AIM to Learn: Actioning on Implicit (Biases) and Microaggressions in the Learning Environment

STRATEGIES FOR RESPONDING TO MICROAGGRESSIONS

Table A1. Examples of Responses.

<table>
<thead>
<tr>
<th>Microaggressions</th>
<th>Strategy</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“You don’t look gay.”</td>
<td>Appeal to values</td>
<td>“Wow, I didn’t think you were the kind of person to make assumptions about people.”</td>
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<tr>
<td>Someone asking to touch your hair because it is “exotic”</td>
<td>Express your feelings</td>
<td>“It makes me uncomfortable that you want to touch my hair.”</td>
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<tr>
<td>“You must be good in math, can you help me with this problem?”</td>
<td>Get them to explain</td>
<td>“Why would you assume that I am good at math?”</td>
</tr>
<tr>
<td>“How do Black people feel about affirmative action?”</td>
<td>Empathize with the underlying feeling</td>
<td>“It’s great that you’re curious, but not all Black people have the same opinion about things. My opinion is…”</td>
</tr>
<tr>
<td>“Of course she’ll get the job, she’s a minority.”</td>
<td>Give information</td>
<td>“It’s actually harder for minorities to get those jobs. I read a study about it.”</td>
</tr>
<tr>
<td>Being told you speak English well when it is your first language</td>
<td>Use humor</td>
<td>“Thanks, I’ve been speaking it since I was born!”</td>
</tr>
<tr>
<td>Someone assumes you speak Spanish because you look Latino/a.</td>
<td>Involve others</td>
<td>Turn to a friend: “Apparently, I speak Spanish now. Who knew?”</td>
</tr>
</tbody>
</table>

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Interrupting bias—In the moment

- Can we take a time-out so we can unpack that a bit?
- I’m confused about what you just said - would you explain a bit more?
- I’m uncertain about how to talk about what you just said. I need to give it some thought and get back to you later.
- I heard you say ___________. Will you clarify what you meant?
- When I heard your comment I felt/thought ...
- I’m thinking about how what was said could impact women...
- Can you help me understand...
- We seem to see this differently, can you share more about your perspective?

Interrupting bias—After the fact

- May I speak with you about something that’s been bothering me?
- May I ask you a question about what happened? I’d like to understand where you’re coming from.
- Would it be OK if we spoke with you about something we observed/experienced?
- I’m uncomfortable too, but we’ll get through this together.
Responding to Microaggressions

What is a microaggression?
Microaggressions are subtle verbal or non-verbal slights and indignities based on membership in a social group. They are a form of discrimination and are hurtful even though they are sometimes unintentional or meant in a joking way. We refer to the person who says/does the microaggression as the aggressor and the person who they are speaking to as the target.

Why confront microaggressions?
Most people don’t confront microaggressions, but confronting can help the other person to realize their bias and change their behavior. Confronting also sets a norm that the behavior isn’t OK, so people around are less likely to do or say something similar. When thinking about responding, consider:

Your goal
• What do you want to accomplish?

Your role
• What is your relationship to the aggressor and bystanders?

How do I respond?
When your goal is to affect someone’s bias, the most effective responses are polite rather than hostile and focus on positive qualities rather than accusations of prejudice.

- **Appeal to values**
  • “You’re too smart to believe that!”
- **Express your feelings**
  • “That hurts my feelings.”
- **Get them to explain**
  • “What did you mean by that?”
- **Empathize with the underlying feeling**
  • “I know it’s hard to find a job after college, [but affirmative action isn’t the problem.]”
- **Give information**
  • “Actually, most people on welfare are White.”
- **Use humor**
  • “Wow, you sound like my grandpa.”
- **Involve others**
  • “Did you hear that?”
- **Non-verbal response**
  • Roll your eyes

How might they react?
Most people feel negative emotions when they are confronted, but they can still learn from the experience. Here are some common reactions:

- Anger
- Denial
- Dismissal/minimization
- Attack
- Claim it was a joke

- Try to explain your misinterpretation
- Guilt or shame
- Freeze

- Get others to agree with them
- Apologize/try to make up for it

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**Disarming Microaggressions**

**Microintervention strategies**

- Directed Toward Perpetrator Microaggressions
  - Make the "Invisible" Visible
    - Undermine the meta-communication
    - Make the meta-communication explicit
    - Challenge the stereotype
    - Broader the ascribed trait to a universal human behavior
    - Ask for clarification
  - Keep a log of inequitable practices as you see them
  - Run your observations by allies who can corroborate
  - Solicit feedback from fellow coworkers/students
  - Monitor trends around recruiting, hiring, retention, promotion
  - Create partnerships with academic institutions to analyze data related to disparities in education, health care, employment
  - Disseminate research on disparity trends to general public and media
  - Organize peaceful demonstrations

- Directed Toward Institutional Macroaggressions
  - Disarm the Microaggression/Macroaggression
    - Express disagreement
    - State values and set limits
    - Describe what is happening
    - Use an exclamation
    - Use non-verbal communication
    - Interrupt and redirect
    - Boycott, strike, or protest the institution
    - Request meetings with intermediary or senior leadership to share perspectives
    - Exercise right to serve on boards to voice your concerns
    - Delineate financial repercussions of continued macroaggressions
    - Notify press or other media outlets
    - Protest political leaders who reinforce inequity and division/support those who do not
    - Revise and veto unjust community policies, practices, and laws
    - Lobby to your congressmen or senators
    - Attend televised town hall meetings to voice your concerns

- Directed Toward Societal Macroaggressions
  - Educate the Offender
    - Point out the commonality
    - Appeal to the offender’s values and principles
    - Differentiate between intent and impact
    - Promote empathy
    - Point to how they benefit
    - Describe the benefits of workforce diversity
    - Institute long-term mandated training on cultural sensitivity for all levels
    - Infuse multicultural principles into organizational mission and values
    - Raise children to understand concepts like prejudice, discrimination, and racism
    - Challenge silence/lack of response to macroaggression
    - Identify shared mutual goals among people
    - Increase community’s exposure to positive examples of diverse cultures to offset negative stereotypes and biases

- Seek External Intervention
  - Alert Authorities
  - Report the act
  - Seek therapy/counseling
  - Seek support through spirituality/religion/community
  - Set up a buddy system
  - Attend support groups
  - Report inequitable practices to your union
  - Create networking/mentoring opportunities for underrepresented employees/students
  - Maintain an open, supportive, and responsive environment
  - Call on consultants to conduct external assessments/cultural audits
  - Foster cooperation over competition
  - Foster a sense of community belonging
  - Create caucuses for allies and targets
  - Participate in healing circles, vigils, memorials that remind us of the consequences of hate

*Figure 1. Microintervention strategies.*
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Upstander Behavior Practice

Scenarios based on witnessing some form of exclusion, bias or microaggression.

1) Read and review the scenario
2) Decide who will play role 1, 2 and 3.
3) Role play the scenario
4) Debrief, including sharing the emotions and perspective of each role
5) Switch roles and practice a different scenario

Scenario 1:
During team rounds, you notice that Edith shared an idea that was ignored. Fifteen minutes later in the meeting, Jose expresses the same idea and gets a lot of credit for their contribution. What would you say to be an upstander for Edith and after what you just witnessed?

Role 1: Edith
Role 2: Jose
Role 3: Upstander

Scenario 2:
You are welcoming new students to the team. As part of introductions people share where they went to school prior to their current training. Bill shares that he attended community college then graduated from State before starting the program, and is the first in his family to attend college. Amy shares that she previously attended Columbia. The conversation turns to connections the other team members had themselves or with friends and family at an Ivy league. What would you say to be an upstander for Bill and what you just witnessed?

Role 1: Bill
Role 2: Amy
Role 3: Upstander

Scenario 3:
Your team goes to consult on a patient. A White medical student and a Black resident enter the room with the attending. The patient says “You (points to White student) look like a doctor and you (points to Black resident) look like a basketball player”. What would you say to be an upstander for the resident and what you just witnessed?

Role 1: Patient
Role 2: Resident
Role 3: Upstander
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INTERPROFESSIONAL PRACTICE VIGNETTE

CONTEXT:
Imagine you are the psychiatry attending in the scenario below. Please spend the next 30 minutes discussing the scenario and questions below. We provided general themes (e.g. intrapersonal, interpersonal, systemic/institutional) for each group to consider. Please prepare to provide a summary of considerations for each of the general themes. Identify one member of your team who will report back to the larger group with a brief summary.

SCENARIO:
The ED attending orders a psychiatry consult for a White patient with TBI, MDD, and etoh use who presented to the ED for stitches after a physical altercation. The patient was angry, yelling, had slurred speech and made statements about wanting to kill those who harmed the patient. The psychiatry resident initiated the evaluation then left the room partway through the consult to request police standby. The resident called the psychiatry attending with questions about protocol because they had never placed a hold for DTO. After verbal discussion, the ED attending places a hold and support staff is present for 1:1 observation. Several hours later after the patient sobers and consistently denies harm to others the hold is dropped and the patient discharges from the ED. When reviewing the note the next morning, you see additional details not discussed during the phone consultation that the patient was making several racist and derogatory statements about people of color, stating the psych resident is different from the race of people the patient is wanting to harm.

INTRAPERSONAL:
• Your reactions?
• What did you imagine about the identities/background of the people described in the vignette?
• What does that say about us and our implicit bias(es)?
• Other initial reactions?

INTERPERSONAL:
• **Team:** Who constitutes the team in this case and what perspectives should be included?
• **Power:** How might identities, power, privilege, and bias be affecting this situation? Where is racism operative here? How might we mitigate or change the effects of power, privilege, and bias in future situations?
• **Harms:** Who is experiencing or at risk of experiencing harm? What are those potential harms? Consider the impact of professional identities.
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- **Restorative Practices:** Is there a need for reconciliation or follow-up with affected individuals? How might you initiate a conversation about this?

- **Opening:** Write out and practice the **specific words** you might use with the...
  - Resident
  - RN
  - Other integrated team members
  - Police

**SYSTEMIC/INSTITUTIONAL:**

- What systemic effects influence your conversations and your own perceptions?
- Which team members are more vulnerable to structural racism/impacts/consequences of institutional rules?
- What structural determinants (both vulnerabilities and assets) could have contributed in this situation?
- What specific system changes could be implemented to address challenges and/or adverse outcomes that arose? How might one communicate these opportunities to hospital leadership?