



**Office of Clinical Research
First Friday**

**Gender Diversity & Inclusion:
Microaggressions in the
Workplace Pt I**
Friday, March 4th, 2022

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Learning Objectives:

- 1) Describe various types of microaggressions**
- 1) Examine one's own micro-aggressive and/or biased tendencies**
- 2) Identify and implement micro-interventions to target and respond to microaggressions as an abolitionist**

Target Audience:

Clinical Research Professionals (CRPs) at UC/H and Cincinnati Children's Hospital Medical Center (CCHMC): including Principal Investigators (PIs), Research Nurses (RNs), Critical Care Unit Nurses (RNs), Pharmacy Technicians and Regulatory Specialists.

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Off-Label Disclosure Statement:

Faculty members are required to inform the audience when they are discussing off-label, unapproved uses of devices and drugs. Physicians should consult full prescribing information before using any product mentioned during this educational activity.

Learner Assurance Statement

The University of Cincinnati is committed to mitigating all conflicts of interest issues that could arise as a result of prospective faculty members' relationships with ineligible companies. The University of Cincinnati is committed to retaining only those speakers with financial interests that can be mitigated as they relate to the goals and educational integrity of the CME activity.

Accreditation Statement for Directly Sponsored Activity

The University of Cincinnati is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Cincinnati designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*[™]. Participants should claim only the credit commensurate with the extent of their participation in the activity.

CRPs, NPs, PAs, and RNs can count activities certified for *AMA PRA Category 1 credit*[™] for professional credit reporting purposes. Other healthcare professionals should inquire with their certifying or licensing boards.

Disclaimer Statement

The opinions expressed during the live activity are those of the faculty and do not necessarily represent the views of the University of Cincinnati. The information is presented for the purpose of advancing the attendees' professional development.

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Speaker Disclosure:

In accordance with the ACCME Standards for Integrity and Independence and the University of Cincinnati policy, all faculty, planning committee members, and other individuals, who are in a position to control content, are required to disclose all relationships with ineligible companies (commercial interest) within the last 24-months. All educational materials are reviewed for fair balance, scientific objectivity, and levels of evidence. The ACCME requires us to disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. The following disclosures were made:

Planning Committee Members:

- Maria Stivers, MS, CIP; Course Director – No Relevant Relationships
- Nathaniel L. Harris, BS, Course Coordinator – No Relevant Relationships
- Zachary Johnson, BS – No Relevant Relationships
- Heather Muskopf, CME Program Manager – No Relevant Relationships

Speaker:

Jamilah Hackworth, EdD

Associate Professor

Assistant Chair

Director OAACD

Cincinnati Children's Hospital Medical Center

No Relevant Relationships

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March 2022 Study of the Month #1

Do you have Depression with Sleep Problems?

Are you currently taking an antidepressant?

What

A research study to evaluate the safety and effectiveness of an investigational medicine in people who have depression with sleep problems.

Who

Adults 18-74 with depression who are currently taking an antidepressant medication, and are experiencing difficulty falling asleep or staying asleep, or do not feel rested the next day.

Pay

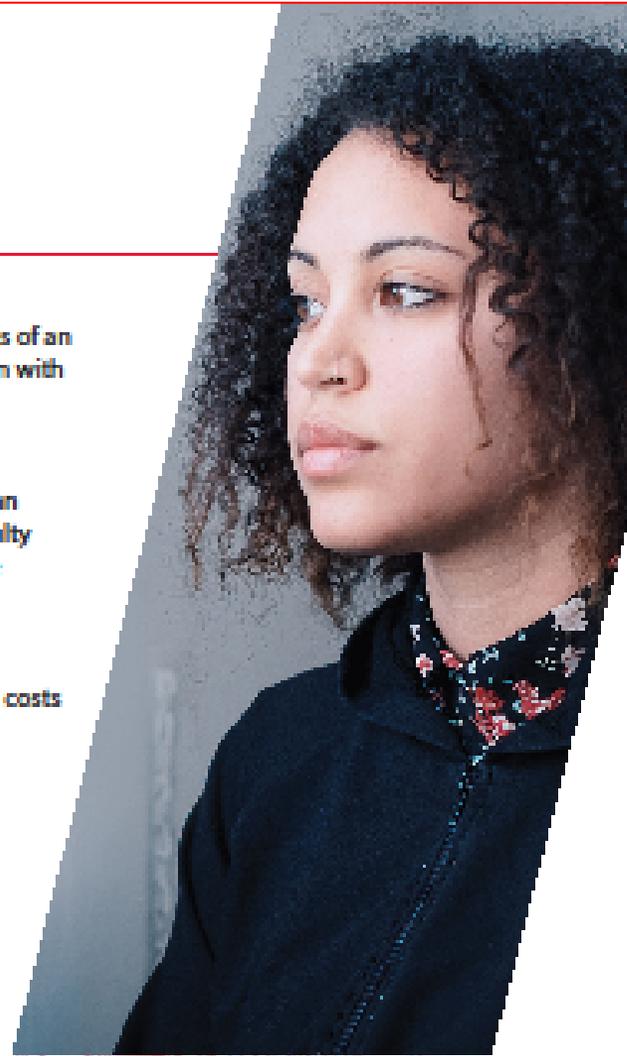
Participants will be paid \$52 per visit for time and travel costs related to the study.

Details

For more information, contact Emily Rummelhoff at (513) 558-4295 or Emily.rummelhoff@uc.edu.



23-21 888 # 2000-0595



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March 2022 Study of the Month #2

Child and Teen Anxiety Study

For Children and Teens 8-17

What

A study to determine the effectiveness and side effects of a medication called sertraline in children and teenagers with anxiety.

Who

Children and adolescents 8-17 years old with anxiety.

Pay

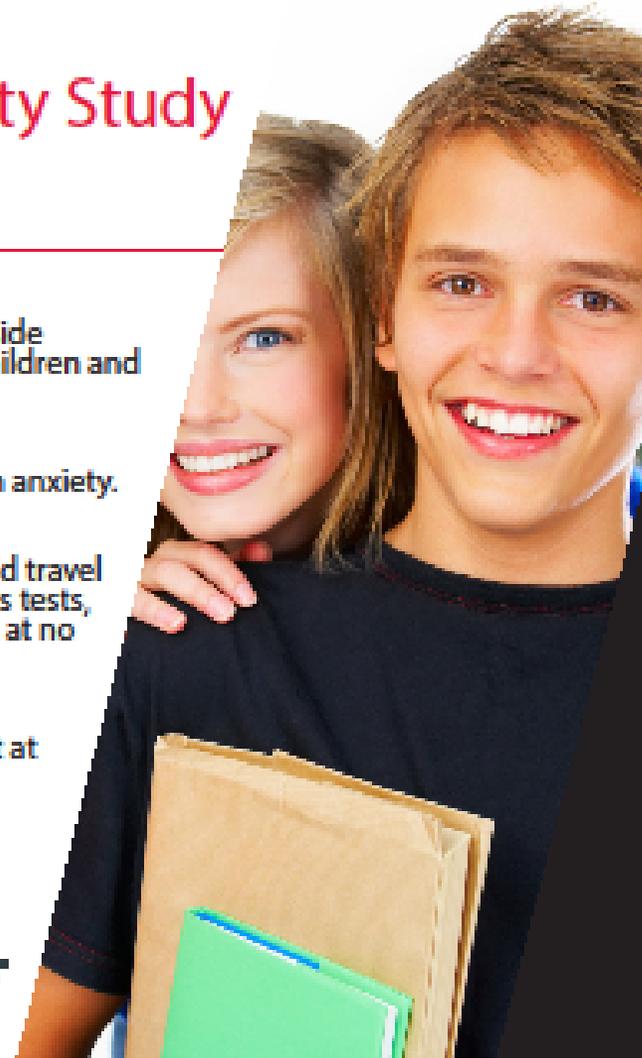
Participants will receive payment for time and travel for each completed study visit. All study visits tests, procedures and medication will be provided at no cost to participants.

Details

For more information, contact Ashley Specht at 513-558-2868 or email huckabam@uc.edu or Heidi Schroeder at 513-558-4422 or email heysehk@uc.edu.

 **UC Health.**

16-21 IRB # 2019-0642



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Don't forget to visit The UC Office of Clinical Research site on Bearcats Landing!
Visit Bearcats Landing by entering my.uc.edu into your web browser
(UC login required).

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Compliance Reminder: Scanning of Informed Consent Forms (ICFs) for Consented/Enrolled Subjects:

When a patient consents to participate in a research study, enrolling any subject in a study in EPIC requires a copy of the signed informed consent form (ICF) document to be scanned into the subject's medical record.

Other information that could be useful for clinical staff entering the subject's medical record, such as the protocol, or other miscellaneous information, should also be scanned into the subject's medical record when applicable.

Barcoded labels which identify the type of document being scanned (Consent, Protocol, or Miscellaneous) and help to properly store scanned document electronically in EPIC are required to be placed only on the first page of the document being scanned.

These barcoded labels are available from the Office of Clinical Research.

For more information on how to obtain barcoded labels, scanning documents into the medical record, and a full description of this process, please refer to the following SOP:

UCH-OCR-DOC-SOP-002: Scanning of Patient Specific Research Information into EPIC-06

All OCR SOPs are accessible from the UC Health intranet home page utilizing the Compliance 360 policy search function or reach out to the Office of Clinical Research with any questions or concerns.

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CRP Collaborations: SOCRA CRP CERTIFICATION EXAMINATION Hosted by CCHMC Friday, August 9th, 2022

Study Review sessions for the 8/9/2022 SOCRA Exam: To Be Announced

The Review sessions will consist of brief overviews of SOCRA Examination studying tools, tips, and tricks!

Contact Nate Harris harrisnl@ucmail.uc.edu or Email CRP@cchmc.org with any questions.

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Investigational Imaging Services (IIS) NEW: Radiology Research Needs Assessment Submission System

IIS has created a new Radiology Research Needs Assessment Online Submission System.

It is accessible through the DOR website
<https://med.uc.edu/depart/radiology/research/research-resources>

Or by accessing the redcap link directly.
<https://redcap.research.cchmc.org/surveys/?s=N84PR3WTF8>

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UC / UC Health Clinical Research Orientation and Training (CRO&T)

Thursday, March 10th, 2022
9:00 am - 3:00 pm
Virtual presentation

The last day of registration is EOB TODAY,
Friday, March 4th, 2022

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Please reach out to Nate Harris,
nate.harris@uchealth.com for any questions



Office of Clinical Research Lunch & Learn

**Thursday, March 17th, 2022, 12:00noon - 1:00pm
Virtual Presentation**

Gender Diversity & Inclusion: Microaggressions in the Workplace Pt. II

A follow up to the March First Friday presentation, Dr. Hackworth will join us again to conduct a workshop with breakout discussions where we will learn micro-interventions and how to use them in response to microaggressions, and how to become an abolitionist in identifying and targeting microaggressions in and out of the workplace.

Jamilah Hackworth EdD

Associate Professor

Assistant Chair

Director OAACD

Cincinnati Children's Hospital Medical Center

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UCGNI/NRC Neuroscience Research Day: April 12, 2022

Virtual PowerPoint presentations and a Guest Speaker 8:30am to 11:30am from undergraduates, medical students, graduate students, medical residents, post-doc fellows, clinical fellows & junior faculty

Abstract Deadline: 5pm March 15, 2022

Upload of accepted presentation PowerPoints due: 5pm April 5, 2022

Abstracts should be no more than 2000 characters. Please subtract 250 characters for each table or figure. Character counts will be for the title and the body of the abstract (author information not counted).

[Abstracts should be submitted by clicking HERE for the Forms submission portal.](#)

For more information, please contact Dr. Brandon Foreman at foremabo@ucmail.uc.edu

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Today's Presentation:

Gender Diversity & Inclusion: Microaggressions in the Workplace Pt. I

A discussion addressing various types of microaggressions in and out of the workplace and identifying one's own micro-aggressive and/or biased tendencies, and how to manage them.

Jamilah M. Hackworth, EdD

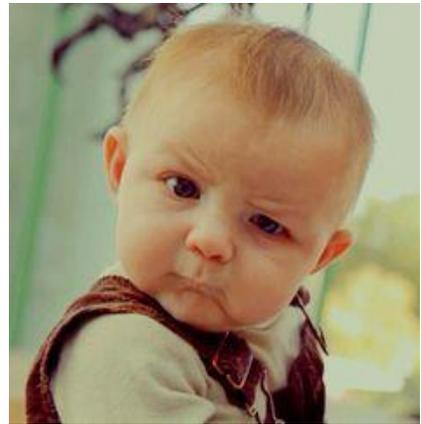
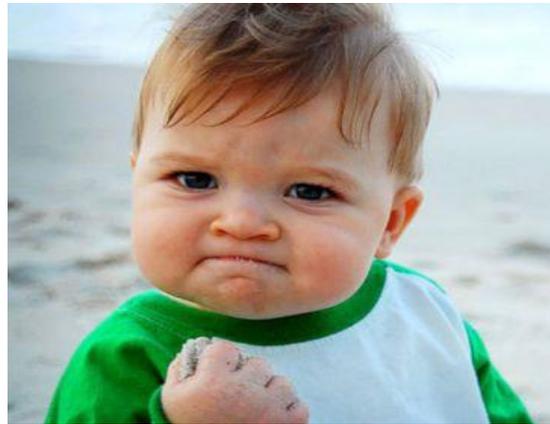
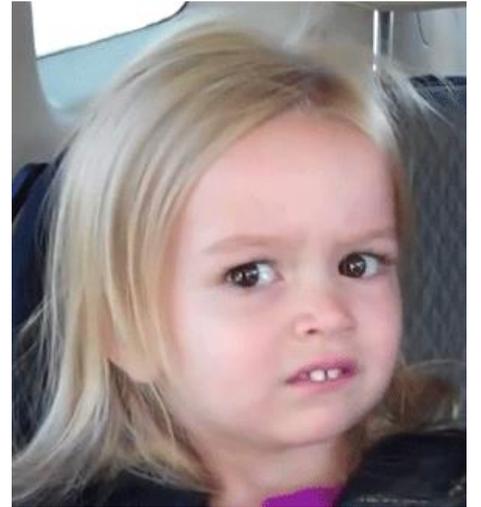
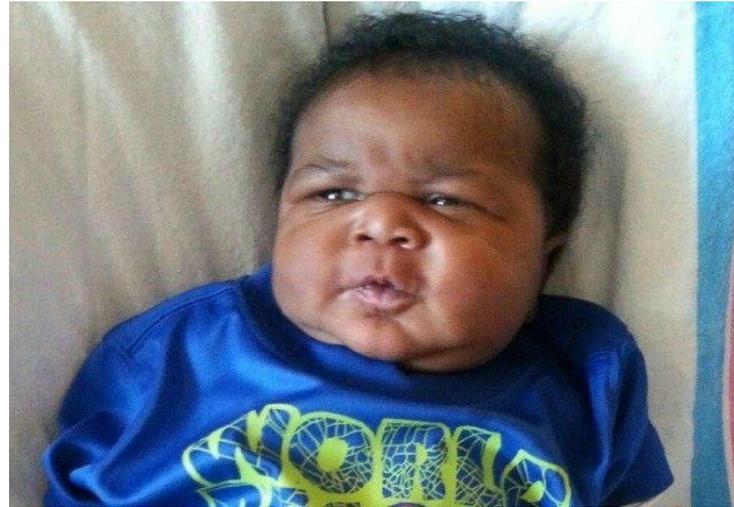
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Did I Hear That? Strategies for Responding to Microaggressions

Jamilah Hackworth, EdD

Learning Objectives

After participating in this session, attendees should be able to:

- Describe various types of microaggressions
- Manage one's own microaggressive/biased tendencies
- Utilize microinterventions to respond to microaggressions as a target and abolitionist

**TRIGGER
WARNING**

Grounding Assumptions

1. The work of equity, diversity, and inclusion (EDI) is about creating community, which involves building trust through careful listening, respectful disagreement, and taking risks.
2. Growth and learning can be uncomfortable; remember it's okay to make mistakes – we all do.



Intent vs. Impact



What you think you said
may not be what they heard.

IMPACT VS. INTENTION



I DIDN'T MEAN TO RUN OVER YOUR FOOT...
I'M A GOOD DRIVER!



Twitter: @Kawai_Lai

*Committing blunders is okay
if we learn from them. When
you commit a blunder, it's
how you recover, not how
you cover up!*

~Derald Wing Sue



Grounding Assumptions

1. The work of equity, diversity, and inclusion (EDI) is about creating community, which involves building trust through careful listening, respectful disagreement, and taking risks.
2. Growth and learning can be uncomfortable; remember it's okay to make mistakes – we all do.
3. Individuals and organizations can and do grow and change, but it doesn't happen overnight.
4. If we are to change things, we must engage in deeply honest introspection. Knowing yourself is the first step in creating radically inclusive spaces!

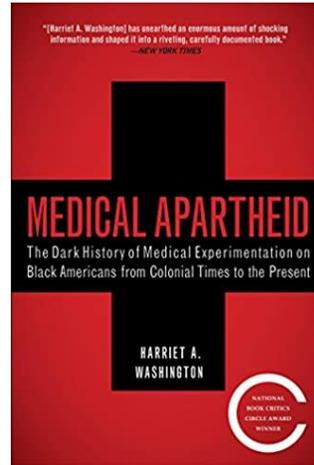
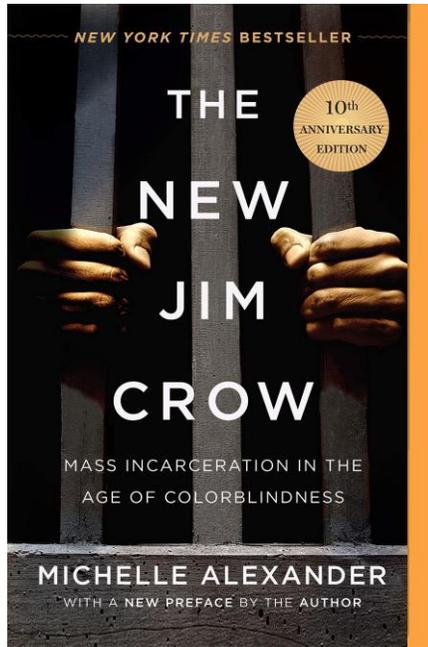
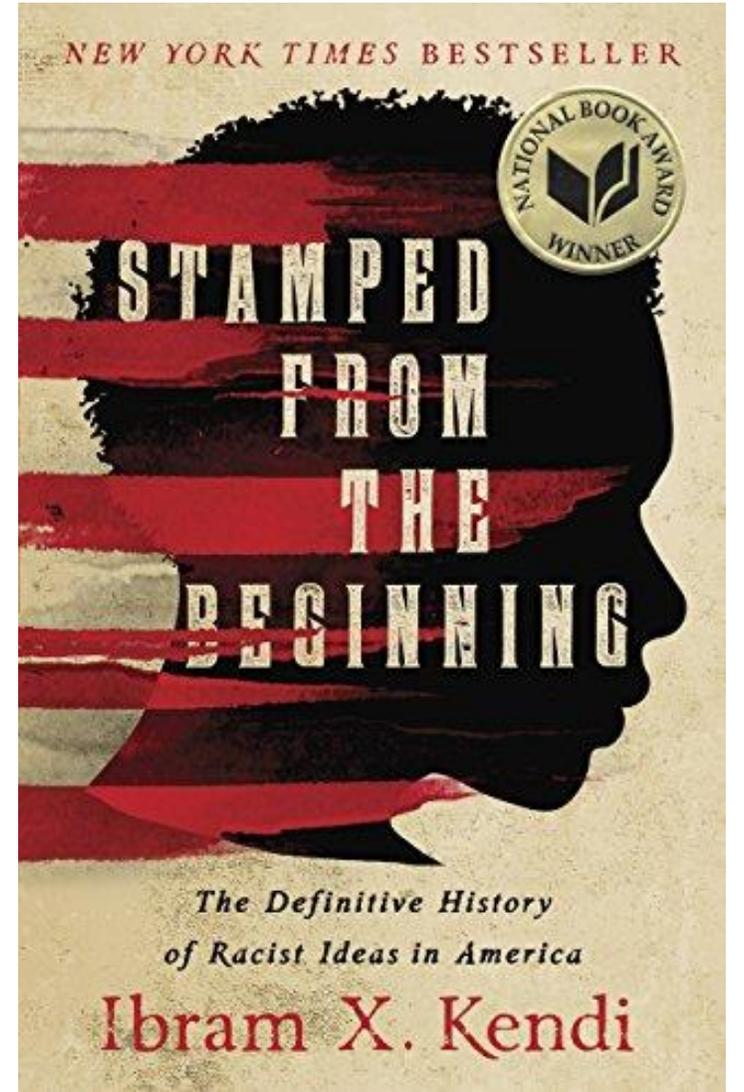
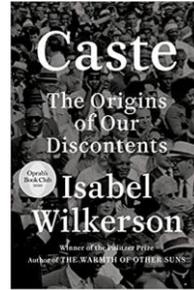
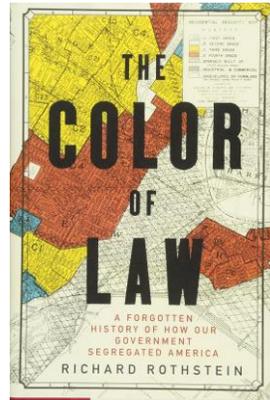




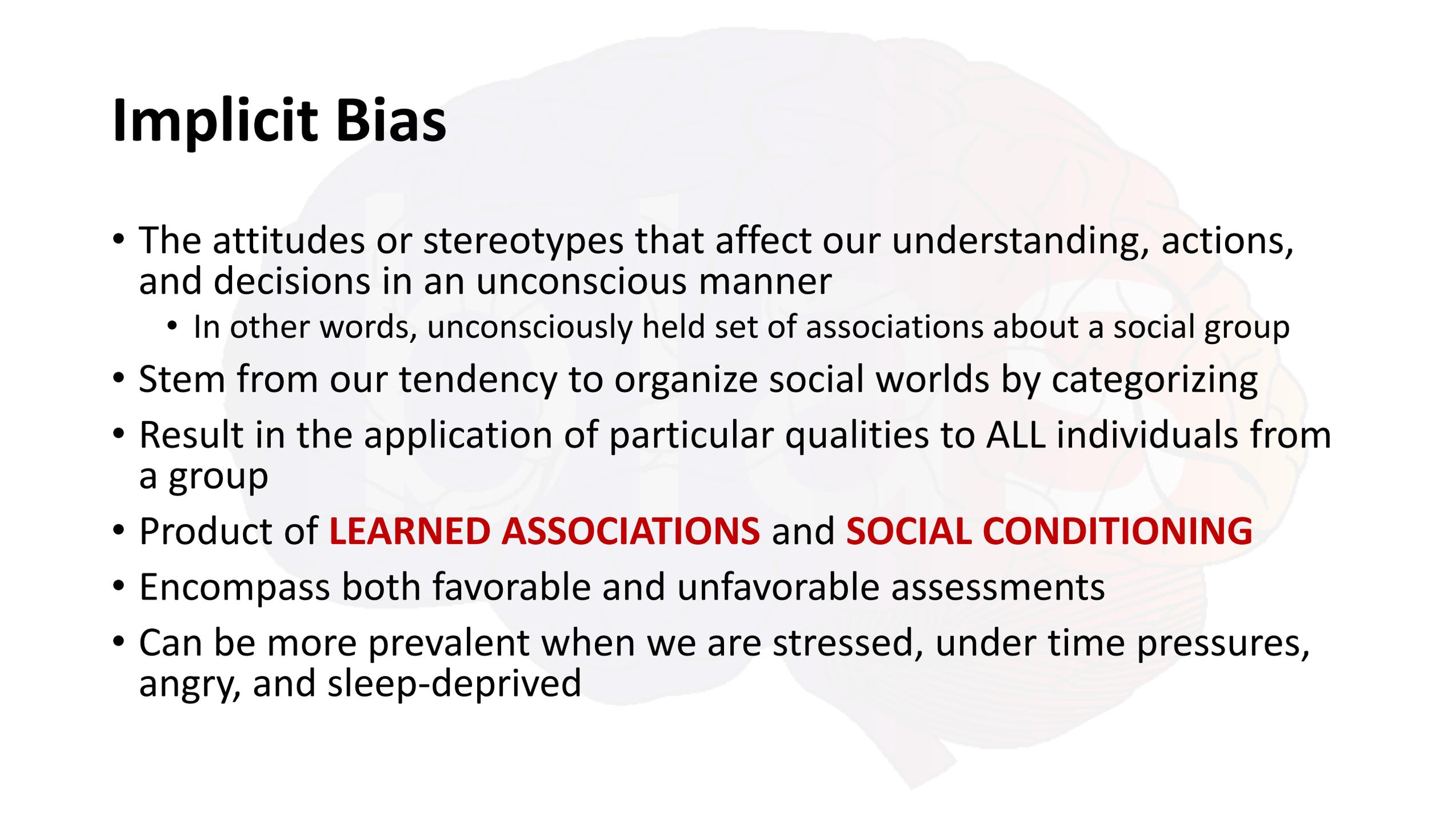
Why are we here today?



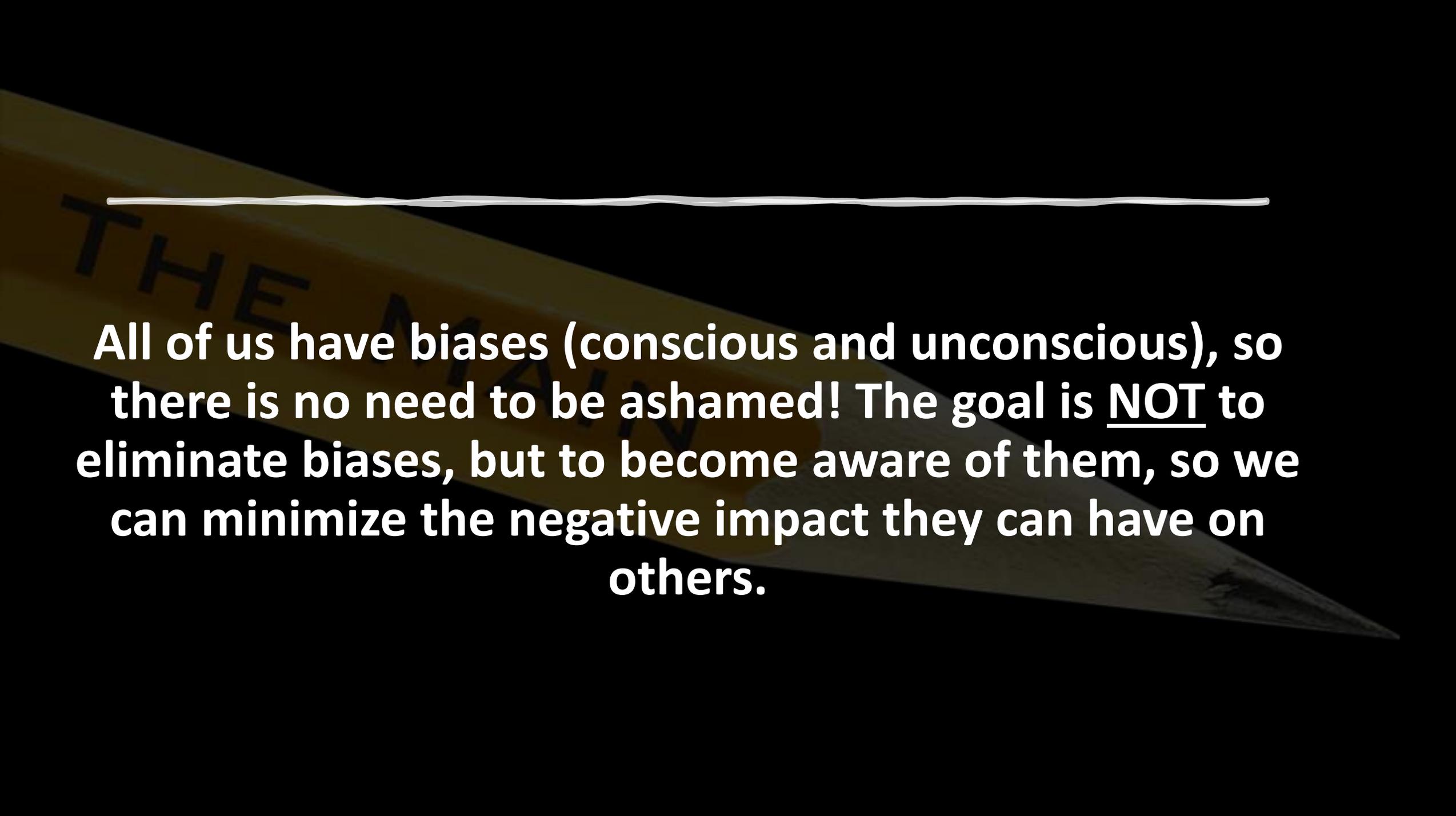
Unrecognized and unaddressed bias, stereotyping, and prejudice limits our ability to create environments where everyone feels valued, supported, connected, and respected. This will undoubtedly prevent us from operationalizing our institutional values and achieving our organizational mission. To put it plainly, we will never be who we say we want to be as an organization if we do not address our individual biases, stereotypes, and prejudices as well as institutional policies and practices that promote inequity. When we know better we do better...and this is just a start.



Implicit Bias



- The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner
 - In other words, unconsciously held set of associations about a social group
- Stem from our tendency to organize social worlds by categorizing
- Result in the application of particular qualities to ALL individuals from a group
- Product of **LEARNED ASSOCIATIONS** and **SOCIAL CONDITIONING**
- Encompass both favorable and unfavorable assessments
- Can be more prevalent when we are stressed, under time pressures, angry, and sleep-deprived



All of us have biases (conscious and unconscious), so there is no need to be ashamed! The goal is NOT to eliminate biases, but to become aware of them, so we can minimize the negative impact they can have on others.



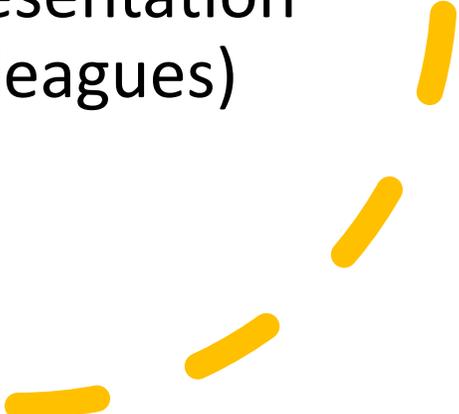
Areas Impacted by Bias

- Recruitment efforts
- Hiring decisions
- Mentoring decisions
- Job assignments
- Professional development opportunities
- Promotional decisions
- Annual performance evaluations
- Media creation
- Treatment of colleagues
 - Valuing others' ideas and suggestions
 - Who we include or exclude



“What’s the matter? It’s the same distance!”

Obstacles Faced by Members of Minoritized Groups

- Feeling the need to work twice as hard to prove one's value and competence
 - Marginalization/isolation (both socially and professionally)
 - Lack of sponsorship and culturally humble mentorship
 - Self-efficacy challenges often resulting from the absence of role models from minoritized groups (lack of representation and no critical mass of Black colleagues)
- 



Obstacles Faced by Members of Minoritized Groups

- Feeling the need to assimilate by employing bi-cultural communication strategies to avoid being perceived as either silent and nonthreatening (invisible) or vocal and threatening/angry (allowable range of emotion differs vastly)
- Excessive involvement in diversity-related activities
- Collective representation of all members of their ethnic/minority group, thus feeling immense pressure to debunk all stereotypes and generalizations



**intellectual
inferiority**

emotional

violent

**not good
at science**

**not good
at math**

Stereotype Threat

- Awareness of negative stereotypes toward our group can diminish our ability to perform
 - The threat of stigma is sufficient, on its own, to have a damaging effect on one's performance
 - Especially true in academics
 - Manifests as self-doubt and anxiety that depletes working memory and leads to poor performance
- Creates obstacles for faculty of color that involve interactive forces of two types of undermining of competence – that done by others, and self-undermining (Niemann, 2012)

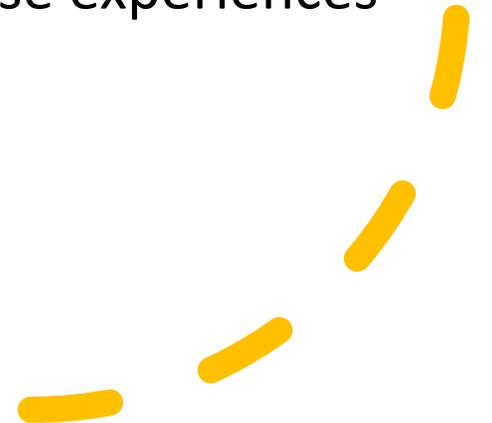
Tokenism

The practice of doing something (such as hiring a person who belongs to a minority group) only to prevent criticism and give the appearance that people are treated fairly.



Obstacles Faced by Members of Minoritized Groups

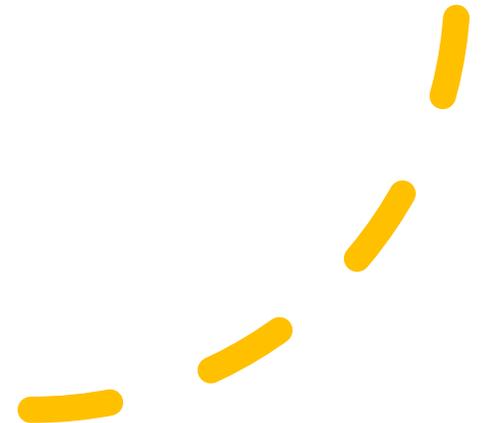
- Constantly dealing with racism and microaggressions at work/school (from colleagues and constituents) and in society
 - Forced to choose when to challenge/disrupt because 1) fear of retaliation is real, 2) lack of publicly supportive abolitionists to reduce burden of disruption that disproportionately lies on shoulders of people of color
 - Lack of safe spaces to process these experiences



Institutional Racism

Access to goods, services, and opportunities
by race

Jones, C.P. (2000) Levels of racism: a theoretic framework and a gardener's tale. American J Public Health



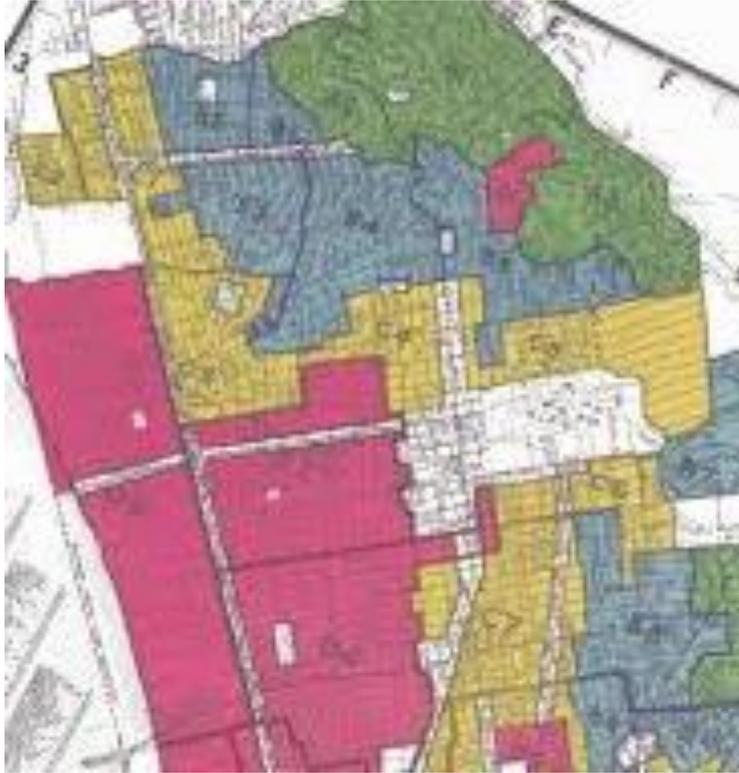


A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time.

<https://aspeninstitute.org>

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Structural/Systemic Racism



Personally Mediated Racism

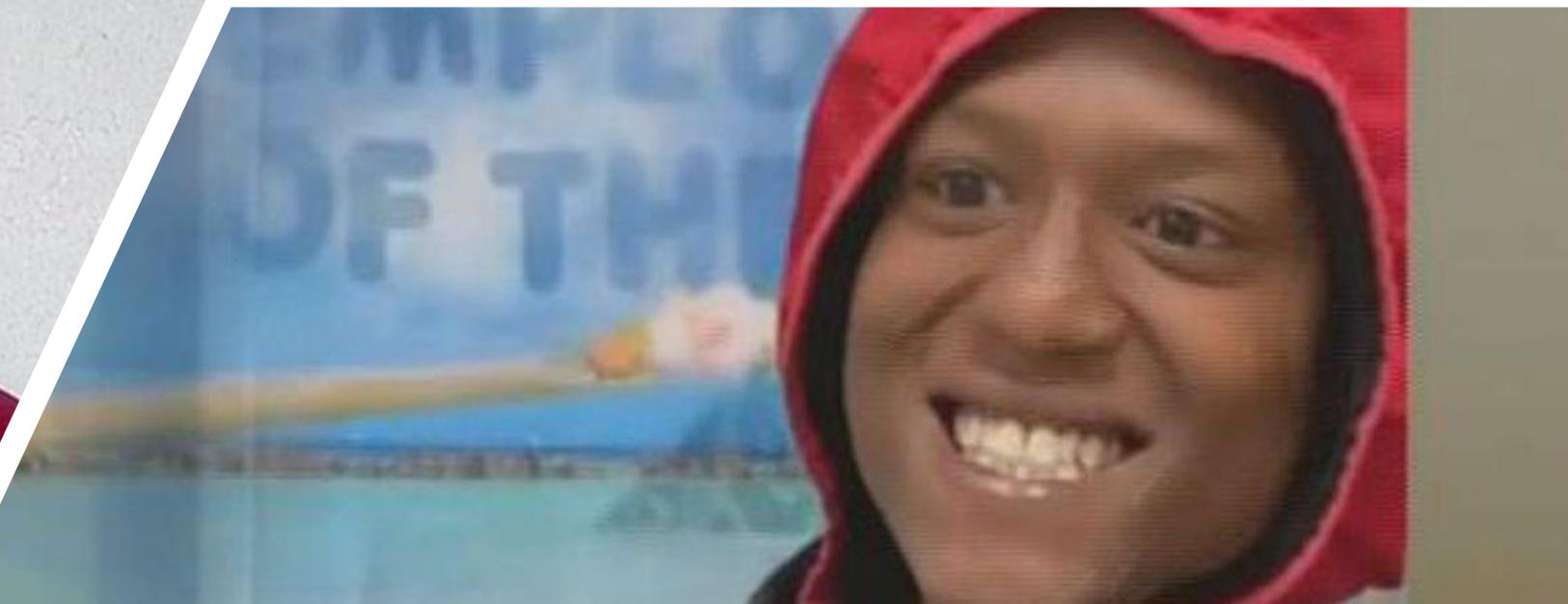
Prejudice (differential assumptions about the abilities, motives, and intentions of others according to their race)

Jones, C.P. (2000) Levels of racism: a theoretic framework and a gardener's tale. American J Public Health







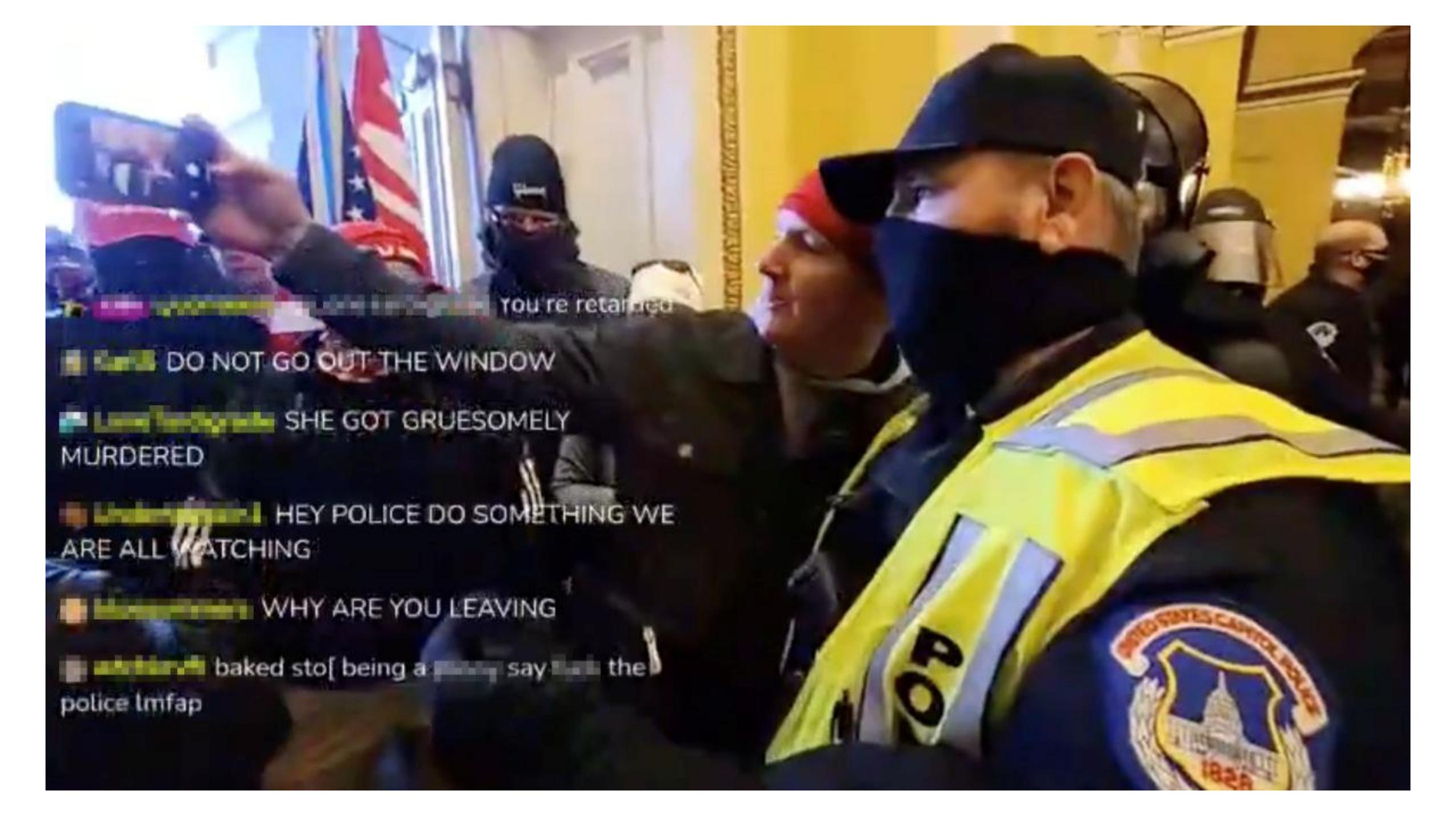












You're retarded

DO NOT GO OUT THE WINDOW

SHE GOT GRUESOMELY MURDERED

HEY POLICE DO SOMETHING WE ARE ALL WATCHING

WHY ARE YOU LEAVING

baked stof being a say the police lmfap



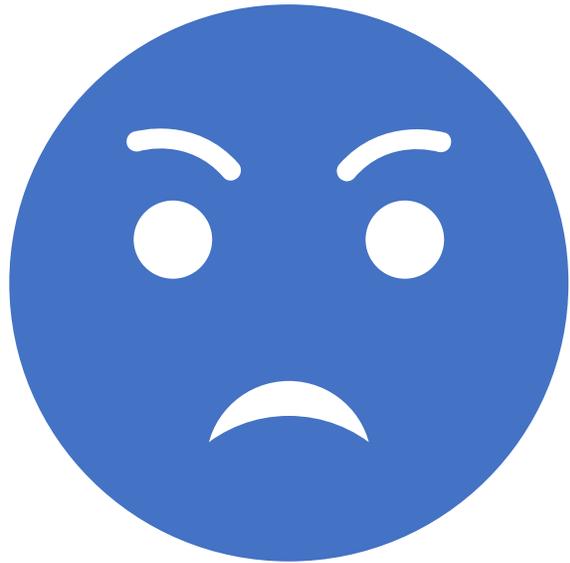












mi·cro·ag·gres·sions

everyday verbal, nonverbal, and environmental slights, snubs, or insults, which communicate hostile, derogatory, or negative messages to **target individuals based solely upon their marginalized group membership**

**“Micro” refers to the routine frequency of these incidents, not the scale of their impact*

*** The cumulative effect of these experiences can be devastating in a lot of ways.*

Impacts of Microaggressions

- Adversely impact access to power and voice, resources, and opportunities
- Distress, erode vitality, increased anxiety and depressive symptoms
- Hamper diversity, equity, and inclusion efforts
- Decreased engagement and morale (foster self-doubt)

You speak excellent English!

WHAT IS A MICROAGGRESSION?

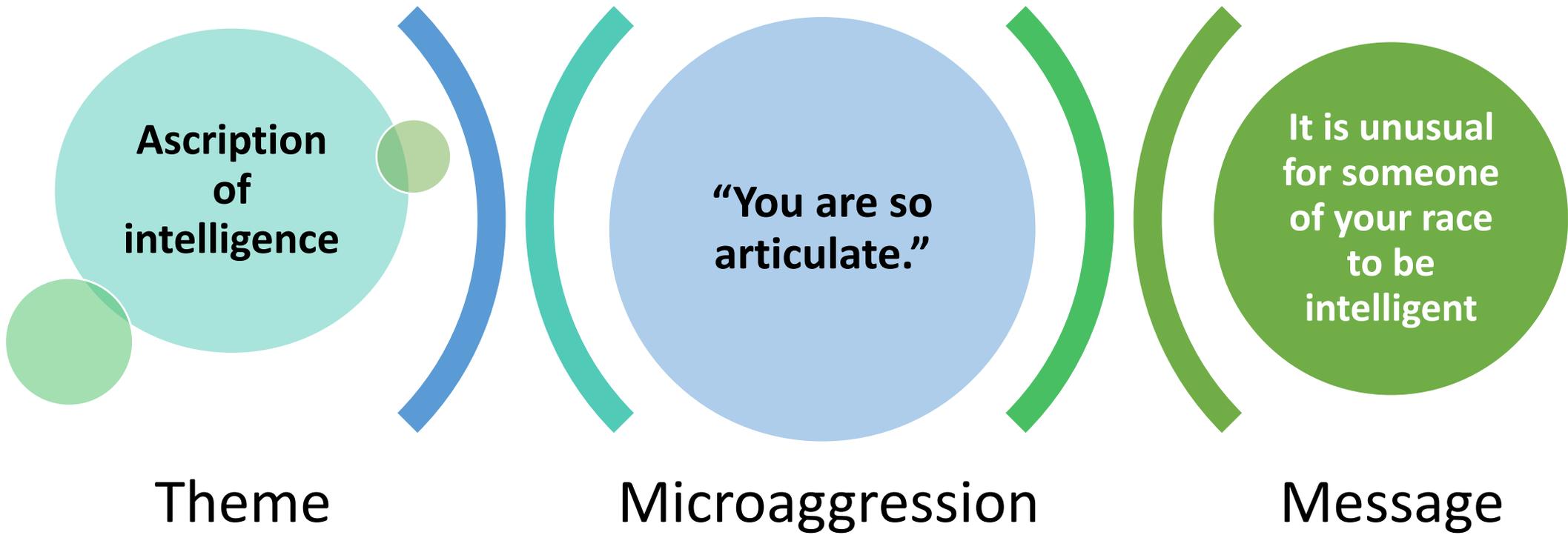
Everyone can succeed if you just work hard enough.

Where are you from?

All lives matter.

You are so articulate!

Racial/Ethnic Microaggressions



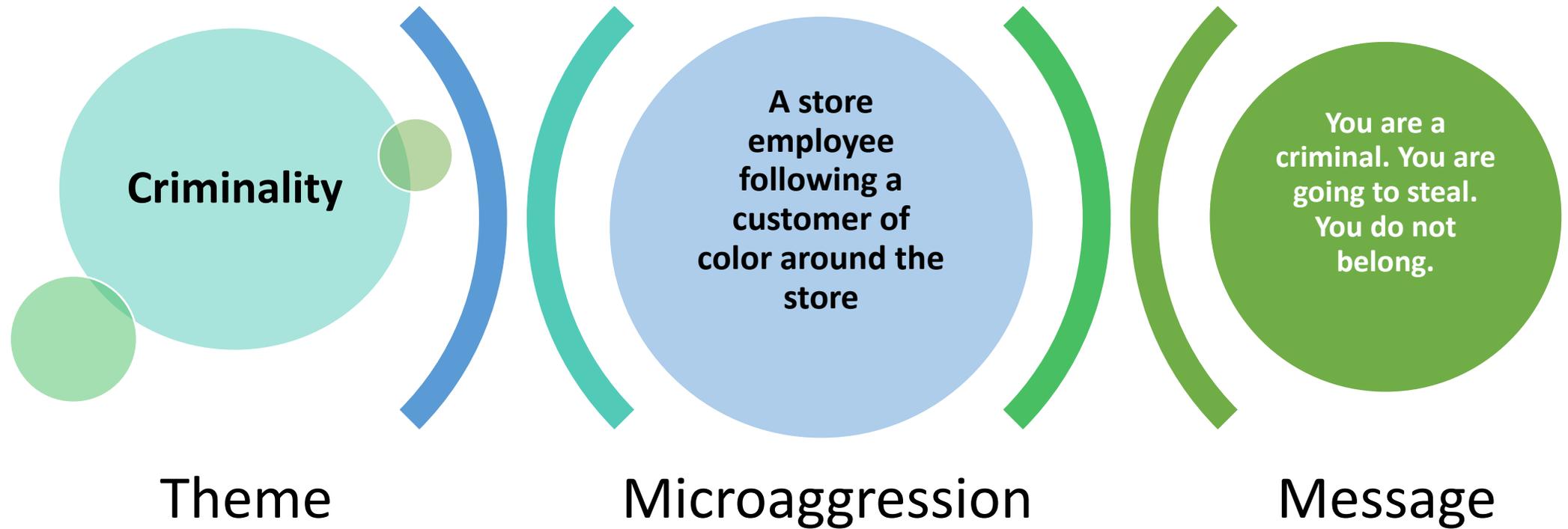
**“I am going
to have to
crack the
whip...”**

Microaggression

**This phrase
carries painful
connotations
of racial
subjugation
and
oppression**

Why it's harmful

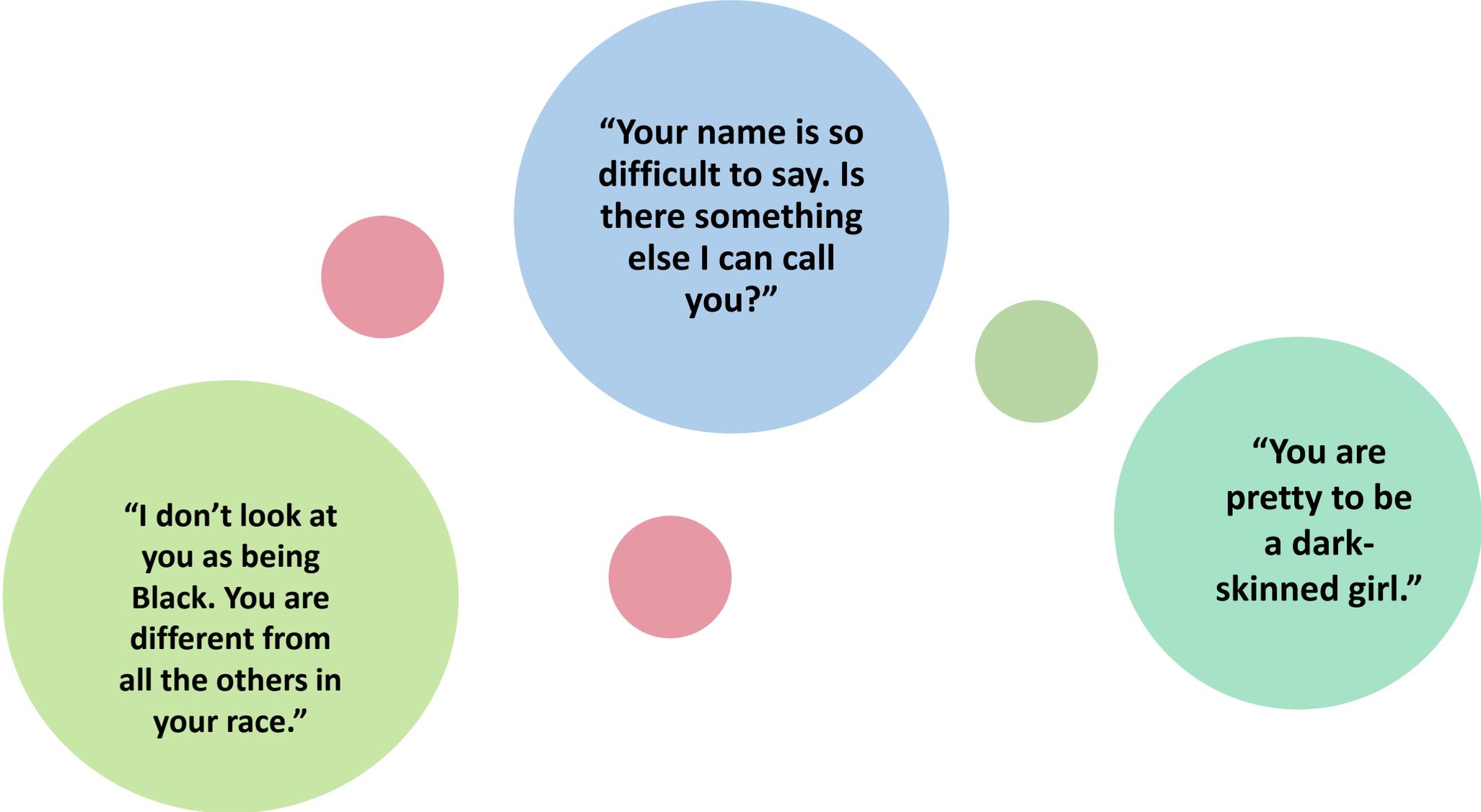




THE LOOK

A 10-EPISODE TV SERIES

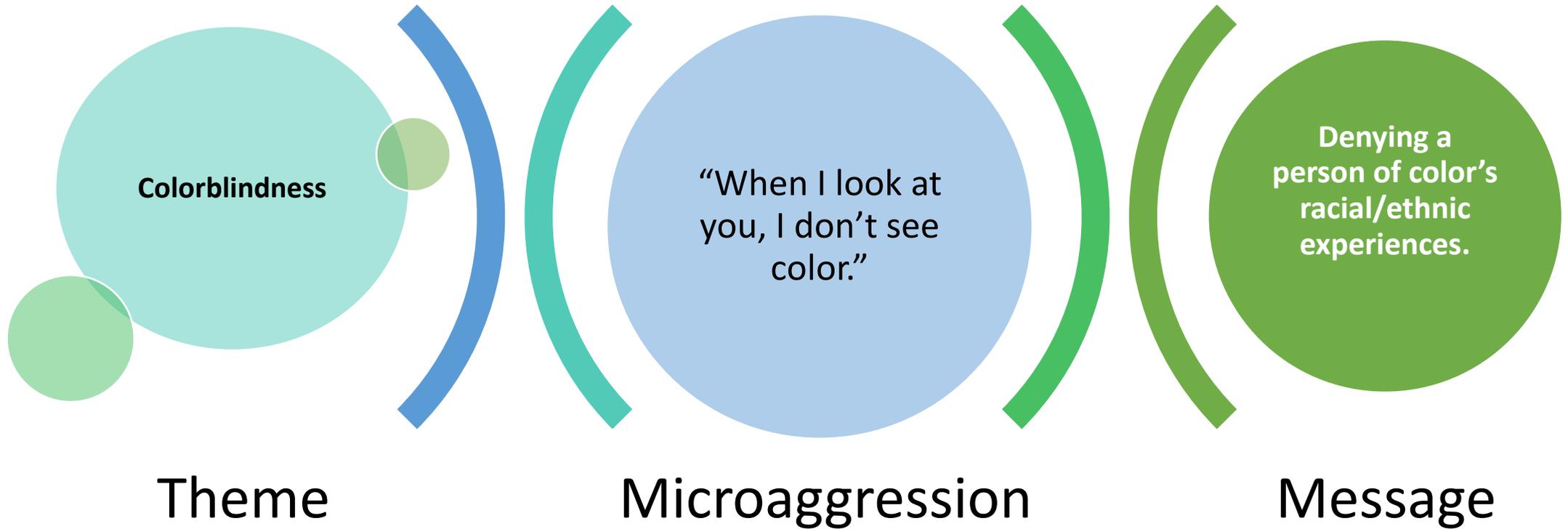




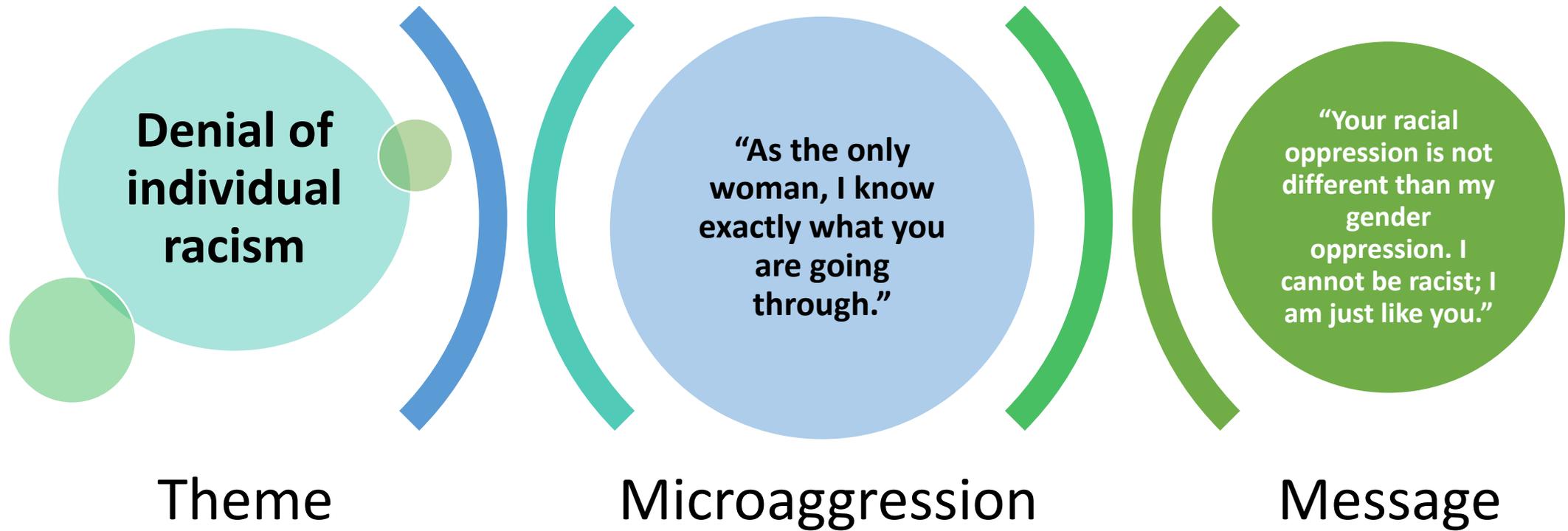
“Your name is so difficult to say. Is there something else I can call you?”

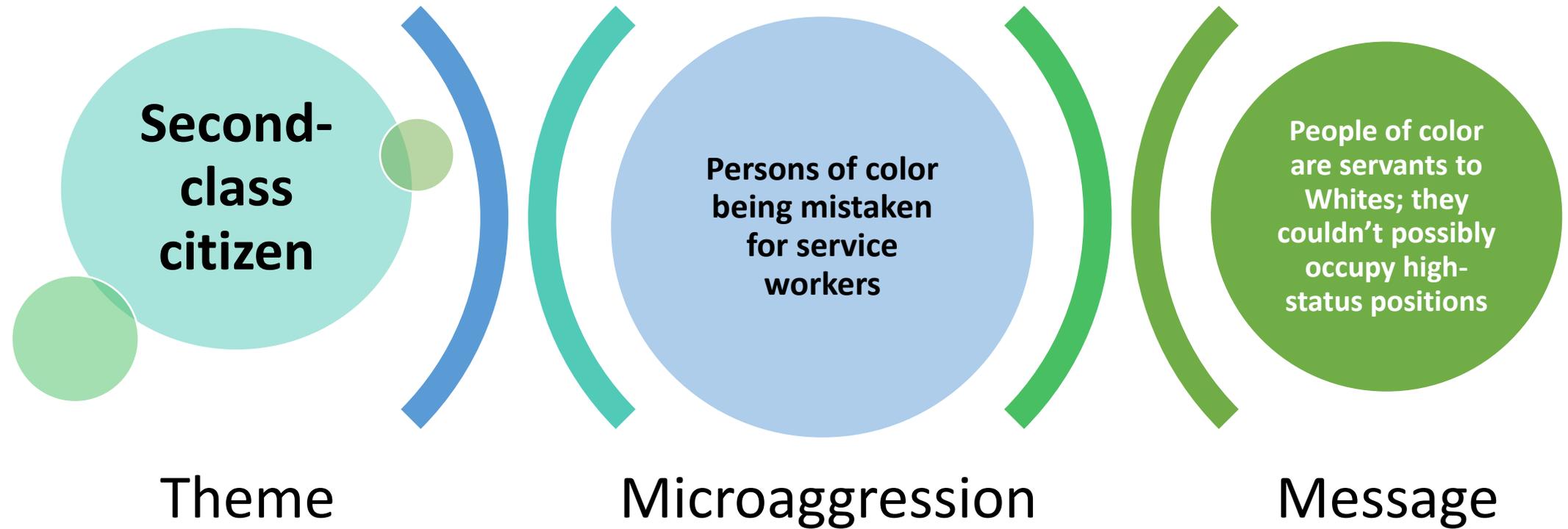
“I don’t look at you as being Black. You are different from all the others in your race.”

“You are pretty to be a dark-skinned girl.”









KONICHIWA! NI HAO!

YOU SPEAK ENGLISH SO WELL!

NO, WHERE ARE YOU
REALLY FROM?

MY WIFE IS ASIAN SO...

Were you
born here?

"YOU SPEAK
ENGLISH *so Well*"

YOU

DON'T *- TOO -
AGGRESSIVE*

"MY
BLACK
FRIEND"

SOUND

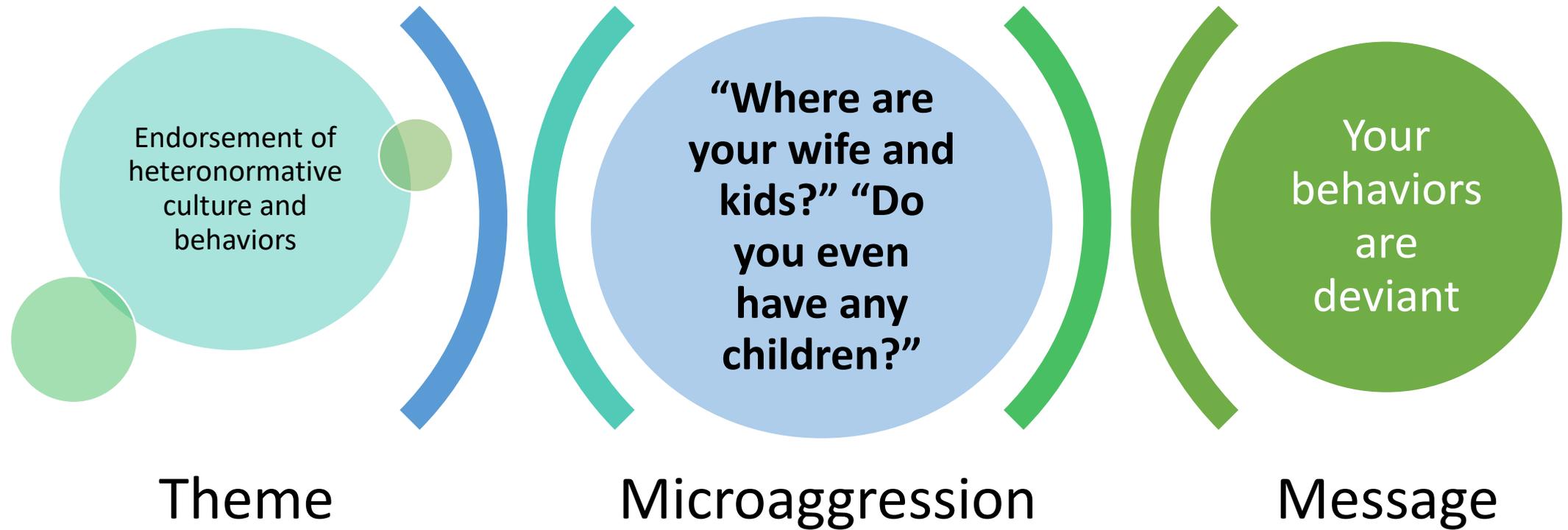
BLACK *"THAT'S
- SO -
GRAY"*



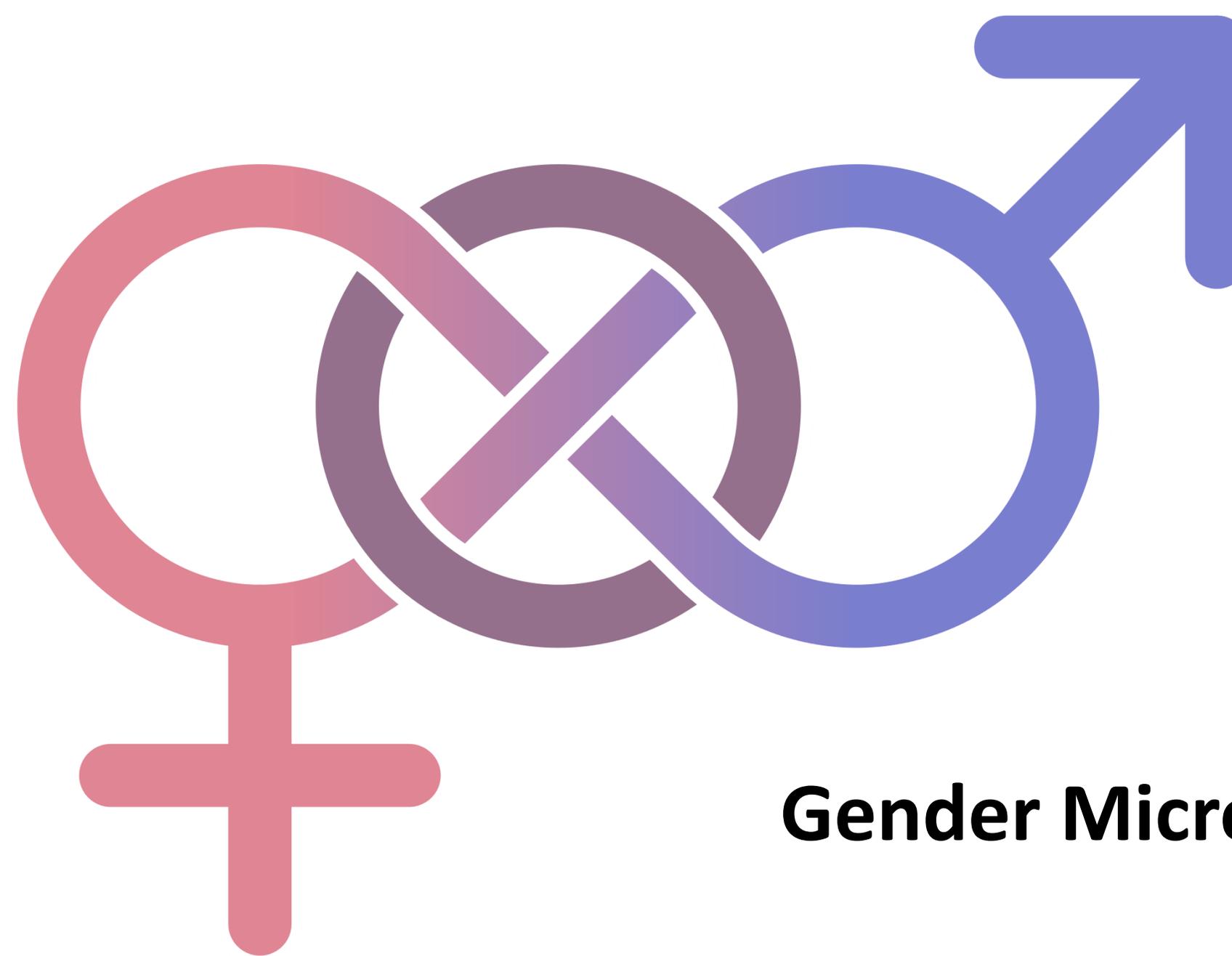
LGBT Microaggressions











Gender Microaggressions

Honey, sweetie, doll, babe, kiddo,
and other terms of endearment DO
NOT belong in the workplace!



“That’s an excellent suggestion, Miss Triggs. Perhaps one of the men here would like to make it.”

“That’s an excellent suggestion, Miss T. Perhaps one of the men here would like to make it.”

Themes
Invisibility, exclusion,
marginalization



Woman scheduled to present after a male presenter and him taking most or all the woman's time

Microaggression

“Your time is not important, and you are not valued as a speaker.”

Message

A woman not being able to get a word in edgewise in a meeting because men are talking (usually to each other) and/or interrupting her, and never being asked for her opinion

Microaggression

“Your abilities and input are not valued.”

Message

**Inappropriate
comments about
pregnancy or
mothering, or
sexually
inappropriate
comments (directed
towards women)**

Microaggression

**“You are only
seen as a
mother or
sexual object
and not as a
professional.”**

Message

“Oh! I wouldn’t have expected you to be a science major!”

“Given what your husband does, do you really need to work?”

“When are you going to start having kids? You know the clock is ticking...”

Theme

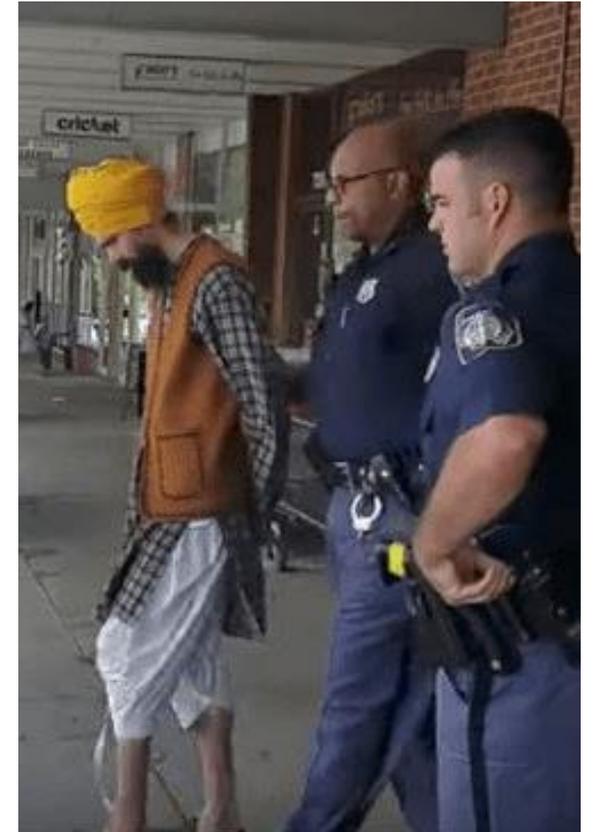
Restrictive gender roles/stereotypes

“Why do single girls need such high salaries? We have wives and children to take care of. What do you need so much money for?”

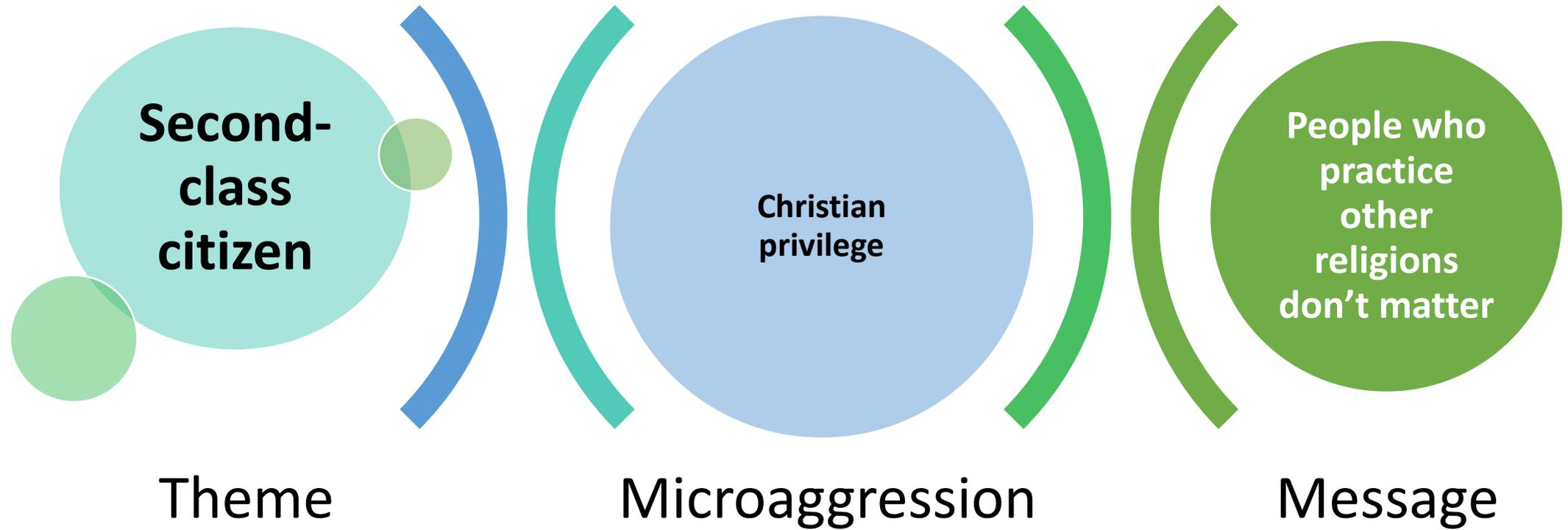
Microaggression

Environmental
invalidation of
unequal pay

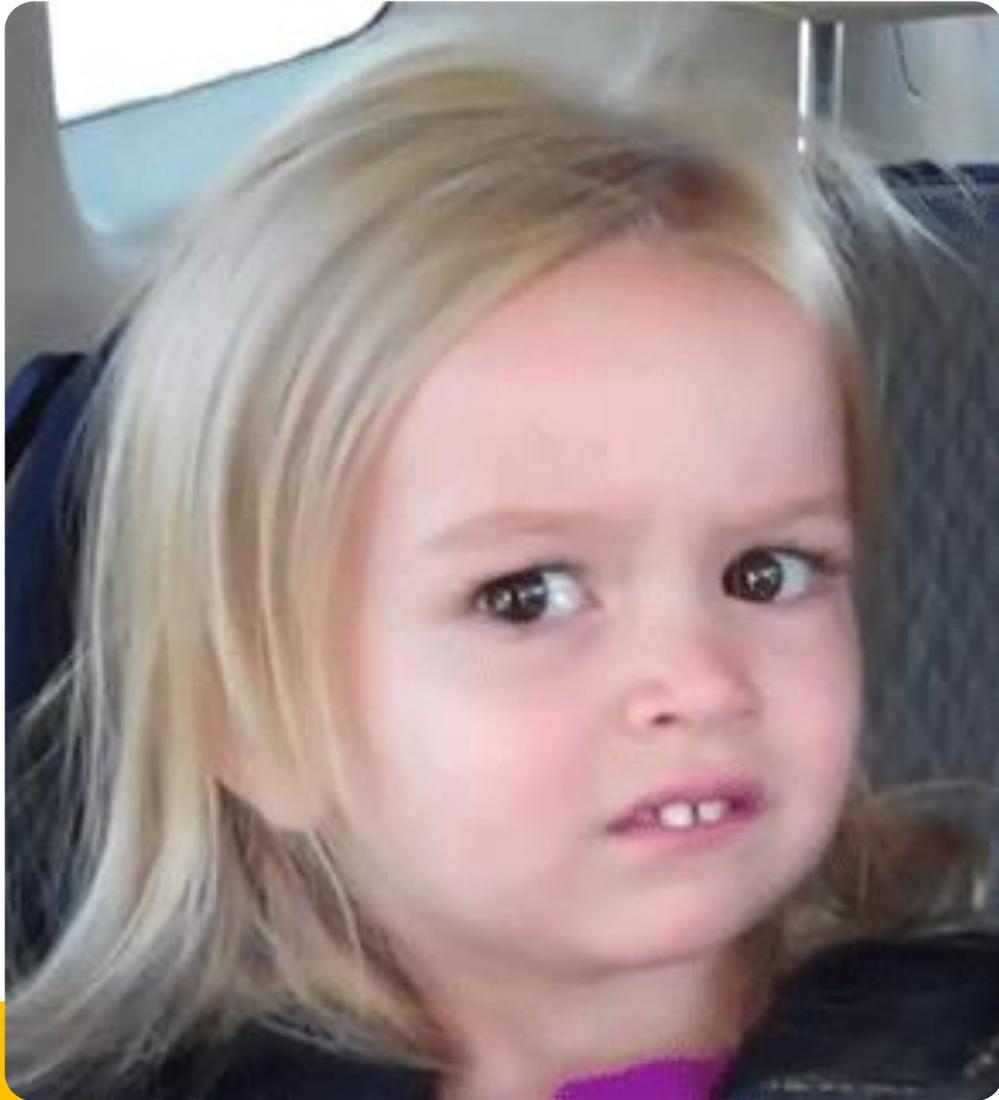
Theme



Religious Microaggressions

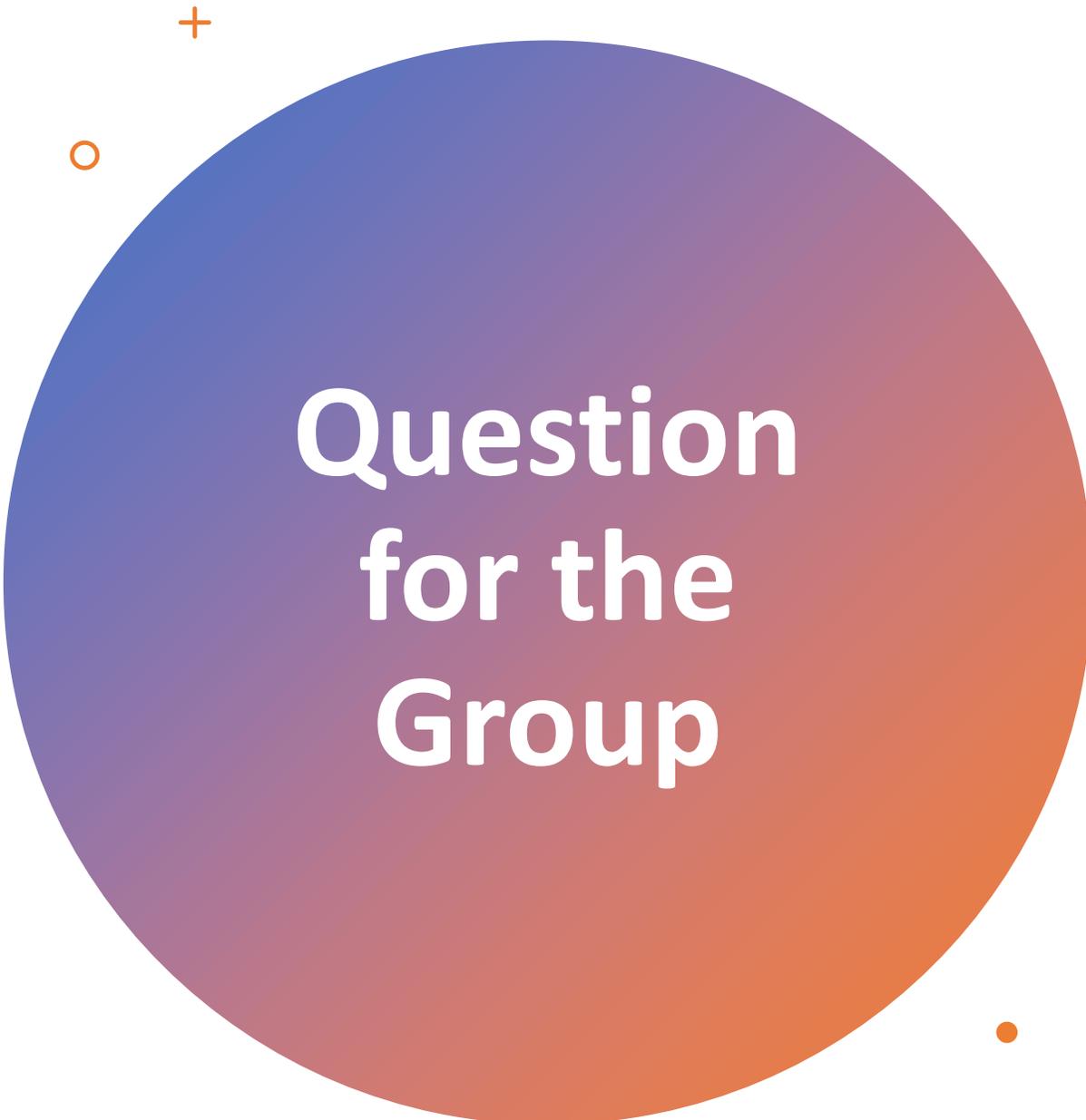


To Be Continued IV



Response Incapacitation

- Something is so offensive or ignorant that you don't even know what to say
- Often characterized by the creation of a plethora of good post-situation comebacks

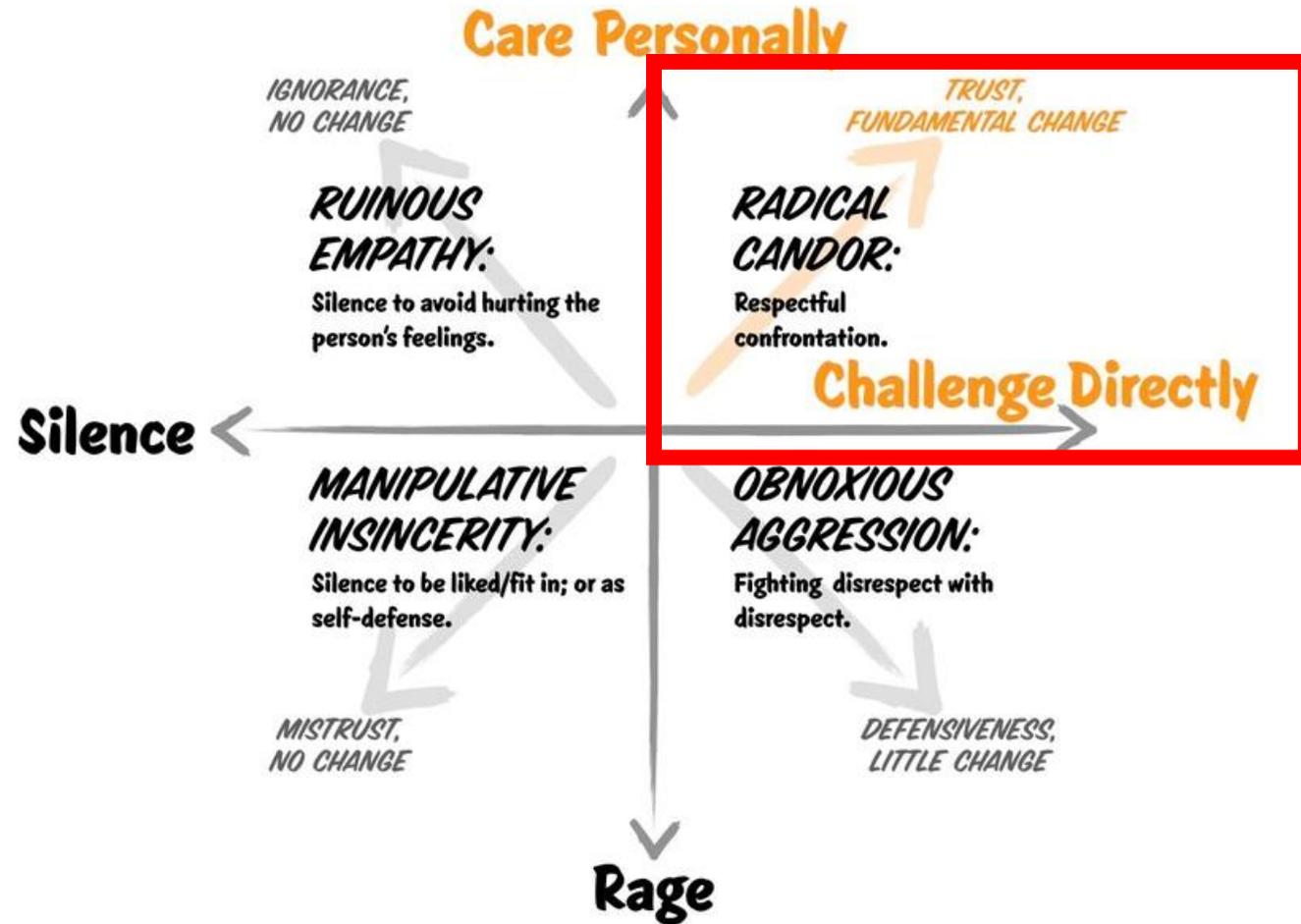


Question for the Group

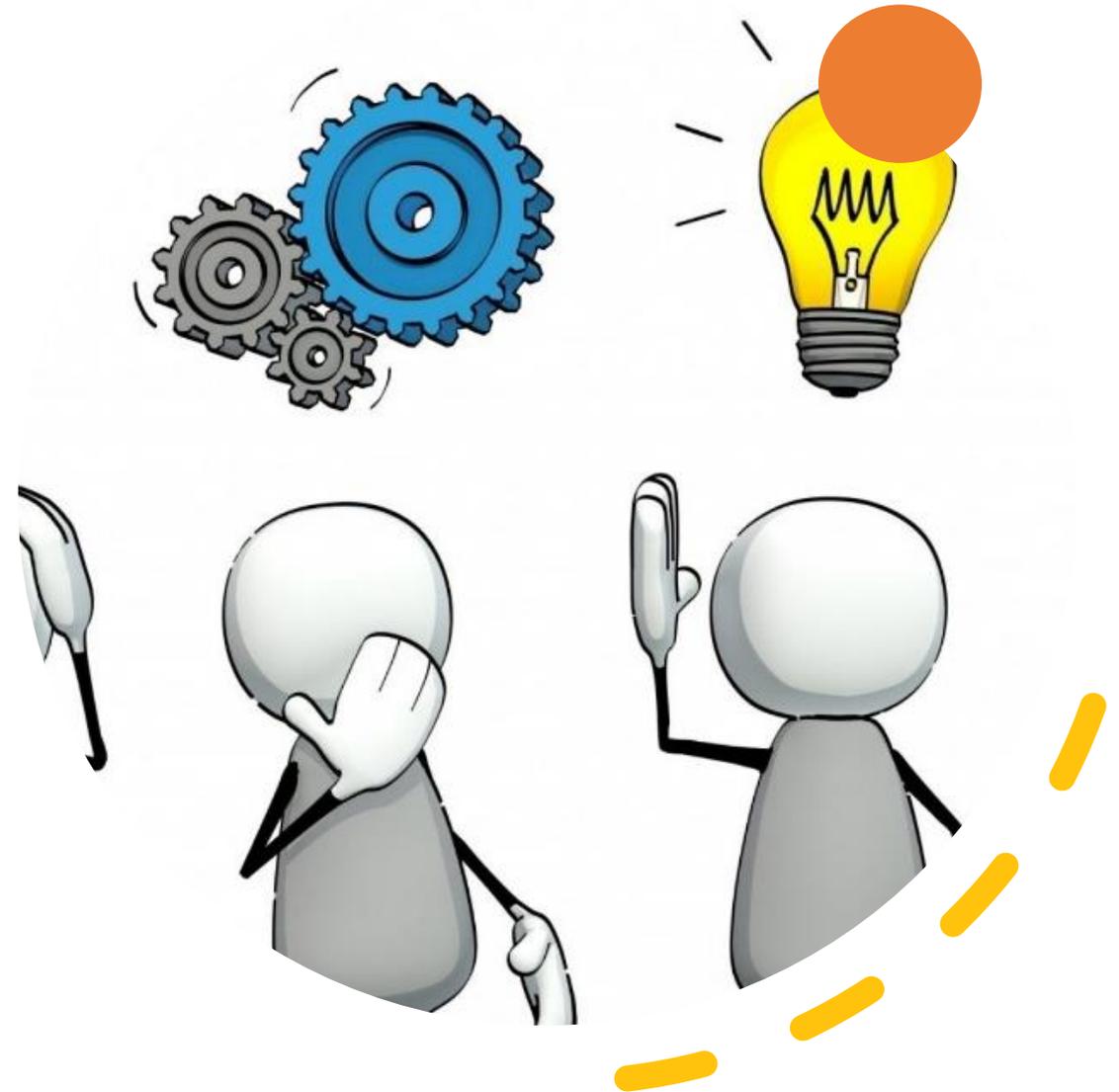
Why do you think we are often unable to respond when biased comments are made toward us or in our presence?

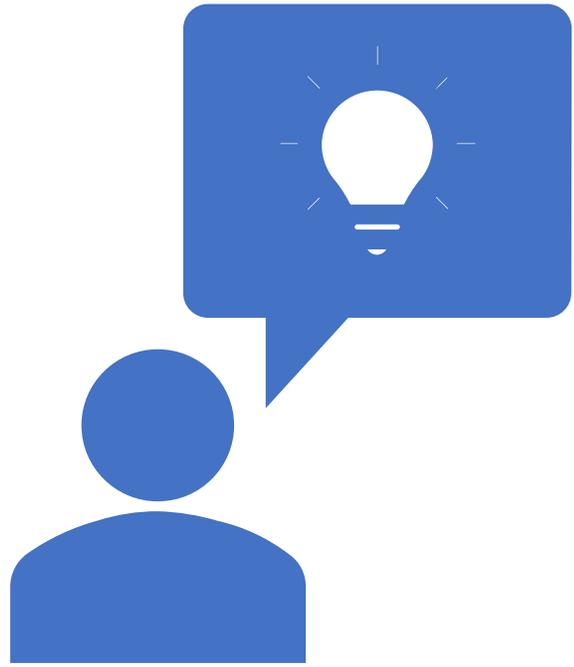


OVERCOME SILENCE AND RAGE SYNDROME



Think of a time when you were the target of a microaggression or witnessed a biased or otherwise offensive comment directed at someone else that left you in a state of response paralysis.





Strategies for Responding to Bias



Stay Calm and Breathe

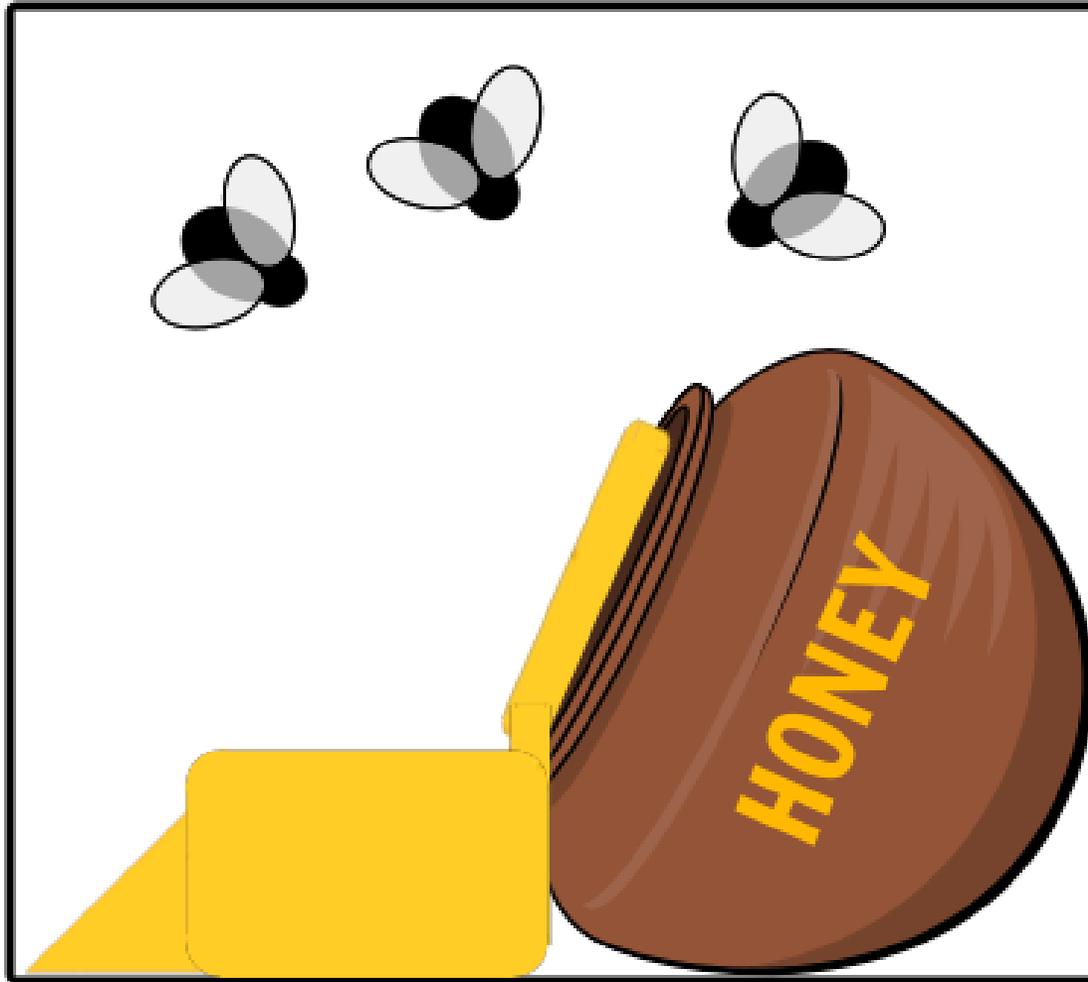
- Determine if the juice is worth the squeeze
- Resist the temptation to respond right away
- Responding with anger will make the situation worse
 - Might garner temporary relief for you but can have negative implications for your reputation
- Process your feelings with trusted others

Determine Your Goal

Is it enough for the behavior to stop?

Will an apology do, or would you like for there to be higher level of accountability?

What type of relationship would you like to have with the person after confronting their bias?



Flies, Honey, and Vinegar: A Lesson From My Granny

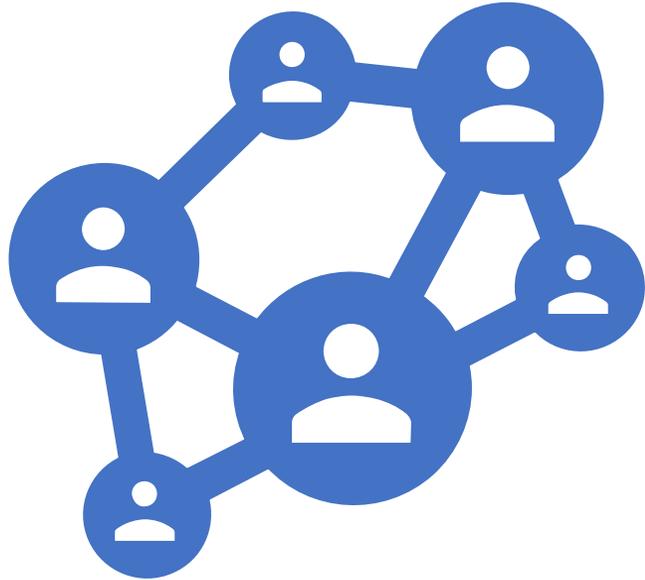
- “It’s not what you say, it’s how you say it!”
- Tone is critical because calling someone on their bias can often make people feel attacked and judged

Focus on the Occurrence Not the Person

- Direct the conversation to the behavior, event, or comment (could minimize defensiveness)
- Just the facts! – no judgment, no apologies, no self-subjugation...JUST THE FACTS (and what they meant for you in the situation)!

FACTS

Consider the Relationship



- Assess the type of relationship, your investment in that person's development, the long-term status of your connection with this person, and the risks.
 - Is the person someone who you work with closely or not?
 - Is there a power differential and speaking up has perceived or real risks? If so, choose your strategy accordingly.
- When there is a power differential or fear of retaliation, getting the support of a senior leader or ally can be helpful





Two female colleagues are discussing a work-related matter when John, a male colleague, walks up to them and says, “What are you girls talking about? Next thing you know you’ll be making appointments for manicures! We have work to do!”



Express Your Feelings

“I know you may not intend it this way, but I always cringe when I hear you refer to grown women as “girls” because it sounds so demeaning. Besides, you don’t refer to grown men as boys. It would be far more respectful, accurate and appropriate to refer to them as women and men.”

Titles Used for Everyone But the URM or Woman

Dr. Smith is the only URM and woman presenting as a part of a leadership development program. The facilitator introduces the panel members and uses titles for everyone except Dr. Smith.



Approach it as an Oversight

“I am sure you didn’t realize this, but you introduced everyone else using their titles, so I would be very appreciative if you would do the same for me next time.”

“You Look Too Young To Be A...”

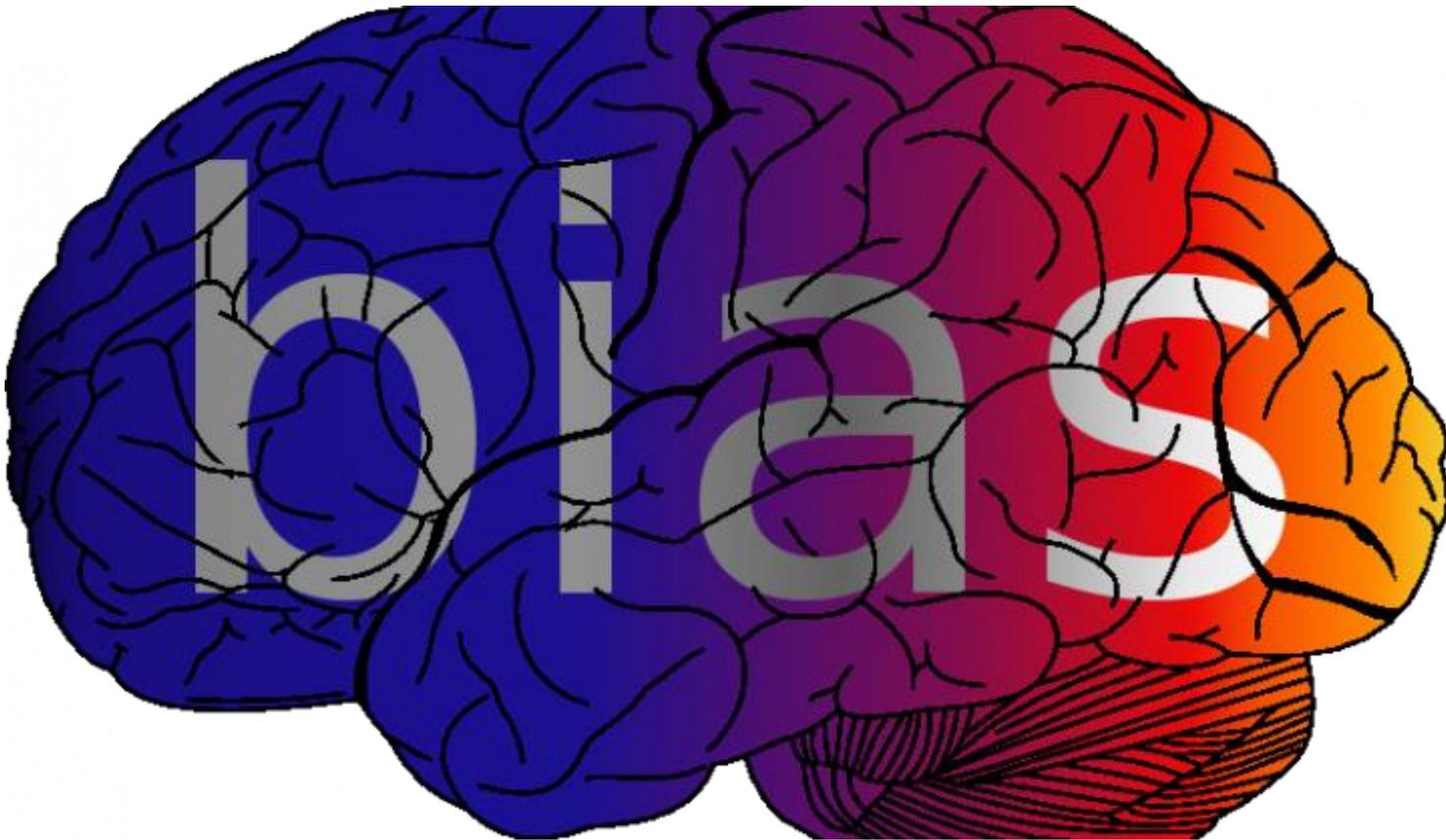
“You know what they say about sunscreen! I have been working in this field for X years and I also have the wonderful benefit of having many colleagues on my team who have many more years of experience.”

“Thank you so much for the compliment! Perhaps we can chat sometime about healthy eating and exercise – they have definitely helped to keep me looking young!”



Jamal, a Black staff member, finishes giving his presentation and several majority race colleagues come up to him and say, “OMG! You are SO articulate!”

Ask for Clarification or Additional Information



“Could you please tell me more about what your initial expectations were?”



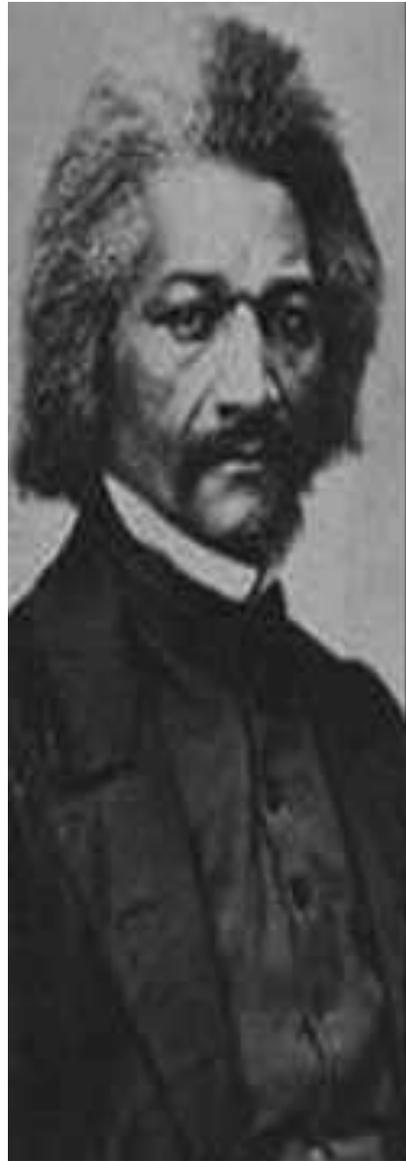
A newcomer to the committee, Fatimatah is attending her first meeting when, after introductions, one committee member says, “Your name is so difficult to pronounce. Can I call you something that is easier to say?”

Restate or Paraphrase

“I think I heard you say that my name was too hard for you to pronounce, and you want to call me a different name that is easier for you to say. Is that correct?”

Adapted from: Goodman, D. (2011). Promoting Diversity and Social Justice: Educating People from Privileged Groups. New York: Routledge.; <https://hbr.org/2017/05/how-to-react-to-biased-comments-at-work>





Abolitionists as Essential Bias Interrupters

Ally

- Profuse emotional outpouring
- Severe inaction

Abolitionist

- Acknowledging that oppressive systems, policies, practices, etc. exist and being committed to abolishing them
- Moving past guilt and shame
- Taking responsibility for the power/privilege one holds to facilitate substantive change

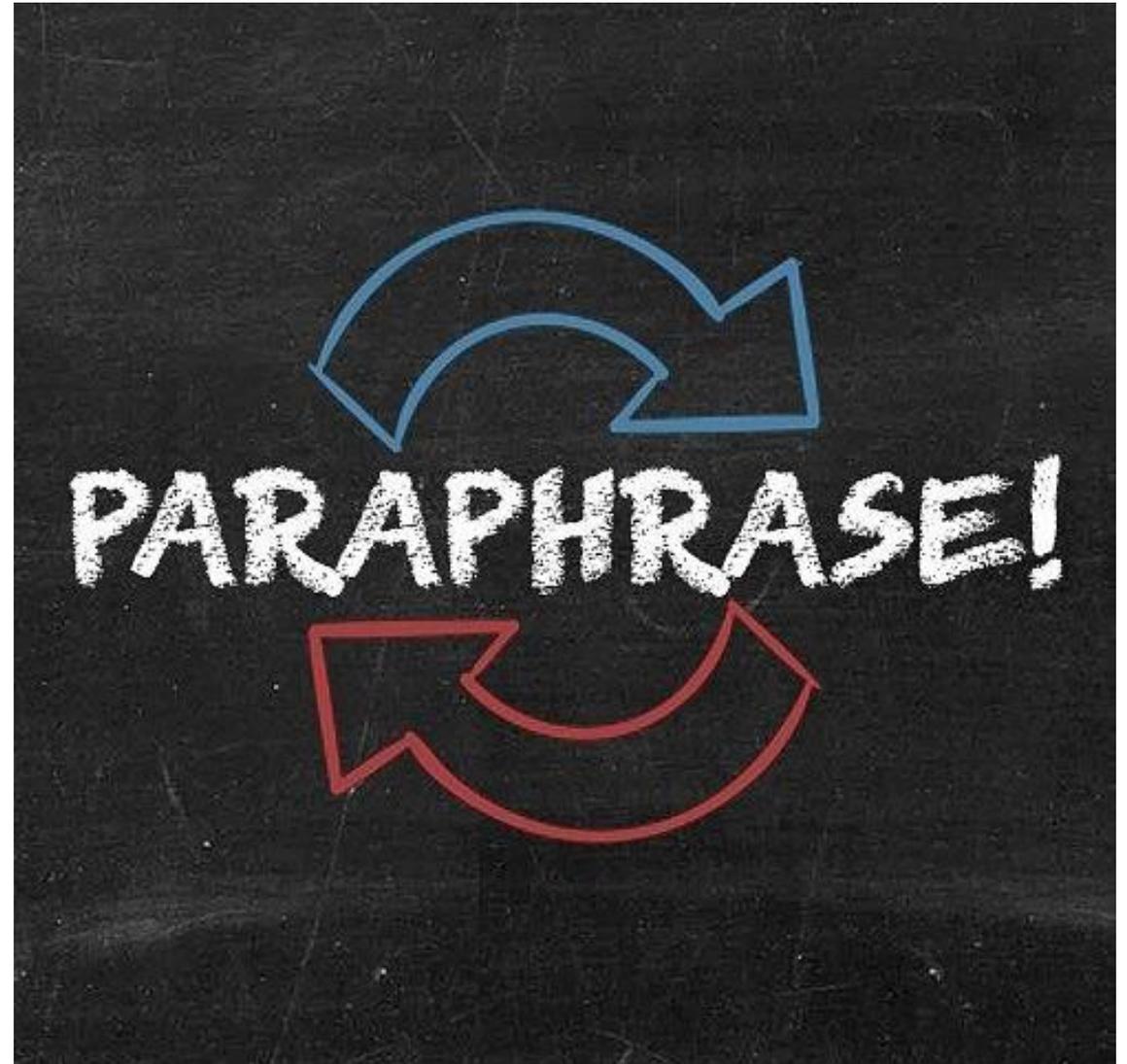


A newcomer to the committee, Fatimatah is attending her first meeting when, after introductions, one committee member says, “Your name is so difficult to pronounce. Can I call you something that is easier to say?”

Restate or Paraphrase

“I think I heard you say that her name was too hard for you to pronounce, and you want to call her a different name that is easier for you to say. Is that correct?”

Adapted from: Goodman, D. (2011). Promoting Diversity and Social Justice: Educating People from Privileged Groups. New York: Routledge.; <https://hbr.org/2017/05/how-to-react-to-biased-comments-at-work>



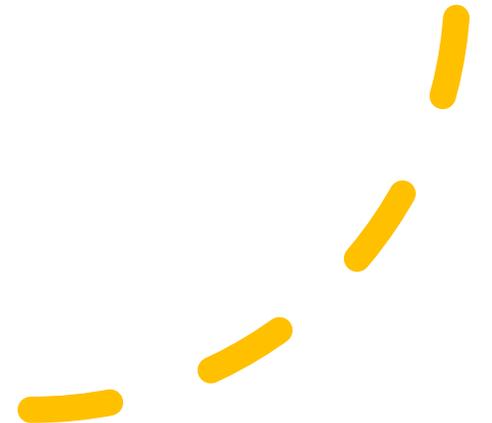
A blurred background image showing three individuals in a laboratory or office environment. On the left, a woman with curly hair is seen in profile, wearing a white lab coat. In the center, a man with glasses is looking towards the right. On the right, a woman with long dark hair is looking down. The scene is brightly lit, suggesting an indoor workspace.

Three women colleagues are discussing a work-related matter when John, a fellow faculty member, walks up to them and says, “What are you girls talking about? Next thing you know you’ll be making appointments for manicures! We have work to do!” *Brian, a colleague overhears the comment.*

**Abolitionist
Response:
Use Learnings
from Your
Own Mistakes
to Help
Others**

“I have used the term “girls” in reference to women before, but a friend told me that being called “girls” is very offensive to grown women. I have learned that it is far more respectful, accurate and appropriate to refer to them as women – just like we refer to men as men and not boys.”

Adapted from: Goodman, D. (2011). Promoting Diversity and Social Justice: Educating People from Privileged Groups. New York: Routledge.; <https://hbr.org/2017/05/how-to-react-to-biased-comments-at-work>



HONEY HUGGLES
FLOWER DREAMBOAT
SWEET-PEA PUMPKIN
petal **cherub poppet**
DARLING *Babe* snicker doodle
snuggle bunny treacle *Sugar Bun*
TOOTSIE WOOLLY
SNUGGLE-BUN *SUNSHINE* *CROCKY WOOLLY*
BUTTERCUP
LOVE



You overhear a male colleague referring to a female colleague as “baby”, “sugar”, “kiddo”, or “honey.”



“You may not intend for it to be this way, but some women feel extremely uncomfortable with you referring to them as “kiddo”, “honey”, “sweetie”, etc. They feel that it is condescending to be addressed that way, and they may also feel diminished in their roles when you do this.

**Abolitionist
Response:
Separate
Intent from
Impact**



Abolitionist Response: Using Learnings from Your Own Mistakes

“You may not intend for it to be this way, but some women feel extremely uncomfortable with you referring to them as “kiddo”, “honey”, “sweetie”, etc. They feel that it is condescending to be addressed that way, and they may also feel diminished in their roles when you do this. **That’s something that I had to learn the hard way. Since I have been here for so long, I have been known to get overly comfortable with some staff – I have gotten similar feedback in the past. I have worked to raise my own awareness about how my words may impact others, and I am trying to be more sensitive to that. Perhaps you would be willing to join me, and we could work on it together and maybe even hold one another accountable to doing better.”**

You overhear colleagues
joking about a patient's
name...

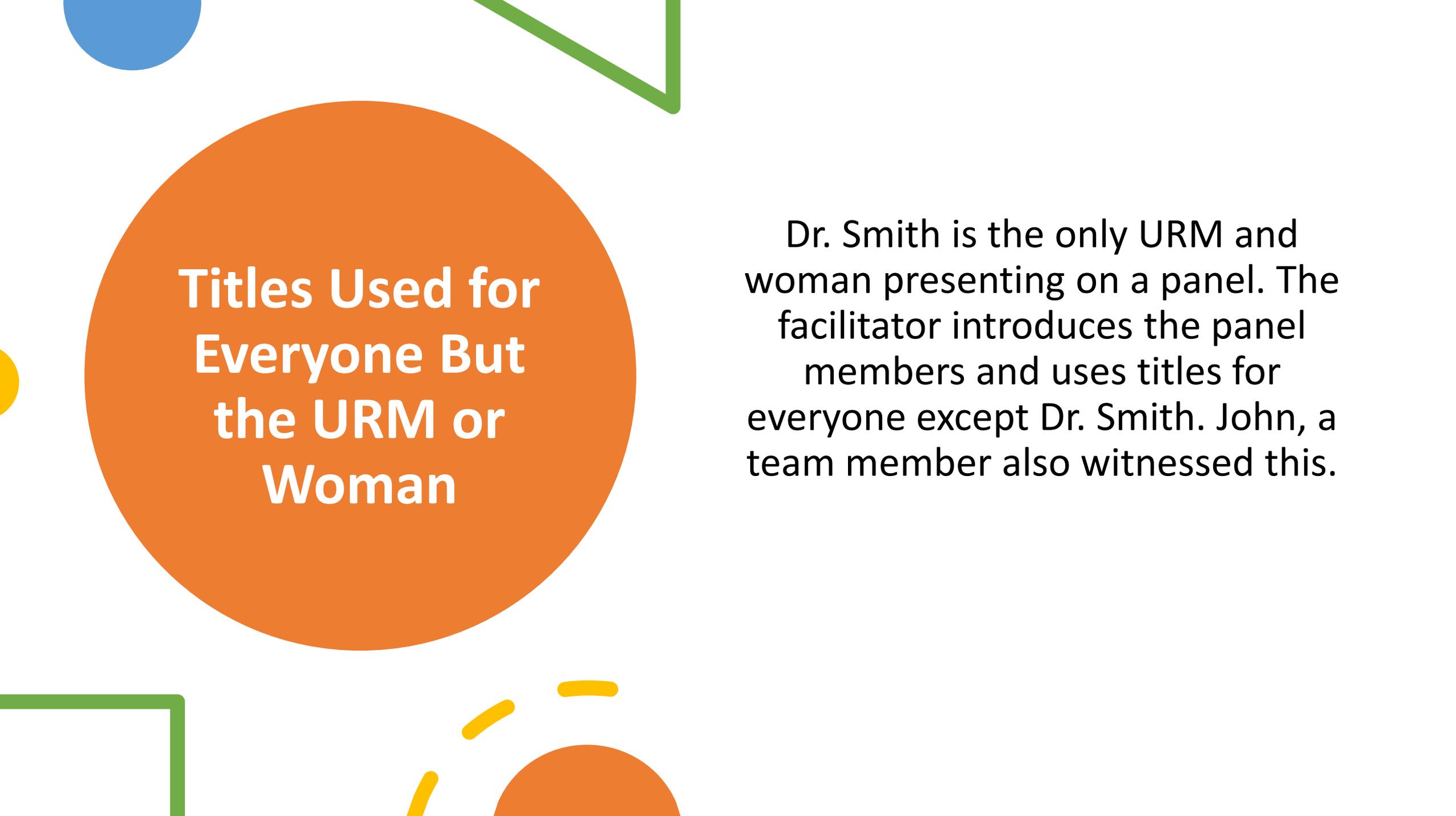




**Abolitionist
Response:
Use Your
Own
Learnings to
Help Others**

“You know, I have felt odd sometimes when I have come across a name that I couldn’t pronounce or one what was very unfamiliar to me, but I have learned that names mean things to families so it can be very hurtful to be made fun of in that way. Besides, names are a representation of the individual, so they really should not be joked about.”



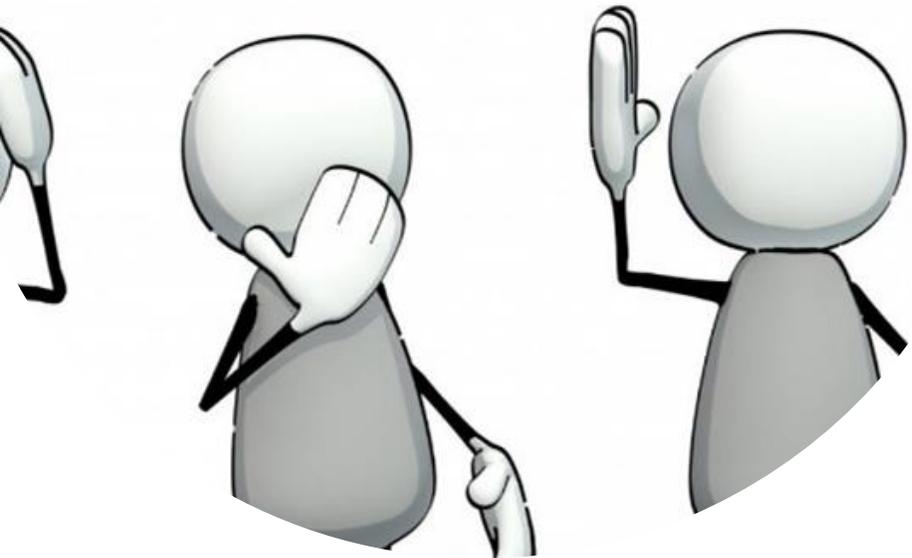
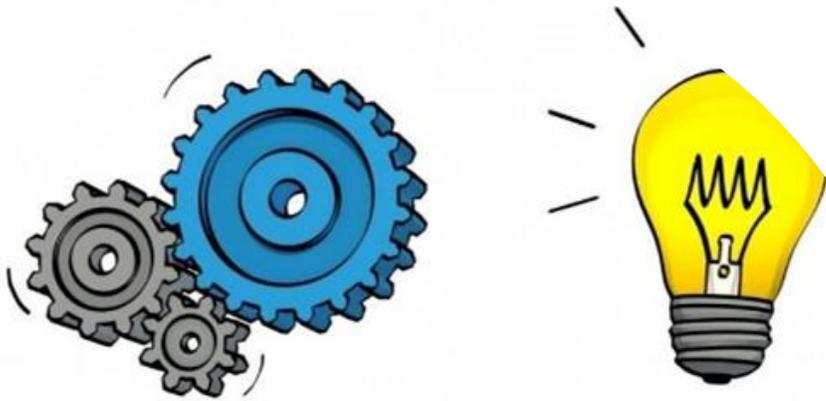


Titles Used for Everyone But the URM or Woman

Dr. Smith is the only URM and woman presenting on a panel. The facilitator introduces the panel members and uses titles for everyone except Dr. Smith. John, a team member also witnessed this.

Abolitionist Response: Use Learnings from Your Own Mistakes to Help Others

“I have noticed on more than one occasion that you will introduce men using their titles and the women with no titles. It was brought to my attention a while back that I used to do the same thing, and I learned about how my implicit bias against women played a role in that. Now, I try to be very intentional about being consistent when I am making introductions. It is just something that you must be hyper focused on. We can talk more about the Implicit Association Test and working together to make sure we do better. I will be your accountability partner and would appreciate it if you would do the same for me.”



Revisit the time when you were on the receiving end of a microaggression or witnessed a biased or otherwise offensive comment directed at someone else that left you in a state of response incapacitation.

How would you respond based on the examples and scripts provided

- As the person on the receiving end of the biased statement
- As an abolitionist

Practice.

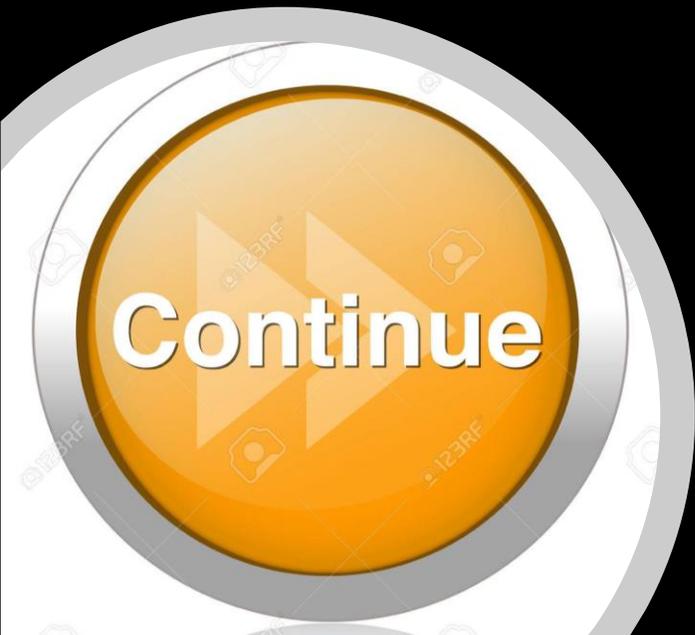
Debriefing



- Thoughts/feelings about the experience
- Key takeaways for you personally



Considering what was shared today...



What will you start doing?

What will you stop doing?

What will you continue doing?