

# Minority Physician Assistant Faculty: A Phenomenological Assessment of Factors Leading to Retention in the Faculty Role

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**Abstract** Improving racial and ethnic diversity in the physician assistant (PA) profession is important to providing better care for underserved communities. The recruitment and retention of minority PA faculty is one aspect of helping to attract and retain a more diverse student body. Previous research has indicated that minority status is associated with the increased attrition of PA faculty but has not provided insight into the specific factors involved in the retention or attrition of minority PA faculty. The purpose of this qualitative research study was to describe the experience of minority PA faculty through a critical race theory lens. We used a phenomenological approach using structured interviews of minority PA faculty. Better

understanding of the experience of minority PA faculty might lead to improved efforts at recruiting and supporting a more diverse faculty workforce. We conducted 13 interviews of PA faculty representing a variety of underrepresented minorities, geographic regions, types of schools, and stages of their careers. Major themes that emerged across the participants' experiences included opportunities for success in the form of both internal and external support systems and mentorship. As a corollary, barriers to the retention of minority PA faculty including a lack of institutional support, gaps in mentorship, and lack of a solid support network were cited.

## BACKGROUND

Physician assistant (PA) and medical school literature have focused on the job satisfaction and attrition of PA faculty and evaluated minority status and race as factors. Reed<sup>1</sup> examined the determinants of PA faculty job satisfaction through quantitative methods and found a relationship between job dissatisfaction and minority status. However, the degree of impact on job satisfaction and the reasons behind it were not explored. Coniglio and Akroyd used quantitative methods to assess demographic data and role conflict among PA faculty and failed to find a correlation with race and intent to leave PA education. Although they did not find an association with race, there was a very low proportion of minority faculty respondents. They did find a significant association with lack of a feeling of support and community, characteristics that may be amplified by minority status.<sup>2</sup> In parallel to PA education literature, the literature on physician education has reported similar racial differences but has not attempted to elaborate on those findings.<sup>3</sup> In any case, quantitative statistical methods cannot account for the reasons behind the data being generated. A qualitative approach to understanding the factors that lead to the recruitment of minority PA faculty and their

persistence in that role can help to fill in the gaps in the literature and guide future research.

Phenomenology is a qualitative research method used to fully explore and interpret individuals' lived experience through narrative. The research question asked in this study was, "What are the experiences of minority faculty in PA education?" The individual experiences are evaluated to better understand the broader experience of minority PA faculty.

## Theoretical Framework

In approaching this question, the researchers grounded their work in critical race theory (CRT). Critical race theory considers racism to be a norm that is so fully enmeshed within the American society that it cannot be seen as aberrant within our cultural context.<sup>4,5</sup> The resultant invisibility of racism is intrinsic; therefore, many feel it does not exist or is associated only with isolated overt incidents. This invisibility also allows the influence of racism on our institutions to go unnoticed<sup>6</sup> and become a permanent aspect in the lives and experience of people of color.<sup>7</sup> Critical race theory also includes the concept of "interest convergence," in which the dominant group acknowledges gaps in resources and goods provided to a minority group but is unwilling to relinquish any privilege or goods.<sup>8</sup> In this framing, advancement of nondominant individuals or groups does not occur, unless their interest converges with the interest of those in power.<sup>9</sup> These elements of differential power can affect hiring and association within a given institution,<sup>9,10</sup> and the academic and social environment

*The authors declare no conflict of interest.*

*J Physician Assist Educ* 2019;30(2):79–85

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DOI 10.1097/JPA.0000000000000257

traditionally remains centered on white perspectives, with benefits going to those who have or can obtain that power.<sup>11</sup> Another essential concept in CRT is the counternarrative: an understanding held by those with marginalized identities who have been excluded from the predominant culture and from higher education. Knowledge about the counternarrative is explained in the lived experiences of those in the minority. Such experiences should be understood in analyzing and teaching about racial subordination.<sup>9</sup> These are the narratives we wish to capture. Because CRT acknowledges that racism is normal and permanent, racialized individuals (those perceived to have a non-white racial identity) experience microaggressions, the generally unintended but ongoing slights by members of the majority acting according to culturally accepted norms. Counterstories expose these subtle and cumulative microaggressions because of their permanence and cumulative nature as seen in the narrative context.<sup>7,9,12</sup>

Critical race theory allows a researcher to consider causal factors of a phenomenon that are unique to a person or group of people as opposed to framing the difference in experience in terms of a deficit leading to an occurrence.<sup>13</sup> Researchers including Morgan, Betancourt, Ford, and Airhihenbuwa have used the CRT framework in medicine and medical education to explore the experiences of African American men in medical school, promote cultural competence in medical education training, and further public health efforts and understanding.<sup>8,14-16</sup> We used this framework to discover factors that influence the persistence of minority PA faculty in that role with a focus on assessment from their experience and understanding.

## METHODS

### Participants and Recruitment

After approval of the study protocol by the George Washington University's Institutional Review Board, 13 minority PA faculty members were recruited through the use of snowball sampling using the Minority Faculty listserv hosted by the Physician Assistant Education Association (PAEA). Subject demographics encompassed a variety of underrepresented minorities, from different geographic regions, different types of sponsoring institutions, and in varying stages of their careers.

### Data Collection

Interviews were conducted until saturation of the topic was reached, meaning that no new themes were appearing in the data analyzed by the research team. The snowball sampling method was used to select individuals from among the population of minority PA faculty in the United States,<sup>17</sup> using an interview guide developed by the researchers. Interviews were conducted by one researcher, whereas a second researcher took notes. An audio recording was also made. Each interview lasted approximately 30 minutes to one hour.

Using open coding, each interview was independently analyzed for patterns, categories, and themes by 2 or more members of the research group, until consensus was reached regarding emergent patterns, categories, and themes. Trustworthiness of the data was enhanced through peer debriefing

among the researchers and triangulation through participant review and feedback.<sup>11,18</sup>

## RESULTS

### Participants

To maintain the confidentiality of the participants, we report demographics as separate categories of descriptive statistics in the aggregate form. A total of 13 minority PA faculty members were interviewed, 10 who self-identified as black or African American and 3 who self-identified as biracial or other. There were 8 women and 5 men, with ages ranging from 32 to 61 years, with an average age of 45 years. Experience in PA education ranged from less than one year to 29 years, with a variety of roles including didactic and clinical faculty, program director, and administrator. There was representation of all 4 geographic regions of the United States as well as from private and public institutions (Table 1).

### Emerging Themes

Analysis of the interview data transcribed revealed a dichotomy of experience across all participants: experiences providing support for success and experiences illustrating barriers to success (Figure 1). Major emergent themes included support and mentorship. As a corollary, a lack of institutional support and gaps in mentorship were cited as barriers to the retention of minority PA faculty (Table 2). These results will be further presented through the following discussion of the data using representative participant quotes that highlight those experiences.

### Opportunities

The domains identified as perceived opportunities for success in the PA faculty role, including support and mentorship, aligned well with the CRT framework of community cultural worth. This framework acknowledges that forms of capital, including personal aspirations, family support, social support, resistance to racism and bias, and savvy in navigating a biased system, contribute to the success of those in the nondominant culture and often go unrecognized by the dominant culture.<sup>13</sup> All 13 of the participants described the importance of support, with 2 primary themes emerging in the form of internal supports and external supports. Internal supports aligned with personal aspirations, resiliency, and savvy, whereas external supports included the impact of their work on social justice within the community and the impact on students.

#### Internal Supports

One key internal support responsible for both entry into PA education and continuation in that role is the internal motivation to improve the health of, and health care provided to, all patients, but particularly to patients from communities of color and other minorities. Representative comments included the following:

*I stay connected to what drives me. . . a mission to serve and to change the status quo that makes communities that I come from, and not only that I come from, better places and healthier places.*

**Table 1. Participant Characteristics**

Gender	Age Range	Self-Identified Minority Status	Geographical Regions	Range of Years in PA Education
8 women and 5 men	32–61 y	Black/African American: 10 Biracial/Other: 3	Northeast US Southeast US Northwest US Southwest US	1–29 y

PA, physician assistant.

I've seen the change that I've been able to create... if I can make a difference in health disparities.

A key part of this notion of influence on the health of minority communities is the idea that in educating PA students, a faculty member can multiply his or her influence to every patient seen by those PA graduates. This is of particular importance to minority faculty, who may take on the role of ensuring that their students receive education in the areas of health equity and cross-cultural care.

If you have a way that you think patients should be treated... you're touching the lives of every single patient your students are treating. Being a PA educator, you are kind of the gatekeeper of the profession, and you are also impacting people's health... and the diversity of the workforce.

This sense of personal and professional congruity can provide ongoing support even in the face of external adversity.

It begins to feel like a fight every day, but that's a fight that needs to be won.

My passion aligns with what I am doing.

Another internal support for some is a spiritual or religious focus. This can serve to help keep things in perspective and provide strength when external factors are impeding a sense of progress.

Prayer and meditation keep me calm enough that I can handle the chaos.

Several participants noted background experiences that had both cemented their self-confidence and their skills in managing the work. A background in community organizing provided one participant with skills in networking and identifying resources. For other participants, a military background provided skills in leadership and organization that made the transition from clinician to faculty an easier one. Another noted that a background in working with groups of faculty and student researchers in another field provided confidence and skills in navigating the role of PA faculty.

#### *External Supports*

The most frequently mentioned external factors supporting minority PA faculty were mentorship and having a network or community both within and outside of the profession. Many were recruited into the faculty role by other minority faculty members. Several recalled the impact of seeing a PA faculty member who "looked like me."

When I saw the word "professor," I did not see someone who looked like me. I thought of someone older, most likely male, definitely white. So I wasn't interested.

Several also cited the role of working with PAEA through the Diversity and Inclusion Mission Advancement Commission and its previous iterations. These relationships among largely minority faculty from across the country take the form of mentoring relationships and providing a network of support. Mentorship was not limited to other minority faculty; nearly all participants noted the importance of interacting with others



**Figure 1.** Word cloud, emergent themes

**Table 2. Supports and Barriers**

<b>Supports</b>
Internal drive and passion
Resiliency
Altruism
Professional congruity
Personal support system
Positive mentors
Role models
Networking
<b>Barriers</b>
Resistance (to diversity efforts)
Bias (implicit and explicit)
Lack of mentoring
Isolation
Excess responsibility (for diversity efforts)
Lack of administrative support
Lack of professional guidance
Microaggressions
Lip service (duplicitous)

who have experience in managing and navigating through the particular challenges that minority faculty face.

I had a whole cadre of colleagues from around the country; you don't want to isolate [from other minority faculty colleagues].

Participants also noted the critical importance of providing mentorship to students, particularly to minority students. Many noted feeling isolated when they were students and wishing to provide a positive role model and mentorship to incoming minority students. Mentorship to majority students and expanding their understanding of diversity and racial disparities was also seen as a crucial aspect of the faculty role:

I need[ed] to expand my influence. There will never be enough minority PAs; it's going to take white people taking care of people of color.

In this area of mentoring all students, the importance of education including a focus on cross-cultural communication, health, and health care disparities—"more than just the biomedical model"—was mentioned by several individuals. Many felt a need to combat negative stereotypes embedded in the curriculum, and it was noted that students from across the racial and ethnic spectrum are now asking:

Where is it [diversity] in the curriculum? We want more information and classroom diversity.

### Barriers

All of the respondents faced challenges entering and remaining in PA education. Many barriers encountered as PA faculty, such as a lack of guidance in managing teaching,

research, and clinical practice responsibilities, as well as a lack of understanding of PA education and lack of needed support from administration, are likely shared by many majority faculty colleagues. Additional factors identified that were more specific to minority faculty included experiences of isolation and responsibility, bias, "pushback," and "lip service." Furthermore, minority faculty frequently felt challenged when they attempted to highlight inclusion and diversity issues related to student recruitment, curriculum, faculty recruitment, and faculty development. Each of these more unique barriers is illustrative of existing patterns of what is termed "microaggression," which includes all of the generally unconscious ways in which the majority culture puts those in the minority in the position of "other." Examples include the invisibility of minorities (lack of diversity) and an unwillingness among majority colleagues to accept the validity of the minority perspective, in program or department meetings, for example.<sup>19</sup>

### Isolation and Responsibility

Many participants brought up feelings of isolation and the added responsibility of feeling a need to champion work focused on diversity and inclusion in their particular setting, in addition to their usual faculty role. These barriers were noted in multiple experiences in the classroom, the office, across the institution, and in clinical practice.

I could walk around the campus and count them [faculty of color] on my 2 hands.

My mom says that working in diversity is like Sisyphus.

Another participant elaborated on the sense of responsibility that causes them to stay and endure the isolation and obligations:

I feel that there's not a lot of opportunity for people like me in medical and PA education. If I leave, others behind me may lose that opportunity. I hope that I've made a change, even if it's one person or one student in our program.

Structural or systemic factors seen as barriers by minority PA faculty included excess workload beyond that of majority colleagues. For example, some felt they were more often asked to serve on committees to add "diversity," while also serving as an unofficial advisor to minority students and applicants. This occurred even when there was a lack of obvious program or university support for the value of faculty or student diversity.

You're the only minority in the group and now you're the "fill in the blank person" and you can't do it. . . then there's the guilt of "I should be doing that" and then how do you let go of the guilt of trying to be everything to everybody but you can't, and that's okay.

### Pushback (Resistance)

Advancement in the faculty role was sometimes blocked because work on diversity and inclusion was not valued as highly as other efforts in teaching and research. In addition, those that had advanced to leadership roles noted an increase in their perception of "pushback," as their authority and responsibility increased. One respondent noted that,



with advancing responsibility, it was clear that decisions at the institutional level were “layered with race.” Participants frequently noted barriers to promoting diversity within PA education, particularly in their role as leaders in the profession.

I’m a fairly invisible minority, [resistance occurs] when I bring things up.

You get to a level of leadership . . . I’m more aware of my ethnicity now.

My right to be in that role always felt questioned, like “Who do you think you are?”

Everybody likes that you’re here and say these things until you have the power to implement change. They don’t like that. I’m so glad someone told me [resistance would happen] before I experienced it.

The lack of diversity, in particular a dearth of people from underrepresented minorities at higher levels of administration, on promotion and tenure committees, was also seen as a barrier to advancement. In terms of minority PA educators in leadership positions, working with their institutional deans and administration continues to be a challenge.

[During meetings] I sit on the outer wall, not in the inner circle.

I was told, “Keep up with that diversity stuff and you will be dead in your career if you want to move up administratively.”

In the institutions of higher education where PA faculty function, there is resistance to the idea that there could be bias in hiring and promotion, which presents a major hindrance to change; these barriers can not be overcome until their existence is accepted. Bias is subtle and unintentional on the part of those making decisions, but the effect is pervasive.

In interviewing faculty that don’t fit the “typical profile” of our program demographics, the comments and critiques are more harsh. Others are given exceptions—“must have been nervous”—if that person fits what our program identity is. The program identity looks like one thing. Inclusion is a fight.

#### *Lip Service (Duplication)*

A majority of the participants noted frustration with their programs’ and institutions’ “lip service” related to diversity. A discordance between the program’s mission and its actions, especially with admissions and hiring decisions, was a clear and dominant theme. For example, majority faculty colleagues in institutions with a stated mission supporting diversity were seen to uphold the status quo in the name of fairness rather than supporting efforts such as holistic admissions.

They don’t “see in color” in terms of picking a student cohort without any African American candidates.

Several participants also noted the deeply embedded negative racial stereotypes in the medical curriculum, often not noticed by majority colleagues and students who

treat race as a biologic rather than a social construct. This entrenched part of the curriculum was seen to be at odds with stated attempts by the program or institution to be more inclusive. In addition, although diversity and inclusion are among the program goals in some form, efforts to specifically teach on these topics are undervalued.

I felt there was a lot of bias in the curriculum [and would frequently ask] “What about being black [makes] it a risk factor?”

We’re “preparing students to work in diverse populations,” but it’s not reflected in the curriculum.

Efforts to improve the curriculum to more reflect the importance of diversity and care for diverse patients are often seen to be undervalued as “the soft stuff.”

#### *Bias*

All participants experienced bias and racism on a personal level, including a feeling of having to prove one’s worth to both fellow faculty and students as well as managing common stereotypes, such as being seen as “the angry black person.” This bias is compounded with that of being a PA, which may be less valued by the university than a physician or other profession.

You get tired of always having to convince people that you belong.

Overt racism and bias among students was encountered in the classroom in the form of questioning the qualifications and authority of minority faculty, repudiating the cultural competency curriculum, and difficulty acknowledging the existence and effects of bias, racism, and privilege. Interpersonal bias was also noted as a significant problem. A common theme was a feeling that, as a minority faculty member, one needed to prove oneself both to students and to fellow faculty. Furthermore, students also demonstrated prejudice toward minority faculty in the form of biased comments in faculty reviews.

People have stereotypes about who I am as a black faculty member or PA faculty member.

Students [would say], “Why are we talking about race? This is reverse racism.”

Additional microaggressions were noted from both students and fellow faculty, and are particularly difficult to deal with because they are subtle. They commonly take the form of devaluing, minimizing, or assuming criminality:

I saw the women moving their purses [at a meeting of PA faculty, as an African American male faculty member passed down the aisle].

We can’t make provisions for everybody [from other faculty in the context of diversity efforts].

Are you guys having an NAACP meeting? [when meeting with a mentor, both African American]

#### *Summary*

The most representative quote from the interviews sums up the sentiments of both the participants and the authors:

With the growth of PA programs, and so few minority faculty, it's incredibly important to give minority faculty a voice, to really find out how our colleagues experience this. Are they even aware, do they even care, is retaining and recruiting minority faculty important to anyone?

## DISCUSSION

The knowledge gained from this study provides additional opportunities for future research in developing an informed and robust structure of minority PA faculty support, mentorship, and networks. Through concerted efforts, minority faculty can better serve as a part of the conduit for increasing diversity in the PA profession so that we might better serve the country's increasingly diverse population. That said, it is critical that minority faculty not be expected to be the only faculty members who focus on diversity and inclusion. Majority as well as minority students and faculty must recognize this value. Majority faculty must ally themselves with students and faculty from all backgrounds in the effort to promote a more inclusive environment.

Our work suggests some specific strategies for recruiting and maintaining an inclusive faculty as follows:

1. Formal mentoring—this may include mentoring within and outside of the institution but should take into consideration the particular needs of minority faculty.
2. Faculty and student education on issues of bias and discrimination, to include explicit and implicit bias and methods for identifying and resolving problems as they occur.
3. Procedures to identify microaggressions and address both their occurrence and the chronic stress they produce.<sup>20</sup>

## Limitations

Some may argue that the methodology chosen for this research is limited to the experiences of a small group of faculty interviewed, most of whom were African American. However, a small sample size is considered acceptable in a phenomenological study, as the validity or trustworthiness of this methodology is in the depth and detail of information gained and not in the number of participants studied. Given that there are few minority faculty members in PA education, most quantitative studies will yield limited data on the reasons they join and remain in the profession. Researchers moving forward will need to intentionally consider what methodology will best answer the research questions being asked.

Another limitation of this study is the generalization of all minorities interviewed into one group and does not specifically address differences regarding race, ethnicity, socioeconomic status, gender, sexual preference, etc. Based on the findings of this study, further quantitative and qualitative research should be focused on individual underrepresented and minority groups; mentorship networks in PA education; the impact of student, faculty, and institutional bias on minority PA faculty; and the various efforts to improve minority faculty support that are ongoing in PA education.

Through concerted efforts and intentional dialogue about racism, PA programs can begin to change how they

approach minority faculty recruitment and retention. This change will create a conduit for increasing diversity in the PA profession and for better serving our faculty, our students, and ultimately our nation's increasingly diverse population.

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