



Upstanding and Interrupting Biases: Understanding the Impact of Different Curriculum Delivery Models and Student Identity on Learner Outcomes

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BACKGROUND

Experiences of racism, discrimination, and microaggressions (RDM) have been correlated with higher rates of positive depression screening and lower satisfaction with medical training.¹ Power differentials faced by medical students can make acts of RDM challenging to address.² Previously, we demonstrated that our curriculum increased student awareness of RDM, knowledge of communication strategies to mitigate RDM, and confidence to address RDM.³ In this study, we examine the curriculum's efficacy among two models of curriculum delivery (in-person vs virtual). Additionally, we investigate if learners who identify as under-represented in medicine (URM) have a different impact when participating in upstander training, a factor that has not been previously characterized.

QUESTIONS

1. Is there a difference in learner outcomes between in-person vs virtual curriculum delivery?
2. Is there a difference in learning outcomes among learners who self-identify as under-represented in medicine (URM) compared to learners who do not (nURM)?

MATERIALS & METHODS

We examined learner outcomes in two sessions: virtually in January 2022 and in-person in September 2022.

- Small group sessions were co-facilitated by faculty and senior medical students; all facilitators attended a pre-session training.
- Learner knowledge and confidence was assessed using anonymous pre- and post-session surveys, as measured on Likert scales
- Responses between groups were compared using t-tests.

RESULTS

Figure 1. Virtual and In-Person Learners Reported Increased Knowledge and Confidence in Addressing RDMs

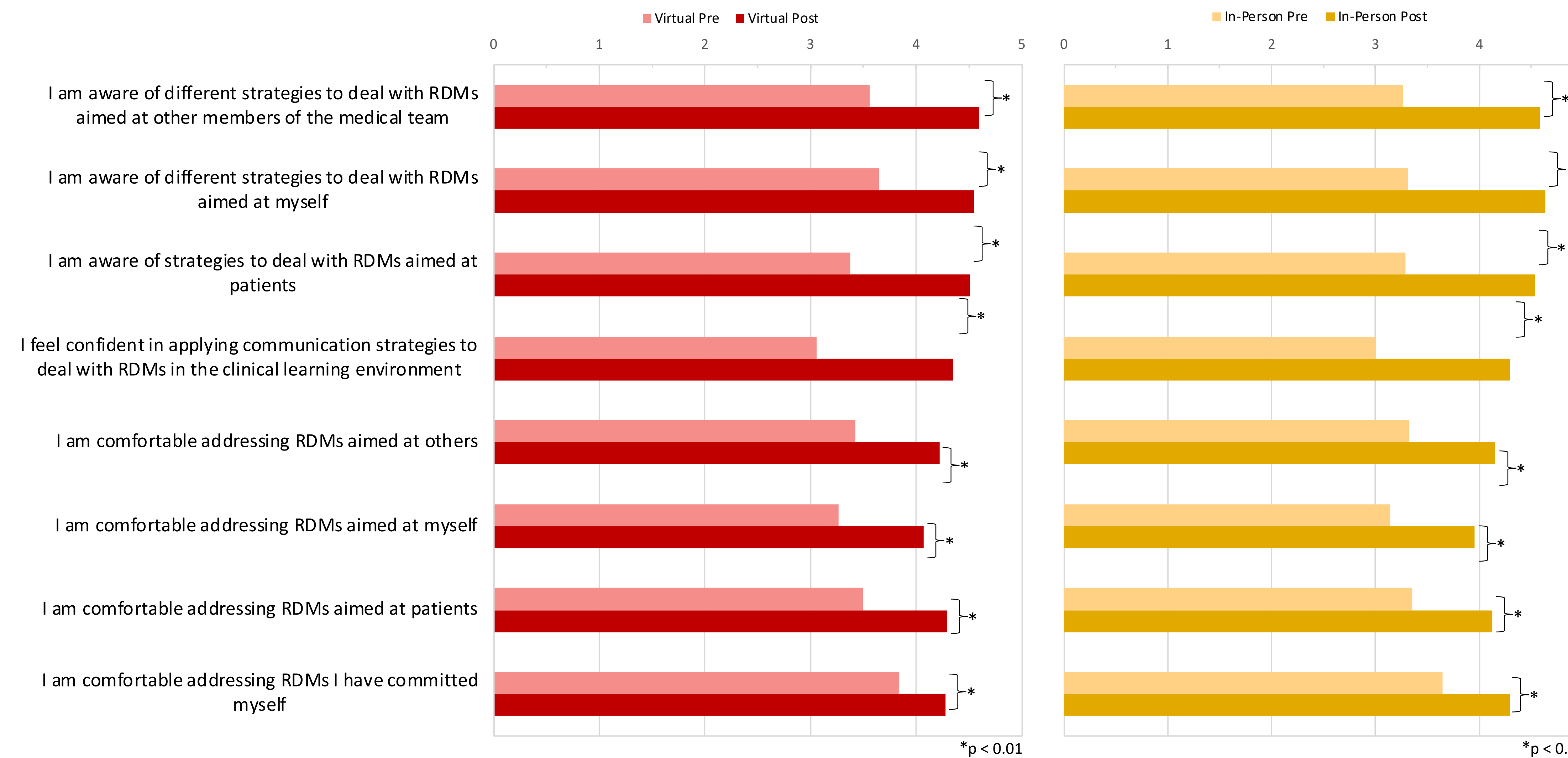
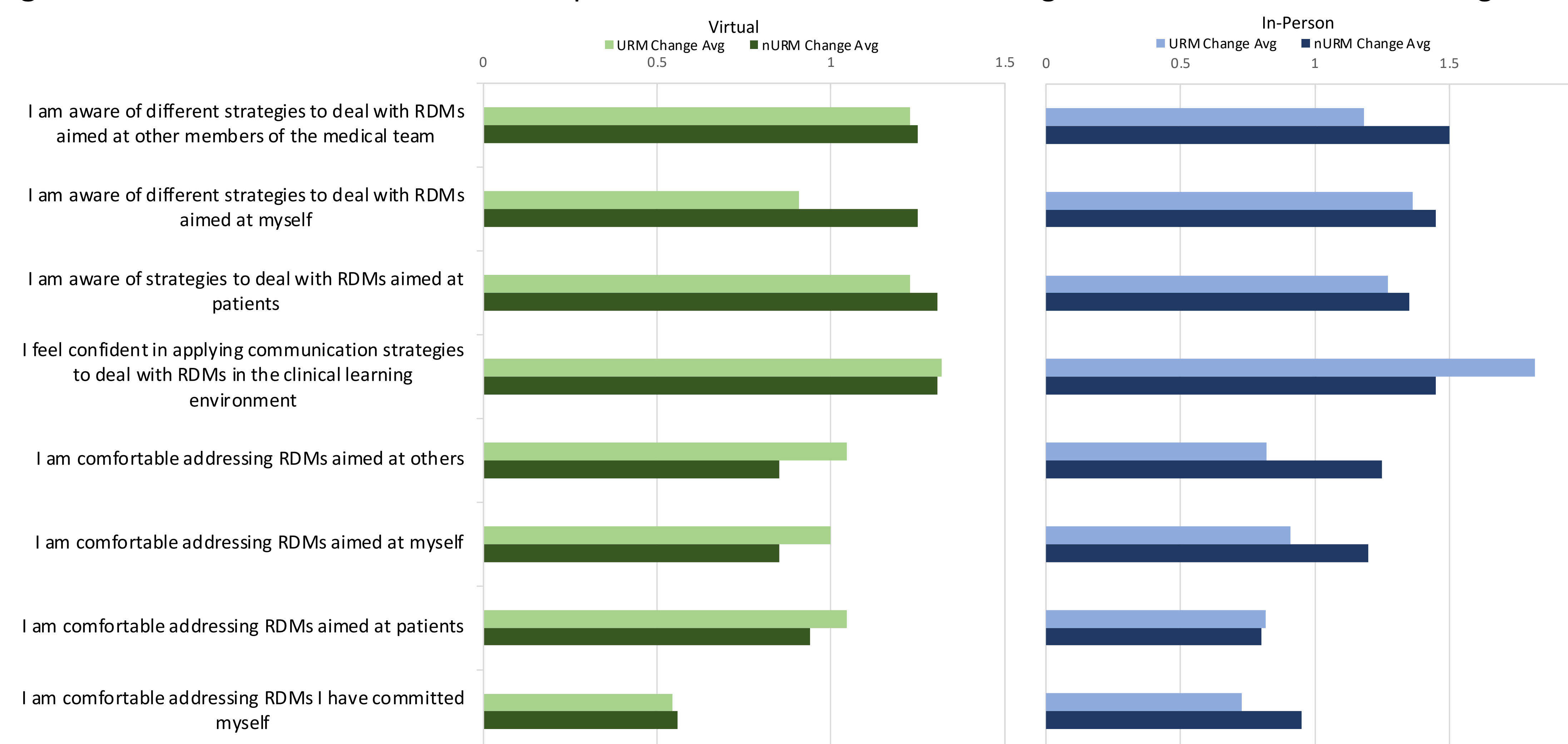


Figure 2. URM and Non-URM Learners Reported Similar Increased Knowledge and Confidence in Addressing RDMs



| Session | # of attendees | Completed Surveys | | |
|-----------|----------------|-------------------|--------------|----------|
| | | Pre-session | Post-session | Paired |
| Virtual | 157 | 121 (77%) | 82 (53%) | 58 (37%) |
| In-person | 195 | 149 (76%) | 41 (27%) | 31 (21%) |

DISCUSSION

- Across every measure, students demonstrated a statistically significant increase in knowledge content and confidence on how to address instances of RDMs in the clinical environment.
- Learning outcomes did not differ between in-person and virtual delivery methods nor with learner background.
- URM and nURM learners reported a similar increase in knowledge and confidence with addressing RDMs

LIMITATIONS

- As responses were collected voluntarily, the post-session completion rate was low limiting the proportion of paired analyses. This may have affected the power to detect differences in curricular impact and educational outcomes.
- Self-assessed confidence and knowledge may not correlate with competence.

DISCLOSURES

- The program evaluation was submitted to the University of Colorado Institutional Review Board and deemed exempt from formal review.
- The authors do not have any conflict of interest to disclose.
- No funding was acquired for this study.

REFERENCES

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