

Take the VITALS: Interrupting Microaggressions

UCLA

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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

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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)

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DGSOM Medical Students – Graduate Questionnaire

Experienced Behavior	DGSOM 2018	DGSOM 2019	DGSOM 2020	National 2020
Subjected to racially or ethnically offensive remarks/names	13%	20%	21%	9%

SPECIAL ARTICLE

Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training

Yue-Yung Hu, M.D., M.P.H., Ryan J. Ellis, M.D., M.S.C.I.,
D. Brock Hewitt, M.D., M.P.H., Anthony D. Yang, M.D., Elaine Ooi Cheung, Ph.D.,
Judith T. Moskowitz, Ph.D., M.P.H., John R. Potts III, M.D., Jo Buyske, M.D.,
David B. Hoyt, M.D., Thomas J. Nasca, M.D., and Karl Y. Bilimoria, M.D., M.S.C.I.

32%

of trainees report gender
discrimination

Patients and family most frequent source of
gender and racial discrimination

17%

of trainees report racial
discrimination

Associated with:

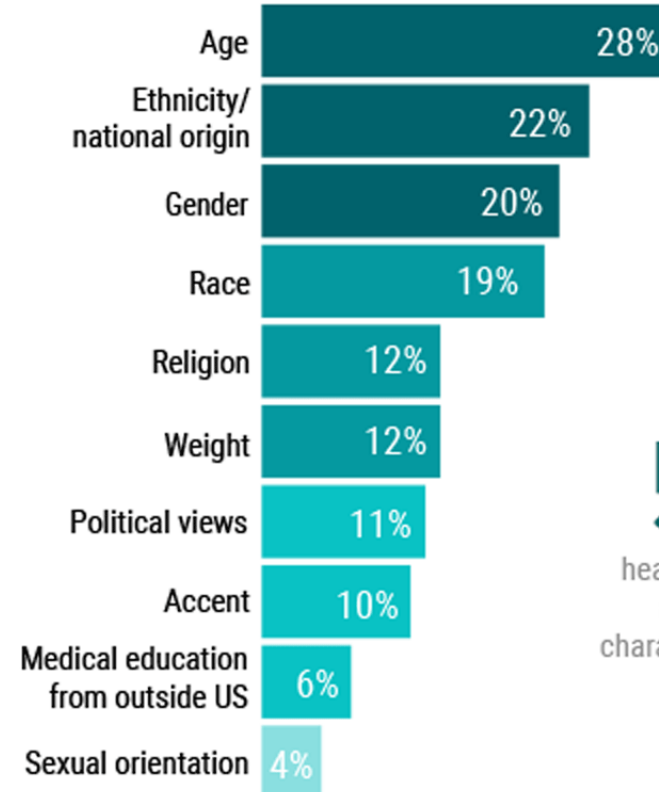
- Increased burnout (OR 2.94)
- Increased suicidal thoughts (OR 3.07)

PATIENT PREJUDICE When Credentials Aren't Enough

A WebMD/Medscape report produced with STAT



The Most Commonly Reported Types of Bias



59%

heard an offensive remark
about their personal
characteristics from a patient

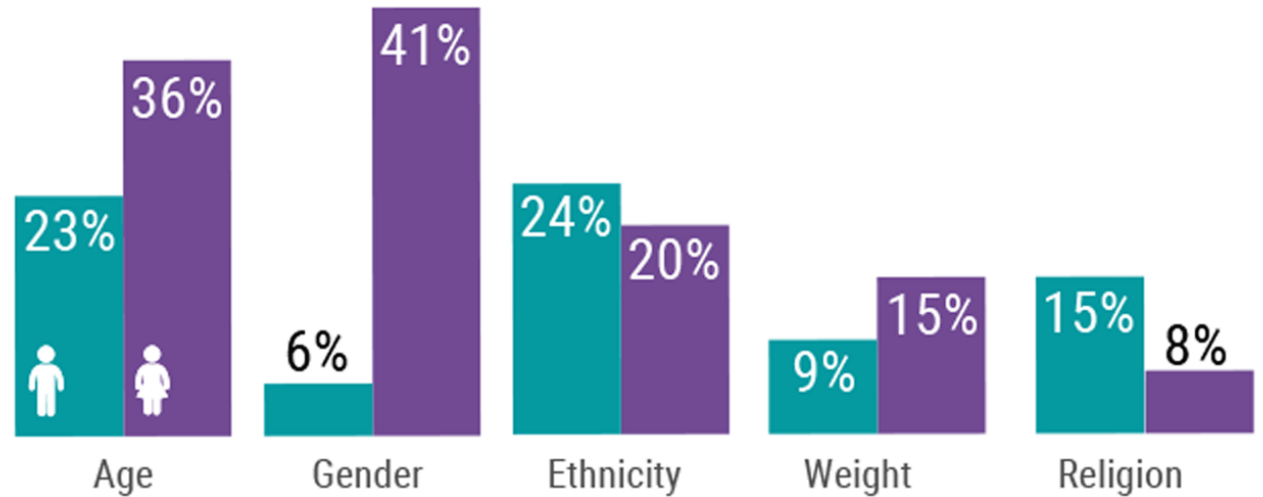
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Male and Female Physicians Experience Bias Differently



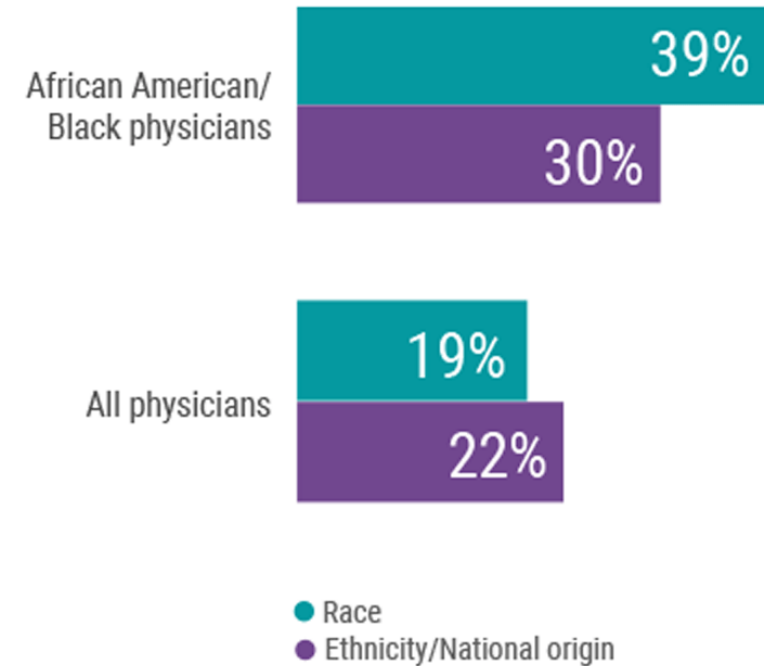
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Bias Directed at African American/Black Physicians vs All Physicians



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 → Discrimination

Bias (conscious or unconscious)

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Microaggressions

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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.



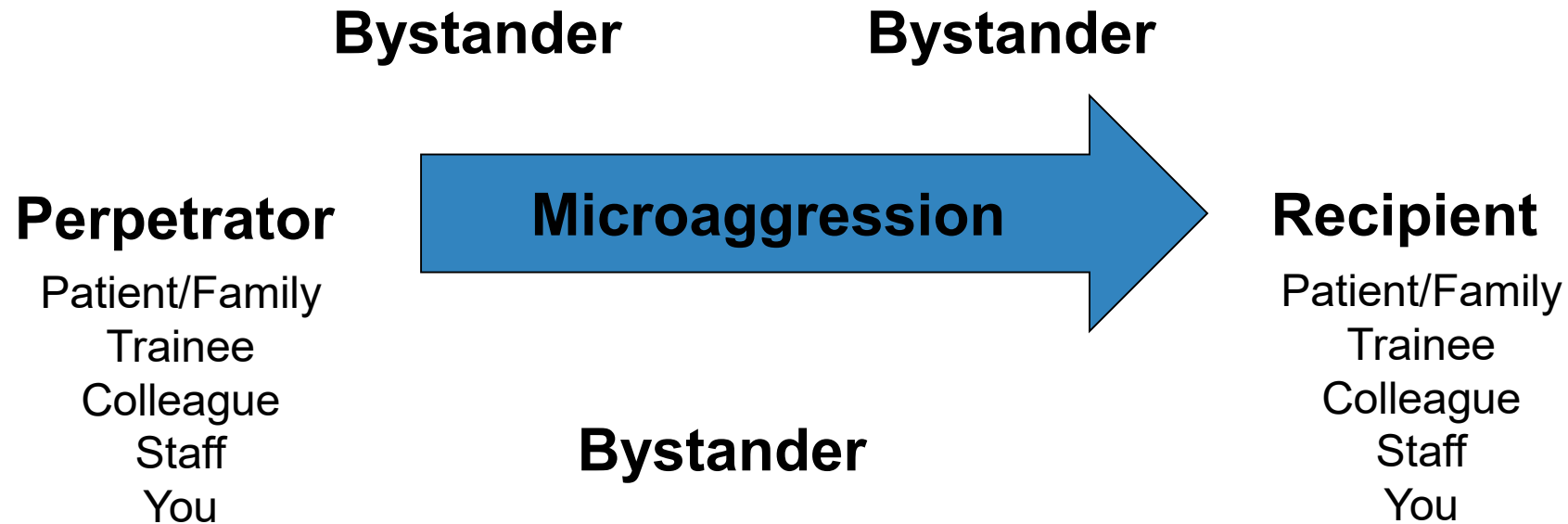
“Subtle but offensive comment or action directed at a minority or other non-dominant group that is often *unintentional* or *unconsciously* reinforces a stereotype.”



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



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-invalidatation: 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>

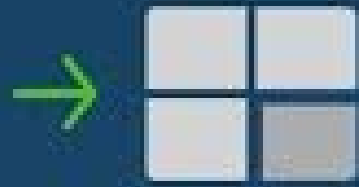


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Impact of Microaggressions

- 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



Joining Breakout Room...

Breakout Room 1

This may take a few moments

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



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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

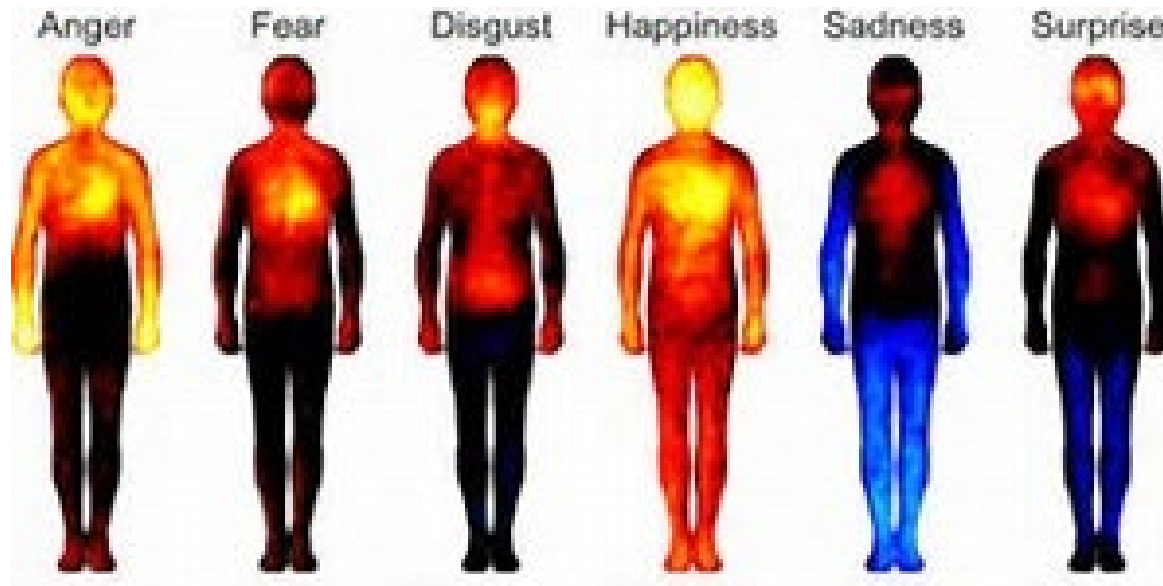
S – Speak up for others affected by negative biases/microaggressions

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.

I - **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 aboutbut that comment really undermines those intentions.”

Microaggressions – Take the V.I.T.A.L.S.

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.

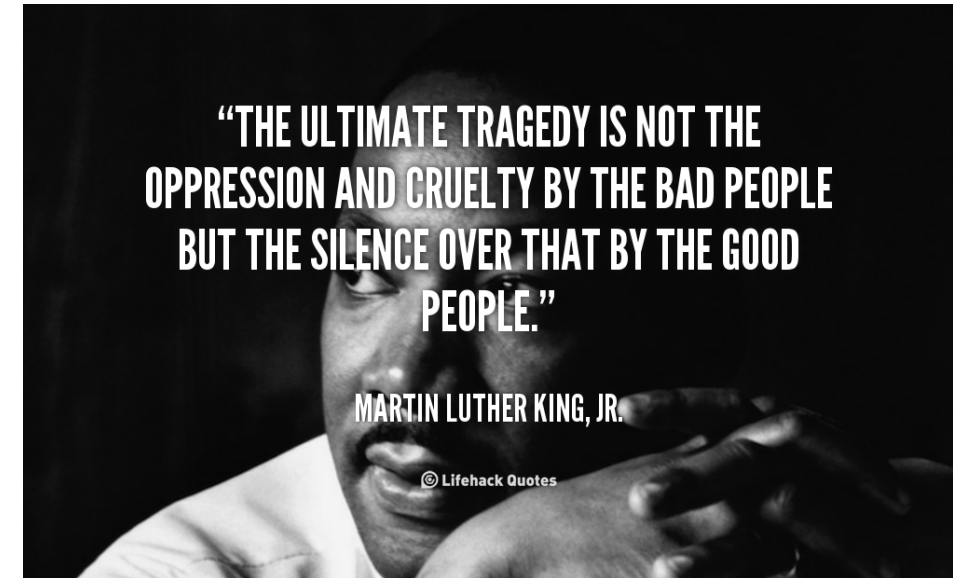
S – **Speak up for others affected by negative biases/microaggressions**

- 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



Case #2 and #3 - 20 min



Other tips

Technique	Example
Appeal to values/principles	"I know you really care about _____. Acting like this undermines that."
Promote empathy	"How would you feel if someone said that about your sister/girlfriend?"
Tell them they're too smart	"Come on. You're too smart to say something so ignorant/offensive."
Pretend you don't understand	"I don't get it..." "Why is that funny?"
Use humor or gentle sarcasm	"She plays like a girl? You mean she plays like Serena Williams?"
Point out commonalities	"Do you know he also likes to _____? You may want to talk with him about that. You actually have a lot in common."
What's in it for them?	"In the real world, we are going to have to work with all sorts of people, so might as well learn how to do it here."

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.pdf⁹

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.

<https://hbr.org/2020/07/youve-been-called-out-for-a-microaggression-what-do-you-do>

The image features a motivational quote in white, bold, sans-serif capital letters. The text is centered and reads: "BE THE REASON SOMEONE FEELS SEEN, HEARD AND SUPPORTED". The background is a photograph of a sunset or sunrise over a mountain range. The sky is filled with soft, orange and yellow clouds, and the mountains in the foreground are silhouetted against the bright light of the sun. The overall tone is warm and inspiring.

**BE THE
REASON
SOMEONE
FEELS SEEN,
HEARD AND
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