


MICRO & MACRO AGGRESSIONS

Laying the ground work for racial work in medical school

IMPLICIT BIAS

A negative attitude, of which one is not consciously aware, against a specific social group.
Thought to be shaped by experience and based on learned associations between particular qualities and social categories, including race and/or gender.



MACRO-AGGRESSION

MICRO-AGGRESSION

RACISM

Large-scale or overt aggression toward those of a certain race, culture, gender, etc.; contrasted with microaggression.

A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority).

A belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race.



HISTORY OF RACISM IN MEDICINE AND MED SCHOOLS

1. Whites could work on blacks, but blacks should work with their own kind.
2. Inequitable treatment of students, trainees and patients of color.
3. Race has been used as biology and attributed healthcare disparities to race rather than racism and the social determinants of healthy.
4. Limited understanding and recognition of the emotional and spiritual toll of racism on those individuals.

“When we commit to serve, you’re committing to anyone who walks through that door.”

Dr. Renee J. Crawford, DO, ATSU-SOMA Class of 2020

SYMPTOMS OF EXPERIENCING RACIAL TRAUMA

- Difficulty in beginning new tasks
- Blame
- Guilt
- Concerns for safety
- Inability to trust (especially those in power)



- Fear of risk taking
- Disturbed sleep
- Eroded self-esteem/confidence
- Inability to concentrate
- Panic attacks/Depression

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Strategies to support students experiencing discrimination

HOW TO SUPPORT STUDENTS



1. Increase underrepresented faculty.
2. Institute comprehensive, mandatory in person anti-racism training that is tailored for the degree of engagement that an individual/instructor has with the students.
3. Host an in person seminar/ workshop OR add a mandatory course the first week of classes on the History of Racism in medicine.
4. Create a safe space for students to address offenses without fear of retaliation.

SYSTEMIC CHANGES TO SUPPORT STUDENTS

1. Evidence of inclusion programming and diversity on websites and materials.
2. Admission committees should consistently assess whom they allow to interview prospective students as well as train interviewers in how to be welcoming and equitable.
3. Audit lectures and curriculum in order to flag potentially problematic content.
4. Promote anti-racism training for faculty and staff.



IS THIS COMMENT NECESSARY?

Before you comment, ask, compare or describe ask yourself these questions;
What could the possible outcome or impact be if I make this comment?
Could they possibly be offended?

1. PAUSE
2. THINK
3. REFLECT
4. RESEARCH and EDUCATE

REFERENCES

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