A	Microaggressions and Creating a Safer	
	Clinical Environment	
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At the conclusion of today's course, learners will be able to:

- 1. Identify forms of microaggressions
- 2. Recognize microaggressions (by patients, learners, physicians, and staff) in clinical environments.
- 3. Learn specific tools to mitigate instances of microaggressions, improving allyship and advocacy while promoting inclusion in clinical spaces.

Microaggressions

"Brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial, gender, sexual orientation, and religious slights and insults to the target person or group."

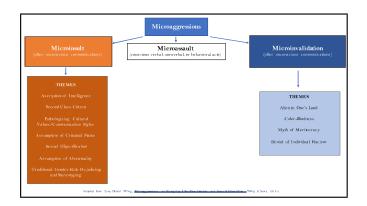
Sue DW, et al, Am Psychol. 62(4):271-286 (2007)

The History of Microaggressions

- Dr. Chester Pierce, psychiatrist, Harvard Med. Sch., 1970 First used the term "racial microaggressions" and studied effects on African Americans
 - $\hbox{``...} subtle \ and \ stunning... cumulative \ effect \ to \ the \ victim \ is \ of$ an unimaginable magnitude."
- Dr. Mary Rowe, economist, MIT, 1973 First used the term "micro-inequities"; pioneer in describing subtle discrimination against women
- Dr. Derald Wing Sue, psychologist, Columbia Extended the work on microaggressions against race, gender, and sexual orientation minorities.







Microaggressions-Examples Microassault Conscious • Deliberate • Subtle or explicit Communicated through environmental cues, verbalizations, or behaviors

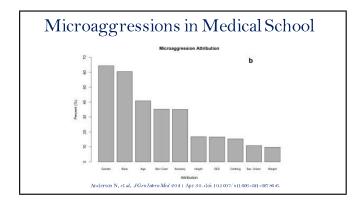
Using derogatory names for marginalized groups
Hanging swastikas, Confederateflags nooses, Playmate certerfold pictures
Making jokes about marginalized popele
Refusing service at a restaurant (Denny's)
Ignoring person's boyfitend/girlfitend/lik partner

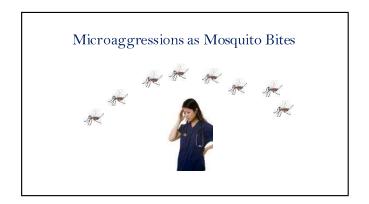
Microag	gressions-Ex	amples
	Microinsult	
Often unconscious •	Conveys rudeness and insensitivity •Der	neans a person's identity
THEME	MICROAGGRESSION	MESSAGE
Ascription of Intelligence: assigning intelligence based on race or gender	Supervisor to Black staff member: "Your performance is a credit to your race."	People of color are not as intelligent as whites.
Second Class Citizen: target group member receives different treatment from the power group	Whitegala attendee to Latinx attendee in tuxedo: "Areyou one of the waiters?"	People of color are servants to Whites.
Pathologizing Cultural Values/Communication Styles: making White culture the "skeal"	White person to Asian person: "Why are you people always so quiet?"	White culture is the dominant culture to which others must assimilate
Assumption of Criminal Status: Target group assumed to be deviant, dangerous, or criminal	Asian store owner follows around a Latinx shopper in her store.	You are a thief and will steal from me.
Adapted from Size, Deald Wing, M	improveniens in Eservice Life Ban Grader and Sexual Orient	ation

	Microinsult	
Often unconscious • C	Conveys rudeness and insensitivity •Den	eans a person's identity
THEME	MICROAGGRESSION	MESSAGE
Sexual objectification women or men are treated as if they were objects to make others happy.	Man puts his hands on a woman's hips	A woman's body is not her own
Assumption of Abnormality: LGBTQ tog applied to people who are different.	Socially ostracized male student is called "gay" by fellow students	People who are weird and different ar "gay".
Traditional Gender Role Prejudicing and Stereotyping: conveying expectations or traditional role/stereotypes	Male to lesbian woman: "You look like a lesbian; you never put much effort into your appearance"	Lesbians do not care about being attractive to others.

0	gressions-Ex	1
	Microinvalidation	
Often unconscious • Negates, ex	icludes, or nullifies the thoughts, feeling	s or experiential reality of a person
THEME	MICROAGGRESSION	MESSAGE
Alien in One's Land: "Non-White" Americans are assumed to be foreign born	White person to Korean American: "How is your English so perfect? Were you really born here?"	You are a foreigner and are not American.
Color-Blindness: White person does not acknowledge race	White person to Black person: "When I see you, I don't see color."	Denial of a person of color's racial/ethnic experiences.
Myth of Meritocracy. Race or gender dus not play a role in success	Speaker to audience: "Men and women have equal opportunities for achievement."	The playing field is even, so if a minority person does not succeed, the problem is with the person, not the system.
Denial of Individual Racism/Sexism/Heterosexism: Denial of personal bias	White person: "I have several Puerto Rican friends"	I am immune to racism because I have friends of color.

MM 2 Company of Office and non-Ottos status in expensions of reconggressors.		
	Non-UEM	CRM
Mistologi for a service worker"	31%	35%
Offended by convrients made in the learning environment about people of one's race'	67%	875
Wildown for other students of one's roce!"	725	84%
Askerd to server as a spokesperson for one's race?	325	80%
Witness after students experiencing microaggressions*	81%	93%
kysared in the learning environment because of one's race!"	135	25%
Contributions devoked in the learning environment because of one's rock?	165	365
Assumptions are made about my intelligence because of one's race.	41%	61%
Experienced more microaggressions in clinical settings than in classroom settings	12%	62%
Microaggressors contribute to my feetings of burnour ^a	495	62%
Microaggresions have negatively impacted my learning?	49%	14%
Nicrocagnesians have made me question by ability to become a successful physician	345	35%
Microggressions have made me question my decision to come to medical school	285	30%
Theil comfortable addressing the microaggressions that Leverence	31%	:37%
I fied comfortable addressing microaggressors that I witness other students experience	485	31%
Feel comfortable addressing microaggressions that I witness polients experience	- 445	455.
have adequate recurrenta address recoaggessions*	39%	26%
"p < 0.03 "p < 0.05		







Becoming an Active Bystander

- Active Bystander:
 someone who not only witnesses a situation, but also takes steps to intervene or address the situation in a way that prevents further escalation of the issue or harm to the victim. the issue or harm to the victim.
- Consider the impact over the intention.
- This is everyone's problem.
- Improves the safety of our clinical spaces.





The Green Dot Program

- Reducing power-based mistreatment through bystander training
 The Green Dot Bystander Intervention → reducing sexual violence on college campuses
 Green Dot applicable to many settings
- · Adapted to the dinical setting



The three FIVE D's















DISPLAY DISCOMFORT

DELAY

DIRECT

DELEGATE

DISTRACT

FIVE D's: Direct Response



- Respond directly in the moment.
- Question Did you just say ...?
- Consider a stepwise approach.
 - Step 1: Objective State the facts of what you heard or saw.

 - Step 2: Subjective Share your interpretation and how this affected you.
 Step 3: Listen Be open to hearing what the other person has to say in response to your feedback.

FIVE D's: Delegate

- Report the microaggression to someone else who may be better able to address it.
- The delegate is often a peer or in a higher position within the hierarchy.
- The delegate may intervene or empower you to respond.



FIVE D's: Distract

- Shift the focus away from the receiver of the microaggression in the moment.
- Remove the spotlight.
- Ways to distract:
 - Ask a question.
 - Use humor, make a joke.











FIVE D's: Display Discomfort

- Use facial expressions or body language to communicate discomfort when a microaggression has been committed.

 Do not use affirming behaviors (nodding, smiling) when a microaggression has been committed.
- We often respond in this way without needing to think about it.
- Can be a powerful response!

FIVE D's: Delay

- You may need more time.
 - To process the situation
 - The environment isn't safe for a response in the moment.
- You can always circle back.
 - Perpetrator
 - Receiver
 - Witnesses



Cases & Discussion

→ LARGE GROUP DEBRIEF CASE REVIEW — → DISCUSS AS GROUP —

- Discuss reactions to the case & which "D" you would use in the case
 Generate possible Direct responses



Direct Response: A Stepwise Approach STEP 2: SUBJECTIVE Share your interpretation and how this affected you. STEP 3: LISTEN Be open to hearing what the other person has to say in response to your feedback STEP 1: OBJECTIVE State the facts of what you heard or saw.



• A group consisting of SLP clinicians and graduate students is reviewing a series of patient charts in preparation for performing the day's video swallow studies. One patient's weight is listed as 375 lbs. One of your colleagues comments that the patient's weight may be a limiting factor for a successful swallow study. She then points to the value on the screen and laughingly says, "This is ridiculous…this per son must be like the Michelin Man wearing a fat suit." Everyone else begins to laugh as she continues to mockingly talk about the patient's weight.



You and a clinical fellow, who identifies as an underrepresented minority, are participating in a multidisciplinary case conference with the neurology team. The fellow delivers an excellent presentation on one of the patients the two of you have been seeing for dysphagia after a stroke. At the conclusion of the presentation, the attending neurologist says to the fellow, "Wow! I didn't realize that you were so articulate."

Responding with the FIVE D's

- There is no one perfect way to respond to a microaggression.
- This is one framework that provides concrete ways to respond.
- The 5 D's can be used in combination.
- Responding to microaggressions and becoming an active bystander takes practice.
- Your response will be dependent upon a number of factors including your personality, your status within the group, and how well you know those involved.

