

How to Manage Microaggressions on a Consult Service

Learning Objectives:

- 1) Describe microaggressions in clinical practice
- 2) Recognize the impact microaggressions have on trainees
- 3) Learn strategies to interrupt and otherwise deal with microaggressions

Step 1: What are microaggressions?

Microaggressions are defined as “the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership” (1).

- Examples of microaggressions are included in Table 1:

Microaggression	Hidden Meaning
A Black physician is mistaken as an environmental services worker (2)	You are not capable of being a physician.
An Asian American is complimented for speaking “good English” (1)	You are perpetually a foreigner in your own country.
An assertive woman is labeled as ‘problematic’ while her male counterpart is described as a ‘forceful leader’(1)	Women should be passive and allow men to be the decision-makers.
Repeatedly not having a junior resident or medical student assigned to you (2)	Your teaching contributions are not valued.
Having an answer or suggestion not recognized but acknowledged when presented a few minutes later by a man or non-under-represented-minority member (2)	Your insight is not legitimate or valued.
A person uses the term ‘gay’ to describe a movie she didn’t like (1)	Being gay is associated with negative or undesirable characteristics.
A blind man reports people often raise their voice when speaking to him (1)	A person with a disability is defined as lesser in all aspects of physical and mental functioning.

Step 2: Recognize the impact microaggressions can have on trainees.

- Microaggressions can be received as a form of intimidation, harassment, or discrimination (IHD). IHD have been found to be quite prevalent in the resident physician experience (59.5% to 64.1% (3, 4)).
- Training status, gender, and ethnicity have been found to be the most commonly cited risk factors for IHD (4).
- A cross-specialty study found that residents reporting personal experiences of mistreatment were 8 times more likely to report burnout (5).
- Targeted individuals report exhaustion, self-doubt, and cynicism as a result of experiencing bias from patients. Non-targeted bystanders experience moral distress and uncertainty about how to respond (6).

Step 3: Preparing to encounter microaggressions

- ‘Prebrief’: have a conversation prior to rounding to acknowledge that microaggressions can/will occur and ask potentially targeted individuals how they would like these incidents addressed (7).

Step 4: When microaggressions occur in the clinical/academic encounter

- First, recognize the microaggression (7).
- Second, analyze the power dynamics, identities, and intent/impact involved (7).
- Third, consider type of response taking into consideration learner preferences, patient acuity/mental status, quality/duration of learner/team’s relationship with patient (7).
- Fourth, respond in real time – bear witness, intervene, or pause/exit room (7).
 - Ways to respond:
 - Make the “invisible” visible (8)
 - Challenge the stereotype – “I may be Asian, but I’m also an American.”
 - Broaden the ascribed trait – “Many non-white Americans speak without an accent.”
 - Ask for clarification – “Do you assume that my first language is not English?”
 - Disarm the microaggression (8)
 - Express disagreement – “That’s not how I view it.”
 - State values and set limits – “Respect and tolerance are important values to me and while you have the right to say what you would like to say, I’m asking you to show a little more respect by not making offensive comments.”
 - Remind them of the rules/policies – “That behavior is against our policy on (patients’ rights and responsibilities/faculty conduct) and I need you to stop.”
 - Educate the offender (8)
 - Differentiate between intent and impact – “I know you didn’t realize this but that comment you made was demeaning because Black women are capable of being physicians as much as anyone else.”
 - Promote empathy – “Black people are just as capable of being physicians as anyone else. How would a mistake like that make you feel?”
 - Seek external reinforcement or support (8)
 - Alert leadership/supervisor.
 - Report the incident in person or anonymously through your institutions Diversity and Inclusion offices.
 - Seek out individual counseling/support with culturally humble providers for self-care and well-being.
 - Choose a friend with whom you can always check in and process discriminatory experiences.

Step 5: Check-in and debrief after microaggressions are encountered

- Check-in with the targeted individual one-on-one to make sure they are okay and ask if they need support (7).
- Note that some trainees/students may not want to discuss microaggressions each time they occur, respect that wish and do not assume everyone needs to debrief every time (7).
- If desired by the targeted individual, request or have a team debrief (similar to when a physical assault had occurred on rounds) to process individual’s experiences and reactions (7).

References

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