What Happened and Why: Responding to Racism, Discrimination, and Microaggressions in the Clinical Learning Environment

Helio Neves Da Silva*[1], Lauren Heery*[1]
Vikasini Mahalingam[1], William Cohen[1], Oluwatosin Adebiyiyi[1], Adom Netsanet[2], Anna Neumeier MD
University of Colorado School of Medicine, Aurora, CO USA

School of Medicine
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Background

Within clinical settings, medical students are faced with power differentials that make acts of racism, discrimination, and microaggressions (RDM) challenging to address. Experiences of microaggression and mistreatment are correlated with higher rates of positive depression screening and lower satisfaction with medical training.

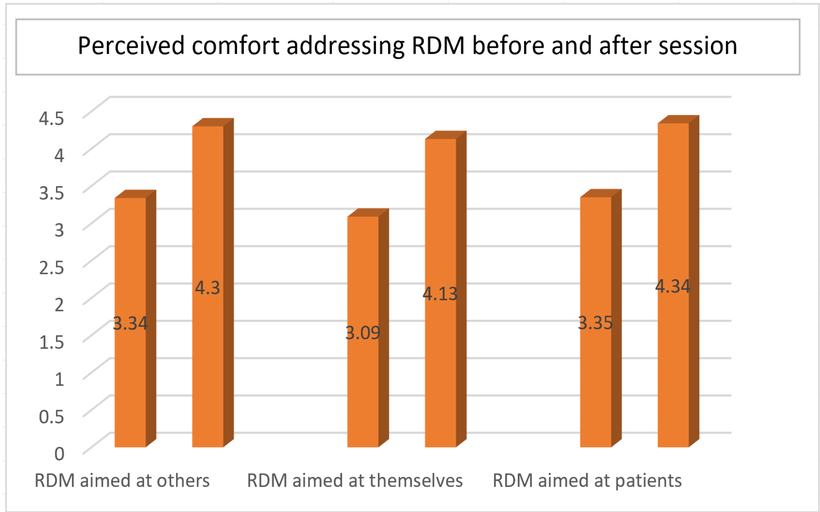
We developed a curriculum for medical students entering the clinical learning environment to promote the recognition of and response to RDM.

Methods

Guided by both generalized and targeted needs assessment, we created a case-based curriculum to practice communication responses to address RDM. The communication framework, a "6-D's approach," was developed through adaptation and expansion of established and previously learned communication upstanding frameworks.
Cases were collected through volunteer submission and revised to maintain anonymity. Small group sessions were co-facilitated by faculty and senior medical students. Students established shared terminology, examined cases and identified their natural and immediate responses to examples of RDMs, and practiced all potential response methods through simulated interactions. These virtual sessions were piloted as an opt-in session in May 2021 and then formally incorporated into the curriculum as a mandatory session for all students in January 2022.

6Ds to address RDM

Direct	**Defer**
Distract	**Display Discomfort**
Delegate	**Debrief**



A) students reported a marked increase in their comfort addressing RDM in the clinical environment aimed toward others, themselves, and those aimed at patients (Mpre= 3.34, Mpost= 4.30; p< 0.01; Mpre= 3.09, Mpost= 4.13; p< 0.01; and Mpre= 3.35, Mpost= 4.34, p< 0.01 respectively)

Results

Of the 196 participants in the workshop, 77 (39.3%) responded to both surveys. 48.1% of respondents were female and 11.7% of respondents identified as underrepresented minorities in medicine (URM). One-third (33.8%) of respondents witnessed or thought they witnessed at least one form of microaggression or mistreatment in the clinical setting.

After completion of the session, a greater proportion of students were able to identify previously witnessed or experienced microaggressions (45.5%; P <0.05).

Students reported increased awareness to response strategies to address instances of RDM aimed at the medical team (Mpre=3.39, Mpost= 4.62; P<0.05), themselves (Mpre=3.38, Mpost = 4.62; P<0.05), and patients (Mpre 3.27, Mpost= 4.53, P<0.01).

Students additionally reported increased level of confidence to apply communication strategies to deal with RDM in a clinical setting (Mpre= 3.05, Mpost= 4.38; P<0.01). Moreover, students reported a marked increase in their comfort addressing RDM in the clinical environment aimed toward others, themselves, and those aimed at patients (Mpre= 3.34, Mpost= 4.30; p< 0.01; Mpre= 3.09, Mpost= 4.13; p< 0.01; and Mpre= 3.35, Mpost= 4.34, p< 0.01 respectively). Students also reported that their comfort level in addressing RDM they may have perpetrated themselves had markedly improved (Mpre= 3.64, Mpost= 4.30, p< 0.01)

Discussion

This student innovated curriculum aligns with a broader effort to confront the pattern of racism and discrimination that still impact medicine.

Students gain valuable communicative skills from interactive sessions that address RDM using empathy, reflection, and relatability. This session empowers students to feel prepared to enter professional teams and ready to effectively mitigate harmful discourse.

Longitudinal evaluation of curriculum effectiveness and impact is necessary, but the success of this session shows that it should be an integral part of inclusivity efforts in medical education.