SAFE WORKING ENVIRONMENTS FOR URM STUDENTS, RESIDENTS, AND FACULTY: MICROAGRESSIONS

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The patient called me ‘colored girl.’ The senior doctor training me said nothing

By JENNIFER ADAEZE OKWEREKWIWU @JenniferAdaeze / APRIL 11, 2016
“Is there a doctor on board?”

Dr. Tamika Cross
OBGYN resident at Lyndon B. Johnson Hospital
What is a Microaggression?

According to Sue (2010), *microaggressions* are brief and commonplace daily verbal, behavioral, and environmental indignities, whether *intentional* or *unintentional*, that communicate hostile, derogatory, or negative racial, gender, sexual orientation, social class, religious slights and insults to the target person or group.
Types of Microaggressions

- **Microassault** –
  - Explicit and intentional discriminatory actions by verbal or nonverbal attack against someone’s identity with intention to hurt the victim.

- **Microinsult** –
  - Often characterized by nonverbal or verbal remarks or comments that convey rudeness and insensitivity that demean a person’s heritage or identity.

- **Microinvalidations** –
  - Verbal comments or behaviors that exclude, negate, or nullify thoughts, feelings, or experiential reality of a person’s identity.

- **Environmental** –
  - Taking a course where books/pieces theories of non-white or non-majority scholars/intellectuals are not integrated. OR being presented with materials that showcase a non-majority perspective by someone not qualified to teach this perspective. NOT SEEING YOURSELF REPRESENTED.
Why Do We Care About Microaggressions?
My racial anxieties intensified. Clearly, Dr. Gale didn’t see me as a Duke medical student, nor was I confident that I could succeed at this level. According to Shelby Steele, a self-described conservative black scholar at Stanford University’s Hoover Institution, this is one of the costs of affirmative action: It “nurture a victim-focused identity in blacks” and increases their self-doubt as “the quality that earns us preferential treatment is an implied inferiority.” Steele makes some valid points, but his theory did not predict how I responded to Dr. Gale.
Reducing the Likelihood of Engaging in a Microaggression

**Cultivating Allies**

- Become aware of your own biases and fears and challenge your institutions to do so as well!
- Actively listen when someone raises a concern (i.e., Don’t be DEFENSIVE or DISMISSIVE).
- Learn about your own and other cultures. The more you interact with people who are different than you the more you learn about yourself and them!!
- Educate others about microaggressions – don’t awkwardly laugh and cringe on the outside. Be an ALLY, tell them why they are wrong.

**Demanding Structural Accountability**

- Is there adequate training for implicit bias in your work settings?
- Is there a retention plan?
- Identifying mentors
  - Lateral/Outside of department…
- Is there diversification of diversity?
- Consider the identity stage of the institution/program/person.
“You may not control all the events that happen to you, but you can decide not to be reduced by them.” – Dr. Maya Angelou
Panelists

- Dr. Pearl Grimes, MD
- Dr. Chesahna Kindred-Weaver, MD
- Dr. Rebecca Vasquez, MD
- Dr. Lynn McKinley-Grant, MD
- Dr. Kanade Shinkai, MD, PhD