**Microaggression practice**

*Objectives:*

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

1. Practice responding to microaggressions, in a low-stakes environment

*In Session Facilitator Guide*

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| **Duration** | **Format** | **Activity** | **Other Needs /** **Lead Facilitator** | **Optional Materials to Offer** |
| 5 min | Introduction | Share the following cartoon: <https://everydayfeminism.com/2015/10/why-microaggressions-hurt/> Greeting, facilitator intros, and “check the pulse” of the group | Ensure Alisha and Dave are listed as co-hosts if on zoom. |  |
| 25min |  | (slide 3-6) Microaggressions practice 1. Review potential responses in PowerPoint
2. Break into small groups of 4-5 (random assignment) and go through some of the rapid fire cases below. Try to give each person a chance to be the bystander who interrupts the microaggression. Facilitation tips:
3. Ask learners if any have a scenario to share where they witnessed (as a bystander) or experienced (as the recipient or as the perpetrator) a microaggression and struggled to respond. For real life scenarios, please be as de-identified as possible. There are prefab scenarios below, if no one shares! Remind residents of our ground-rules for this low-stakes practice:
	1. Learners may opt out.
	2. They may work independently if they wish.
	3. A Person of any identity can play the role of the bystander.
	4. Learners should never take on an identity they do not hold during a role play. (for example a white woman should never play the role of a black woman).
	5. If a person does hold the identity of the character experiencing the microaggression they can play that role if they wish. Facilitators **should not ask** learners to play the role of the person experiencing the micro-aggression.
	6. It is OK to repeat responses! The goal is to practice and become comfortable interrupting—this may mean using the same response each time so you don’t have to think of something on-the-spot. You do not need to be your most clever and eloquent self, especially if this is new to you. When you are a bystander, doing something—even if clumsy—is better than doing nothing.
	7. The person who is experiencing the microaggression should never feel obligated to respond. They should do whatever response feels best to them in the moment. This may include responding, ignoring, seeking help, leaving, educating, or a number of other strategies.
	8. Those who witness or hear about a microaggression SHOULD respond. Do not assume someone else will respond.
4. These scenarios are in a separate doc in the lesson folder if needed. Pre-fabricated cases (facilitator reads the case aloud, and asks the learner to intervene/respond to them as if the facilitator had just committed the microaggression). **CREDIT TO JENNIFER EDGOOSE MD MPH, UW FAMILY MEDICINE** (edited slightly for a pediatric audience):

**Scenario 1: Microaggressor: patient; Victim: first-year resident** The cast: Patient First year resident (of color) Senior resident The setting: A patient hospital room at AFCH The scene: While on rounds a patient’s parent asks the first year resident, *"Where are you from?"* The resident replies, *“I was born and raised in Kansas.”* The patient responds, *“No, where are you* ***really*** *from?”* ***How do you intervene? What do you say?*** **Scenario 2: Microaggressor: Patient; Victim: resident (not quite in the room)** The cast: Patient Medical assistant Resident Attending or fellow The setting: a clinic exam room The scene: While getting vital signs, the mother of a patient asks the medical assistant if the attending, who she has never seen before, speaks English because “*he has a ‘foreign-sounding’ name and I really don’t want to see a foreign doctor.”* The attending was planning to go in and do a direct observation with the resident, and is chatting with the resident and about to enter the room. You both overhear the conversation. ***How do you intervene? What do you say?*** \*\*Acknowledge that this might feel very different if you as the resident are an IMG. **Scenario 3:** (white fragility) **Microaggressor: Attending and resident; Victim: anyone with marginalized identities**The cast: Attending (male, white) Senior resident (white)Senior resident The setting: a subspecialty team room The scene: The clinic spent the lunch hour doing a UW Health training module on implicit bias. The male attending says, *“How many of these trainings do we have to do? I think we should talk about the bias against white men.”* One of the senior residents adds, *“I’ve worked in the Peace Corps and I know I’m tired of being told that I have biases.”* ***How do you intervene? What do you say?*****Scenario 4: Microaggressor: attending; Victim: patient (not present)** The cast: Hospitalist attending InternSenior residentThe setting: A team conference room at AFCHThe scene: The team is reviewing the discharge plan for a patient. The patient is transgender and uses the pronouns they/them/theirs. The attending uses the pronouns she/her/hers. When the intern corrects that the patient’s pronouns are they/them/theirs, the attending laughs and responds, *“That it isn’t proper English!”* ***How do you intervene? What do you say?*** **Scenario 5: Microaggressor: patient; Victims: women doctors both attending and intern** The cast: Male parentFemale attending Female internResident Male medical student The setting: The NICU at MeriterThe scene: The parent is a white male who keeps looking past the female intern giving a presentation, and the attending, and asking the senior male medical student for his opinion on his baby’s heart condition. The attending and the resident have both introduced themselves as “doctor” and explained their roles. The medical student is not a primary provider for the patient.***How do you intervene? What do you say?*** **Scenario 6: Microaggressor: Nurse; Victim: Patient** The cast: Male African American adolescent patient with sickle cell disease Senior resident InternWhite female nurse The setting: A patient room at a hospital where you are doing an elective away rotationThe scene: The night team walks into a patient room where the nurse is administering medications to the patient and the room feels tense. The patient complains to the team that the nurse won’t let him go out on a walk. The nurse says, *“Look I am doing my best, but I have 2 of you people right now and it’s hard to keep up with all the pain medications you keep asking for. Don’t think I haven’t noticed your vape pen in your pocket. I know what you’re trying to go on a walk to do. Smoking is bad for you and anyways you’re too young to do that.”* She turns to the team and smiles and says, *“Why don’t you just let the experts take care of you.”****How do you intervene? What do you say?*** | All facilitators participate in small groups |  |
| 5 min | Large group | Briefly introduce concept of affinity groups. Ask for any questions or concerns. Reference the FAQ before leading this info, and feel free to refer others back to the FAQ for questions that are redundant. To promote change, there is work that we all need to do together and work that folks with different racial identities need to do alone. During a racial affinity caucus, people divide into group by their (self-determined) racial identity. This creates space for people with similar racial experiences to learn, discuss, and be together. Where you go is up to you. Join whichever group will be discussing things that most resonate with your experience of being in the world. Mary Ehlenbach is one of our fabulous facilitators who identifies as bi-racial and has offered to connect with anyone who is struggling to decide which group to join, and talk about the unique experience of walking through the world with that identity. Please reach out to her if you’d like now, via direct message.Before leaving for break, each person should send a message (public, private or text) to Emily with what racial affinity group you prefer (white or BIPOC). These groups may subdivide further based on the group’s preferences once you are together. | Dave |  |