

Microaggression Management in the Experiential Setting – What, Why, and How

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Background

While much work has been done over the past few decades to bring light to microaggressions in American society, they remain extant, often taking place in plain sight where they may yet remain hidden behind an absence of “ill intentions.” These microaggressions may be difficult to recognize as they often develop from our personal biases that are instilled upon us by our community and upbringing. This makes it particularly important to address in clinical settings because preceptors and academic supervisors serve as models from whom students will adopt behaviors. Racial

microaggressions have been defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults towards people of color.”¹

Microaggressions have also been further classified into three categories: Microassaults, Microinsults, and Microinvalidations (Table 1).¹

Microassaults tend to be done consciously, often when an individual is either “losing control” or they perceive they are safe enough to make comments with no repercussions.² Whereas, microinsults and

microinvalidations are more subtle, and are less easily identified. The major challenge we face is how can we identify and combat microinsults and microinvalidations when these are often performed subconsciously? This question requires us all to take steps in learning to recognize and respond to all forms of microaggressions. It is equally important to recognize microaggressions can exist outside of color, and has been noted to occur based on gender, LGBTQ+ status, and career positions and can be fuel for microaggression. The first step is recognizing our own biases, which are often subtle, vague, and unarmed in nature.²

Microaggressions in Healthcare

Within the healthcare setting, both practitioners and patients can be victims and perpetrators of microaggressions. While one can imagine the power-dynamic relationship proceeds in the direction of the participant with more power wielding it over a subordinate, microaggression in the opposite direction is also possible.¹ For example, consider the following scenarios to see how microaggression may manifest in the experiential setting:

Categories	Definition	Examples
Microassaults	“Verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions.” These are most similar to <i>old fashioned racism</i> .	<ul style="list-style-type: none">• Referring to someone as “colored” or “Oriental”• Using racial epithets• Discouraging interracial interactions
Microinsults	“Communications that convey rudeness and insensitivity and demean a person’s racial heritage or identity.”	<ul style="list-style-type: none">• Employer tells interviewee of color, “I believe the most qualified person should get the job, regardless of race.”• Asking a person of color, “how did you get your job?”
Microinvalidations	“Communications that exclude, negate or nullify the psychological thoughts, feelings, or experiential reality of a person of color.”	<ul style="list-style-type: none">• Asian Americans (born and raised in the U.S.) complimented for speaking good English• People of color repeatedly asked where they were born

- A female physician has been told to “smile more” and her male patient will do whatever she says because he “can’t turn down a pretty face.”
- A physician’s assistant has been told by his patient that they insist on getting a second opinion from an “actual physician.”
- A preceptor continually chooses to praise her Caucasian student’s work while she “expects more and greater things” from her East Asian student.

In these instances, we must be prepared to defend our coworkers and validate their experiences. It is also important to acknowledge that, for individuals who are unaffected by microaggressions, being unaware of its implications may leave them ill-equipped to identify its presence.¹ Consequently, it tends to be difficult for those outside of the groups affected by microaggressions to be empathetic toward its incidence.¹ While we may not immediately see or understand what they just experienced, it is our job to believe and support them in any way we can.

Potential Solutions

The University of Washington Internal Medical Residency Program and their affiliated VA hospital initiated a multipronged education initiative to address and mitigate the impact of microaggressions on trainees in the clinical setting.² The approach summarized in Figure 1.² Personal awareness and intentional training help us better prepare for tense and uncomfortable situations and allows microaggressions to be navigated with confidence and systemic support. Additionally, this response sends a message that behavior of this kind will not be tolerated. Preceptors and clinical academic leaders are role models for students and should therefore model ideal behaviors. The primary goal is to cultivate an environment that is conducive to learning, which cannot be attained in the presence of microaggressions.

References:

1. Sue DW, Capodilupo CM, Torino GC, et al. Racial Microaggressions in Everyday Life: Implications for Clinical Practice. *Am Psychol.* 2007;62(4):271-286.
2. Overland MK, Zumsteg JM, Lindo EG, et al. Microaggressions in Clinical Training and Practice. *PM R.* 2019;11(9):1004-1012.

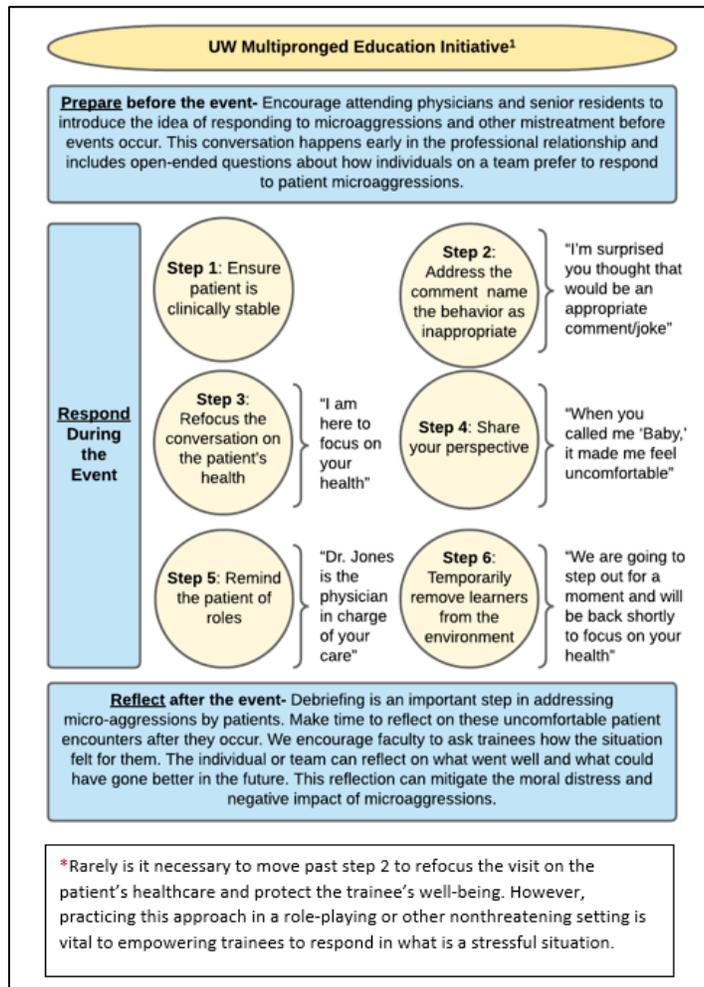


Figure 1. UW Microaggressions Response Framework