

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

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FIRST OPINION

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

By JENNIFER ADAEZE OKWEREKWU [@JenniferAdaeze](#) / APRIL 11, 2016



Dr. Tamika Cross

OBGYN resident at Lyndon B. Johnson Hospital

“Is there a doctor on board?”

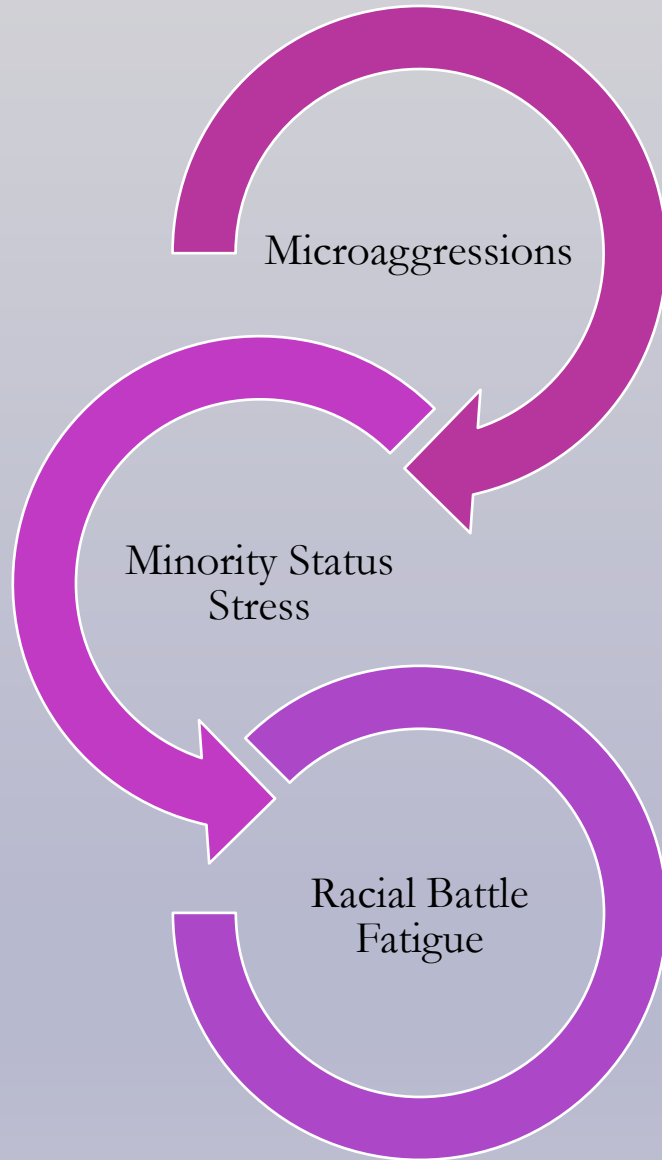
# What is a Microaggression?

- 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.



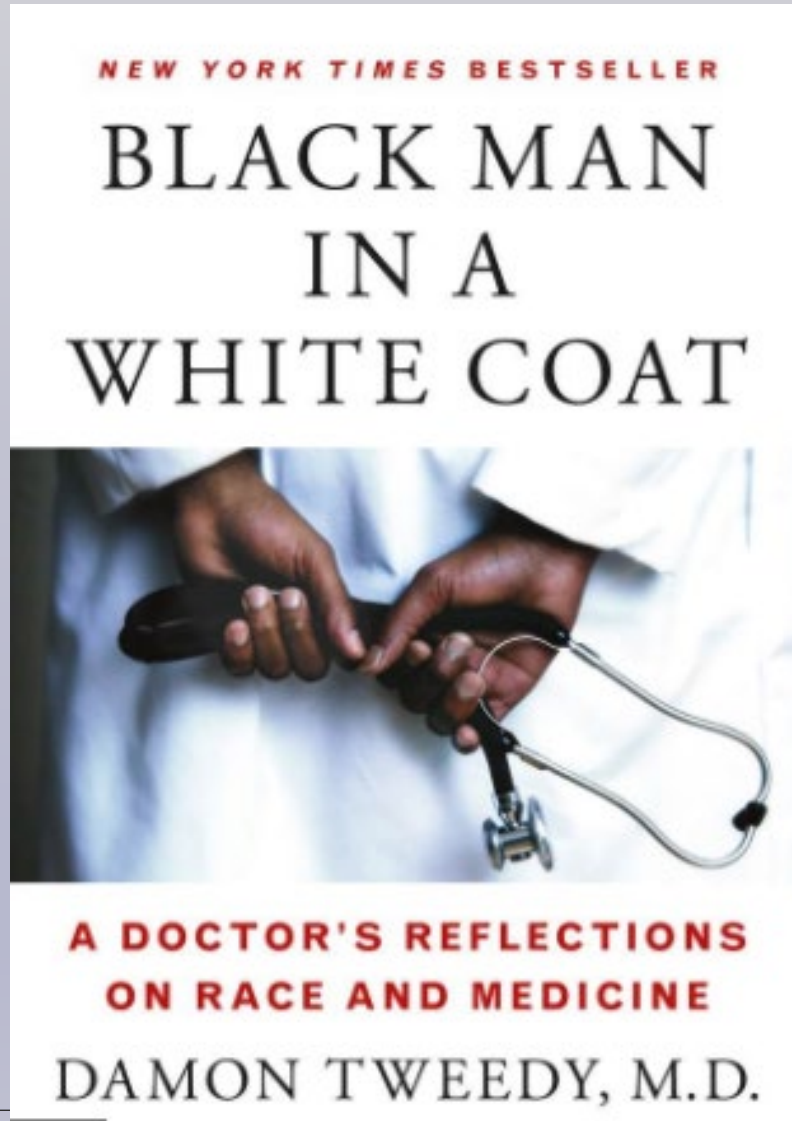
# Types of Microaggressions

- **Microassult** –
  - 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?

# Microaggression Barriers



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 "nurtures 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