Unit 32: "Microaggressions & Allyship"

Facilitator Guide

- **Agenda and Learning Objectives**
  - **Microaggressions (30 min)**
    - Define "microaggressions" and identify their characteristics.
    - Differentiate microaggressions from other forms of discrimination.
    - Identify typical microaggressions that occur in professional settings and provide real-life examples.
    - Explore how microaggressions affect the well-being, performance, and career progression of healthcare professionals.
    - Address the psychological, emotional, and professional consequences of microaggressions.
    - Provide strategies for dealing with microaggressions as a recipient.
    - Outline actions an observer can take to support the recipient of microaggressions.
    - Offer approaches for individuals to acknowledge and correct their own microaggressive behavior.
    - Practice the response to microaggressions based on sample cases.
  - **Allyship and Privilege (15 min)**
    - Clarify the concept of allyship and its role in creating an inclusive environment.
    - Discuss the concept of privilege and how it influences the dynamics in the workplace.
    - Provide actionable strategies for advocating for colleagues and marginalized groups.
    - Examine approaches to leverage one's privilege to foster equity and inclusiveness.
    - Identify ways to support and amplify the voices of underrepresented team members.
  - **Debrief (5 min)**
    - Review Essential Learning and discuss final questions.

- **Guidelines for Facilitators**
  - This module is appropriate for **any level learner** in emergency medicine and **may be led by a single faculty instructor**. If able, we recommend that you invite a **local expert** who can join (or lead) the teaching session and help create a robust discussion and inform local best practices at your institution.
  - The module should ideally be taught during a **50 minute** session. However, if you anticipate robust discussion, you should consider allotting up to 80 minutes. If necessary, shorter sessions may be offered by separating Part I and Part II.
  - The format of this teaching session is a mix of **large group discussion** of key learning points with interspersed **active learning opportunities**, which may be completed in small groups or individually.

- **Be sure to fully review the provided discussion explanations and practice exercises** so you can effectively lead this session.
- **Facilitator Background Information**: This guided exercise was developed to facilitate discussion of various topics including allyship, privilege, and microaggressions.
- **Facilitator Preparation:**
  - Before you facilitate this learning module, be sure to **print out or otherwise distribute** copies of Types of Microaggressions, Recipient, Source and Bystander Responses to a Microaggression, Microaggressions Practice Cases, The Allyship Toolbox. All of these can be found in the Microaggressions & Allyship Learner Resources link for this unit and may be directly accessed by learners from the F3 learner page.
- **Preparing Learners:** before your educational session
  - As learners enter the session, prompt them to pick up a printed copy of the references noted above or to access them from the FoEM website (Foundations III Learner page).
  - Introduce the intention of the educational session and general timeline in order to set clear expectations.
  - Recognize and communicate to learners that the topics in this learning module will force them to reflect on sensitive topics and may bring up personal experiences. To create a safe space, remind learners that any discussion, personal viewpoints, or experiences shared should be kept confidential. Learners may but are NOT expected to share their own experiences and can use the scenarios within this guide to help navigate the discussion.

Part I - Microaggressions (30 mins)

Return to Guidelines

Consider these scenarios: Read the following aloud to learners or have learners take turns reading while others listen and consider these examples of microaggressions. Learners may reference the Practice Cases handout.

Case A: *You are a third year EM resident. While you are working, you hear a consultant in the ED saying to your colleague "I thought you were the other one. You guys all look the same." You look at your colleague immediately and he does not say anything but looks upset.*

Case B: *The next day, you overhear another conversation where a nurse says to your colleague, "What kind of strange name is that? Where are you from?" You get uncomfortable but don't know how to respond to the nurse or to your colleague.*

Case C: *The same day, you walk into a patient's room and the patient says to the person on her phone, "The nurse is here. Let me call you back." You say to the patient, "I am your doctor."*

Discussion Questions with Teaching Points

1. **What is a Microaggression?**
   a. Psychologist Derald Wing Sue defines microaggressions as: **"brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership."**
   b. Microaggressions usually originate from underlying implicit bias.

c. Intention => behavior => **impact** => intended consequences + unintended consequences (microaggression)
d. Further divided into:
    - **Microassaults:** explicit derogations meant to hurt the intended victim. For example: bullying or belittling behavior or posting historically offensive symbols
    - **Microinsults:** behavioral/verbal remarks that convey rudeness or insensitivity, and demean a person's heritage and/or identity. For example: judging a woman as "bossy" or "harsh" when she speaks with authority.
    - **Microinvalidations**: verbal comments or behaviors that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person. For example: "I don't see color," when in reality the subject sees this as very much a part of their personhood or how they identify themselves as a person.

2. **What are the most common types of microaggressions?** Learners may reference the "Types of Microaggressions" handout. Allow them a few minutes to read them independently before reviewing and clarifying the following.
    a. **Alien in one's land:** ascribing foreignness to people from different racial backgrounds
    b. **Assuming criminality**: presuming that certain groups are dangerous or criminals
    c. **Using offensive/biased language**: referring to individuals or groups in ways that are insensitive or derogatory.
    d. **Myth of meritocracy:** denying the obstacles that members of marginalized groups face
    e. **Color blindness:** unwillingness to acknowledge or admit seeing someone's social identity and thus the significance of it.
    f. **Denying personal bias**: unwillingness to admit individual prejudice or discriminatory behavior.
    g. **Ascribing intelligence:** making assumptions about someone's skills based on their membership in a social group
    h. **Contrasting with a group:** saying someone is different from other members of their group in an attempt to compliment them, revealing a negative stereotype
    i. **Comparing with a group:** saying someone is the same as other members of their group in an attempt to compliment them, removing their sense of personal identity
    j. **Stereotype enforcement:** asking someone to change their behavior to conform to your expectations of them
    k. **Ambient exclusion:** relegating individuals to tasks that are stereotypical of their groups

3. **How do microaggressions impact healthcare providers?**
    a. Studies show that people who are exposed to microaggressions repeatedly at work have a higher likelihood of developing depression, anxiety and decreased work performance.
    b. Microaggressions may erode a sense of self-efficacy, blunting the trajectory of rising clinician leaders and educators, further perpetuating the homogeneity among medical faculty.
    c. In 2017, a study published in the Journal of Counseling Psychology showed that microaggressions perpetrated towards Asian Americans caused a decrease in self-esteem and an increase in physiological stress.
    d. In another study in the Journal of Business Ethics, the types of microaggressions that are experienced by women in Science, Technology, Engineering and Medicine included:
        - Devaluation of technical competence
        - Devaluation of physical presence

        - Denial of one's own reality - e.g., someone saying "you're being overly sensitive" about something that might have been said
        - Pathologizing woman's character, particularly personality and communication style
    - The conclusion of the study revealed when an ally intervention is present, the negative effects of gender microaggressions can be mitigated leading to better identity validation, reduced burnout and strengthened leadership identity. Therefore, allyship training is imperative so that negative impacts of microaggressions at workspace may be subverted.

Case

Looking back at the cases examples above: You not only witnessed several microaggressions but you also experienced it yourself. You begin wondering how you could respond to them.

4. **How to respond to a microaggression?**
    a. The literature has shown several methods for addressing microaggressions.
    b. You can respond with any of these statements depending on what the situation is:
        - **"I don't think that joke is funny. It reinforces the negative stereotype of individuals."** This statement helps shed light directly on the microaggression and also talks about the impact of it.
        - **"I am sorry that happened to you. How can I help?"** This statement helps to be an ally to the person who was impacted by the microaggression.
        - **" I believe _____ was speaking."**
        - **"I believe you."** - Shows you are a strong ally and want to help the individual.
        - **"I think you just said that all ____ are _____, is that what you meant to say?"** - Further clarifies the statement the source might have said and will force them to rethink about what was said.
        - **"I am not sure if you meant to say _____, but it sounded like _____."** Points out the impact of the statement said directly without blaming the person.
        - **"Hey, those kinds of assumptions can be hurtful to _____, did you mean to say _____?"** Separates the person from what was said by them.
        - **"That wasn't very cool to say/do."** Immediately points out the microaggression and the impact it has.
    c. Literature has multiple methods to address microaggressions in the workplace. An article written in 2020 in Academic Medicine summarizes addressing microaggressions from 3 different perspectives– the recipient, bystander, and source. Learners may reference the Responses to a Microaggression visual reference.
        - **Source** refers to the person who might have inadvertently caused the microaggression.
        - **Recipient** refers to the person who is impacted by the microaggression.
        - **Bystander** refers to the individual who might have witnessed the event.

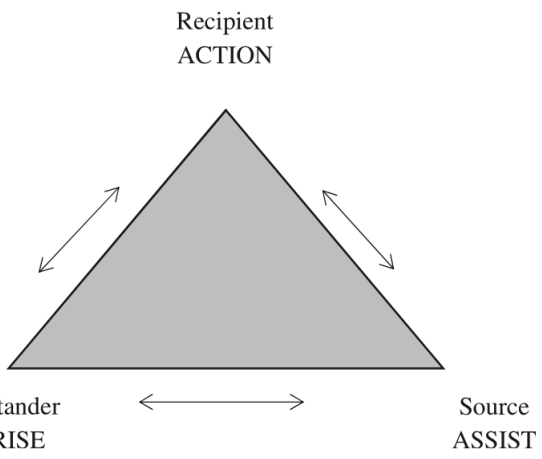

Figure 1 The Microaggressions Triangle

d. A recipient's potential response to a microaggression can be summarized by the mnemonic **ACTION:**
   - **Ask a clarifying question.** For example: "You said ____. Can you expand further?"
   - **Come from curiosity, not judgment.** For example: "You said ____. What did you mean by that?"
   - **Tell what you observed in a factual manner.** For example: "I noticed that you did not respond in the same way when someone else did the same thing."
   - **Impact exploration.** Discuss the impact of the statement. For example: "What you said makes me doubt my ability."
   - **Own your thoughts and feelings about the subject.** For example: "People think I am here only to fulfill a diversity goal. That's frustrating because I work really hard to achieve what I have."
   - **Next steps.** For example: "It would be great to talk about this further."

e. The source's potential response to a microaggression can be summarized by the mnemonic **ASSIST**.
   - **Acknowledge your bias.** Seek out opportunities to learn about and interact with people who are different from you.
   - **Seek feedback**. If you are the source, listen to others and get advice from them.
   - **Say you are sorry.** An apology will serve as a way to acknowledge someone else's pain.
   - **Impact, not intent.** Remember it is about the impact you might have had even if you did not intend it.
   - **Say thank you.**

f. The bystander's potential response to a microaggression can be summarized by the mnemonic **ARISE**.
   - **Awareness** - Perspective taking, a skill that can be used to imagine how the comment could be taken by the recipient, also has been shown to decrease bias.
   - **Respond with empathy and avoidance of judgment**. Avoiding judgment is important since all of us have implicit biases and have been the source of microaggressions. Judgment will also prevent any opportunity to engage and learn from mistakes.
   - **Inquiry** - Approach the situation with curiosity and make inquiries.

- **Statements that start with "I."** It will help with expressing what the bystander noticed.
- **Educate and Engage.** Separating the person from the intent and impact can help with educating the person and engaging with them.

5. **Role play and discussion: The scenarios below will allow learners to discuss and practice the responses from above.** Learners may reference the Practice Cases handout. During the discussion, the following may come up: power dynamics, nature of the relationship, repercussions of speaking up etc.

   How would you respond as an observer for this case?
   Case A: You are a third year EM resident. While you are working, you hear a consultant in the ED saying to your colleague "I thought you were the other one. You guys all look the same." You look at your colleague immediately and he does not say anything but looks upset.

   How would you respond as a recipient for this case?
   Case B: The next day, you overhear another conversation where a nurse says to your colleague, "What kind of strange name is that? Where are you from?" You get uncomfortable but don't know how to respond to the nurse or to your colleague.

   How would you respond as a recipient for this case?
   Case C: The same day, you walk into a patient's room and the patient says to the person on her phone, "The nurse is here. Let me call you back." You say to the patient, "I am your doctor."

Part II - Allyship and Privilege (15 minutes)

Return to Guidelines

- **What is the definition of the word "Allyship"? And, why should we learn about it?**
  - Allyship (as defined by anti-oppression network) is **"an active, consistent, and arduous practice of unlearning and re-evaluating, in which a person in a position of privilege and power seeks to operate in solidarity with a marginalized group."**
  - Promotes individual and groups' accountability to advance the culture of inclusion through intentional efforts and actions.
  - Allyship is not an identity—it is a lifelong process of building relationships based on trust, consistency, and accountability with marginalized individuals.

- **What is the definition of the word "Privilege"?**
  - "Privilege" operates on personal, interpersonal, cultural, and institutional levels and **gives advantages, favors, and benefits to members of dominant groups at the expense of members of target groups**.
  - Privilege is characteristically invisible to people who have it. In fact, privileges are unearned and they are granted to people in the dominant groups whether they want those privileges or not, and regardless of their stated intent.
  - Unlike targets of oppression, people in dominant groups are frequently unaware that they are members of the dominant group due to the privilege of being able to see themselves as persons rather than stereotypes.

    - In particular, as physicians, we have several privileges compared to others who work in healthcare. Being aware of our privilege can help us capitalize on that privilege to address disparities for medical students, residents, and patients.
    - Privilege can exist in various **social categories**:
        - Sexual orientation
        - Ability
        - Education
        - Gender
        - Race
        - Religion
        - Culture
        - Class
        - Nationality

- **Why should we learn about allyship and privilege?**
    - A study published in NEJM showed that individuals who had allyship training had:
        - Increased awareness of others' difficulties and barriers they may be facing
        - Increased awareness of one's own privilege
        - More importantly, they felt empowered to take action when inequalities or injustices are noted in the workplace.

- **What are the responsibilities of an ally at a workspace? (from the Allyship Toolbox)**
    - Read, research, and educate yourself
    - Speak up for others
    - Always self-reflect
    - Confront your own biases
    - Lift up others by advocating
    - Have open dialogues
    - Respond with empathy
    - Hold others and ourselves accountable

- **Role play and discussion: The scenarios below will allow learners to discuss and practice allyship using methods from the Allyship Toolbox.** Learners may reference the Practice Cases handout.

  How would you respond as an ally and provide your support during the following scenarios?
  Case D: A resident comes to you very upset since he was told by an attending physician that he was very "dumb" and also was constantly berated throughout the shift regarding the plans he has made.

  Case E: A medical student who identifies herself as a lesbian comes to you stating that she had been in the room when a senior physician said "I don't know how people can choose to live like that" referring to a patient they had just seen who identified himself as gay.

Part III - **Debrief** (5 min)

Return to Guidelines

Discuss as a group the following probing questions.

- How did this exercise make you feel?
- How did the discussion on privilege go? Which statements stuck out to you the most?
- How did you think the discussion on addressing microaggressions went? How do you think this will impact you in the future?
- What obstacles do you think exist that may prevent you from addressing microaggressions you might witness?

Essential Learning Summary

- Review essential take-aways from the learning session and/or send this to learners for spaced repetition after the meeting:
    - Self-education on microaggressions, privilege, and allyship can help us be better colleagues and also help us provide culturally sensitive care to our patients.
    - Microaggressions can be brief, everyday exchanges that can be further divided into micro-insults, micro-assaults and microinvalidations. All types of microaggressions can negatively impact the group that is subjected to them on a regular and consistent basis.
        - Addressing microaggressions can be done by the recipient, source and the observer and can markedly have a positive impact.
        - Responding to microaggressions includes shedding light on the microaggression and pointing out the impact it has on the recipient.
    - Being a good ally at the workplace includes reading, researching and educating oneself while self-reflecting on one's actions and responses. Speaking up for others while leveraging our privilege and lifting up others who are targeted by microaggressions can be extremely beneficial to our colleagues and learners.
    - Allyship further includes having an open dialogue and addressing our biases head-on while holding ourselves and others accountable.

Paired Asynchronous References

The following are vetted FOAM references that are strategically paired with this module. Learners may access these on the FoEM website (Learner Resources -> Foundations III) and review them before or after the learning session.

- Confronting Implicit Bias and Microaggressions - EM Ottawa Blog
- How to treat someone who's racist or sexist - BMJ Talk Medicine Podcast
- **Paired Text References**
    - Noone D, Robinson LA, Niles C, Narang I. Unlocking the Power of Allyship: Giving Health Care Workers the Tools to Take Action Against Inequities and Racism. *NEJM Catalyst*.
    - Ackerman-Barger, Kupiri PhD, RN; Jacobs, Negar Nicole PhD. The Microaggressions Triangle Model: A Humanistic Approach to Navigating Microaggressions in Health Professions Schools. Academic Medicine 95(12S):p S28-S32, December 2020. | DOI:

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- **References**

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Types of Microaggressions

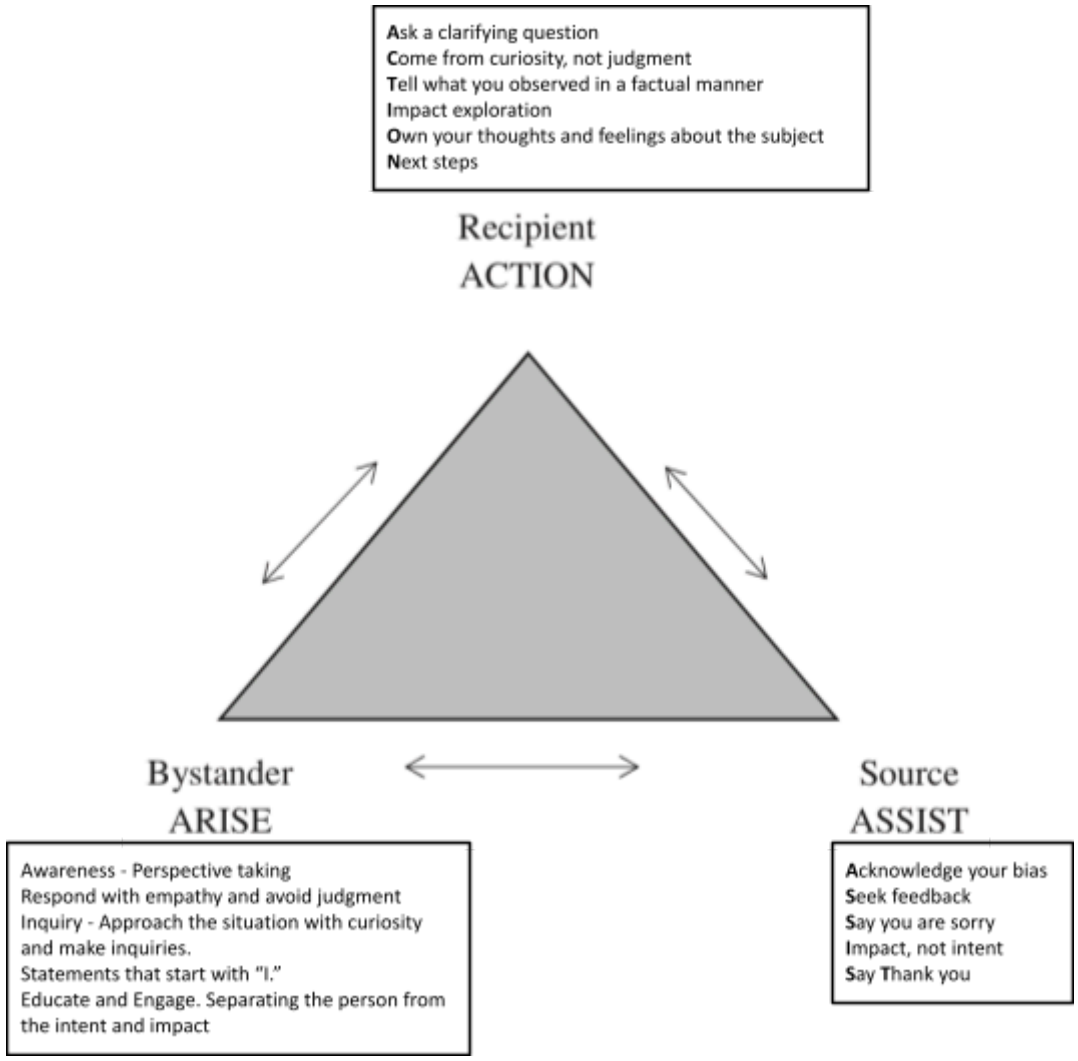
Return to Guidelines Part I text

Alien in one's own land: ascribing foreignness to people from different racial backgrounds	"You speak really good English."
Assuming criminality: presuming that certain groups are dangerous or criminals	Not wanting one's child taught by gays or lesbians
Using offensive/biased language: referring to individuals or groups in ways that are insensitive or derogatory.	"That's so gay."
Myth of meritocracy: denying the obstacles that members of marginalized groups face	"I had no problem finding a job/internship. You must not be trying hard enough."
Color blindness: unwillingness to acknowledge or admit seeing someone's social identity and thus the significance of it.	" I don't see color. I only see people."
Denying personal bias: unwillingness to admit individual prejudice or discriminatory behavior.	"I can't be racist. Some of my friends are Black."
Ascribing intelligence: making assumptions about someone's skills based on their membership in a social group	Assuming that it is unusual for an African American or a Latino to be in an academically rigorous program.
Contrasting with a group: saying someone is different from other members of their group in an attempt to compliment them, revealing a negative stereotype	" She is so independent. You wouldn't even know she's in a wheelchair."
Comparing with a group: saying someone is the same as other members of their group in an attempt to compliment them, removing their sense of personal identity	" You're gay? You have to give me some decorating tips."
Stereotype enforcement: asking someone to change their behavior to conform to your expectations of them	"He will play piano. They are usually very good at it."
Ambient exclusion: relegating individuals to tasks that are stereotypical of their groups	Asking a female to grab coffee or food for the group during a meeting.

Source: Microaggressions table. Patricia A. Burak, Ph.D., Tae-Sun Kim, Ph.D., Amit Taneja, Doctoral Candidate. Syracuse University 2009

Recipient, Source, and Bystander Responses to a Microaggression

Return to Guidelines Part I text



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Source: Ackerman-Barger, Kupiri PhD, RN; Jacobs, Negar Nicole PhD. The Microaggressions Triangle Model: A Humanistic Approach to Navigating Microaggressions in Health Professions Schools. Academic Medicine 95(12S):p S28-S32, December 2020. | DOI: 10.1097/ACM.0000000000003692 .

Microaggressions - Practice cases Return to Guidelines Part I text

Role play and discussion: reference the following cases as you discuss and practice responses to microaggressions and allyship.

How would you respond as an observer for this case?
Case A: You are a third year EM resident. While you are working, you hear a consultant in the ED saying to your colleague "I thought you were the other one. You guys all look the same." You look at your colleague immediately and he does not say anything but looks upset.

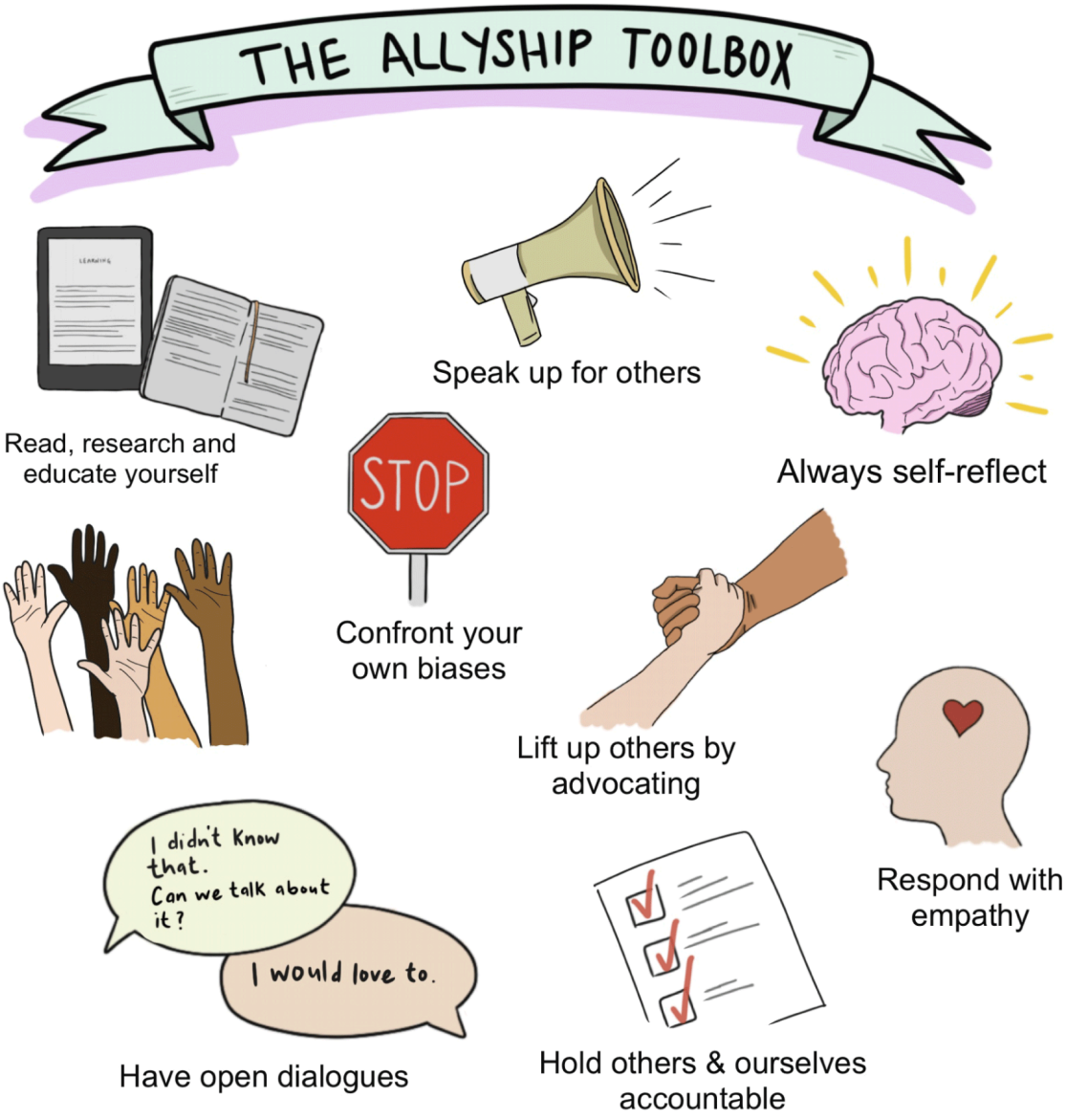
How would you respond as a recipient for this case?
Case B: The next day, you overhear another conversation where a nurse says to your colleague, "What kind of strange name is that? Where are you from?" You get uncomfortable but don't know how to respond to the nurse or to your colleague.

How would you respond as a recipient for this case?
Case C: The same day, you walk into a patient's room and the patient says to the person on her phone, "The nurse is here. Let me call you back." You say to the patient, "I am your doctor."

How would you respond as an ally and provide your support during the following scenarios?
Case D: The next day a resident comes to you very upset since he was told by an attending physician that he was very "dumb" and also was constantly berated throughout the shift regarding the plans he has made.

Case E: A medical student who identifies herself as a lesbian comes to you the same day stating that she had been in the room when a senior physician said "I don't know how people can choose to live like that" referring to a patient they had just seen who identified himself as gay.

The Allyship Toolbox



Source: Hospital for Sick Children Toronto

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