Framing:

### This handout provides resources to continue to help deepen your understanding of microaggressions and build the muscle to interrupt these behaviors. Please reach out to UW Health’s Diversity, Equity, and Inclusion (DEI) Department for further support.

Learning Objectives:  
Following completion of this session, learners will be able to:

1. Describe the basic content and structure of the Education for CHANGE curriculum
2. Define microaggressions
3. Describe the impact of microaggressions on individuals experiencing them
4. Identify common microaggressions
5. Practice responding to microaggressions, in a low-stakes environment

# **Microaggressions – Defined:**

###### Everyday slights, indignities, put downs, and insults that Black, Indigenous, People of Color (BIPOC) and others who have been historically marginalized experience in their day-to-day interactions.

###### **Microaggressions tend to be:**

###### Subtle, unintentional, indirect

###### Often occur in situations where there are alternative explanations

###### Can represent unconscious beliefs

###### Are the behavioral expression of bias

###### The cumulative impact of experiencing microaggressions is like *death by a thousand nicks*

# **The Impact of Microaggressions:**

###### **Review** [data slides](https://uwmadison.box.com/s/y07yjha8u5hrpvnzy690gx0qb497egvs) **on Racial Microaggressions experience by employees at UW Health.**

###### [Review Key responses:](https://uwmadison.box.com/s/06fbe12myrc2trlaqfctg4s1a7yz0pfu) Interrupting Patient Discriminatory Behavior for descriptive steps on how to interrupt microaggressions.

# **Important Policies:**

###### \*See linked resources and policy key response tools.

###### [Patient, Family, and Visitor Discriminatory Requests and Behavior Policy](https://uconnect.wisc.edu/policies/clinical/uw-health-clinical/administrative/legally-driven-care/1222.policy) 1.2.22

###### The purpose of this policy is to ensure safe, timely, culturally competent, and quality patient care while protecting staff from bias, discrimination, and disrespect.

###### Policy Elements: Except as outlined in Section II D, patient/family discriminatory requests or demands for a specific type of staff member based on characteristics of the staff member *will not be accommodated.*

###### Section II D: In scheduled ambulatory situations, request for providers based on desires for *concordant, culturally, and linguistically appropriate care will be respected.* In all other situations, requests for gender-related accommodation may be considered if the request is due to cultural beliefs regarding modesty or for victims of sexual assault or other trauma.

###### Learn more about microaggressions and the policy by taking [Responding to Discriminatory Behavior: Policy 1.2.22](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI8420)

###### [Gender Inclusive Staff, Patient and Visitor Restroom Use](https://uconnect.wisc.edu/policies/administrative/uw-health-administrative/facilities/1406.policy)

###### [Equal Employment Opportunity and Non-Discrimination](https://uconnect.wisc.edu/policies/administrative/uw-health-administrative/human-resources/927.policy)

###### [Resident Grievances Related to Employment Concerns](https://uconnect.wisc.edu/policies/administrative/uwhc/department-specific/graduate-medical-education-gme/438.policy)

###### [Workplace Violence Reporting and Investigation](https://uconnect.wisc.edu/policies/administrative/uw-health-administrative/human-resources/957.policy)

###### [Guidelines for Professional Conduct of Physician Faculty in the Clinical Setting](https://uconnect.wisc.edu/policies/administrative/uwmf/uwmf-wide/human-resources/108009.policy)

###### [Patient Rights and Responsibilities](https://uconnect.wisc.edu/policies/clinical/uw-health-clinical/administrative/legally-driven-care/1221.policy)

# **Frameworks for Interrupting:**

###### There is no “right” way to do this work. Choose a framework that resonates with you and practice, practice, practice!

## **STOP TALK ROLL**

### **STOP**: Stop refers to hitting pause on the interaction and assessing the situation. This could mean deciding whether to address it right then and there or realizing you need time to process and decide what actions to take next. Don’t allow discomfort to be the only thing that holds you back if you are in the position of power.

### **TALK**: Talk refers to what could possibly be said in the context of the scenario right then and there, whether it is addressing what just happened or diffusing a situation until a safer opportunity to address it.

### **ROLL**: Roll refers to seeking out support in debriefing the situation and/or also how to respond to the situation or if it’s best to respond to the situation.

## **ERASE**

###### The ERASE framework is a stepwise standardized approach to recognize mistreatment and address it with patients.

##### **Expect** such events will happen and prepare accordingly

##### **Recognize** the mistreatment (STOP)

##### **Address** the situation in real time (TALK)

##### **Support** after the event (ROLL)

##### **Encourage** a positive culture

## **DEARMAN**

### **Dialectical Framework:**

###### This can be especially helpful when you are experiencing the microaggression as a framework to address it. It is a way to open communication in a clear way, that minimizes the recipient's need to feel defensive. It is an assertive and concise framework.

###### Yes, AND

###### Approach with curiosity

###### Separate intent from impact

###### Separate behavior from individual

###### Two things that are seemingly in conflict can both be correct

##### **DESCRIBE**

###### I observed, I noticed, I heard

###### Use focused, neutral terms when possible (e.g., avoid “always,” “never”)

##### **EXPRESS**

###### I feel…

###### This is important to me because…

###### I am worried…

##### **ASSERT**

###### I will…

###### I want you to…

##### **REINFORCE**

###### I hope this will allow us to…

###### I hope this will lead to…

###### Thank you (for hearing me out)

##### **MINDFUL**

###### Stay in the moment as much as possible

##### **ACT CONFIDENT**

###### Interrupt with confidence

##### **(NO) Negotiation**

###### Do not allow space to negotiate whether there was harm.

# **Tools for Interruptions:**

## **Key Phrases**

## UW Health does not tolerate bigotry. Being a patient at UW Health means treating people respectfully. Let’s refocus on how I can help you today.

## Our role is to take the very best care of you. We are here to help you as a team. We do not change (doctors, nurses, etc.) because of their (race, ethnicity, religion, etc.)

## UW Health is committed to being a diverse and inclusive environment for all.

## **Dialogue Skills**

### **Ask for more information: seek to understand**

###### Can you tell me more…Can you give me an example…What do you mean when you say…Help me understand what you disagree with…What led you to that conclusion?

### **Paraphrase the comments**

###### So you’re saying that…So you feel that…So you think that…Are you saying that…So from your perspective…

###### Ask a question that repeats the statement

###### Examples: *“I came in the resident work room because I needed an order for Tylenol for my patient. I wasn’t expecting to see you in here!”* *Response:* You were surprised to see resident Dr X in the resident work room? *“I came to listen to rounds and was surprised to see you were the consultant.”* *Response*: I am Dr X, the attending consultant. You were surprised to see me on rounds?

### **Explore intent and impact**

###### Help me understand your intent when you…What had you wanted to communicate? What was your intended outcome? How did that impact you? What were you feeling when…

### **Be objective**

###### Provide factual information to point out inaccuracies

###### Examples:

###### *“Erika is the best nurse I’ve ever had”*

*Response*: I’d like to clarify something. This women is your doctor, not a nurse. She has been managing your child’s care for the past week.  
*“I didn’t raise my son to be a girl. His life will be too hard.”  
Response: Actually, research shows that acceptance by their family is one of the most important factors in determining the long-term mental health outcomes of transgender youth. Youth whose parents demonstrate support, love, and respect for their gender identity can have similar mental health outcomes to cisgender youth. Your response is incredibly important at determining how easy or hard her life will be.*

### **State your own and/or institutional values**

###### Reinforce UWHealth’s and/or your commitment to diversity and to creating an inclusive space

###### Examples:

###### *“I don’t want a [discriminatory term] caring for my child.”*

###### Response: *Dr X is an excellent physician. I would trust Dr X to care for my child.*

###### *(May combine with…) At UW Health, we are committed to taking excellent care of you. We do not change [doctors, nurses, etc.] because of their [race, ethnicity, religion, etc.].*

### **Attempt unconditional positive regard**

###### Frame your response in a way that assumes the speaker was well intentioned and still points out the microaggression

Examples:  
*““Erika is the best nurse I’ve ever had”*

*“Dr X is so articulate!”*

*Response: It sounds like you are trying to complement \_\_\_\_.*

### **Share the emotional impact on yourself**

###### Use “I” statements

###### Examples:

###### *When I hear you say that I think/feel…Just last week I….I remember when I….I was socialized to believe…I’m beginning to feel \_\_\_\_....I notice I’m feeling a little triggered by what you just said…*

###### Use “AND” (rather than “BUT”) to link with a statement that assumes positive regard

###### Example:

###### *“It sounds like you were trying to make X feel included, AND when you constantly point out that she didn’t go to medical school in the US, it makes me feel uncomfortable. She had excellent training and is very capable. There are lots of reasons learners might not be familiar with this process. Let’s talk it through together so we can all learn.”*

### **Track body language/tone, interrupt unhelpful dynamics**

###### I notice you had a reaction to what I just said…I’m noticing your body language…I noticed you just got quiet…looked away…shook your head…Let’s slow down and talk about what just happened…I’m going to interrupt and try a different approach…

### **Redirect a dialogue**

* Provide a firm pivot in the conversation so that you get back into control

Example:

*“I can’t get any good food where I live because my neighborhood is full of [ethnic group] so none of the good grocery stores come to where I live.”*

*Response: I would like to hear more about the challenges you are facing with food access and transportation. I am uncomfortable when you describe that these challenges are related to a particular group of people. Everyone in your neighborhood deserves access to healthy food. Let’s focus on how we can make sure you get the healthy food you need.* (This particular response combines stating the emotional impact on you, reiterating your own values, and redirection)

* Set clear boundaries as needed in the course of redirection

Example:

*“I can’t get any good food where I live because my neighborhood is full of [ethnic group or racial epithet]. None of the good grocery stores will come there because they’ll probably get robbed. And it’s not safe for me to take the bus because of all the [ethnic group or racial epithet]”*

*Response: UW Health does not tolerate the use of that sort of language. Being a patient at UW Health means treating people respectfully. I would like to hear more about this challenge, but we will need to use respectful language when we communicate. Let’s focus on the lack of healthy food and transportation you are experiencing.*

**Find common ground**

* Point something out that you can all agree upon. In pediatrics, you can almost always lean on mutually wanting what is best for their child’s health

Example:

*Your patient appears visibly uncomfortable with one of the team members who is different from them and/or the other team members (gender, race, ability status, etc.). The patient has not made any specific comment, but generally avoids talking to or looking at this person.*

*Response: I noticed you’ve been asking me a lot of questions about your medications, and X is our pharmacist. He has the most expertise in this area. I know we all want to make sure your child gets the best care possible, so I’m going to redirect these questions to him.* (This particular response combines being objective with finding common ground)

**When Someone Else Experiences a Microaggression Respond as a LEADER**

**Listen and validate**

**Express empathy and acknowledge harm**

**Ask employee what they need**

**Do recognize cumulative impact**

**Ensure antiracist and inclusive workplace**

**Reach out to DEI Team and Performance Management**

## Some Pointers:

###### **Check your own pulse/biases**

###### Remember, implicit bias leads to differential treatment of colleagues and patients.

###### Use a Trauma-Informed Lens: Instead of focusing on “Why doesn’t this patient trust me?” asking, “What has our system done to earn trust?”

###### “How am I behaving that may be rooted in bias?”

###### **Be sensitive to nonverbal language, show empathy, curiosity and validate experiences of racism**

###### “I’m so sorry your experience with our healthcare system has been racist. What can I do to support you better?”

###### **Ask questions and *Listen* to the answers**

###### “What worries you the most?”

###### “What kind of support do you need?

###### How would you like to see this situation resolved?”

###### “Who do you like to have involved?”

###### **Do your own learning and *UNLEARNING***

###### Learn about systemic racism and its impacts

###### Truly understand and feel a responsibility towards racial equity

**Modeling Actions to Decrease Bias**

1. **Individuation**
   * A healthcare provider is under no obligation to disclose personal information, but may choose to do so.
   * Recognize the imbalance in the relationship between provider and patient.
   * Consider intent
   * Finding commonality in a stressful or uncomfortable situation = good
   * Creating contention or pointing out difference = better not to
   * If you do not want to answer:
   * Redirect the conversation by saying, "I don't mean to be disrespectful, but in the short amount of time we have I want to focus on the issue that brought you here.”
   * Immediately follow that with a specific question directed at the patient to regain control of the narrative
   * Never force someone else to individuate
2. **Mindfulness**
   * Name it to tame it: Identify the emotion in the room (such as, “It’s getting a little tense in here.”
   * May redirect back to common ground (such as, “I don’t think the way we are communicating right now is setting a good example for (child)”)
   * Encourage a pause: “Let’s take a pause for a minute”, “Why don’t we take a break and return to this later?”
   * Demonstrate a de-escalating technique: “Phew! I need to take a couple deep breaths before we keep talking.,” “When I start to feel my body experiencing stress, sometimes I like to (look out the window for a minute; do a quick stretch; take a short walk; listen to a calming song, etc.). Would you like to join me in that before we continue?”
3. **Empathy**
   * Might be explicit:
     1. How would you feel if someone said that about your (child, father, girlfriend, etc.)?
     2. Have you ever been (excluded, picked on, felt afraid, etc.). How did that feel? That is how I feel when you say/do that.
   * Might be subtle- finding commonality is one of the most powerful ways to build empathy
     1. We are both…
     2. I like… just like you!
   * You and Dr X are both… (but be careful about revealing personal info about others– they have a right to privacy)

**Reporting Microaggressions**

1. **HERO Documentation (workforce safety; assault)**
2. Security
3. DEI Team / Employee Relations Consultant / Provider Services
4. Patient Relations
5. Department or Division Head
6. Employee Health Services

Additional Learning Materials and Resources:

## Key Reflection Questions: Bear these in mind as you go

###### How will I cascade what I learned in this session back to my team? (sharing a high-level overview of the session, a key takeaway, some action steps)

###### How can you interrupt microaggressions in your role as a leader?

## Ongoing Learning:

###### Ground yourself in self-awareness by reviewing the handout

###### Remember to center your growth zone in this work of interrupting microaggressions.

###### Growth Zone: where you feel slightly uncomfortable or challenged

###### Watch the following videos:

###### [COVID-19 may not discriminate based on race-but U.S. health care does](https://www.youtube.com/watch?time_continue=7&v=U5QdRwflM9I&feature=emb_logo)

###### [Derald Wing Sue Defines Microaggressions](https://www.youtube.com/watch?v=h_lQNI9T6vs)

###### [How unintentional but insidious bias can be the most harmful](https://youtu.be/mgvjnxr6OCE)

###### [How Racist Patients Impact Physicians of Color](https://www.youtube.com/watch?v=ejL6Z1-PkmE)

###### [A Trip to the Grocery Store: Joy DeGruy](https://www.youtube.com/watch?v=2S2lQIUtIlM)

###### [Moving Past Guilt and Shame towards Curiosity, Empathy, and Humility](https://hackmanconsultinggroup.org/resources/guilt-shame-and-blame/)

1. Take the web-based training: [Responding to Discriminatory Behavior: Policy 1.2.22](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI8420)
2. Read the following articles:

* [A Little Hurts a Lot: Exploring the Impact of Microaggressions in Pediatric Medical Education](https://pediatrics.aappublications.org/content/146/1/e20201636)
* [Our Pain is Not Your Classroom](https://humanparts.medium.com/our-pain-is-not-your-classroom-257a5f4dcd07)
* [You Are In the Dark, In the Car](https://www.poetryfoundation.org/poetrymagazine/poems/56848/citizen-you-are-in-the-dark-in-the-car)
* [My Name is Not Interpreter](https://jamanetwork.com/journals/jama/article-abstract/2521973)
* [Say My Name: A Medical Student’s Experience with Microaggression](https://www.osmosis.org/blog/2020/07/03/say-my-name-a-medical-students-experience-with-microaggressions)

###### Additional DEI Learning can be done through consultation by visiting [Service Now.](https://uwhealth.service-now.com/sp?id=sc_cat_item&sys_id=611148631b936490301c42edee4bcb9f&sysparm_category=0f3e51e41b8c34900ac6fdd51a4bcbe2)

###### Visit our [DEI UConnect Page](https://uconnect.wisc.edu/depts/programs/diversity-equity-inclusion/resources/name-155711-en.file) for more resources, including [UW Health DEI Resources and Action Items](https://uconnect.wisc.edu/depts/programs/diversity-equity-inclusion/resources/name-155711-en.file).

###### Apply/encourage others to join our Employee Resources Groups. [Application and more information.](https://uwhealth.service-now.com/sp?id=sc_cat_item&sys_id=e5ebd8fc1b27a4d0301c42edee4bcb08&sysparm_category=0f3e51e41b8c34900ac6fdd51a4bcbe2)

###### Embed DEI by using [Microlearning Facilitation Resources](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/app/shared;spf-url=pages%2Fpagelistview%2Fpgcnt000000000023555) with your team.

## **Take our Web-Based Trainings on ULearn:**

###### [DEI Vision, Path, Goals, and Key Definitions (video)](https://uwhealth.wistia.com/medias/k41hy80en2?embedType=iframe&videoFoam=true&videoWidth=640" \t "_blank)

###### [Responding to Discriminatory Behavior: Policy 1.2.22](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI8420)

###### [Race, Racism, and Antiracism](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI-RRA)

###### [Overcoming Unconscious Biases](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI:BIAS)

###### [Imposter Syndrome](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI-IS)

###### [Cultural Appropriation](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI-CA21)

###### [Health Disparities and COVID-19](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI-COVID)

###### [Documenting Sexual Orientation and Gender Identity (SOGI) in Electronic Health Records](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI-SOGI" \t "_parent)

###### [Meeting the Healthcare Needs of TNG Patients](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/app/me/learningeventdetail/cours000000000013220?regId=regdw000000000163757&returnurl=common%2Fsearchresults%2Ftransgender%2FLEARNINGEVENT,OFFERINGTEMPLATE,CERTIFICATION,CURRICULUM,OFFERING,PACKAGE,LXPCONTENT,LEARNINGPATHWAY)

###### [LGBTQ+ 101](https://uwhealth.sabacloud.com/Saba/Web_spf/NA3P1PRD0121/common/leclassview/dowbt-DEI30-SA13)