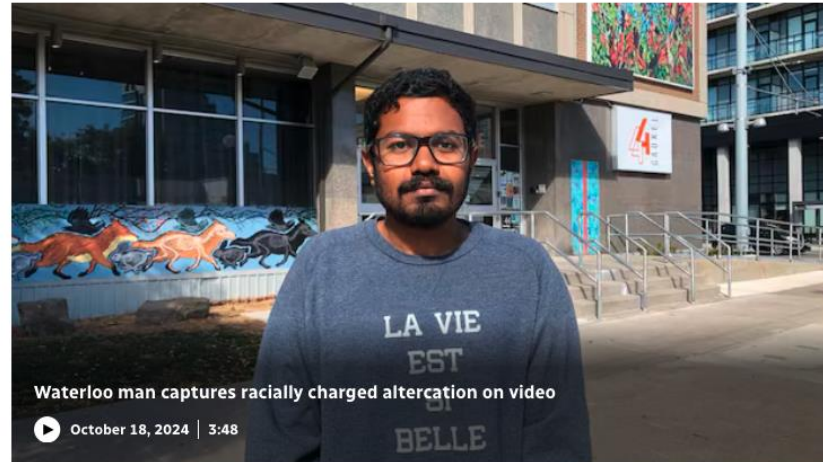
Kitchener-Waterloo

## Concerns of 'hateful racism' after Ontario man's video of woman ranting about people from India goes viral

Ashwin Annamalai files police report after WRPS reached out to him, politicians condemn remarks in video



[Karis Mapp](#) · CBC News · Posted: Oct 18, 2024 4:00 AM EDT | Last Updated: October 18, 2024



Ashwin Annamalai of Waterloo, Ont., says he decided to record video after he confronted a woman for giving him the middle finger, in an unprovoked gesture, in his Waterloo neighbourhood. In the video, the woman is heard saying too many people from India are in Canada and they need to return there. CBC K-W's Karis Mapp reports.

## Disarming Microaggressions



# Calling Out vs. Calling In



- **What is Calling Out:** Naming the root impacts of harm immediately and articulating it's inappropriateness directly
- **Overt Discrimination and Harassment: CALL OUT**
  - When calling in is not possible or respected
  - When words and action are significantly harmful to one or many people
  - When policies or human rights are being infringed upon

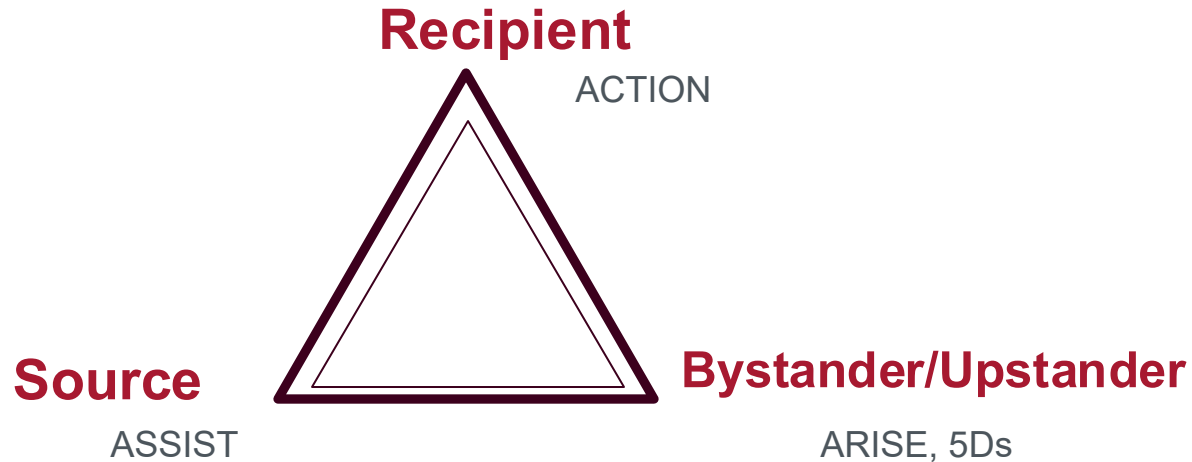
# Calling In vs. Calling Out



## Calling In

- **What is Calling In:** ongoing intention and impact exploration through educational and informal conversations, direct or indirectly
- **Covert Discriminations and Harassments: CALL IN**
  - When you want to practice compassion, have a functional relationship with the source, have trust

# Microaggression (Call In) Triangle



Ackeman-Barger K, Jacobs NN. The Microaggressions Triangle Model: A Humanistic Approach to Navigating Microaggressions in Health Professions Schools. Acad Med. 2020 Dec;95(12S Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments):S28-S32.

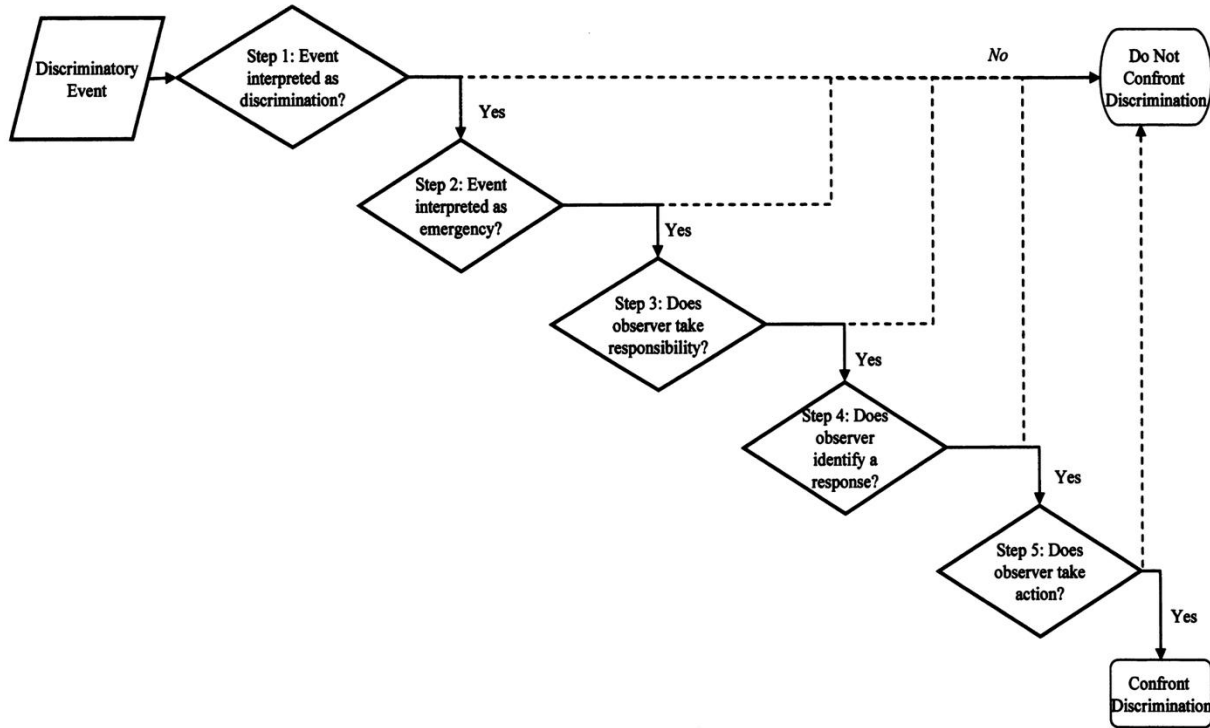


FIGURE 1  
The Confronting Prejudiced Responses (CPR) Model

Ashburn-Nardo, L., Morris, K. A., & Goodwin, S. A. (2008). The confronting prejudiced responses (CPR) model: Applying CPR in organizations. *Academy of Management Learning & Education*, 7(3), 332-342.

## (By)Upstander

A

Awareness

R

Respond w/empathy & avoid judgement

I

Inquiry

S

Statements that start with “I”

E

Educate and engage

Ackerman-Barger K, Jacobs NN. The Microaggressions Triangle Model: A Humanistic Approach to Navigating Microaggressions in Health Professions Schools. Acad Med. 2020 Dec;95(12S Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments):S28-S32.

# Policies

# How Can Institutions/Policies Help

- University Policies
  - anti-harassment, anti-discrimination policy; sexual violence policy
  - Learner support offices
  - Do not govern patients
- Hospital Policies
  - Starting to engage with patient and family behavior
  - Employers are responsible for a safe working environment
- Provincial College of Physicians and Surgeons Policies
  - Preceptors are responsible for a safe learning environment
- Your clinic policy
  - Employers are responsible for a safe working environment
  - More on this later

# Examples of Patient Code of Conduct: Hospital Policies

St. Joseph's Healthcare Hamilton: Guideline for a Safety-oriented Response to Escalating Behaviours of Patients, Families, Caregivers/Support People and Visitors

## Purpose

- This Guideline has been developed to **assist** staff, physicians, volunteers, and learners in identifying inappropriate and Escalating Behaviour of **patients, families, caregivers/support people, and visitors** to collaborate in safety planning and provide an escalated response. For patients, consideration must be made within the context the medical or psychiatric condition that may have triggered the behaviour.

### For patients/family/visitor:

- If disrespectful verbal behaviour, refer to **Appendix A** for guidance in responding

**"That comment (be as specific as possible i.e. racial slur) was not appropriate and will not be tolerated by me or anyone else on the care team".**

If the patient replies with something like, "Oh relax, it was just a joke", you can use a phrase like, **"Comments like that are not considered to be a joke and will not be tolerated".**

# Develop a policy for your office



Canadian  
human rights  
commission

Commission  
canadienne des  
droits de la personne

## Policy template - Preventing and addressing workplace harassment and violence

## **CASE 3: Part 1**

**Your resident has been following a 67-year-old woman with numerous medical conditions, including emerging mild cognitive impairment. The resident has met with the patient and her caregiver husband many times.**

**You are observing today's encounter. After initial niceties, the husband asks increasingly personal questions about how the resident spent their weekend, and makes a comment, "I'm sure the boys are interested in you".**

**The resident responds by saying in a neutral tone " We're here to talk about your wife's care" and attempts to move on, to which he responds "I'm just trying to be sociable, you're too sensitive!"**

## Part 2- What happens next...and what do you do?

### Scenario 1

Resident hesitates, then excuses themselves to "review something with [you]", and joins you to review the best approach to this situation, confiding that the husband has made them feel uncomfortable at previous encounters as well.

### Scenario 2

Resident, seemingly ignoring the husband's comment, turns their attention to the patient, the encounter proceeds.

# Preceptor Actions-part one

1. Preceptor **should** interrupt the interaction
2. Preceptor **should** remove the resident (and not request them to come back to continue)
3. Preceptor **should** clearly communicate to the patient such language is not acceptable
4. Preceptor should check in with the learner immediately after or at the end of the day to provide support and resources (e.g. OLEM at McMaster)
5. Preceptor may signal that they would continue the care for the patient for the time being
6. Preceptor may choose to follow up with the patient on this topic at a later time.
7. Consider adding "flag" or "alert" to patients EMR- "Not to see learners".

## Preceptor Actions-part two

8. Develop and enact policies for addressing microaggression.

9. Support learners by discussing microaggression and reviewing strategies early in their time with you.

10. Connect with program staff (EAs, PAs, Site Directors, Program Directors) in supporting learners



For more info  
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## Resources

[https://docs.google.com/document/d/1DzXquI\\_Tec8bYm3dlpTgr8\\_FSOTg\\_98TNTgmR3qv\\_Uc/edit?usp=sharing](https://docs.google.com/document/d/1DzXquI_Tec8bYm3dlpTgr8_FSOTg_98TNTgmR3qv_Uc/edit?usp=sharing)