

# DIVERSITY & INCLUSION NEWSLETTER

Spring 2019

American Neurotology Society

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Dear Members,

The Diversity and Inclusion Committee is charged with communicating educational content related to cultural competence relevant to gender, racial and other diversity issues, implicit bias, promotion of inclusivity, and health disparities. Our comprehensive strategy includes publication of newsletters and webpages to provide members with information and news related to these issues. In our Fall 2018 Newsletter, we provided an introduction to diversity and inclusion and highlighted the relevance to the ANS. In this edition, we will feature Implicit Bias and Microaggressions. The next issues will explore the Leadership Paradox, Allyship, and Mentorship. Please contact the Committee Chair if you have comments, ideas or content that you would like to include in future newsletters.

## Professional Implications of Unconscious Bias and Microaggressions

By Stephanie Moody Antonio, MD, FACS

Unconscious or implicit bias exists. We all have it and it serves a useful purpose. Bias results from a developmental/neurologic strategy to make associations, organize thinking, and streamline decision-making. Normal cognitive processing uses bias to summarize information, find and assess patterns, augment frequent pathways, and generalize memories. Unfortunately, the same normal cognitive processes can also lead to inappropriate, unwise, unfair, or wrong decisions. Mental associations (bias) are made without awareness, intention or control and may be in conflict with our conscious attitudes, behaviors and intentions. Bias can have adverse effects if it is not recognized, managed and mitigated. The negative impact of bias can be limited through training, self-awareness, social engagement and implementation of procedures specifically designed to thwart it.

Bias has implications in our professional lives because it influences our relationships with colleagues and patients and our interpretation of the behaviors of others. For example, Affinity Bias - otherwise known as the "beer test" - is the unconscious preference for people with whom we share similar qualities. The Availability Heuristic is the greater weight we give to most recent events or performance, rather than considering the bigger picture. It is easy to succumb to Confirmation Bias, where we seek and more easily recall evidence that supports our opinions and beliefs.

Unconscious bias can manifest in subtle ways including unintentional microaggressions, double-standards, loaded language, and locked-in thought processes, all of which have implications for our professional lives and affect the way we diagnose and treat patients, evaluate applicants, write letters of recommendation, and select and promote residents and employees.

One of the most detrimental side-effects of bias are microaggressions. These are the everyday verbal, nonverbal and environmental unintentional or intentional indignities, slights and snubs that communicate negative messages to the targeted person or group and invalidate, undermine or demean a person's identity, experiences and/or thoughts. Research demonstrates a significantly negative effect of microaggressions on psychological well-being and have tangible consequences on education, employment and leadership opportunities. A lifetime accumulation of microaggressions can also have a negative effect on a person's physical health and standard of living.

Microaggressions can be diminished through individual introspection, accountability and organizational intervention. Acknowledging our own biases and developing awareness of how and when these biases influence our thoughts and behaviors is the first step.

For those who believe they are on the receiving end of a microaggression: consider whether a microaggression did actually occur, consider the risks and consequences of responding, and when responding, consider how best to respond, whether it be directly or indirectly, in private or in public, immediately or delayed. Ask clarifying questions to understand intentions. Avoid prejudgment, share the potential impact of the behavior, own your own feelings about the impact of the behavior, and seek support from others.

For those who have committed a microaggression: acknowledge it, apologize for it and avoid it in the future. Try not to be defensive or minimize others' experiences and be willing to accept a reality different than your own. Validate the negative feelings that the behavior caused. Hold oneself and others accountable and empower people to speak out.

All of us can learn to counter microaggressions with micro-affirmations. Micro-affirmations are small, often subtle and unconscious acts that foster inclusion, support, encouragement and promotion for those who may feel isolated or invisible, such as opening doors to opportunity, giving credit freely, affirming achievements and offering gestures of inclusion.

Through awareness of our own biases and recognition of how those biases creep into our day-to-day interactions and decision-making, we can manage bias, treat patients and colleagues respectfully, and make decisions that are fair.



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- ◆ D/I Member Survey Results

### MISSION STATEMENT

ANS strives for a diverse and inclusive culture to drive creativity, exploration and innovation and to better connect us with each other and with our patients.

### DIVERSITY & INCLUSION COMMITTEE MEMBERS

Elizabeth H. Toh, MD, MBA, Chair  
Stephanie A. Moody, MD, Chair-Elect  
Simon Angeli, MD  
Maura Cosetti, MD  
Joni Doherty, MD  
Howard Francis, MD  
Bradley Kesser, MD  
**WELCOME NEW MEMBERS!**  
Soha Ghossaini, MD  
Michael Hoa, MD  
Bulent Mamikoglu, MD  
Sarah Mowry, MD  
Alan Micco, MD  
Ashley Wackym, MD  
Mary Ying, MD

**MICROAGGRESSIONS:** “Brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, sexual-orientation, and religious slights and insults to the target person or group” Sue, DW (2010) *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*.

**Examples:**

- ◆ Introducing a woman with an advanced degree by her first name in a professional setting
- ◆ Denial of the reality of sexism and racism by questioning the credibility or validity of the stories of those who speak up
- ◆ Accusing someone of being too easily offended or over-reacting when speaking out about injustices and bias, denying their individual life experiences
- ◆ Assuming an Asian-American or Latino-American person is foreign born, asking them where they are “really from”
- ◆ Restricting women to gendered roles, such as asking women to plan social events while assigning men to tasks with higher importance or making assumptions based on a woman’s role as a mother about her desire or ability to attend an event or conference
- ◆ Using double standards. For example, a woman is considered too assertive or too aggressive when she has strong ideas or performs leadership tasks with decisiveness
- ◆ Using unnecessary qualifiers, “She’s an excellent *female* surgeon.”
- ◆ Invisibility: Excluding “others” from networking activities, or maintaining eye-contact with the men in a group during conversations while limiting eye-contact with women in the group
- ◆ Propagating second-class citizen status through comments about age, clothing or appearance, images in slide presentations that promote stereotypes, talking over and interrupting
- ◆ Use of labels and language that disparage a particular group

**MICRO-AFFIRMATIONS:** Apparently small acts, which are often ephemeral and hard-to-see, events that are public and private, often unconscious but very effective, which occur wherever people wish to help others to succeed Rowe, M. (2008). Micro-affirmations and micro-inequities. *Journal of the International Ombudsman Association*.

**Examples:**

- ◆ Make an intentional effort to consider who is not included and reach out to them
- ◆ Recognize and validate the experience and ideas of others
- ◆ Act as an ally, sponsor or mentor to someone in an under-represented group
- ◆ Respect differences of opinion and diversity of thought
- ◆ Ask for clarification
- ◆ Active listening
- ◆ Acknowledge when a micro-aggression may have occurred
- ◆ Confront inequitable, hostile or biased behavior

Want to explore your own biases? Take an implicit association test (IAT) at Harvard’s Project Implicit®:  
<https://implicit.harvard.edu/implicit/takeatest.html>

**GLOSSARY:**

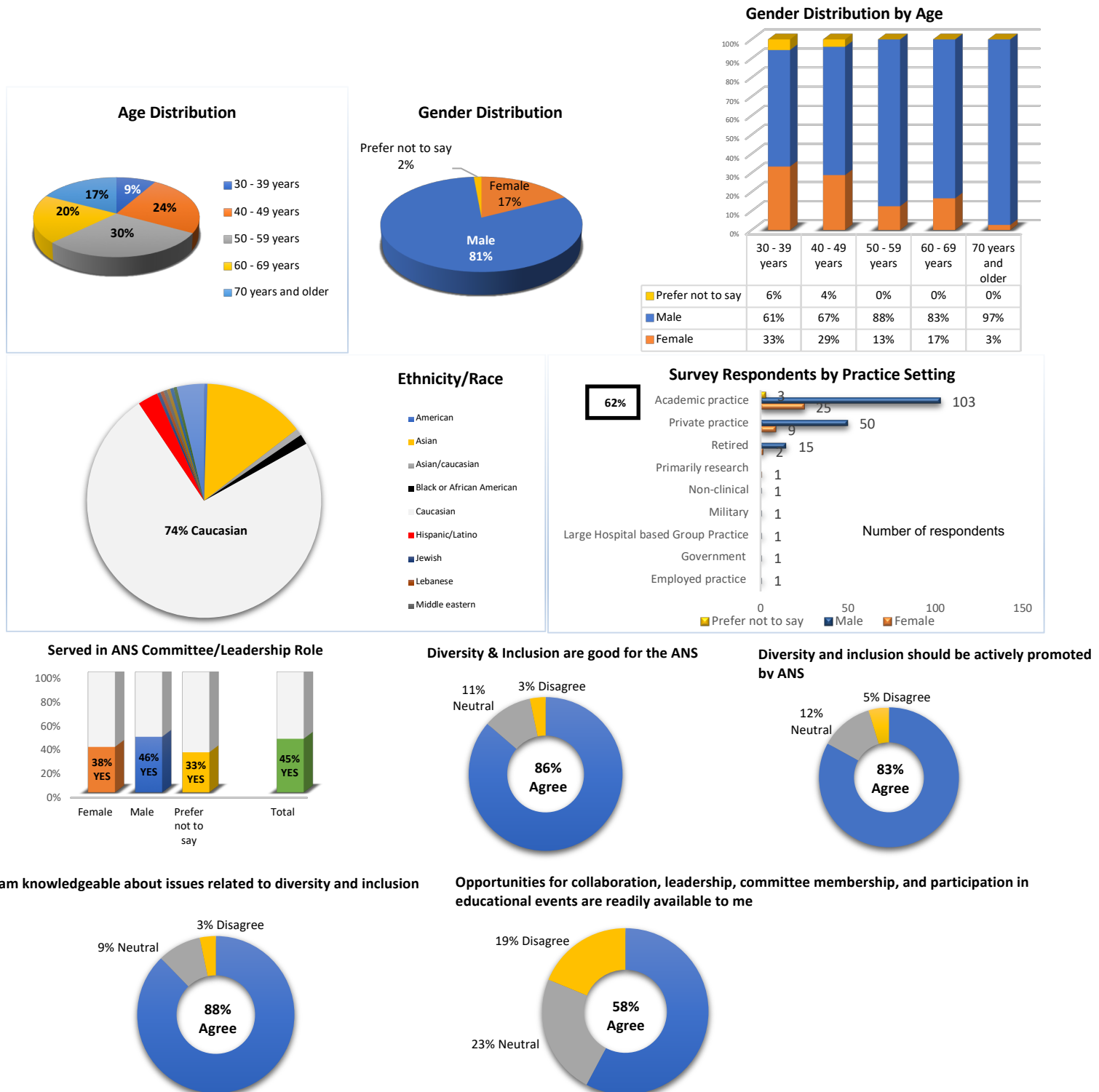
**Diversity:** Understanding, accepting, and valuing differences between members of different races, ethnicities, genders, ages, religions, disabilities, sexual orientations, education, skill sets, region, and practice environment.

**Inclusion:** Collaborative, supportive, and respectful environment that increases the participation and contribution of all members.

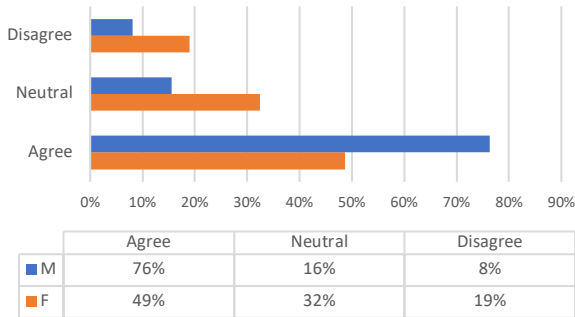
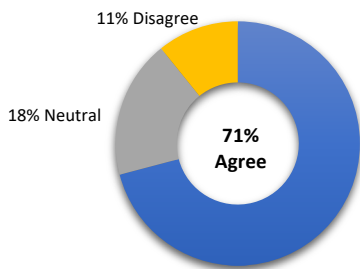
## 2018 ANS DIVERSITY & INCLUSION SURVEY

In 2018, the ANS leadership formally committed to promoting diversity and inclusion within its membership and educational activities. The goal of the recent Diversity and Inclusion survey was to understand the changing demographics of our membership and to seek feedback on diversity and inclusion efforts over the past year. This information will be used to guide future efforts.

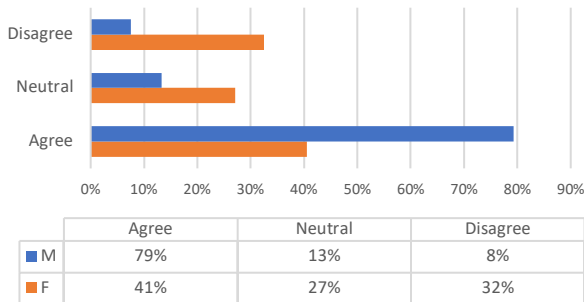
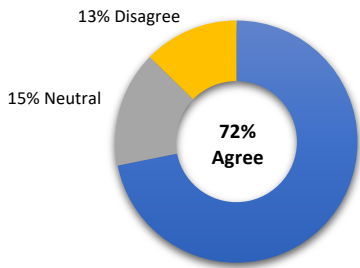
The survey was sent to 577 members. 213 responses were received (36.9% response rate). The following is a summary of the data collected.



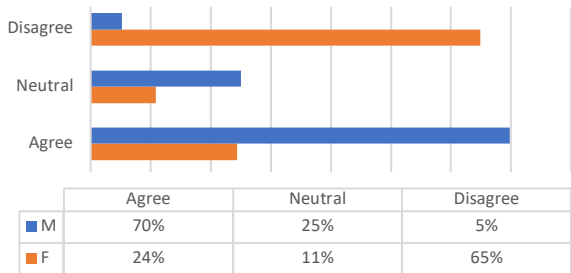
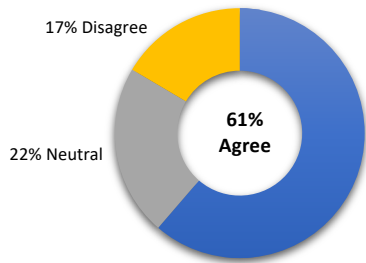
The process of selecting committee members is based on individual qualifications, expertise and ability to contribute



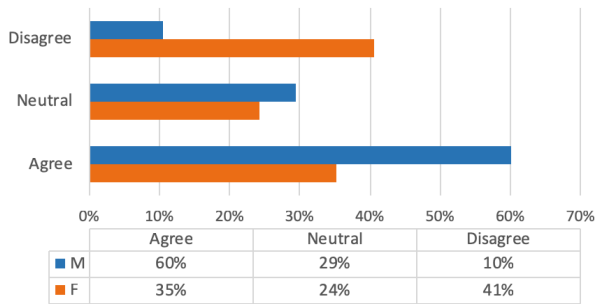
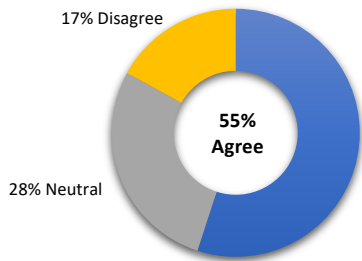
The process of selecting speakers and panel members is based on individual qualifications, expertise and ability to contribute



Gender diversity is fairly represented in educational events sponsored by the ANS



Diversity in fellowship training background is fairly represented in educational events sponsored by the ANS



Diversity in ethnicity and race is fairly represented in educational events sponsored by the ANS

