

Exploring Microaggressions : Sowing Seeds of Allyship to Reap Wellness

MidCaN Webinar

February 15th 2022

Sharada H. Gowda, MD, FAAP

Baylor
College of
Medicine



2022 AAP MidCaN Grand Webinar Series

Touching on: Advocacy, Communication, Leadership, Quality Improvement, Research, and Wellness

January, 27th, 3 pm (CT)

Ted Lasso, Football, and Leadership:
From Burnout to Believe
Dena Hubbard, MD, FAAP

February 15th, 2:30 pm (CT)

Exploring Microaggression: Sowing Seeds of Allyship
to Reap wellness
Sharada Gowda, MD, FAAP

March, 17th, 2 pm (CT)

Quality Measures:
What Should We Measure, and Why?
Munish Gupta, MD, MMSc, FAAP

April 2022

Generational Differences in Leadership
Ashley Lucke, MD, FAAP, and
Lewis First, MD, MS, FAAP

May 2022

Entrepreneurship in Neonatology Research
Janene Fuerch, MD
Vivek Lal, MD, FAAP

June 2022

Careers in Quality Improvement
Heather Kaplan, MD, MSCE, FAAP

July 2022

Message Amplification through Social Media
Ben Courchia, MD, and
Daphna Yasova Barbeau, MD, FAAP

August 2022

Introduction to Social Media
Sarah Bernstein, MD, MHA, FAAP

September 2022

Turning Advocacy Efforts into
Scholarly Activity and Portfolios
Ben Hoffman, MD, CPST-I, FAAP

October 2022

Panel Discussion: Advocating for the
Physician-Scientist in Neonatology
Judy Aschner, MD, FAAP,
Satyan Lakshminrusimha, MD, FAAP
Trent Tipple, MD, FAAP, and
Linda Van Marter, MD, MPH, FAAP

November 2022

Integrating Advocacy/Public Policy into your
Professional Life as a Neonatologist
Stephen Patrick, MD, MPH, MS, FAAP

December 2022

Leadership – speaker TBA

Learn more at:

<https://www.aap.org/en/community/aap-sections/sonpm/midcan/midcan-grand-webinar-series/>



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Learning Objectives

- Define microaggressions
- State effects of microaggressions on pediatric faculty and learners
- Practice strategies for responding to microaggressions
- Provide tools and resources to foster allyship

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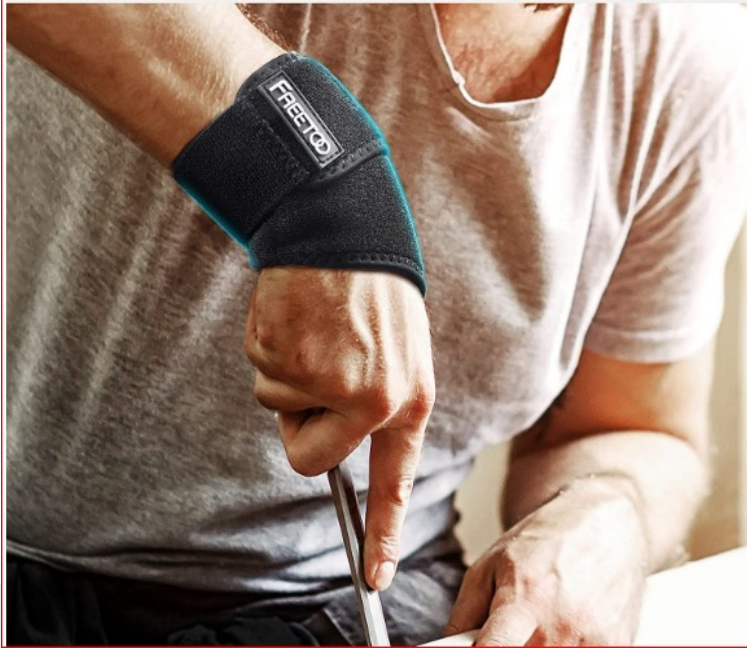
Texas Children's
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**FREETOO Air Mesh Wrist Brace
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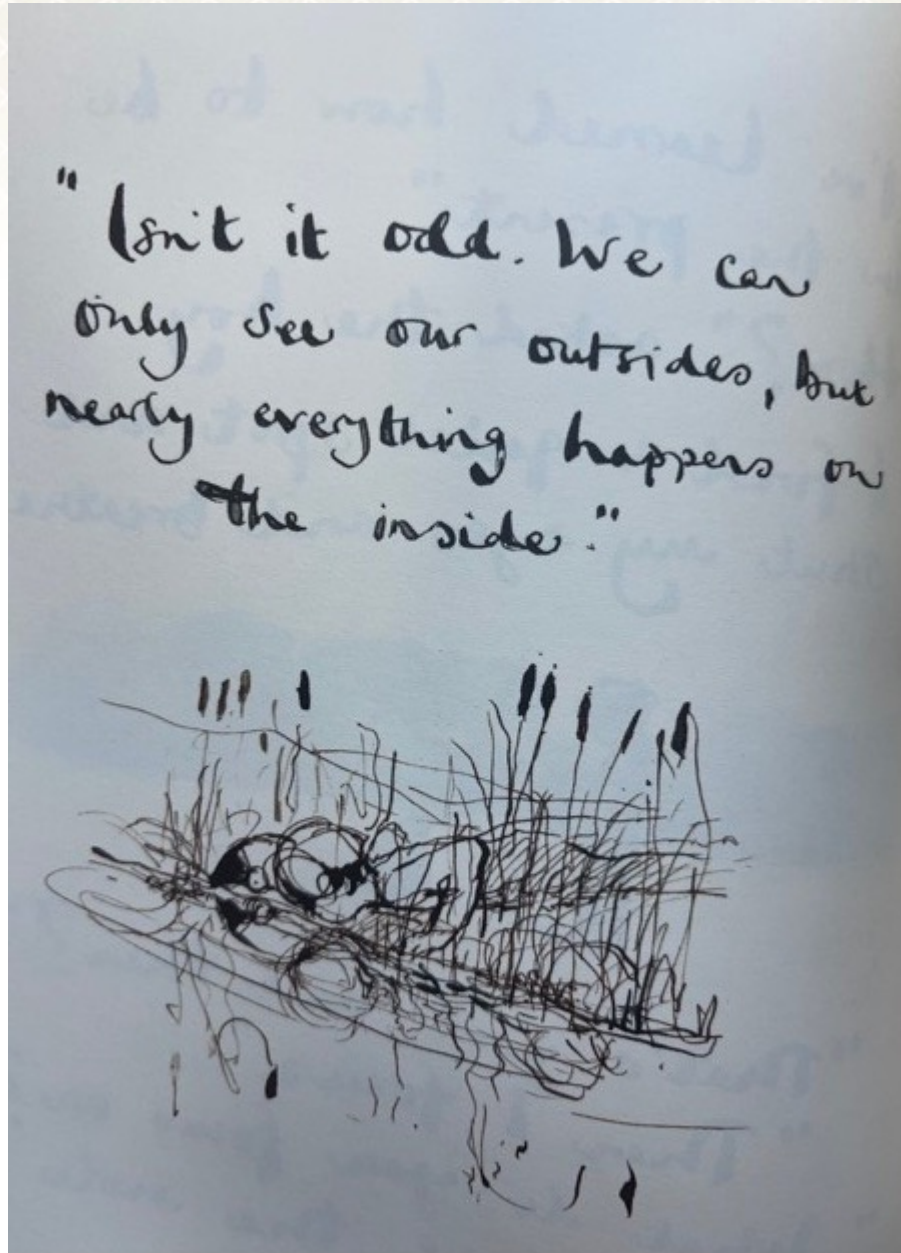


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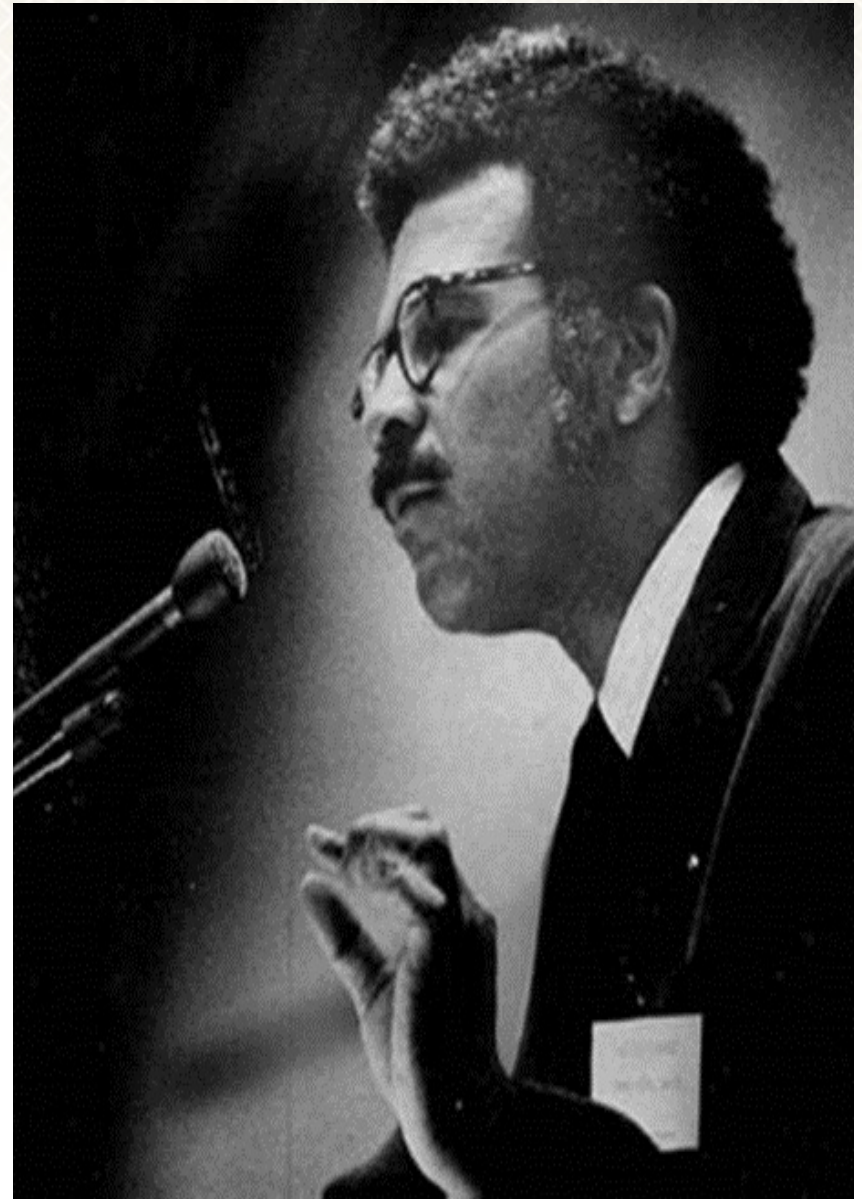
<https://www.youtube.com/watch?v=nQ9I7y4UuxY>



Book: The boy, the Mole, the fox and
the Horse by Charlie Mackesy

Defining Microaggressions

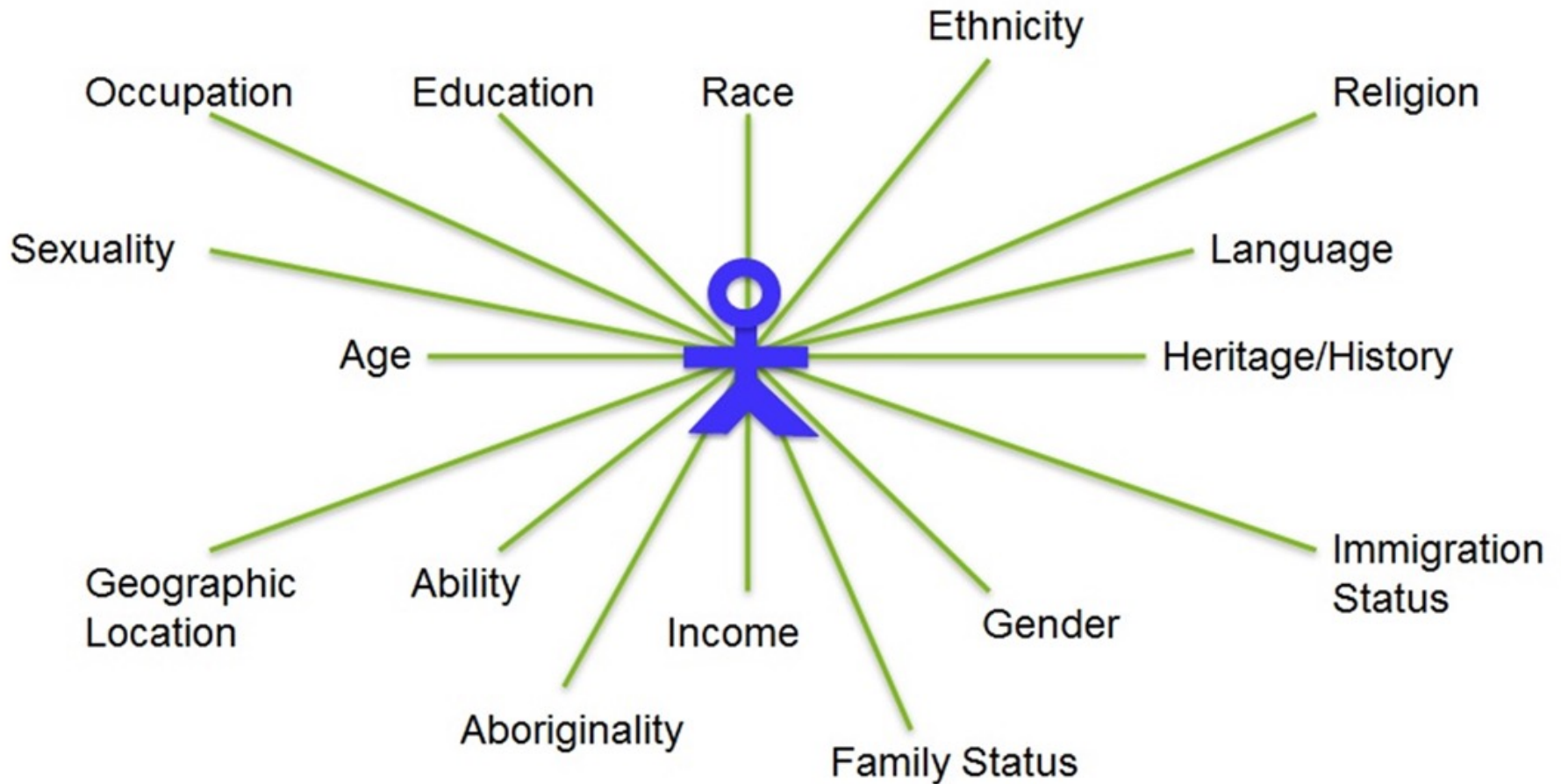
- Chester M. Pierce, M.D., psychiatrist, coined the term that has also been used in the business world as *microinequities* and is now more broadly disseminated
- “Put downs,” invalidations and slights that lead to stress, psychological distress and poor adjustment (Pierce et al., 1977)



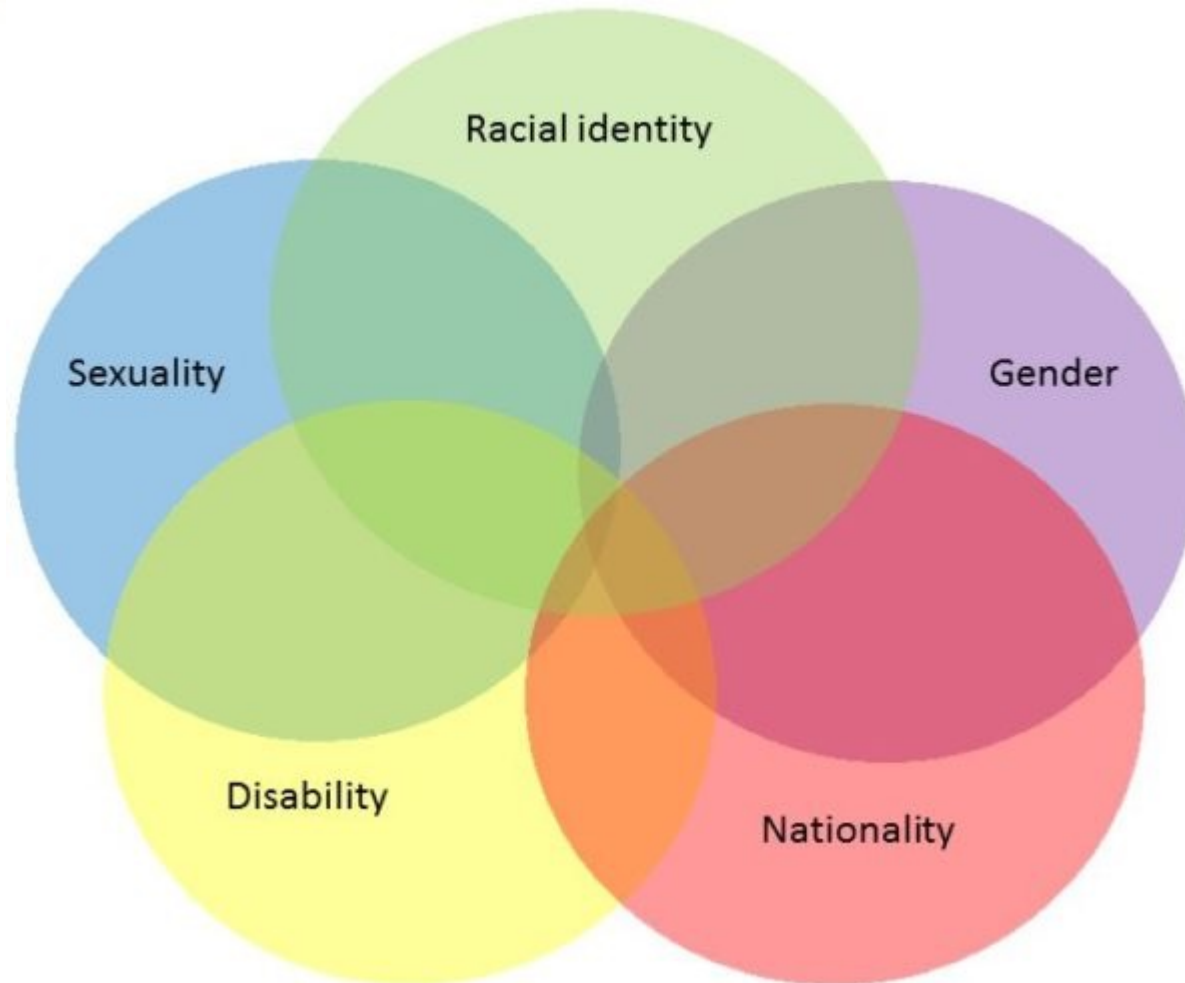
- Derald Wing Sue and colleagues (2007) expanded the definition to include “**commonplace, daily exchanges that send denigrating messages to members of marginalized groups.**”
- They also acknowledged that in addition to racial microaggressions:
 - “Gender, sexual orientation, and disability microaggressions may have equally powerful and potentially detrimental effects on women, gay, lesbian, bisexual, and transgender individuals, and disability groups.”
 - “Further, racial microaggressions are not limited to White–Black, White–Latino, or White–Person of Color interactions. Interethnic racial microaggressions occur between people of color as well.”



Identities



Intersection of Identities



Categories of Microaggressions



- **Microassaults:** Explicit or intentional (conscious) actions or slurs.



Sue DW, Capodilupo CM, Torino GC, Bucceri JM, Holder AM, Nadal KL, Esquilin M. Racial microaggressions in everyday life: implications for clinical practice. *Am Psychol.* 2007 May-Jun;62(4):271-86.

Categories of Microaggressions



- **Microinsults:** Subtle verbal and nonverbal communications (often unconscious)



Sue DW, Capodilupo CM, Torino GC, Bucceri JM, Holder AM, Nadal KL, Esquilin M. Racial microaggressions in everyday life: implications for clinical practice. *Ann Psychol.* 2007 May-Jun;62(4):271-86.

Categories of Microaggressions



- **Microinvalidations:** Exclude, negate, or nullify the thoughts, feelings or experiential reality of a person from a particular group or identity.





School Microaggressions

Devalued and Discounted

People would not respond to things that I'd say in the classroom. Even if I said something that someone else said after me, they respond to what that person said even if it was exactly the same thing. They would not acknowledge that I had contributed anything to the discussion.

Grades, I mean I'm thankful that I'm doing great in the program and really good, but there were times where everyone was asking, okay, what did you get on this exam, and people would say like, oh, I got an A, I got 92 percent or, I got to retake it. And some people say B's. And I didn't even want to mention it but I was specifically asked and I would say, you know I did get a hundred percent on this exam. And people would not believe it for some reason.

Underrepresentation and Social Isolation

I was the only visible minority in our graduating cohort.

I stand out very quickly in a classroom full of people who don't look like me.

I am the only person of color I can see at that present time.

I have found more and more that in whatever space that I occupy, whether it be in class, in clinical or when I attend conferences, the voice of minorities is missing.

Assumption of Inferiority

I know sometimes in a study group of 4 or 5 of us I wouldn't get asked a question or be asked, "What did you get for this question? What did you think about this?" I am not the go to person. Sometimes this upsets me because I **do** know the answer and I **can** explain it well. I don't understand why other students don't see me as having equal knowledge on this particular topic which is very frustrating because it makes me not want to participate in the group if I feel like no one thinks that I am bringing anything of value.

Everyday Examples

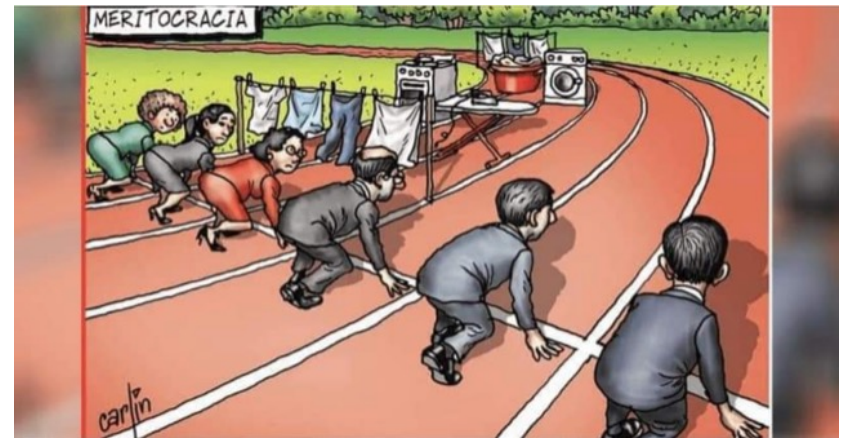
“What she’s trying to say is....”

or

“ It’s not a bad idea but I have a suggestion....”

or

“ Let me elaborate on it further” ...



Impact of Microaggressions – On Individual

Message

- “you are exotic”
- “you don’t belong”
- “you are less than”
- “I do not recognize you as an individual”

Impact

- Mental health
- Alienation
- Imposter syndrome
- Self Doubt

Impact of Microaggressions – In Med Ed

- Reinforces power differentials
- Reinforces traditional gender roles
- Erodes self efficacy of target and bystanders
- Erodes group morale
- Erodes psychological safety
- Models “acceptable” behavior
- Perpetuates stereotypes and bias
- Perpetuates discrimination
- Health inequities
- Excludes “other”

November 12, 2021

Experiences of Work-Family Conflict and Mental Health Symptoms by Gender Among Physician Parents During the COVID-19 Pandemic

Elena Frank, PhD¹; Zhuo Zhao, MS¹; Yu Fang, MSE¹; [et al](#)

Richter KP, Clark L, Wick JA, et al. Women physicians and promotion in academic medicine. *N Engl J Med*. 2020;383(22):2148-2157. doi:10.1056/NEJMsa1916935

[PubMed](#) | [Google Scholar](#) | [Crossref](#)

Ly DP, Seabury SA, Jena AB. Differences in incomes of physicians in the United States by race and sex: observational study. *BMJ*. 2016;353:i2923. doi:10.1136/bmj.i2923

[PubMed](#) | [Google Scholar](#)

Jolly S, Griffith KA, DeCastro R, Stewart A, Ubel P, Jagsi R. Gender differences in time spent on parenting and domestic responsibilities by high-achieving young physician-researchers. *Ann Intern Med*. 2014;160(5):344-353. doi:10.7326/M13-0974

[PubMed](#) | [Google Scholar](#) | [Crossref](#)

Does practicing medicine take a greater toll on women?

November 12, 2021

Experiences of Work-Family Conflict and Mental Health Symptoms by Gender Among Physician Parents During the COVID-19 Pandemic

Elena Frank, PhD¹; Zhuo Zhao, MS¹; Yu Fang, MSE¹; et al

[Author Affiliations](#) | [Article Information](#)

JAMA Netw Open. 2021;4(11):e2134315. doi:10.1001/jamanetworkopen.2021.34315

Results Among 215 physician parents who completed the August 2020 survey, 114 (53.0%) were female and the weighted mean (SD) age was 40.1 (3.57) years. Among physician parents, women were more likely to be responsible for childcare or schooling (24.6% [95% CI, 19.0%-30.2%] vs 0.8% [95% CI, 0.01%-2.1%]; $P < .001$) and household tasks (31.4% [95% CI, 25.4%-37.4%] vs 7.2% [95% CI, 3.5%-10.9%]; $P < .001$) during the pandemic compared with men. Women were also more likely than men to work primarily from home (40.9% [95% CI, 35.1%-46.8%] vs 22.0% [95% CI, 17.2%-26.8%]; $P < .001$) and reduce their work hours (19.4% [95% CI, 14.7%-24.1%] vs 9.4% [95% CI, 6.0%-12.8%]; $P = .007$). Women experienced greater work-to-family conflict ($\beta = 2.79$; 95% CI, 1.00 to 4.59; $P = .03$), family-to-work conflict ($\beta = 3.09$; 95% CI, 1.18-4.99; $P = .02$), and depressive ($\beta = 1.76$; 95% CI, 0.56-2.95; $P = .046$) and anxiety ($\beta = 2.87$; 95% CI, 1.49-4.26; $P < .001$) symptoms compared with men. We observed a difference between women and men in depressive symptoms during the COVID-19 pandemic (mean [SD] PHQ-9 score: 5.05 [6.64] vs 3.52 [5.75]; $P = .009$) that was not present before the pandemic (mean [SD] PHQ-9 score: 3.69 [5.26] vs 3.60 [6.30]; $P = .86$).

Why So Many Women Physicians Are Quitting

by Jessica Dudley, Sarah McLaughlin, and Thomas H. Lee

January 19, 2022



Leadership Gender Gap

- Only 30 /138 division chiefs are female
- 18% of medical school deans are women and 12% are minorities.

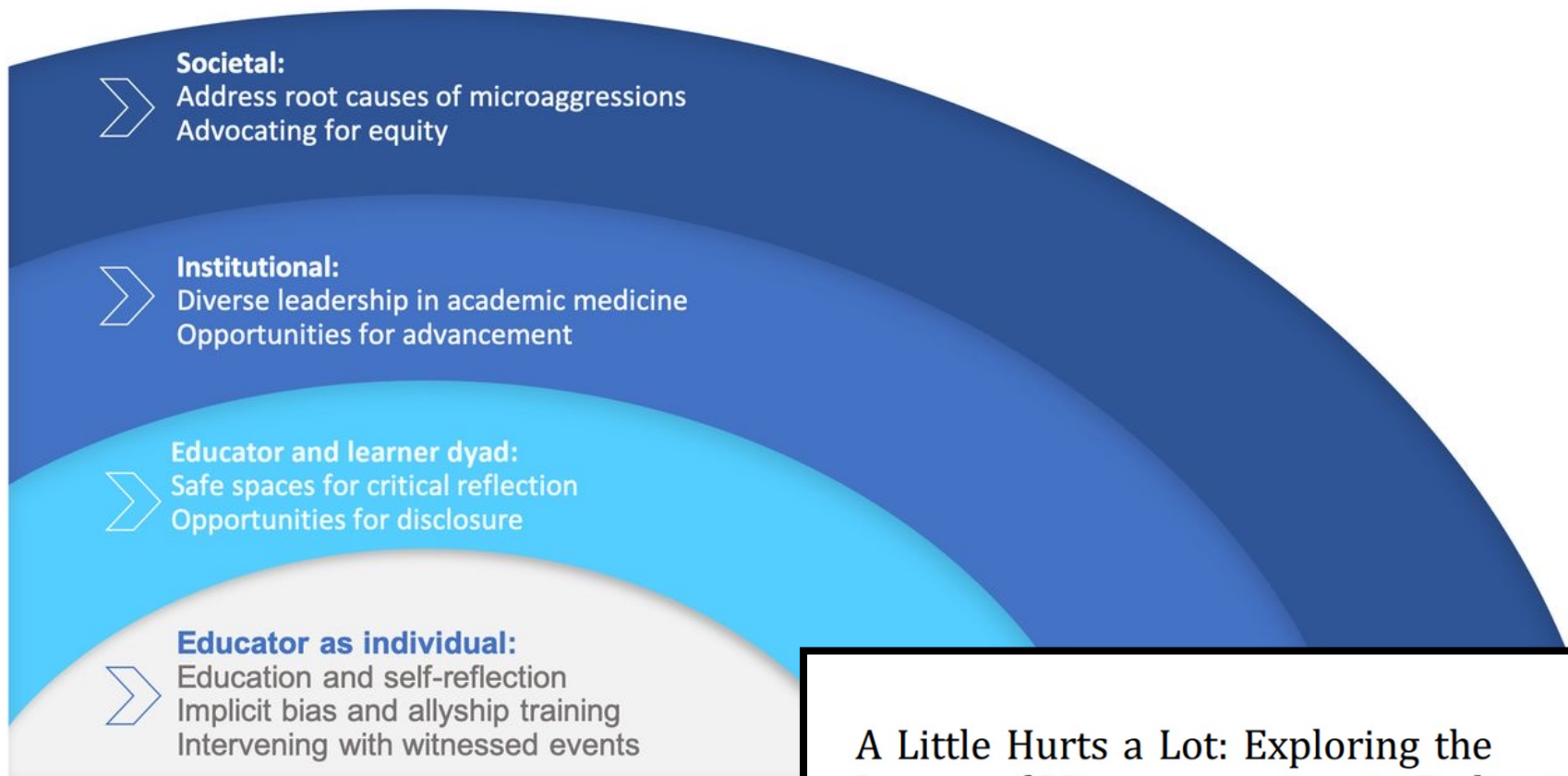


Strategies for Intervening

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An approach to addressing microaggressions in medical education.



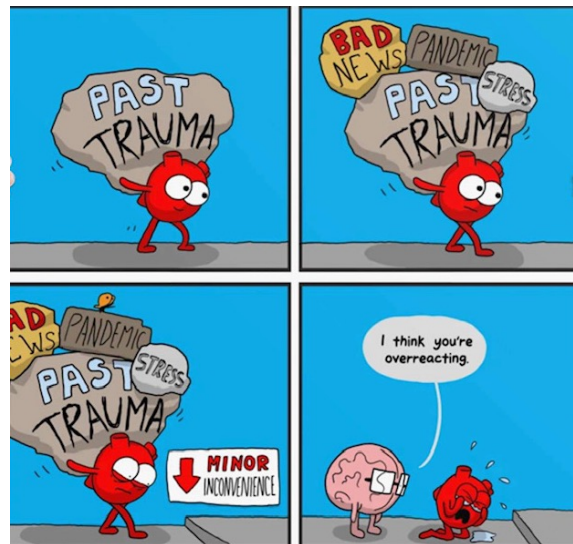
A Little Hurts a Lot: Exploring the Impact of Microaggressions in Pediatric Medical Education

Kimberly Young, MSc,^a Angela Punnett, MD, FRCPC,^{b,c} Shazeen Suleman, MSc, MD, MPH, FRCPC^{c,d,e}

Context...

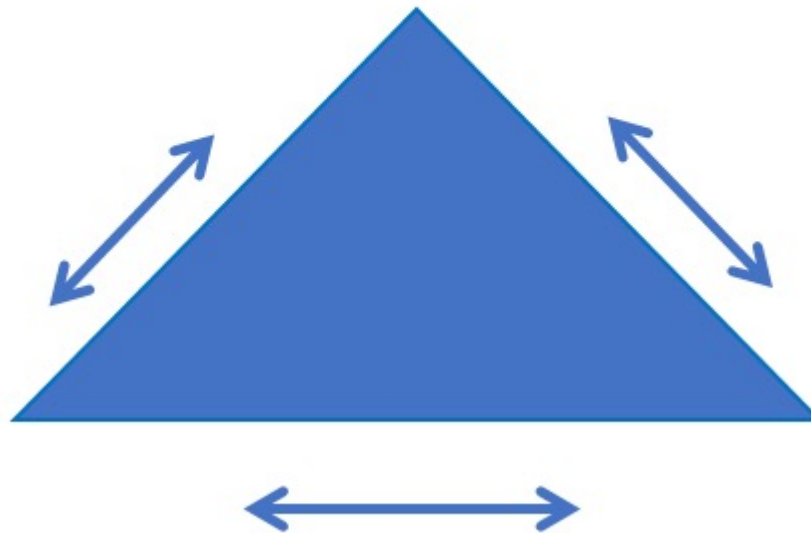
Microaggressions are not about the intent of the source, but about the impact on the receiver.

Interpretations of the encounter are based on past experience by the recipient



Recipient
ACTION

Bystander
ARISE



Source
ASSIST

26

TARGET

“*Targets* are people...who are objects of...prejudice and discrimination expressed through micro/macroaggressions.”

The target is simply the recipient of oppressive attitudes, actions, words, etc.

OPPRESSOR (PERPETRATOR)

“The *oppressor* can be defined as an individual, group or institution that engages in an act or acts of oppression toward another person or group. Each of us has the capacity to be an oppressor, and each and every one of us has taken on this role at some point in our lives, consciously or unconsciously.”

BYSTANDER

“*Bystanders* can be anyone who become aware of and/or witness unjust behavior or practices that are worthy of comment or action.”

- defined by inaction, complacency and passive participation.
- being a bystander is a choice.
- not everyone has equal power as bystanders to become allies

ALLY

“*Allies* are individuals who belong to dominant social groups (e.g., Whites, males, heterosexuals) and, through their support of nondominant groups (e.g., people of color, women, LGBTQ individuals), actively work toward the eradication of prejudicial practices they witness in both their personal and professional lives.”

Recipient:

- Ask clarifying questions.
- Come with curiosity, not judgment.
- Tell what you observed (the facts).
- Impact exploration.
- Own thoughts/feelings “I Statements”.
- Next Steps: Education.

Source:

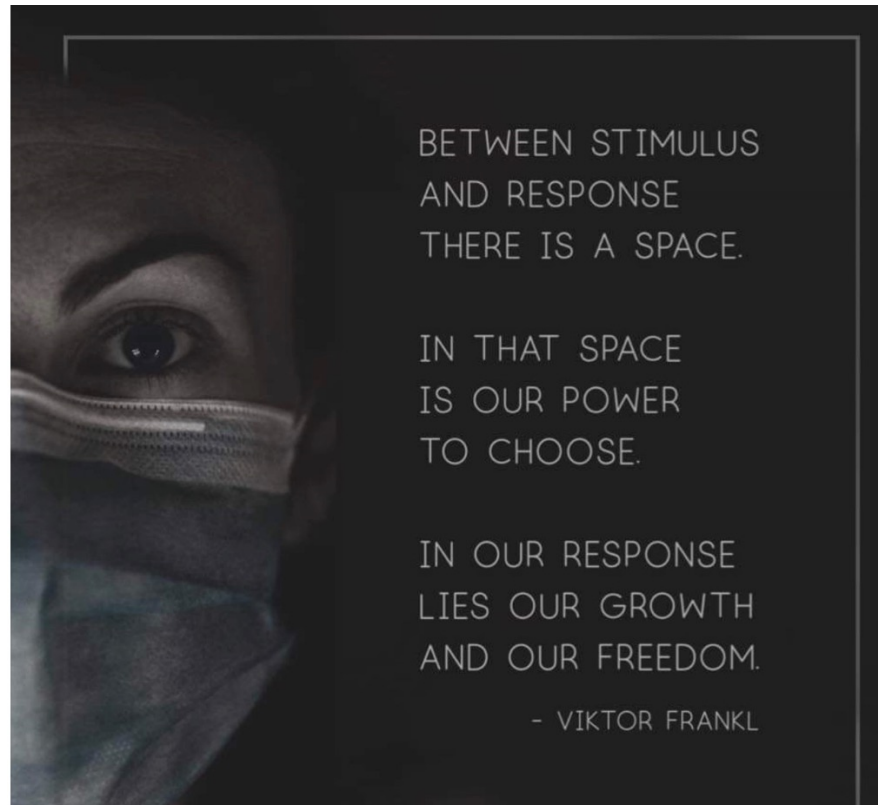
- Acknowledge your bias.
- Seek feedback-listen with humility and empathy.
- Say you are sorry and mean it.
- Impact, not intent
- Say... Thank you.
“Thank you for the feedback. I appreciate you taking the time to help me grow as a person.”

Upstander

- Awareness
- Respond with empathy and avoidance of judgment.
- Inquire. Ask questions.
- Use statements starting with "I".
- Educate and engage.

Microaffirmations

"Tiny acts of opening doors to opportunity, gestures of inclusion and caring, and graceful acts of listening."



Individual Microintervention Strategies



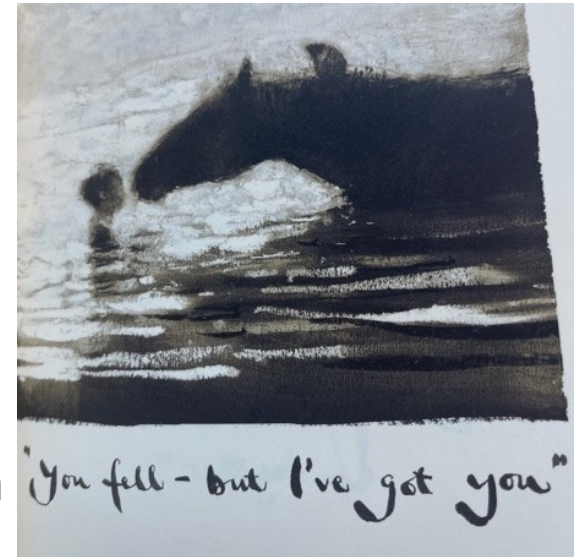
Make the “Invisible” Visible

- Undermine/name the meta-communication (bring to their awareness)
- Make the meta-communication explicit (indicate that it is offensive)
- Challenge the stereotype
- Broaden the ascribed trait to a universal human behavior
- Ask for clarification

Microintervention

Disarm the Source

- Express disagreement
- State values and set limits
- Describe what is happening
- Use an exclamation
- Use nonverbal communication
- Interrupt and redirect



Individual Microintervention Strategies

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



"What do you want to be
when you grow up?"



"Kind" said the boy

Book: The
boy, the Mole,
the fox and
the Horse by
Charlie
Mackesy

The role of bystanders

Saying nothing is not neutral: Silence has a meaning.

It is crucial to setting the tone of what is acceptable and unacceptable to the community.

The role of the bystander is difficult in that they may worry about becoming involved, becoming a target themselves, or making the situation worse



Becoming an Ally



- Reach out to colleagues with similar background
- Approach and recruit male/Heterosexual allies in power
- Be an interjector if your colleague is being interrupted
- Work together to affirm what's being interrupted
- Congratulate often
- Value their collaboration, their contribution

https://urldefense.proofpoint.com/v2/url?u=https-3A_youtu.be_xAIFGBIEsbQ&d=DwICAg&c=ZQs-KZ8oxEw0p81sqgiaRA&r=f3UkrtICm7aqYBtIBM4QnQ&m=Y9iaRdCazEhRb40IgtPWUNi5bjApM6U7nTuUKwCJd30&s=UQm62wSWyCOZBWSBks7FH3DylqypuRVdli1SWulM6o&e=

<https://www.youtube.com/watch?v=mgvjnxr6OCE>

What is conscious inclusion?

Employees and learners are part of the fundamental fabric of the organizational community

True sense of belonging through a culture of civility, respect and interconnectedness

Everyone contributes to the mission, values, operations and services

Examples of how to achieve conscious inclusion

Commitment to ensure no tolerance for any forms of hate or discrimination

Intentional incorporation of others (e.g. meetings, social gatherings, groups)

Ask who is missing in the discussion, or whose point of view is needed?

Gauge climate and engagement levels periodically by using assessments.

Blind spots

https://urldefense.proofpoint.com/v2/url?u=https-3A_youtu.be_BFcjfqmVah8&d=DwICAg&c=ZQs-KZ8oxEw0p81sqgiaRA&r=f3UkrtlCm7aqYBtibm4QnQ&m=ordQgp_7_34iFgCZTG2jRVvin-eCC6j0u-LyR482Al4&s=FV8Zn0m1RrIY5RxljYBfHnDjlivkAkN3O576QugNejw&e



Image: Association of American Medical College's Foundational Principles of Inclusion Excellence (FPIE)

Overcoming Barriers to Promotion



- Pairing faculty with a faculty advocate
- Cultivating a mentorship network
- Mitigating the “minority tax” and other disparities
- Bridging the scholarship and research gap
- Creating leadership and development opportunities
- Embracing a culture of inclusivity

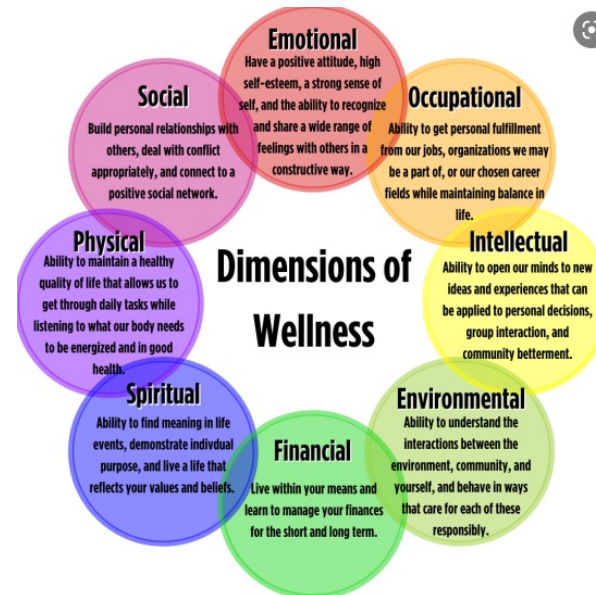
Ending with a solution

- Implement a plan of action,
- Monitor our biases,
- Hold ourselves accountable, and
- Maintain our commitment to modeling inclusive behaviors and practices.

Resources

https://ggia.berkeley.edu/practice/letting_go_of_anger_through_compassion

https://ggia.berkeley.edu/practice/making_an_effective_apology



Thank You!

Questions?

