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Addressing Microagressions in the Learning Environment

In May 2019, the FREE newsletter highlighted the topic of microaggressions and a few general ways that faculty can address microaggressions in the learning environment. In the last few years, the focus and importance of microaggressions in the learning environment has continued to rise. With this rise, an increase in literature supporting faculty in engaging in conversations around microaggressions and strategies to address microaggressions has emerged.

Microaggressions are defined as subtle insults (either verbal or nonverbal) that occur daily within an environment and that target individuals in a hostile or negative way based on their identity. Microaggressions can be categorized as statements, actions, or incidents that permeate into daily activities and convey indirect, subtle, or unintentional discrimination or hostility toward members of a stigmatized or culturally marginalized group. Often, they may occur with no ill intention or no awareness of the underlying meaning. In a recent study, most medical students reported experiencing microaggressions in the clinical setting and it was particularly pervasive for women and URM students.[1]

Microagressions are categorized in four ways: microassualts, micoinsults, microinvalidations, and environmental microaggressions.[2] Microaggressions can take psychological and physical toll on individuals. It is critical that faculty address any microaggression in the learning environment. There are several perceived challenges when responding to microaggressions but there are some strategies that can help faculty navigate the situation.

1. Utilize a Framework: A few frameworks for addressing microaggressions can be found in the literature. "Open the Front Door." ACTION, and XYZ are three that have been proposed to help both the recipient and bystanders of the microaggressions address the situation.[2]

2. Start with Microinterventions: Microinterventions are practices used to support the recipient of microaggressions and address the practice within the learning environment. Microinterventions are used to validate the experience, communicate value, support and encourage learner experience, and reassure the learner they are not alone.[3] Microinterventions can be implemented through the use of microaffirmations (small acts that foster inclusion), establishing high expectations for all students in the learning environment, validation of learner feelings and experiences, and talking things out after an incident.[3]

3. Be reflective: It is important to appropriately respond to microaggressions in a respectful and appropriate manner. Before taking action, take time to reflect and consider your actions. If you witness a microaggression, or have a student report an incident, work to identify the behavior of concern that has been reported and listen to the recipient to validate their feelings. Provide a safe space for respectful engagement in dialogue about the situation and look for learning opportunities.[2]

4. Create awareness: Continue to explore interventions to combat microaggressions while building awareness throughout the institution in an effort to establish a safe learning environment for everyone.[4]

By creating awareness, being open to feedback, and confronting microaggressions in intentional, reflective, and constructive ways, faculty can contribute to change that will impact patients, colleagues, and learners. There are several resources across our organization that can support our faculty in learning more about microaggressions and other ways to support a safe learning environment. One resource is a two-part archived session hosted by our Office, Safe Zone Training: LGBTQ+ Inclusion in Medicine, led by Dr. Ashleigh "Bing" Bingham (Director, LGBTQ+ Resource Center, Virginia Tech) as part of the Current Topics series. Additionally, a new future requirement for all VTCSOM faculty to complete an EverFi module will support continued learning around the topic of microagressions.

-Mariah Rudd, MEd (Director, Office of Continuing Professional Development)

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3. Sue, D.W., Alsaidi, S., Awad, M.N., Glaeser, E., Calle, C. and Mendez, N. "Disarming Racial Microaggressions: Microintervention Strategies for Targets, White Allies, and Bystanders." American Psychologist, 74, no. 1 (2019): 128-142.

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"Strength lies in differences, not in similarities."
- Stephen R. Covey

Dean's Corner

In the first of a series of interviews with the Health Systems Science and Interprofessionalism (HSSIP) Clinical Champion cohort participants, Sarah Harendt sat down with Dr. Tananchai Lucktong, co-director of surgical quality at Carilion Clinic and Professor at Virginia Tech Carilion School of Medicine (VTCSOM) to talk about his experiences integrating Health Systems Science (HSS) in the context of his clinical, educator, and leadership roles.

As the co-director of surgical quality, Dr. Lucktong works to make a positive impact on patient-care quality and safety at Carilion Clinic. While he wears many hats, teaching medical students and residents is one that he is most passionate about and was a primary motivator in his decision to become involved in the HSSIP Clinical Champion Cohort. An early supporter of integrating the HSS curriculum into the VTCSOM medical school curricular offerings, Dr. Lucktong has served as a small group facilitator and is a co-lead on an M3 pilot experience focused on teaching quality improvement in the clinical setting.

While patient safety and quality improvement are passions of Dr. Lucktong, his participation in the HSSIP Clinical Champion Cohort experience has piqued his interest in Clinical Informatics and Technology. In the daily focus of Dr. Lucktong's roles, he vividly sees where surgical quality improvement involves intersectional work in clinical informatics and technology, and value in health care. Dr. Lucktong states, "It's all interconnected, and it's hard to be involved in one area and not be involved in others." Current and future ability to use health care data predictively in alignment with patient safety is an area of specific interest. "I am interested in data-driven health care for its potential to improve how we care for patients as a health system."

Dr. Lucktong also sees health care policy and economics playing significant roles in the numerous ways health care can be impacted from a quality perspective. "A lot of what we do is geared towards trying to demonstrate good outcomes as measured by quality indicators," he said "which tie into policy and economic structures and processes that already exist."

The conversation turned to how we integrate HSS content more directly into already existing medical education structures. Medical students have not historically had HSS foundational knowledge purposefully baked into the learning experience, and Dr. Lucktong indicated he appreciates the value of seeing students learning HSS content earlier on. However, he said, "balance is important as everything added to the medical school curriculum has potential opportunity costs" associated with it. For Dr. Lucktong, the challenge is to deliver relevant HSS content without taking excess time that students require for other learning on the surgery rotation. He credits the HSSIP Clinical Champion cohort experience with helping him do just that through learning about purposeful curricular development and delivery.

When asked about particular components of the HSS domains that are least understood from the learner perspective, Dr. Lucktong chuckled and said,

"At this level in the student's education, clinical medicine alone is new and challenging to learn. Health Systems Science exists on a level superimposed on clinical medicine and therefore is more difficult to fully grasp. Nonetheless, HSS is worth introducing as a framework that students can build upon as they learn. Systems thinking is an especially difficult concept for someone who is not yet familiar with the system itself. However, as future leaders in their respective areas of patient care, it's important for students to understand that at some point they will be expected to be systems thinkers."

Dr. Lucktong said it is important for learners to begin to understand what all that involves. "It's not that these health systems science concepts are lacking within overall experiential learning. It's that it has not been formally taught in the way we are doing it now." To help learners think critically from an HSS perspective, Dr. Lucktong shared that discussions on the surgical clerkship involve the integration of quality in ways that elevate the basics of what has been learned about patient care to a higher level that gives "students the opportunity to 'zoom-out' and get a big picture view of their experience being on the front lines of patient care".

As the conversation wrapped up, the challenge of being a busy clinician caring for patients while digging into a deeper understanding of HSS came up. The challenge of fully integrating HSS concepts into everyday practice is worthy of consideration. Dr. Lucktong sees the need for balance here as well. To achieve broad goals within health systems science, efforts need to focus on how to do so in ways that create efficiencies and that get beyond the Triple Aim and closer to the Quadruple Aim of also caring for health care providers so they have the capacity to tackle the questions surfaced through intentional health systems science integration.

-Sarah Harendt, MS (Manager, Education and Faculty Development, Office of Continuing Professional Development)

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