Take the VITALS: Interrupting Microaggressions

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Dr. Keith Norris
Dr. Teresa Seeman
Ground Rules

Speak your truth and listen without judgment
Maintain confidentiality**
Stay engaged and be curious
Give constructive feedback
Allow for mistakes
Expect and accept a lack of closure

“Beginning Courageous Conversations about Race” – Glen Singleton and Cyndie Hays)
“Difficult conversations are almost never about getting the facts right. They are about conflicting perceptions, interpretations, and values.”

– Douglas Stone
Personal Identity Exercise
Grab a Piece of Paper.
Race/Ethnicity
Class/Socioeconomic Status
Gender
Sexual Orientation
Religion Faith/Spirituality
Birth Order
Nationality
Citizenship, Residence or Legal Immigration Status
Where you went to undergrad/med school
Hometown/State
Hair Color/Texture
Age
Weight/Body Type
Political Party
Personal Health Status
Relationship Status
Being a parent
Session Objectives

1. Define microaggressions and review prevalence.
2. Identify common examples of microaggressions
3. Intervene with specific tools to mitigate instances of microaggressions
4. Improve advocacy efforts towards a more inclusive environment
Bias → Discrimination

Bias (conscious or unconscious)
Tendency or inclination toward or against something or someone

Stereotype
Widely held beliefs, unconscious associations about members of certain groups that are presumed to be true

Prejudice
Pre-judgement or unjustifiable negative attitude against a group and its members

Microaggressions
Subtle verbal and non-verbal insults often done automatically & unconsciously

Discrimination
Unequal treatment of members of groups based on identity (race, ethnicity, sexual orientation, religion, physical appearance)
# DGSOM Medical Students – Graduate Questionnaire

<table>
<thead>
<tr>
<th>Experienced Behavior</th>
<th>DGSOM 2018</th>
<th>DGSOM 2019</th>
<th>DGSOM 2020</th>
<th>National 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjected to racially or ethnically offensive remarks/names</td>
<td>13%</td>
<td>20%</td>
<td>21%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Patients and family most frequent source of gender and racial discrimination

Associated with:
- Increased burnout (OR 2.94)
- Increased suicidal thoughts (OR 3.07)

32% of trainees report gender discrimination

17% of trainees report racial discrimination
PATIENT PREJUDICE
When Credentials Aren’t Enough

A WebMD/Medscape report produced with STAT

The Most Commonly Reported Types of Bias

- Age: 28%
- Ethnicity/national origin: 22%
- Gender: 20%
- Race: 19%
- Religion: 12%
- Weight: 12%
- Political views: 11%
- Accent: 10%
- Medical education from outside US: 6%
- Sexual orientation: 4%

59%
heard an offensive remark about their personal characteristics from a patient

UCLA David Geffen School of Medicine
PATIENT PREJUDICE
When Credentials Aren’t Enough

A WebMD/Medscape report produced with STAT

Male and Female Physicians Experience Bias Differently

- Age: 23% for males, 36% for females
- Gender: 6% for males, 41% for females
- Ethnicity: 24% for males, 20% for females
- Weight: 9% for males, 15% for females
- Religion: 15% for males, 8% for females

UCLA David Geffen School of Medicine
Bias Directed at African American/Black Physicians vs All Physicians

- African American/Black physicians: 39%
- All physicians: 19%

Legend:
- Teal: Race
- Purple: Ethnicity/National origin
JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Physician and Trainee Experiences With Patient Bias

Margaret Wheeler, MD; Shalila de Bourmont, BS; Kimani Paul-Emile, JD, PhD; Alana Pfeffinger, MPH; Ashley McMullen, MD; Jeff M. Critchfield, MD; Alicia Fernandez, MD

Care Refusal
Explicit Biased Comments
Jokes or Stereotypes
Nonverbal Disrespect
Role Questioning
Assertive Background Questioning
Inappropriate Compliments
Bias (conscious or unconscious)
Tendency or inclination toward or against something or someone

Stereotype
Widely held beliefs, unconscious associations about members of certain groups that are presumed to be true

Prejudice
Pre-judgement or unjustifiable negative attitude against a group and its members

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Unequal treatment of members of groups based on identity (race, ethnicity, sexual orientation, religion, physical appearance)
What are Microaggressions?

Subtle but offensive comment or action directed at a minority or other non-dominant group that is often *unintentional or unconsciously* reinforces a stereotype.

Introduced in 1970 by Dr. Chester Pierce and later expanded by Dr. Derald Wing Sue

No negative intent is required. Focus is on the harm.
“Subtle but offensive comment or action directed at a minority or other non-dominant group that is often unintentional or unconsciously reinforces a stereotype.”
Where do they come from?

• Reflect not only individual’s biases, but also society’s most deeply-held biases

• Reflect structural marginalization of minority (non-dominant) groups
  • Race, ethnicity, gender identity, sexual orientation, religion, age, body size, disability…

• Reflects a long history of underrepresentation of certain groups
Microaggressions – The Act

Perpetrator
- Patient/Family
- Trainee
- Colleague
- Staff
- You

Microaggression

Recipient
- Patient/Family
- Trainee
- Colleague
- Staff
- You

Bystander

Bystander

Bystander
Types of Microaggressions

Three main types described in literature:

- Micro-assault: most overt, often intentional
  - Ex. Person telling a sexist joke then saying, “I was just joking”

- Micro-insult: more subtle, often unintentional
  - Ex. Referring to a Latina administrator as “spicy”

- Micro-invalidation: most subtle, almost always unintentional
  - White person telling a black person that “racism does not exist in today’s society”
WARNING: LANGUAGE

https://www.youtube.com/watch?v=hDd3bzA7450
Impact of Microaggressions

• For trainees and providers
  • Decreased work performance
  • Disrupted formation of professional identity, unsafe learning environment
  • Decreased work performance and satisfaction

• For patients
  • Negative emotion/psychological repercussions
  • Disrupted physician-patient relationship (decreased trust, mutual respect)
  • Decreased quality of care
Breakout #1 - 10 min

Share an example of when you think you were a perpetrator, recipient or a bystander

- What happened?
- What was the reaction of those in the room?
- What did you do?
- What do you wish you had done?
- Does it fit into one of the handout themes?
Why we don’t speak up

“It’s none of my business”
“It doesn’t really bother me”
Feel powerless to make a difference
Avoid drawing attention onto them
Worry about retribution or becoming another victim

Don’t know what to do
Why Was V.I.T.A.L.S. Created at UCLA?

Response to

• Learner-driven requests for what to do when faced with challenging incidents

Purpose:

• Provide tools for managing difficult encounters in learning environments specifically concerning race and identity differences

• Expose the “culture of silence”/”silent curriculum” in medicine

• Foster empowerment of ALL students and trainees
Microaggressions – Take the V.I.T.A.L.S.

V - Validate your feelings and experiences
I - Inquire to obtain more information/clarification
T - Take time to mirror/reflect what the person says
A - Assume the best of each other AND need for clarity
L - Leave opportunities for follow up conversations
S – Speak up for others affected by negative biases/microaggressions

Tool developed by Dr. Valencia Walker and Dr. Christina Harris
Microaggressions – Take the V.I.T.A.L.S.

V - Validate your feelings and experiences
  • Take an internal body scan
  • “Think Long… Think Wrong”
    • If it feels like a microaggression it IS a microaggression
Microaggressions – Take the V.I.T.A.L.S.

1 - **Inquire** to obtain more information/clarification
   - Get curious
     - Ask the speaker to elaborate
     - Pretend you don’t understand/feign confusion

Examples:
- “Could you say more about what you mean by that?”
- “I’m curious about ______. Tell me about_______”
- “Why…”
- “I don’t get it……”
- “Why is that funny? “
Microaggressions – Take the V.I.T.A.L.S.

T - Take time to mirror/reflect what the person says
  • Mirror back what you hear AND the emotions behind the statement.

Examples:
  “I think I heard you say ____________ (paraphrase their comments). Is that correct?”
  “It seems like you might be really frustrated/nervous/ angry…”
Microaggressions – Take the V.I.T.A.L.S.

A - **Assume** the best of each other AND need for clarity

- Assume that the intent was not to harm BUT acknowledge the harm of the impact on the target
- Separate the person from the action(s)/words
- Utilize perspective-Taking

“I know you may not realize it, but when you….., it made me feel …..”. “What are your thoughts?”
“I know you really care about …… but that comment really undermines those intentions.”
L - Leave opportunities for follow up conversations
  • It is never a “one and done”

Example:
“Maybe we can talk a little more about this....”
“I thought more about what you said, and I wanted to follow up with you....”
Microaggressions – Take the V.I.T.A.L.S.

S – **Speak up** for others affected by negative biases/microaggressions

  • The “Call OUT” Response(s)

Example:

“That’s problematic because it’s reinforcing negative stereotypes/biases”

“I don’t think that’s appropriate because….”
Microaggressions – Take the V.I.T.A.L.S.

V - Validate your feelings and experiences
   • Understand your own physiology and emotional response.
   • Try not to perseverate on what you believe is a microaggression as the perseveration often makes people feel worse (think long—think wrong).
     • If it feels like a microaggression, it is one!

I - Inquire to obtain more information/clarification

T - Take time to mirror/reflect what the person says

A - Assume the best of each other AND need for clarity
   • Separating intent from IMPACT is important

L - Leave opportunities for follow up conversations

S - Speak up for others affected by negative biases/microaggressions
   Being an “upstander” is helpful, even after the fact
Case #1 - 10 min

Joining Breakout Room...
Breakout Room 1
This may take a few moments
Case #2 and #3 - 20 min
### Other tips

<table>
<thead>
<tr>
<th>Technique</th>
<th>Example</th>
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<tbody>
<tr>
<td>Appeal to values/principles</td>
<td>“I know you really care about ____. Acting like this undermines that.”</td>
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<tr>
<td>Promote empathy</td>
<td>“How would you feel if someone said that about your sister/girlfriend?”</td>
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<td>Tell them they’re too smart</td>
<td>“Come on. You’re too smart to say something so ignorant/offensive.”</td>
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<tr>
<td>Pretend you don’t understand</td>
<td>“I don’t get it…” “Why is that funny?”</td>
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<tr>
<td>Use humor or gentle sarcasm</td>
<td>“She plays like a girl? You mean she plays like Serena Williams?”</td>
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<tr>
<td>Point out commonalities</td>
<td>“Do you know he also likes to _____? You may want to talk with him about that. You actually have a lot in common.”</td>
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<td>What’s in it for them?</td>
<td>“In the real world, we are going to have to work with all sorts of people, so maybe as well learn how to do it here.”</td>
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Adapted from: https://www.aacap.org/App_Themes/AACAP/docs/resources_for_primary_care/cap_resources_for_medical_student_educators/responding-to-microaggressions-and-bias.pdf
When you are the Offender

• Take a breath. Be thankful that they trust you enough to say something.
• Don’t make it about you.
• Listen with an open heart and mind.
• Apologize: You must address the harmful comment, acknowledge the impact it had, and commit to doing better.
• Don’t overdo it.
• Seek to understand in your own time and maybe follow up.

BE THE REASON SOMEONE FEELS SEEN, HEARD AND SUPPORTED