



How to be an Ally and Upstander

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Introduction

Creating a respectful culture of civil behavior requires everyone to contribute. Although underrepresented groups, trainees, women, and care team members disproportionately experience uncivil behavior, no one is immune to being a target of bias, discrimination, harassment, or bullying. Our culture in cardiology is built on hierarchical power structures and those on the 'bottom' do not have the influence, authority, or resources to create meaningful change alone. It requires grassroots engagement, harnessing the efforts of individuals, as well as those in formal leadership positions.

The US women's suffrage movement of the early 1900's provides an instructive example of how effective – and necessary – allies and upstanders can be. Women working towards the franchise (Suffragettes) were joined by 'Suffragents.' Thousands of wealthy and influential men including politicians, newspaper editors, judges, corporate leaders, legislators, and others formed the Men's League for Women's Suffrage, which publicly championed the women's cause. Their effectiveness was due in large part to their positions of power, a parallel situation to cardiology today in which almost all leaders are men. There are many contemporary examples including Men Advocating Real Change (MARC), CEO Action, and Paradigm for Parity.

Many men and majority individuals have come forward to ask how they can help, and there are organizations devoted to this (for example, #HeForShe). The purpose of this white paper is to augment the ACC 2022 workforce Health Policy Statement (HPS) on *Building Respect, Civility, and Inclusion in the Cardiovascular Workplace* by providing a resource with suggestions for those wishing to be allies and active bystanders (upstanders). Please note that while everything in this document applies to all upstanders, it is intended primarily for use by those without institutional leadership or mandatory reporter roles.



Specific advice

Be educated and self-aware: The HPS provides an excellent background to the topic of being an ally and upstander, including a comprehensive Glossary (Table 1). The online Featured Citations lists key references for those who wish to drill deeper. Most institutions, including ACC, offer diversity and inclusion activities and programming. In particular, understanding Implicit Bias and how to mitigate it is important. Consider taking an Implicit Association Test (<https://implicit.harvard.edu/implicit/takeatest.html>).

Support (or drive) systems change: As awareness of systemic racism and sexism have grown in recent years, your organization may be seeking to improve its culture/climate. These efforts need your active and visible support even if you are not in a leadership role. Allyship is about the work that you do, not just the ideals you hold, so be sure that you walk the walk in your own speech and behavior. Other high impact activities include:

- ***Seek to flatten hierarchies:*** Most individuals who are white, male, or a physician are privileged in ways that others are not. Recognize that this may include having advantages, opportunities, resources, and power even if you are not a designated leader. Team-based care works best when there is respect for all team members and all perspectives are sought and valued. Share the platform or podium – encourage others to speak up and contribute. Respect others’ experiences and perceptions. Engage in important and sometimes difficult conversations.
- ***Create equity:*** Cardiology today is not a level playing field and as an ally, you should seek to identify inequities and bring them to others’ attention. Women and persons of color are less likely to be compensated equitably, be offered similar opportunities, receive extramural funding or academic promotion, or lead clinical or research teams. Even if you are not the primary ‘decider,’ there are often opportunities to contribute to such decisions as well as gather and assess data that can identify systemic disparities by race or gender (such as serving on a compensation or promotion committee or study section). Be family-friendly and advocate for life-work harmony.
- ***Contribute to holistic reviews and best practices searches:*** Originally an innovation to diversify medical schools, the principles of holistic review apply to hiring at all levels and types of positions and to all personnel evaluations. If you are part of a search, ensure that the search committee is diverse and attuned to the need to mitigate implicit bias, that job descriptions are neutral, and that the candidate pool is broadly diverse, and hold the group accountable for best practices including objective reviews limited to specified job requirements.



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Support individuals: The professional experience and career path of those who are underrepresented can be markedly different from majority individuals. The cumulative burden of less access to formal and informal mentors and sponsors, and less actionable feedback during professional assessments, once added to microaggressions and experienced daily, may have an effect equivalent to overt racism or sexism. Be mindful of how benevolent sexism and racism can deter able individuals from pursuing their dreams. Good colleagues are active listeners, cheerleaders, and reflection partners helping with career navigation and advancement.

- **Be a mentor and sponsor:** We all need advisors, coaches, mentors, and sponsors, especially younger individuals and those from underrepresented groups. The relationships can be formal or informal and do not require same sex or same race relationships.
- **Be a confidant:** Even if you are not a mentor, be available to listen, empathize, and validate experiences of others. Create trust.
- **Be a visible advocate:** Go beyond being a good colleague to voice support, actively promote individuals, invest time and effort, and give credit/defer to the people you are supporting. At the very least, make an effort to reach out to those who don't look like you.
- **Be an active bystander:** Since uncivil behavior frequently occurs in group settings, there is often an opportunity to intervene to support the individual who is targeted and educate the perpetrator who may not always be aware of the implications or impact of their action/speech. Indeed, silence may reasonably be seen as condoning the behavior, if not tacit agreement. While the **ACTION** framework can be used by individuals who are targeted, it is also an excellent guide for upstanders: **A**sk clarifying questions; **C**ome from curiosity, not judgment; **T**ell what you observed in a factual manner; **I**mpact exploration—discuss the impact of the statement; **O**wn your own thoughts and feelings around the situation; **N**ext steps.

Similarly, the **Five D's** describe options for upstanders: (1) **Directly** confronting the perpetrator; (2) **Distract**: stopping the incident through interruption; (3) **Delegation**: contacting an appropriate third party; (4) **Delay**: following up with the individual who is targeted afterwards can be immensely helpful; (5) **Document** key details if the situation is serious; unless there is illegal activity or you are a mandatory reporter, the individual who is targeted should consent to any use or sharing of this documentation.

References and Resources

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