Addressing Microaggressions
In Academic Medicine
Sophia P. Poorsattar, MD, assistant professor, Department of Anesthesiology and Perioperative Medicine, University of California, Los Angeles David Geffen School of Medicine; Charlene M. Blake, MD, PhD, assistant professor, Department of Anesthesiology and Perioperative Care, University of California, San Francisco School of Medicine; Solmaz P. Manuel, MD, assistant professor, Department of Anesthesia and Perioperative Care, University of California, San Francisco School of Medicine

TYPES OF MICROAGGRESSIONS AND WHAT THEY LOOK LIKE

Microaggressions are subtle verbal, behavioral, or environmental snubs, slights, and insults directed at individuals or groups based on their social characteristics (e.g., race, class, sexuality, gender)—whether intentional or unintentional—that implicitly communicate and/or engender a hostile, derogatory, or negative sentiment.1,2

**MICROASSAULTS**
Verbal or nonverbal acts aimed at attacking a person's group or identity or harm them through name calling, avoidance, and/or discriminatory actions.

*A faculty member tells a joke that mocks an ethnic group.*

**MICROINSULTS**
Subtle snubs or humiliations that convey a stereotype, insensitivity, or a demeaning message about a person's group identity.

*A Hispanic physician is mistaken for a nonphysician hospital worker.*

**MICROINVALIDATIONS**
Comments or actions that disregard, exclude, or dismiss the thoughts, feelings, and/or experiential reality of an individual or a group.

*A woman physician is not introduced by their title at a conference.*

**ENVIRONMENTAL**
Microassaults, microinsults, and microinvalidations reflected in the policies, culture, and climate of the workplace.

*Portraits on the wall reflect accomplishments of only White male colleagues.*

EFFECT OF MICROAGGRESSIONS

Regular exposure to perceived discrimination of any kind adversely affects:

- PERFORMANCE
- MENTAL HEALTH
- ACHIEVEMENT
- SELF-ESTEEM
- PHYSICAL HEALTH
- ADVANCEMENT

In academia, this results in discriminated groups being less likely to achieve advancements in:

- SALARY PROMOTIONS
- LEADERSHIP POSITIONS
- AWARDED GRANTS OR PUBLICATIONS
- ACADEMIC RANK

MICROAGGRESSIONS TRIANGLE MODEL

Viewing microaggressions from a human interaction standpoint allows each perspective (that of the recipient, source, and bystander) to be considered and helps each participant construct responses that begin to rebuild relationships and restore justice.4

**WHAT CAN RECIPIENTS DO?**2,4

- Ask clarifying questions to understand underlying intentions.
- Request that appropriate action be taken.
- Come from a place of curiosity, not judgment.
- Explain in a factual manner what they observed as problematic.
- Own their own thoughts and feelings around the situation.
- Discuss the potential effect of the statement or action on others.

**WHAT CAN SOURCES DO?**

- Recognize the effect of their actions regardless of intention.
- Learn about their power and privilege.
- Educate themselves about others’ differences and commonalities.
- Develop authentic relationships with colleagues and trainees.

**WHAT CAN BYSTANDERS DO?**4

- Speak up and provide safe spaces.
- Empathize and avoid judgment.
- Ask questions to gain perspective.
- Be a mentor and a sponsor.
- Advocate behind closed doors.
- Educate and engage toward a common goal.

**WHAT CAN INSTITUTIONS DO?**

- Prioritize funding for diversity, equity, and inclusion.
- Correct policies that have the potential to cause discrimination.
- Create programs that promote the hiring, mentorship, and networking of diverse learners, faculty, and staff.
- Mandate antiracism training.

**HOW CAN RECIPIENTS BUILD RESILIENCE?**

- Maintain positive social connections.
- Dedicate time to practice self-care.
- Be proud and maintain self-respect.
- Reframe negativity and remain positive.
- Remind themselves of their values.
- Rely on faith and/or spirituality.

**WHAT CAN SOURCES DO?**

- Recognize the effect of their actions regardless of intention.
- Learn about their power and privilege.
- Educate themselves about others’ differences and commonalities.
- Develop authentic relationships with colleagues and trainees.

**WHAT CAN BYSTANDERS DO?**4

- Listen and seek feedback.
- Be accountable and apologize.
- Commit to being better.

Note: The figure has been adapted with permission from Wolters Kluwer Health, Inc.: Ackerman-Barger K, Jacobs NN. The Microaggressions Triangle Model: A humanistic approach to navigating microaggressions in health professions schools. Acad Med. 2020;95(12 suppl):S28–S32.

References:

**Author contact:** spoorsattar@mednet.ucla.edu; **Twitter:** @DrSophyP