“Microaggressions: What are they? How can we avoid? How can we respond?

Alda Maria Gonzaga MD, Eloho Ufomata MD, Eliana Bonifacino MD, Shanta Zimmer MD

August 29, 2019

Objectives

• Understand the concept and prevalence of microaggressions

• Understand the effect microaggressions have on physician of “diverse” backgrounds

• Develop a toolkit to respond to witnessed microaggressions
Ground Rules and Disclosures

• When making reflections use “I” statements
• Listen carefully to what others say
• Non-judgmental (even with ourselves)
• Commit to having a conversation with each other
• Disclosures:
  • We are human beings and we have biases of our own that we are working on daily to mitigate
  • Confidentiality is expected

Outline

1. Implicit/Unconscious Bias
2. Intersectionality
3. Microaggressions
   • Examples and Effects
   • Forms
   • Dilemmas
4. Breakout Session
5. Strategies to Respond
Implicit/Unconscious Bias

• We all have them
• Blindspot; Hidden Biases Of Good People
  • Mahzarin Banaji and Anthony Greenwald
• Implicit Association Tests (Project Implicit®)
• Result of our cultural conditioning
• Often biases are contrary to our personal values

Implicit vs. Unconscious Bias

**Implicit**
• “implied though not plainly expressed”
• “inherent”
• “inbuilt”
• “understood”

**Unconscious**
• “inaccessible to the conscious mind”
• “done without realizing”
• “instinctive”
• “unthinking”
Microaggressions

- Definition
- Examples
- Impact

What is a Microaggression?

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- Could be on the basis of race, income, social capital, religion, ableness, gender, immigration status, sexual orientation and/or other characteristics

Examples of Microaggressions

“You speak English really well,” to someone born and raised in the United States.
“Are you a nurse?” to a female physician examining a patient.
“Are you the sitter?” to a black physician walking into a patient room.
“You look too masculine,” to a self-identified lesbian physician.
“Minorities are still hung up on race” to a fellow physician.
"Your people must be so proud of you" to a physician with an accent.

Why are microaggressions “so bad”? 

Montenegro RE. My Name Is Not “Interpreter”. JAMA. 2016
• BOTTOM LINE - *Microaggressions add up and wear you out*

Types of Microaggressions

• Microassault
• Microinsult
• Microinvalidation

“You speak really good English for an immigrant.”

“Why haven’t you found a husband yet?”
Dilemmas with Microaggressions

- Clash of realities between the perpetrator and the recipient
  - Perpetrator views *intent*, while recipient views *impact*
- The invisibility of unintentional expressions of bias
  - Microaggressions typically have positive intent
- Perceived minimal harm of microaggressions
  - Lack of acknowledgement of cumulative effects
- The catch-22 of responding to microaggressions
  - Determine if a microaggression has indeed occurred
  - Reaction to microaggression – doubt, fear, rationalization
  - Responding with anger


Case Breakout Session

Review of Ground Rules

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Case

You are core faculty in a pediatrics residency program, and serve as a clinic preceptor to the residents. During a clinic session, Ashlee Walker, one of the few residents of color in your program, asks if you have some time to talk.

Case cont’d

She tells you that she received feedback from her clinic advisor, Dr. Jones, which she was confused by, and wants your input on the situation. During her mid-year clinic evaluation, Dr. Jones told her that she was doing fine, but that in her 360 evaluation, the nurses mentioned that she is rude and standoffish. She was taken aback by their description of her, since she could not recall any disagreeable encounters with the nurses, and asked him if they mentioned a specific incidence when she was rude. He responded, “Does it matter? It would probably benefit you to just smile more.”
Case Breakout Discussion Questions

• Was there microaggression?

• What was the impact?

Responding to Microinsults or Microinvalidations
Approaching the Speaker

• Patient or co-worker
• Role model how anyone can respond in a similar situation
  • Inquire
  • Paraphrase/Reflect
  • Reframe
  • Express the impact of the statement
  • Express one’s preference
  • Re-direct the conversation
  • Use strategic questions
  • Re-visit

Inquire

• Ask the speaker to elaborate on what they meant
  • Helps us understand their perspective

• Examples:
  • “I’m curious. What makes you ask that?”
  • “What makes you believe that?”

• Avoid “Why?” questions as can increase defensiveness
Paraphrase/reflect

• Same skills we use in motivational interviewing
• Demonstrates understanding
• Reduces defensiveness in rest of conversation

• Examples:
  • “You’re saying...”
  • “You believe...”
  • “So it sounds like you think...”

Reframe

• Create a different way of looking at a situation
• Make help speaker uncover their own unconscious biases

• Examples:
  • “I’m wondering what message this is sending her? Do you think you would have said this to a white male?”
  • “What would happen if...”
  • “Could there be another way to look at this?”
  • “let’s reframe”
Use Impact and “I” Statements

• A clear, nonthreatening way to directly address these issues on behalf of oneself
• It communicates the impact of the situation while avoiding blaming

• Examples:
• “I felt ... when you said ... and it ....(describe impact on you)”

Use Preference Statements

• Clearly communicate one’s preferences rather than stating them as demands or having other guess what is needed

• Examples:
  • In response to racist, sexist, homophobic, etc. jokes
    • “I don’t think this is funny. I would like you to stop.”
    • “It would be helpful to me...”
Re-direct

• Shift the focus to a different person
  • Particularly helpful when someone is asked to speak for his/her entire race, cultural group, etc.

• Examples:
  • “Let’s shift the conversation...”
  • “Let’s open up this question to others and see what they think.”

Use strategic questions

• The skill of asking questions that will make a difference
• A question that creates motion and options
• Can lead to transformation

• Examples:
  • “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?’’
  • “What would you need to approach this situation differently next time?”
Revisit

• Even if the moment of the microaggression has passed, go back and address it.

• Research indicates that an unaddressed microaggression can leave just as much of a negative impact as the microaggression itself.

• Examples:
  • “I want to go back to something that was brought up in our meeting…”
  • “Let’s rewind ____ minutes…”

Responding to microaggressions displayed by a patient towards a colleague
Professional Development

- Set up expectation early
  - Discuss that mistreatment can occur
  - Give permission to walk away
- Share the institutional procedures for mistreatment
  - Whom to contact within the institution, within the residency
  - How to document the event
  - Emphasize confidentiality
- Use cases to generate discussions and practice responses
- Provide opportunity for support and mentorship


Strategies for Faculty After an Event

- Debrief with team in a timely manner
  - Articulate what behaviors are not tolerated by the hospital and institution
  - State the importance of workplace safety and physician well-being
  - Reiterate your colleagues competence and abilities
- Personal Reflection
  - Identify own biases, triggers, and personal boundaries
  - Reflect on your own reaction to the event
- Approach the patient/speaker

Approaching the Patient

**Assess illness acuity**
- How sick is the patient? Is there time to safely transfer care?
- Is finding another provider at your institution an option?
- Do you need to consider court order or Child Protective Services involvement?


Approaching the Patient

**Cultivate a therapeutic alliance**
- Build rapport
- Ask, “What concerns you?”
- Explore biases without the intention of changing the patient’s mind
- Redirect the conversation to focus on medical care: “I’m very worried about you. Let’s focus on how we can help you.”
- Educate the patient on the hospital structure: “You’re here in an academic facility, with access to a variety of physicians with specific expertise”

Approaching the Patient

Depersonalize the event

- Remember discrimination is often motivated by patients’ fears and anxiety about the unknown
- Acknowledge that discrimination may be coming from patient’s lack of control
- Name the behavior: “Are you discriminating against this physician because of his name/skin color/gender/religion?”


Approaching the Patient

Ensure a safe work environment

- Provide support and assurance of your colleague’s competence: “I would trust this physician to take care of my own family”; “I agree with this physician. What other questions may I answer?”
- Speak to Risk Management
- Escalate to hospital administration
- Empower your colleague to come up with next steps

Break the Silence: Time to Talk about Race and Racism

• Debrief with the team
• Don’t avoid discussions – be fearless
• Don’t pretend discriminatory incidents don’t happen
  • Silence in the face of injustice not only kills any space for productive conversations, but also allows cancerous ideas to grow
• Easy starting place, debrief how you handled it despite your own emotional reaction

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Take Home Points
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• We all have hidden biases which can lead to microaggressions
• Microaggressions can have enormous impact “Death by a thousand wounds”
• We should support our colleagues in the face of microaggressions

How can we translate these from individual efforts, to institutional efforts?

Food For Thought

• We focused on discrimination on an individual basis
  • What we can do as teachers, mentors, advisors etc.

• As Institutional leaders, we can encourage our institutions to
  • Take a strategic approach
  • Improve processes
  • Provide faculty development and training
  • State, seek and measure inclusive outcomes
  • Cultivate an inclusive culture
Commitments

• I will stay engaged and celebrate diversity
• I will speak my truth and allow others to do the same
• I expect to conduct microaggressions and I will acknowledge it and apologize
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Additional resource mentioned in the talk:

Shankar M, Albert T, Yee N, Overland M.

Approaches for Residents to Address Problematic Patient Behavior: Before, During, and After the Clinical Encounter Journal of Graduate Medical Education, August 2019
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