

## Supplemental Digital Appendix 1

### Additional Scenarios

Recipient-ACTION Approach	Source-ASSIST Approach	Bystander-ARISE Approach
Ask a clarifying question	Acknowledge your bias	Awareness of microaggression
Come from curiosity	Seek feedback	Respond with empathy
Tell what you observed	Say you are sorry	Inquiry of facts
Impact Exploration	Impact, not Intent	Statements that start with ‘I’
Own thoughts and feelings	Say Thank You	Educate and Engage
Next Steps		
<b>Case: You’re Too Pretty to be a Doctor</b>  <i>Dr. Maya Ro and Mike, her clerkship student, are meeting at bedside with Mr. Reid, an 85-year-old patient newly admitted for shortness of breath. Despite introducing herself as the attending and Mike as a medical student, Dr. Ro notices that the patient calls her “Maya” and directs all of his responses to Mike, while calling him “Doc.” When Dr. Ro again clarifies her role with the patient, he says “Wait, you’re the doctor? I’ve never had a lady-doctor. You’re too pretty to be a doctor.”</i>		
As the recipient, Dr. Ro could say: “I understand that you are not used to having female physicians, and if you have any concerns I would be happy to talk them over with you.” Depending on whether Mr. Reid has any comments, Dr. Ro may continue on to say, “Doctors come from all kinds of backgrounds and we all look different. I have cared for hundreds of patients with shortness of breath, and I’d really like to take care of you so you	Upon hearing the feedback from Dr. Ro and Mike, Mr. Reid could talk about how he has never had a female doctor and how uncommon it was for women to go into medicine in his day. He could explain that his intent was to compliment Dr. Ro for her beauty. While clarifying that he had no intent to upset Dr. Ro, it would be nice if he recognized that it still had a hurtful impact on her. Hopefully, he would	Mike, as the bystander, could clarify his role as the student and Dr. Ro’s role as the doctor, and go on to say, “Although I think you were trying to give a compliment, I want you to know I’ve been shadowing Dr. Ro and I can assure you that you are in very good hands. Half of the students in my class are women and my female attendings are some of the best doctors I know.”

can feel better. To give you the best care, I need for us to have a professional and respectful relationship.” If Mr. Reid agrees to proceed, Dr. Ro can then discuss his chief complaint.	apologize and thank them for letting him know how his comments impacted them.	
<p><b>Case: She’ll Grow Out of It</b></p> <p><i>Karen is on her third-year pediatrics clerkship, along with Dr. Parker, her attending, and Dr. Wake, the chief resident. They have just finished seeing a 16-year-old female patient for a well-check and are discussing the treatment plan. When Dr. Parker mentions that a prescription for contraceptives is in the treatment plan, Karen asks why birth control would be prescribed when the patient said she identified as a lesbian and said she only has sex with other women. Dr. Parker responds, “Oh, the whole gay thing is just a phase. I’ve seen dozens of cases like this. It’s a fad for kids this age to be gay. Don’t worry, she’ll grow out of it.” Karen is surprised to hear her preceptor say this and looks to Dr. Wake for guidance, but he looks equally shocked at the statement.</i></p>		
<p>The patient is the recipient in this case, but Karen can also be seen as a recipient. She should first determine if it is safe for her to give feedback to her attending, as there is a power differential between them. If safe, she could pull Dr. Parker aside later and ask, “What did you mean by saying that being gay is a phase that the patient would outgrow?”</p> <p>Depending on Dr. Parker’s willingness to discuss the issue, Karen could talk about how she has been through ally training, where she learned that while sexual orientation can be fluid over time, it is invalidating to refer to it as a fad, and a microaggression to encourage contraceptive use to someone who</p>	<p>Dr. Parker, upon noticing the surprised responses of the student and resident, or upon hearing their feedback, could say, “I didn’t mean to be insensitive, but I can see how those comments could have been hurtful, and I’m sorry.” Dr. Parker could then ask for more feedback about why the comments were invalidating. Upon learning that there was a discrepancy between their intent of teaching cultural sensitivity and the outcome of reinforcing bias and inaccurate information about sexual orientation, Dr. Parker could express gratitude for the feedback. Committing to work on this bias could demonstrate humility and</p>	<p>Dr. Wake is the bystander in this case. He could pull Dr. Parker aside and say, “I noticed that when you told Karen that being gay is a phase, she seemed upset, and I actually was too. Can you tell me more about what you meant by this statement?” If Dr. Parker demonstrates a willingness to talk, Dr. Wake could further say, “I know how committed you are to making sure our students learn how to provide culturally sensitive care, so I’d like to give you some feedback about your comment. I know you were not intending to be biased, but your comment could come off as belittling and invalidating what it means to be gay. I’m telling you this because I know you value inclusion and equity,</p>

identifies as a lesbian. She can tell Dr. Parker that she was surprised to hear them make those statements, as she feels they have always demonstrated a commitment to inclusion.	help Dr. Parker to rebuild relationships and restore their reputation.	and I wouldn't want you to inadvertently offend anyone." Dr. Wake could also check in with Karen to validate her experience.
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