UCSF Medical Center

Diversity, Equity, and Inclusion

"Why Did You Say That?": The Tools to Manage Microaggression

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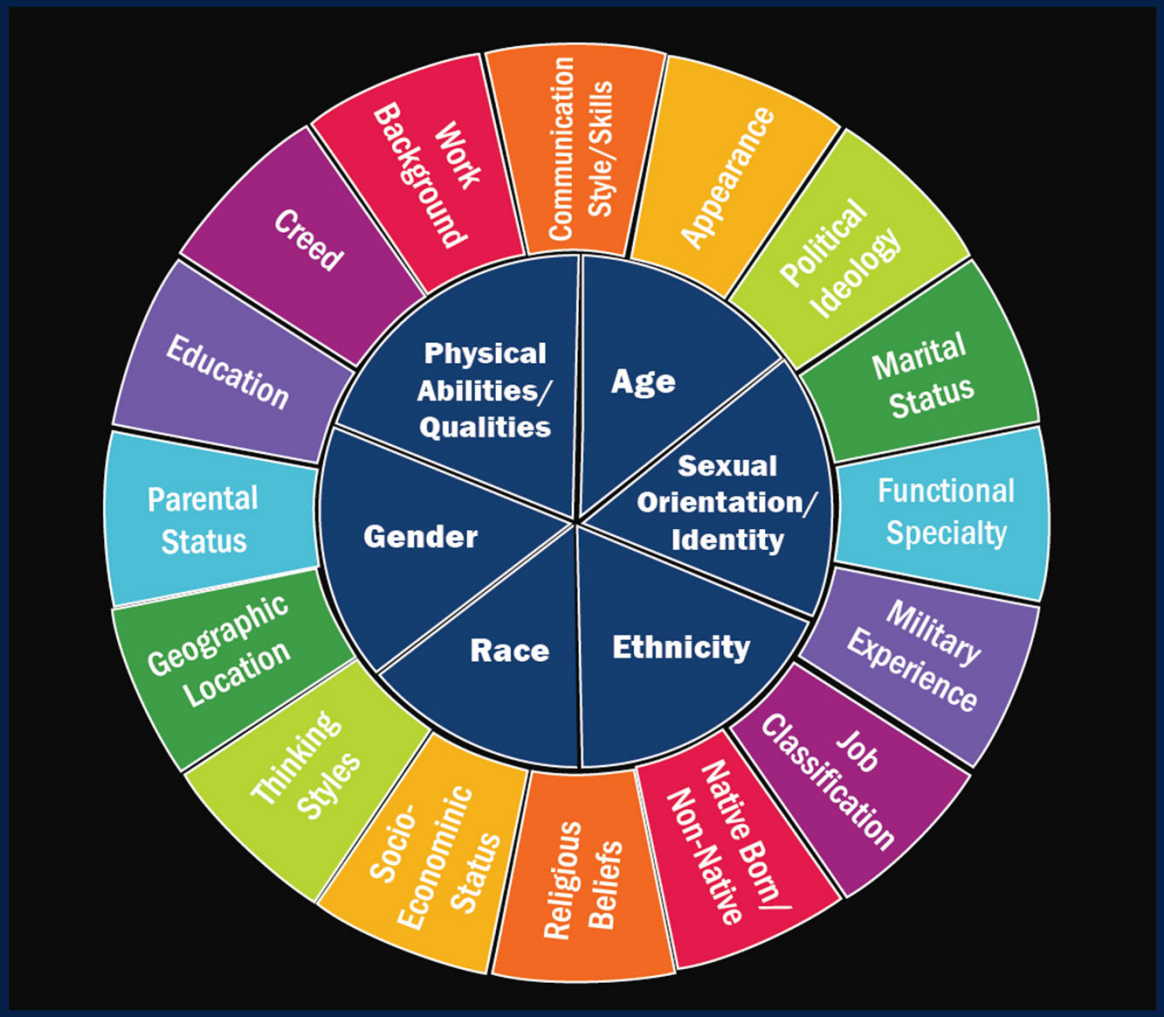
Disclosures

- None

Objectives

- Describe microaggression and micro inequity
- Describe strategies for addressing microaggressions
- Review case scenarios and apply strategies to address microaggressions and equity themes
- Practice tools in a small group setting on how to manage microaggression as a victim
- Practice tools in a small group setting on allyship/bystander training

Diversity Wheel



The center of the wheel represents characteristics that are usually most permanent or visible.

The outside of the wheel represents dimensions that are acquired and change over the course of a lifetime.

The combinations of all these dimensions influence our values, beliefs, behaviors, experiences and expectations and make us all unique as individuals.

Johns Hopkins University

Diversity Equity and Inclusion Themes

- ***Privilege and Power***
  - **Privilege** is comprised of advantages that are conferred on individuals based on membership, or assumed membership, in a dominant group. Privilege reflects, reifies and supports dominant power structures.
  - **Power** operates across many social identities (e.g., race, gender, age, ability etc.) and social systems (e.g., education, culture of medicine, and healthcare). Being positioned within the dominant or privileged group on any dimension affords power.

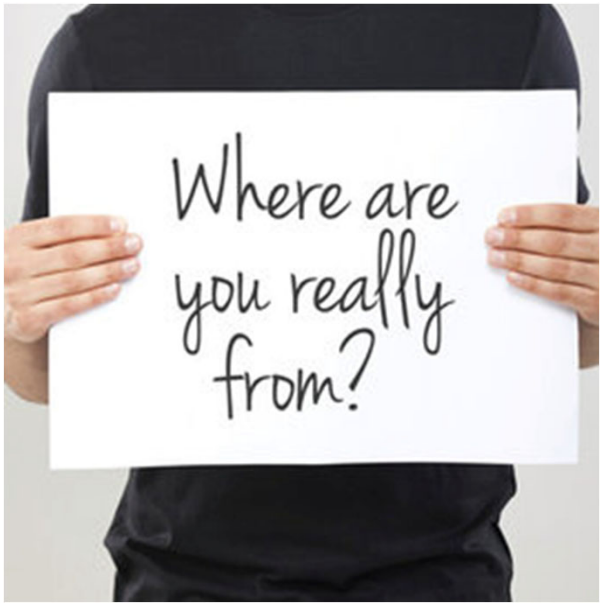
Micro-inequity

coreaxis.com

Micro-inequity refers to ways that individuals are singled-out, discounted, and otherwise overlooked based on unchangeable characteristics such as race or gender.

Microaggressions

Microaggressions are **brief intentional or unintentional** subtle snubs, slights, and insults directed towards an individual because of their membership or assumed membership with a marginalized group. These statements communicate hostile, derogatory or negative messages and **negatively impact** emotional wellbeing and belonging (Pierce, 1974; Sue et al., 2007).



Additional Considerations

- Cumulative effects
- Negative impact on mental health

Slides adapted from presentation by Lamisha Hill, PhD,
Director of Multicultural Outreach, UCSF

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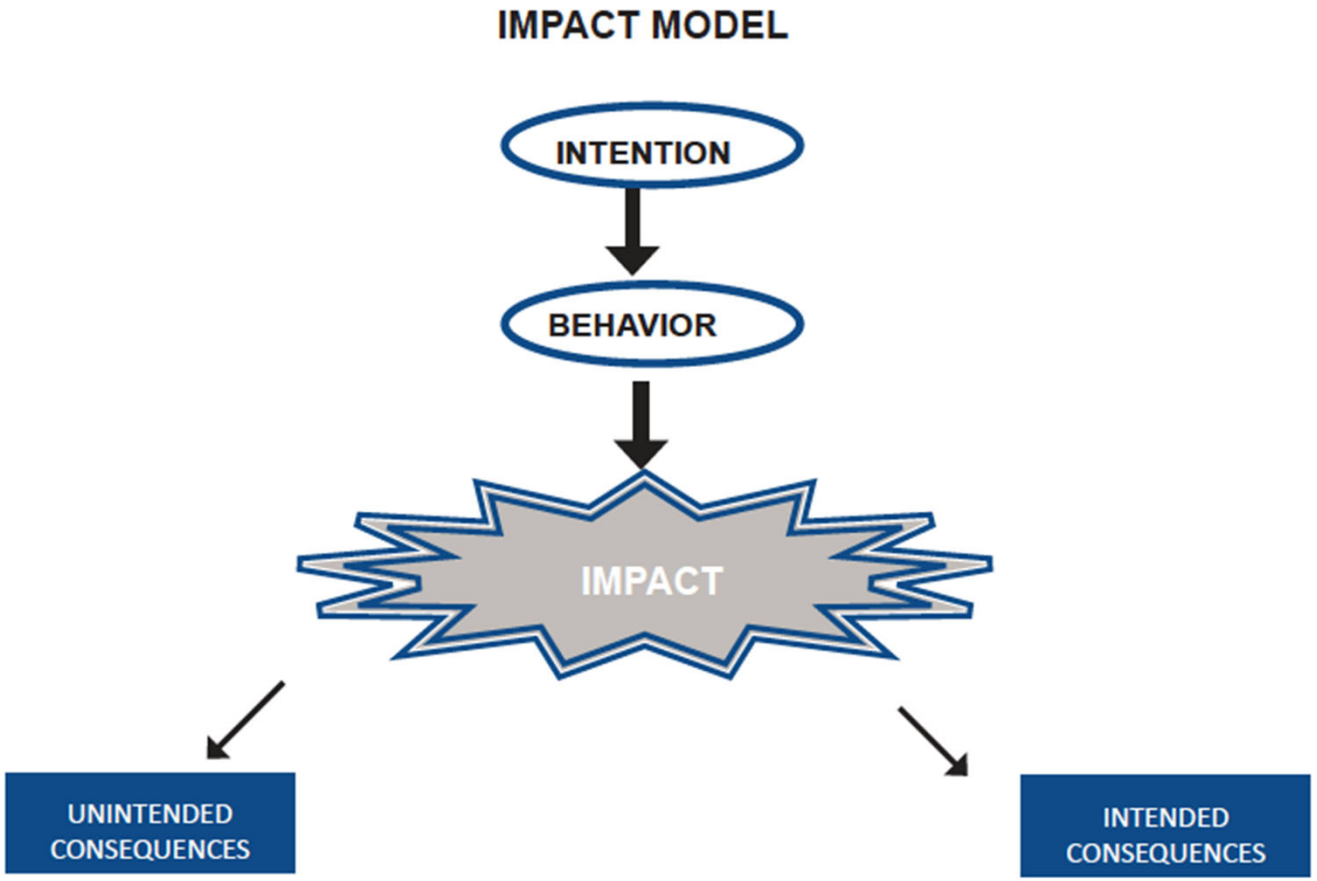
Microaggressions: Real Talk…Impact vs Intent



Ng, E. (1999). University of California, Intent and Impact: A Tool for Recognizing Impact

Microaggression: Common Themes

Belonging
(who does/does not?)

Intelligence
(who is/who is not?)

Danger/Threat
(who is perceived to be/who is perceived not to be ?)

Meritocracy
(who deserves/does not?)

Adopted from Sue et al., Taxonomy of Microaggression Themes (2007)

So what should I say?

Strategies for addressing microaggressions

Microaggressions: What gets in the way…

- **Cognitive Dissonance:**
  - Having contradictory beliefs, ideas, or values, or participating in action(s) that conflict with one's expressed beliefs, ideas, and values.
  - The gap between aspirational values and attitudes (e.g., good person, inclusive) and demonstrated behaviors.
- **White Fragility:**
  - A state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves. These moves include the outward display of emotions such as anger, fear, and guilt, and behaviors such as argumentation, silence, and leaving the stress-inducing situation. These behaviors, in turn, function to reinstate white racial equilibrium (DiAngelo, 2011)

Microaggressions: What gets in the way…

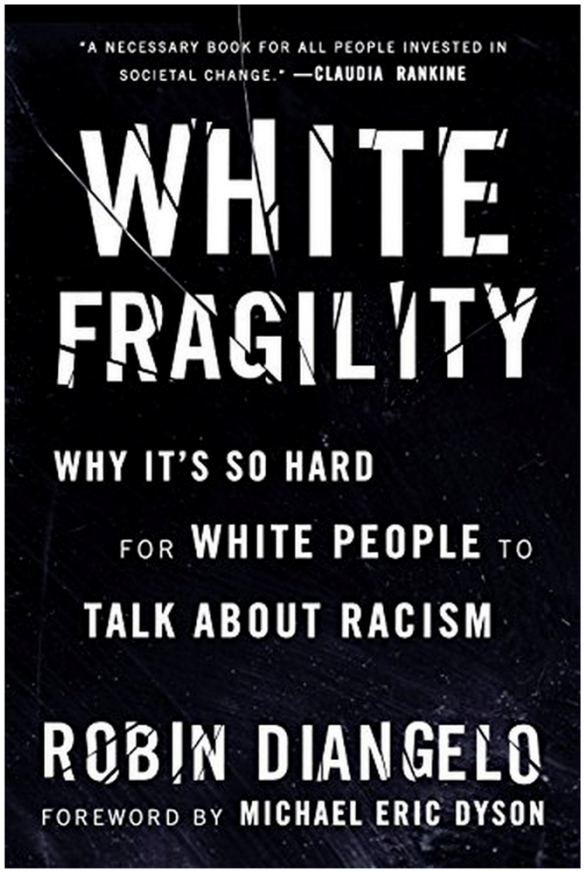
- **Aversive Racism** (Dovidio & Gaertner, 2000)
  - Specific type of contemporary racism held by people who:
    - Endorsement egalitarian values and beliefs
    - Belief that one is unprejudiced
    - Unconsciously holding negative beliefs about racial out-groups
    - Subtly discriminating in ways that are ambiguous and indirect

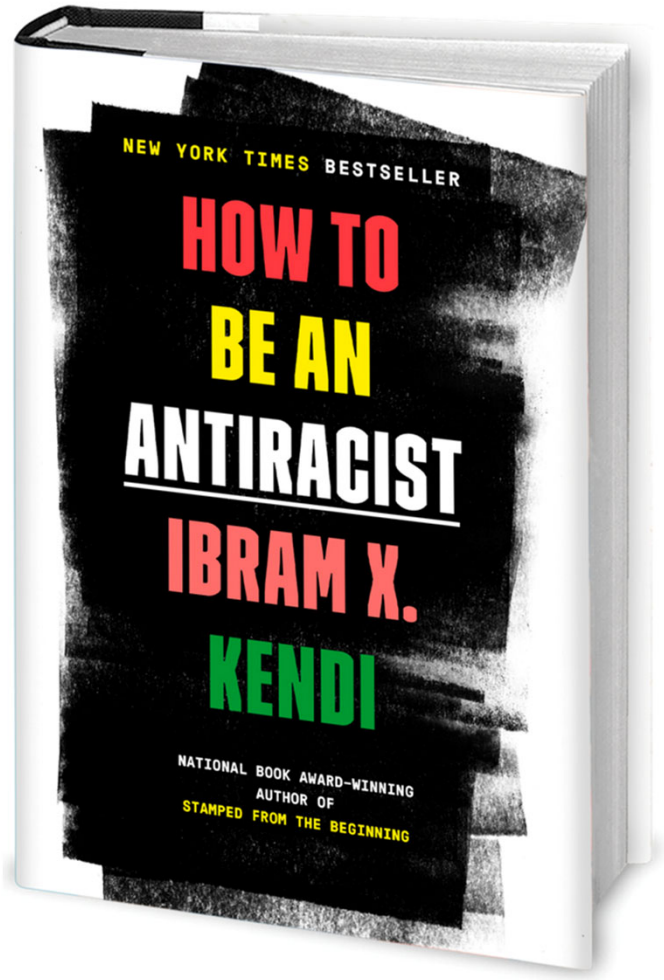
Microaggressions: What gets in the way…

- **Aversive Racism** (Dovidio & Gaertner, 2000)
  - "Aversion" is the avoidance of racial out-groups
    - May reflect a pro "in-group" bias rather than anti "out-group" attitude
      - Example: Social networks of whites are 91% white; 75% of whites have entirely white social networks (Washington Post, 2014)

Microaggressions: What gets in the way…

- There are many reasons why it is difficult to respond to microaggressions
  - Power differentials among those involved
  - Individual (interpersonal) communication styles
  - The need to process/digest the interaction etc.
  - Emotional Activation (Fight or Flight)
  - Perceived or experienced consequences
  - Processing the Interaction (it takes time)
- ***In the spirit of Allyship, it is important to disrupt the expectation that targets of microaggressions are solely responsible to address them***.


"A NECESSARY BOOK FOR ALL PEOPLE INVESTED IN SOCIETAL CHANGE." —CLAUDIA RANKINE
WHITE FRAGILITY
WHY IT'S SO HARD FOR WHITE PEOPLE TO TALK ABOUT RACISM
ROBIN DIANGELO
FOREWORD BY MICHAEL ERIC DYSON


NEW YORK TIMES BESTSELLER
HOW TO BE AN ANTIRACIST
IBRAM X. KENDI
NATIONAL BOOK AWARD-WINNING AUTHOR OF STAMPED FROM THE BEGINNING

Microaggressions & Allyship

- Allyship is an active, consistent, and ongoing practice of unlearning and re-evaluating, in which a person in a position of privilege and power intentionally operates in solidarity with a targeted group. Practicing Allyship is not linear or constant and requires ongoing self-reflection and learning.
- **Allyship Action Continuum** (Griffin and Harro, 2006)
  - Actively Participating in Harm/Oppression
  - Denying / Ignoring
  - Recognizing, No Action
  - Recognizing, Action
  - Educating Self
  - Educating Others
  - Supporting / Encouraging
  - Initiating / Preventing

Indirect Strategies for Addressing Microaggressions

- Ignore/Do Nothing (for the target): Depending on the circumstances removing one's self from a situation may be an appropriate strategy.
- **Redirect:** Change the subject
- **Uplift:** Elevate the target "You were partnered with an amazing provider and you are so fortunate to have them taking care of you."
- **"Besting":** Using data and information to debunk myth/stereotype

Direct Strategies for Addressing Microaggressions

- **Checking In:** Schedule/find time to check in, even if the moment has passed. This can be for the target and/or the actor. ("*I've been reflecting on something that occurred the other day and wanted to know if you have a few minutes to check in?"*)
- **Clarify:** Ask for clarification on the statement ("What do you mean by ___?" "*Can you elaborate on what you meant by ___?"*)
- **Raise Awareness:** Inform the actor of the potential microaggression you observed ("*During the meeting I heard you use the term ___ when referring to ___. I am not sure if you are aware…"*)
- **Communicate Impact:** Inform the actor of the impact of their statement *("When you said ___ it made me feel ___.";* "I'm feeling uncomfortable by your language.")
- **Disrupt:** Establish a clear boundary "We don't tolerate derogatory language in our hospital. We ask that everyone speak respectfully."

Why Do We Care?

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training

Yue-Yung Hu, M.D., M.P.H., Ryan J. Ellis, M.D., M.S.C.I., D. Brock Hewitt, M.D., M.P.H., Anthony D. Yang, M.D., Elaine Ooi Cheung, Ph.D., Judith T. Moskowitz, Ph.D., M.P.H., John R. Potts III, M.D., Jo Buyske, M.D., David B. Hoyt, M.D., Thomas J. Nasca, M.D., and Karl Y. Bilimoria, M.D., M.S.C.I.

ABSTRACT

BACKGROUND

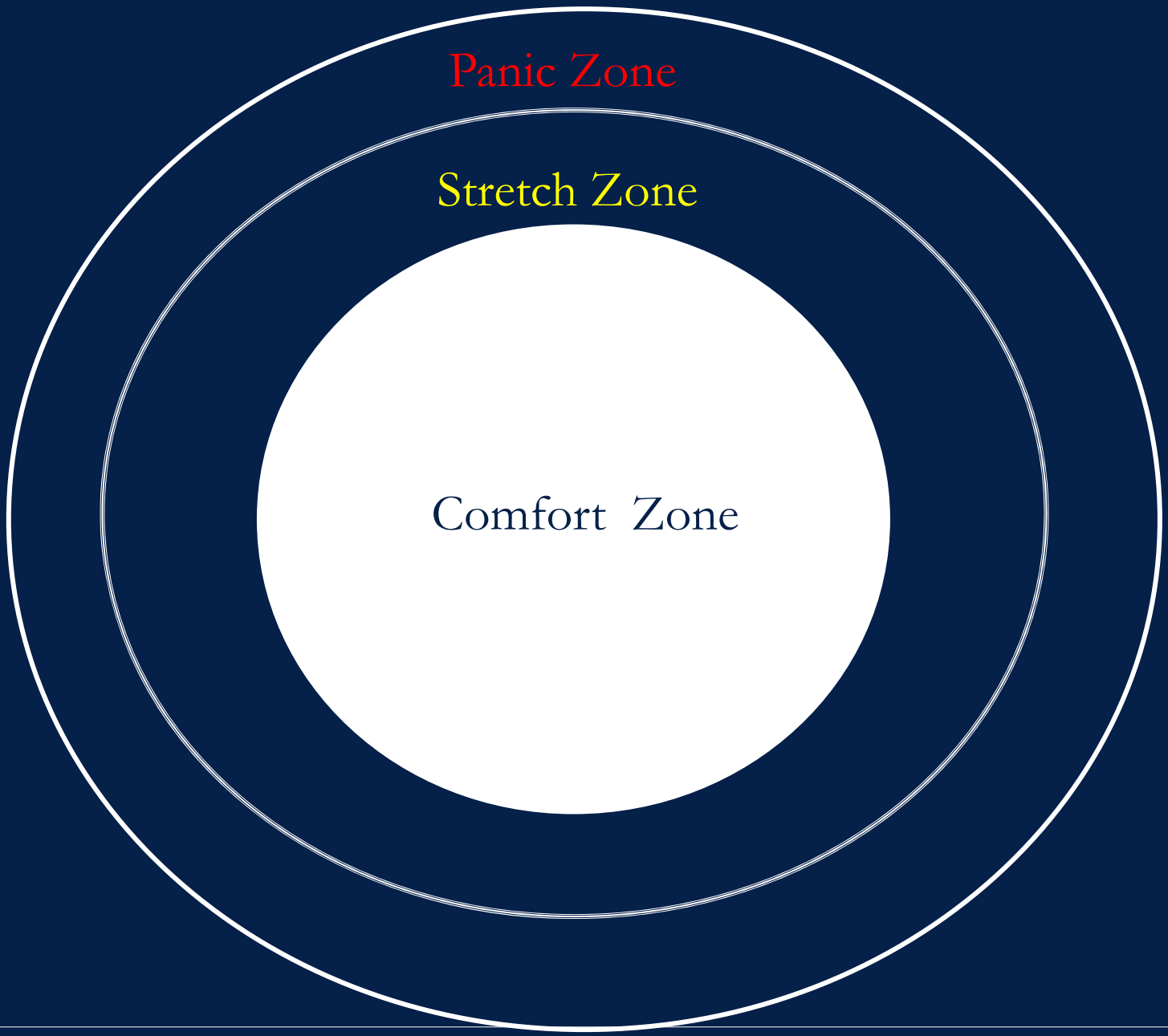
Physicians, particularly trainees and those in surgical subspecialties, are at risk for burnout. Mistreatment (i.e., discrimination, verbal or physical abuse, and sexual harassment) may contribute to burnout and suicidal thoughts.

METHODS

A cross-sectional national survey of general surgery residents administered with the 2018 American Board of Surgery In-Training Examination assessed mistreatment, burnout (evaluated with the use of the modified Maslach Burnout Inventory), and

RESULTS

Among 7409 residents (99.3% of the eligible residents) from all 262 surgical residency programs, 31.9% reported discrimination based on their self-identified gender, 16.6% reported racial discrimination, 30.3% reported verbal or physical abuse (or both), and 10.3% reported sexual harassment. Rates of all mistreatment measures were higher among women; 65.1% of the women reported gender discrimination and 19.9% reported sexual harassment. Patients and patients' families were the most frequent sources of gender discrimination (as reported by 43.6% of residents) and racial discrimination (47.4%), whereas attending surgeons were the most frequent sources of


Panic Zone
Stretch Zone
Comfort Zone

House Rules

- Assume positive intent
- Listen actively
- Participate fully and brave leaving your comfort zone, if possible
- Step Up, Step Back
- Share your story using “I” statements

Case 1

While doing a pre-op on a male patient for the day of the patient's surgery

A female nurse anesthetist introduced herself to the patient and began to ask medical questions in regards to their anesthetic plan

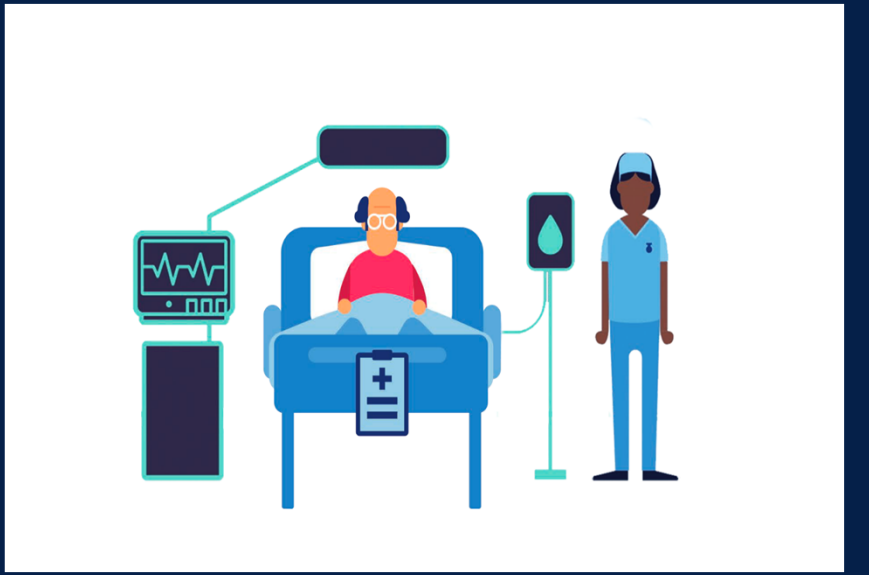
perioperative.files.wordpress.com

Case 1

After introductions were made to the patient and his support person, the patient initially made superficial misogynistic comments.

When attempts were made to bring the patient back to the pre-op interview, he looked at his support person and suggested he **was getting "the bull" angry**, he was going **"to take the bull by the horns,"** and would laugh as if it were merely a joke.

The patient continued to make comments referring to his perceived sexual orientation of the CRNA and his concern for being cared for by a "bull", and then acting as if it were a joke.



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Case 1

After multiple attempts to keep the course and continue with the pre-op, the CRNA left the bedside and met with the operative team.

The attending anesthesiologist spoke with all members of the team and the assignment was modified.

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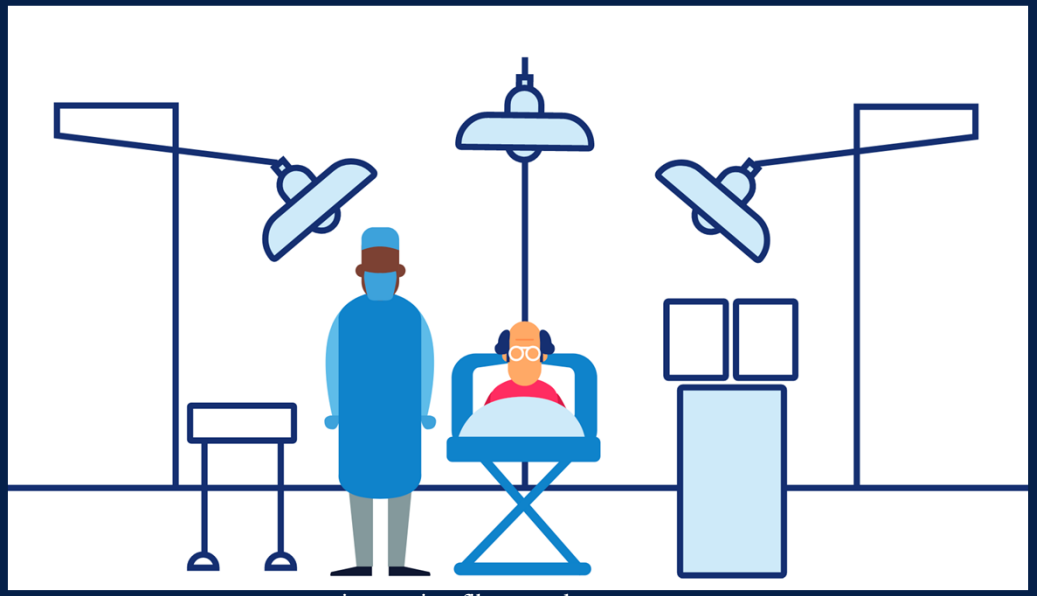
Case 1

The **surgeon later reported that this patient had made multiple comments previously** in clinic to a medical assistant who was also part of the LGBT community, but nothing was done in the clinic.



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Areas of Power/Privilege

LGBTQIA

Gender

Professional Status and Role: Surgery vs. Anesthesia

Case 1 Summary

- While doing a pre-op on a male patient for the day of the patient's surgery. A female nurse anesthetist introduced herself to the patient and began to ask medical questions for their anesthesia planning and discuss the anesthetic plan.
- After introductions to the patient and his support person, the patient initially made superficial misogynist comments. When attempts were made to bring the patient back to the pre-op interview, he looked at his person and suggested he **was getting "the bull" angry**, he was going **"to take the bull by the horns,"** and would laugh as it were merely a joke. The patient continued to make comments referring to his perceived sexual orientation of the CRNA and his concern for being cared for by a "bull", and then acting as if it were a joke.
- After multiple attempts to keep the course, and continue with the pre-op, the CRNA left the bedside and met with operative team. The attending anesthesiologist spoke with all members of the team and the assignment was modified.
- The **surgeon reported that this patient had made multiple comments previously** in clinic to a medical assistant who was also part of the LGBT community, but nothing was done in the clinic.

Microaggression IN THE WORKPLACE

Microaggression IN THE WORKPLACE

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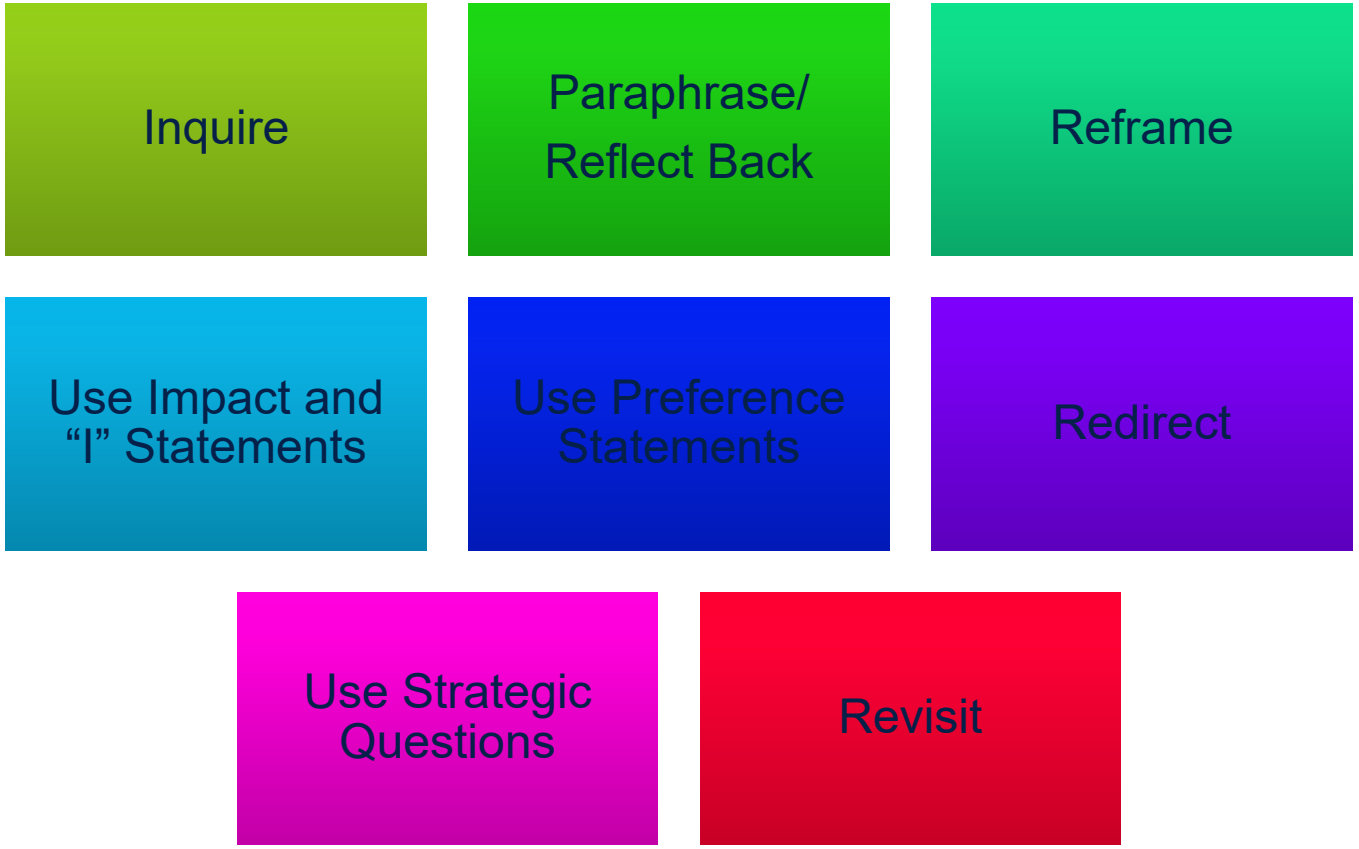
Toolkit: Communication Approaches



Adopted from Sue et al., Taxonomy of Microaggression Themes (2007)

Tool: Interrupting Microaggressions

MICROAGGRESSION EXAMPLE AND THEME	THIRD PARTY INTERVENTION EXAMPLE	COMMUNICATION APPROACH
Color Blindness "When I look at you, I don't see color." **Myth of Meritocracy** "Of course he'll get tenure, even though he hasn't published much—he's Black!"	"So you don't see color. Tell me more about your perspective. I'd also like to invite others to weigh in." "So you believe that _____will get tenure just because of his race. Let's open this up to see what others think."	**RE-DIRECT** Shift the focus to a different person or topic. (Particularly helpful when someone is asked to speak for his/her entire race, cultural group, etc.) **KEY PHRASES:** "Let's shift the conversation…" "Let's open up this question to others…."
Myth of Meritocracy In a committee meeting: "Gender plays no part in who we hire." "Of course she'll get tenure, even though she hasn't published much—she's Native American!" **Second-Class Citizen** In class, an instructor tends to call on male students more frequently than female ones.	"How might we examine our implicit bias to ensure that gender plays no part in this and we have a fair process? What do we need to be aware of?" "How does what you just said honor our colleague?" "What impact do you think this has on the class dynamics? What would you need to approach this situation differently next time?"	**USE STRATEGIC QUESTIONS** It is the skill of asking questions that will make a difference. A strategic question creates motion and options, avoids "why" and "yes or no" answers, is empowering to the receiver, and allows for difficult questions to be considered. Because of these qualities, a strategic question can lead to transformation. Useful in problem-solving, difficult situations, and change efforts. **KEY PHRASES:** "What would allow you…" "What could you do differently…." "What would happen if you considered the impact on…"

Ng, E. (1999). University of California, Intent and Impact: A Tool for Recognizing Impact

Tool: Interrupting Microaggressions

MICROAGGRESSION EXAMPLE AND THEME	THIRD PARTY INTERVENTION EXAMPLE	COMMUNICATION APPROACH
Second-Class Citizen Saying "You people…." **Use of Heterosexist Language** Saying "That's so gay."	"I was so upset by that remark that I shut down and couldn't hear anything else." "When I hear that remark, I'm offended too, because I feel that it marginalizes an entire group of people that I work with."	**USE IMPACT AND "I" STATEMENTS** A clear, nonthreatening way to directly address these issues is to focus on oneself rather than on the person. It communicates the impact of a situation while avoiding blaming or accusing the other and reduces defensiveness. **KEY PHRASES:** "I felt_____(*feelings*) when you said or did _____ (*comment or behavior*), and it _____ (*describe the impact on you*)."
Second-Class Citizen A woman who is talked over. Making a racist, sexist or homophobic joke.	She responds: "I would like to participate, but I need you to let me finish my thought." "I didn't think this was funny. I would like you to stop."	**USE PREFERENCE STATEMENTS** Clearly communicating one's preferences rather than stating them as demands or having others guess what is needed. **KEY PHRASES:** "What I'd like is…" "It would be helpful to me if…."

Ng, E. (1999). University of California, Intent and Impact: A Tool for Recognizing Impact

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Case Scenario

- One week after the protests started following George Floyd's death, a critical care anesthesiology fellow who is a black female arrives at the beginning of her shift to the cardiac intensive care unit. She goes to the room of a patient to introduce herself, and the middle-aged white male patient says "I am surprised you are here, shouldn't you be out there rioting with your people?" She responds by saying, "I'm sorry, what did you say?" He responds by saying, "Shouldn't you be out there rioting with your people?"
- She then proceeds to excuse herself and leaves the room to find a private space.
- A few bystanders heard the interaction, but nothing was said.

Strategies for Navigating Microaggressions

- Breakout Small Groups (5 people +/- facilitator)
  - Share name and where you are from
  - One person can share a microaggression experienced or witnessed
  - One person can role play being the bystander who witnessed and practice how they would like to respond
  - Remaining attendees should observe and provide feedback
    - Are there other ways that one would feel more comfortable to respond to the microaggression?
  - 10 minutes
- Large Group Debrief
  - 5 minutes

Vignettes

- Is what **W** (out-group student) just said true?
- **Dr. X** (out-group faculty) who is very well spoken…
- I took my flu shot because I am old and don't want to die. **Dr. Y** (older colleague) did you get yours?
- Who would ever think that **Z** (Latina patient) would do anything, let alone be a motorcycle rider…
- I just called **you** by the name in your (transgender patient) chart, I did not even think to look at your prefered name.

Strategies for Navigating Microaggressions

- **Interpersonal Style: Critical Self Reflection**
  - How do you naturally communicate (direct vs indirect)?
  - What type of language/words feel comfortable for you?
  - How have you responded to microaggressions in the past? What did or did not work?
- **Who can you speak to or process the event with?**
  - Peer Allies, Faculty Mentor, etc.?
  - Advocate for self or enlist support?
- **Practice**
- **Response Time:**
  - In the moment (or near after): approach individual one-on-one
  - After the moment: Bring attention the need to discuss something and schedule time

Thank You

References

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THE UNIVERSITY OF ARIZONA HEALTH SCIENCES
Equity, Diversity & Inclusion

Presents:

Panel for our Anti-Racism-Health Equity Series

This workshop: panel and part personal reflection will be about understanding the concepts of microaggression and micro inequity as well as practicing the tools that can be used to address them through bystander training. This session will further build on the Implicit Bias presentation given by Dr. Moreno, the Anti-Racist Strategies and Action talk presented by Dr. Troutman, and The Tools to Manage Microaggression presented by Odinakachukwu (Odi) Ehie, MD.

Noshene Ranjbar, MD

Noshene Ranjbar, MD is Assistant Professor at the University of Arizona, where she serves as Training Director of the Integrative Psychiatry Fellowship and Director of the Integrative Psychiatry Clinic. She is faculty at the Andrew Weil Center for Integrative Medicine as well as The Center for Mind-Body Medicine.

Patricia Harrison-Monroe, PhD

Dr. Harrison-Monroe is Clinical Associate Professor and Vice Chair of the Department of Psychiatry, University of Arizona College of Medicine. She has been a faculty member for the past 15 years and serves as the Director of Community Outreach & Clinical Development, responsible for the development of educational initiatives that enhance the understanding of behavioral health and reduce the perception of stigma within undeserved communities on a local and statewide basis.

Tommy K. Begay, PhD, MPH

Dr. Tommy K. Begay is a Clinical Assistant Professor in the Department of Psychiatry, College of Medicine, at the University of Arizona. He is a Cultural Psychologist by academic training, focusing on the interrelationship of culture, biology, and environment, to understand human behavior as applicable o health, and wellness. Dr. Begay possesses a Master of Public Health degree,

Monday, July 6, 2020 3:00 -4:30 *pm*
ZOOM

RSVP: https://bit.ly/2YJUB5H

Questions? Contact us!

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