

# 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

“...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

**Microinsult**  
(often unconscious communications)

**Microassault**  
(conscious verbal, nonverbal, or behavioral acts)

**Microinvalidation**  
(often unconscious communications)

### THEMES

Ascription of Intelligence  
Second Class Citizen  
Pathologizing Cultural Values/Communication Styles  
Assumption of Criminal Status  
Sexual Objectification  
Assumption of Abnormality  
Traditional Gender Role Prejudicing and Stereotyping

### THEMES

Alien in One's Land  
Color-Blindness  
Myth of Meritocracy  
Denial of Individual Racism

Adapted from Sue, Derald Wing, Microaggressions in Everyday Life: Race, Gender and Sexual Orientation, Wiley & Sons, 2010.

# Microaggressions-Examples

## **Microassault**

**Conscious • Deliberate • Subtle or explicit**

**Communicated through environmental cues, verbalizations, or behaviors**

- Using derogatory names for marginalized groups
- Hanging swastikas, Confederate flags, nooses, Playmate centerfold pictures
  - Making jokes about marginalized people
  - Refusing service at a restaurant (Denny's)
- Ignoring person's boyfriend/girlfriend/life partner

# Microaggressions-Examples

## Microinsult

- Often unconscious • Conveys rudeness and insensitivity • Demeans a person's identity

THEME	MICROAGGRESSION	MESSAGE
<b>Ascription of Intelligence:</b> <i>assigning intelligence based on race or gender</i>	Supervisor to Black staff member: "Your performance is a credit to your race."	People of color are not as intelligent as whites.
<b>Second Class Citizen:</b> <i>target group member receives different treatment from the power group</i>	White gala attendee to Latinx attendee in tuxedo: "Are you one of the waiters?"	People of color are servants to Whites.
<b>Pathologizing Cultural Values/Communication Styles:</b> <i>making White culture the "ideal"</i>	White person to Asian person: "Why are you people always so quiet?"	White culture is the dominant culture to which others must assimilate
<b>Assumption of Criminal Status:</b> <i>Target group assumed to be deviant, dangerous, or criminal</i>	Asian store owner follows around a Latinx shopper in her store.	You are a thief and will steal from me.

Adapted from Sue, Derald Wing, [Microaggressions in Everyday Life: Race, Gender and Sexual Orientation](#), Wiley & Sons, 2010.

# Microaggressions-Examples

## Microinsult

- Often unconscious • Conveys rudeness and insensitivity • Demears a person's identity

THEME	MICROAGGRESSION	MESSAGE
<b>Sexual objectification:</b> <i>women or men are treated as if they were objects to make others happy.</i>	Man puts his hands on a woman's hips	A woman's body is not her own.
<b>Assumption of Abnormality:</b> <i>LGBTQ tag applied to people who are different.</i>	Socially ostracized male student is called "gay" by fellow students	People who are weird and different are "gay".
<b>Traditional Gender Role Prejudicing and Stereotyping:</b> <i>conveying expectations or traditional role/stereotypes</i>	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.

Adapted from Sue, Derald Wing, Microaggressions in Everyday Life: Race, Gender and Sexual Orientation, Wiley & Sons, 2010.



# Microaggressions-Examples

## Microinvalidation

- Often unconscious • Negates, excludes, or nullifies the thoughts, feelings or experiential reality of a person

THEME	MICROAGGRESSION	MESSAGE
<b><u>Alien in One's Land:</u></b> <i>"Non-White" Americans are assumed to be foreign born</i>	White person to Korean American: "How is your English so perfect? Were you really born here?"	You are a foreigner and are not American.
<b><u>Color-Blindness:</u></b> <i>White person does not acknowledge race</i>	White person to Black person: "When I see you, I don't see color."	Denial of a person of color's racial/ethnic experiences.
<b><u>Myth of Meritocracy:</u></b> <i>Race or gender does not play a role in success</i>	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.
<b><u>Denial of Individual Racism/Sexism/Heterosexism:</u></b> <i>Denial of personal bias</i>	White person: "I have several Puerto Rican friends"	I am immune to racism because I have friends of color.

Adapted from Sue, Derald Wing, Microaggressions in Everyday Life: Race, Gender and Sexual Orientation, Wiley & Sons, 2010.

# Microaggressions in Medical School

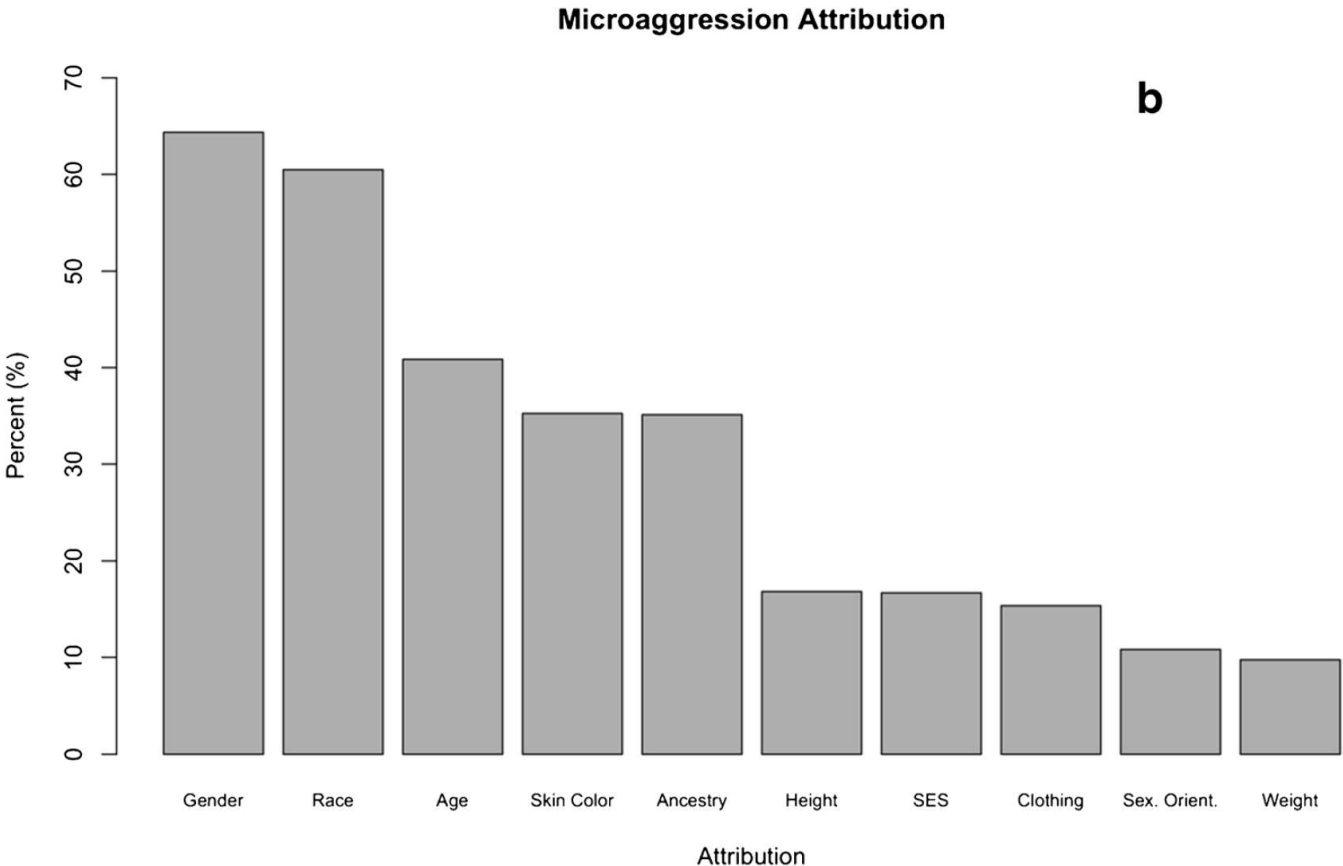
**Table 2.** Comparison of URM and non-URM status in experiences of microaggressions.

	Non-URM	URM
Mistaken for a service worker <sup>a</sup>	31%	55%
Offended by comments made in the learning environment about people of one's race <sup>a</sup>	67%	89%
Mistaken for other students of one's race <sup>b</sup>	72%	84%
Asked to serve as a spokesperson for one's race <sup>a</sup>	52%	80%
Witness other students experiencing microaggressions <sup>b</sup>	85%	93%
Ignored in the learning environment because of one's race <sup>b</sup>	13%	25%
Contributions devalued in the learning environment because of one's race <sup>a</sup>	16%	35%
Assumptions are made about my intelligence because of one's race <sup>a</sup>	41%	61%
Experienced more microaggressions in clinical settings than in classroom settings	52%	67%
Microaggressions contribute to my feelings of burnout <sup>b</sup>	49%	62%
Microaggressions have negatively impacted my learning <sup>b</sup>	49%	64%
Microaggressions have made me question by ability to become a successful physician	34%	35%
Microaggressions have made me question my decision to come to medical school	23%	30%
I feel comfortable addressing the microaggressions that I experience	31%	37%
I feel comfortable addressing microaggressions that I witness other students experience	43%	31%
I feel comfortable addressing microaggressions that I witness patients experience	44%	45%
I have adequate resources to address microaggressions <sup>b</sup>	39%	26%

<sup>a</sup> $p < 0.01$ .

<sup>b</sup> $p < 0.05$ .

# Microaggressions in Medical School



Anderson N, et. al., *J Gen Intern Med* 2021 Apr 30. doi: 10.1007/s11606-021-06786-6.

# Microaggressions as Mosquito Bites



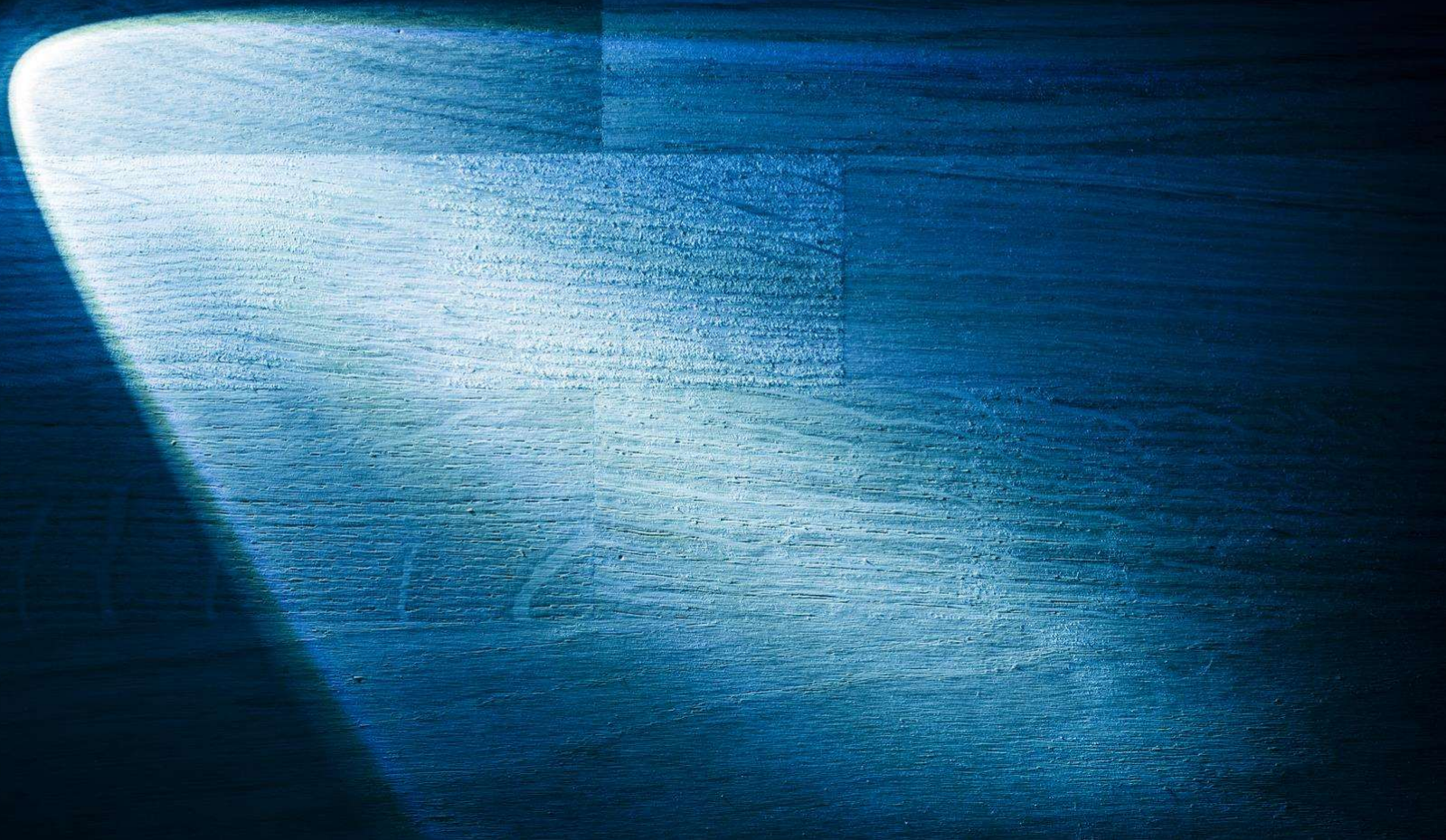


FOR PEOPLE WHO STILL DON'T THINK **KAPWING**

# 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.
- 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 clinical setting

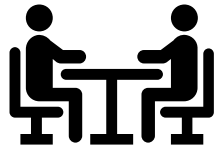




# The ~~three~~ FIVE D's



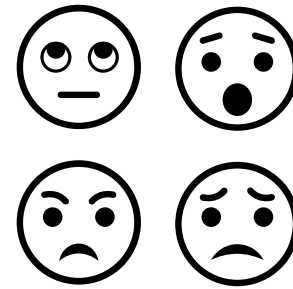
DIRECT



DELEGATE



DISTRACT

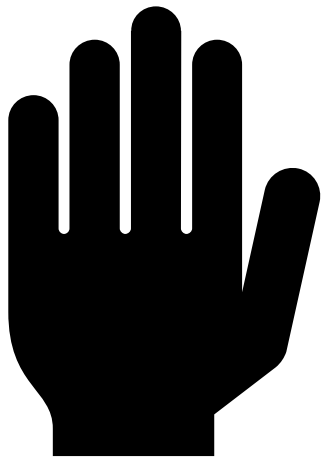


DISPLAY  
DISCOMFORT



DELAY

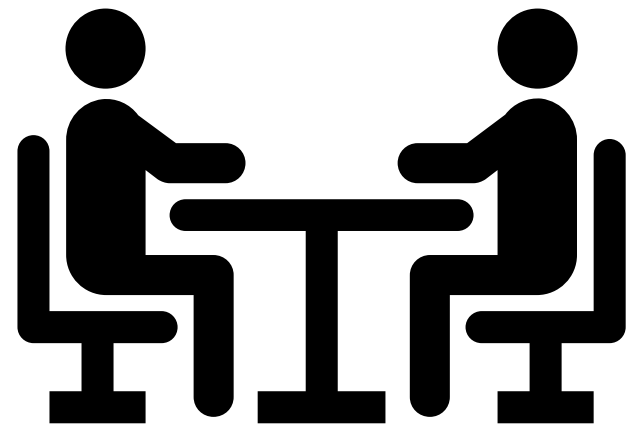
# FIVE D's: Direct Response



- 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.

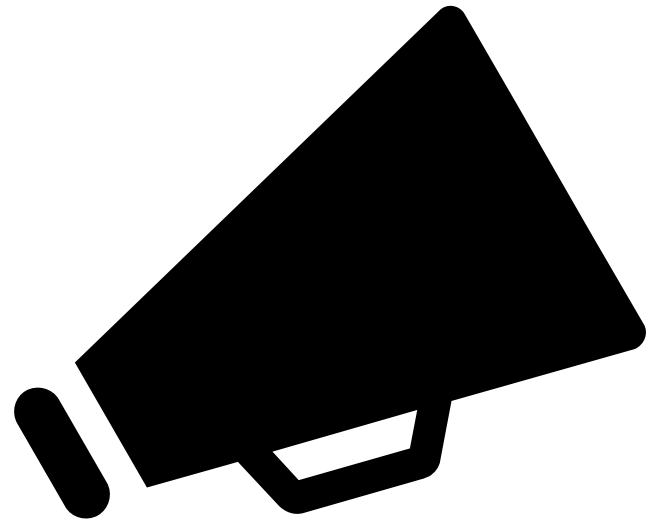
## FIVE D's: Delegate

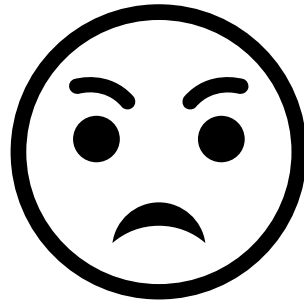
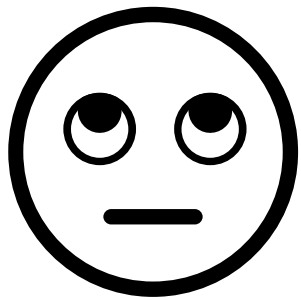
- Report the microaggression to someone else who may be better able to address it.
- The delegate is often a peer or in a higher position within the hierarchy.
- The delegate may intervene or empower you to respond.



# 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.



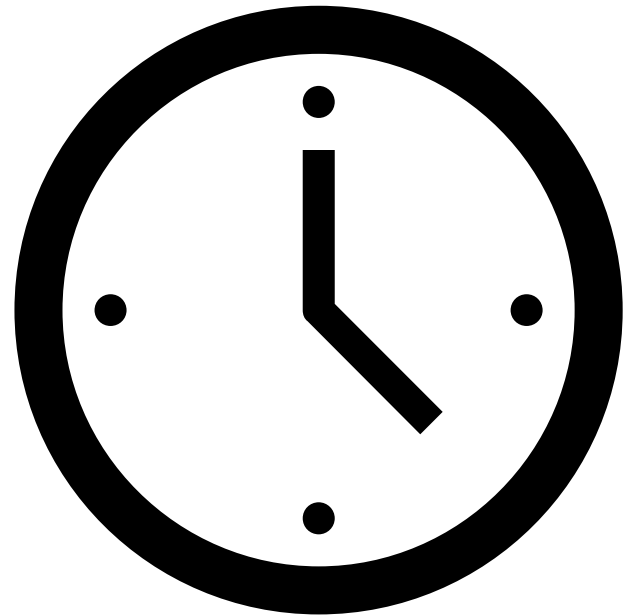


## FIVE D's: Display Discomfort

- 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



1. Discuss reactions to the case & which “D” you would use in the case
2. Generate possible **Direct** responses



# Direct Response: A Stepwise Approach

1

## STEP 1: OBJECTIVE

State the facts of what you heard or saw.

2

## STEP 2: SUBJECTIVE

Share your interpretation and how this affected you.

3

## STEP 3: LISTEN

Be open to hearing what the other person has to say in response to your feedback



## Case #1

- 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 person 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.

## Case #2

- 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.

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Questions?

Thank You!