

# Braving Bias: Assessing Medical Student Preparedness to Address Microaggressions During Clerkships

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## ABSTRACT

The goal of this study was to assess the effectiveness of a workshop in which rising third-year medical students (M3) learned how to identify and address microaggressions within a clinical setting and provide allyship to peers who encounter microaggressions. In June of 2020, 190 rising M3 students at CWRU School of Medicine participated in a microaggression workshop. Students completed a pre-workshop survey to assess their knowledge of microaggressions. Afterwards, students filled out two additional surveys immediately and five months post-workshop to evaluate the workshop and assess for changes in recognizing and addressing microaggressions. Student comfort levels in identifying four types of microaggressions (e.g. race-related, gender-based, sexual orientation, and microaggressions in a clinical setting) increased immediately post-workshop. Five months post-workshop, student comfort levels in identifying the four types of microaggressions remained higher than pre-workshop levels. Follow-up surveys demonstrated that the majority of students felt comfortable addressing race, gender, and sexual-orientation based microaggressions, and providing allyship to peers. However, when addressing microaggressions in clinical settings, the majority of students felt uncomfortable. We reported demographic differences in recognizing microaggressions and comfort speaking up against microaggressions. Women and non-Caucasian students were less comfortable addressing microaggressions and felt that they did not have allies in medicine when compared to men and Caucasians, respectively. The workshop successfully increased student comfort levels regarding recognition of microaggressions and among certain student populations, the ability to provide allyship for peers encountering bias in clinical settings. Medical institutions should consider initiating similar workshops sooner in the medical curriculum and throughout students' medical education.

## INTRODUCTION

### Background:

- Microaggressions are common in healthcare settings and are not limited to patient interactions.<sup>2</sup>
- A majority of medical students and residents experience harassment or discrimination during training with 1/3 of microaggressions coming from attending physicians.<sup>2</sup>
  - Underrepresented in medicine (URiM) students receive lower clinical grades, fewer awards, and evaluations that focus on their personal attributes rather than their clinical competencies.<sup>5-7</sup>

### Why does it matter?

#### Microaggressions:

- May perpetuate health disparities and lead to worse health outcomes<sup>1-4</sup>
- May impact patient adherence to treatment plans, engagement in care, and overall trust in the healthcare system
- Can cause emotional exhaustion, burnout, and marginalization of minority physicians<sup>1</sup>

### Purpose:

To assess the effectiveness of a workshop in which rising third-year medical students (M3) learned how to identify and address microaggressions within a clinical setting and provide allyship to peers who encounter microaggressions.

## METHODS AND MATERIALS

### Microaggressions Workshop conducted in June of 2020:

- Participants: 190 rising M3 students before their clerkships
- Workshop Method:
  - Lecture on microaggressions and their impact
  - Small group case scenario discussions with faculty
  - Large group student debrief session

### Data Collection:

- Pre-Workshop Survey to assess student attitudes and their ability to recognize microaggressions
- Immediate Post-Workshop Survey to evaluate the immediate impact of the workshop and assess for changes in student attitudes in recognizing and addressing microaggressions
- Five-month Post-Workshop Survey to evaluate the long-term effectiveness of the workshop

## RESULTS

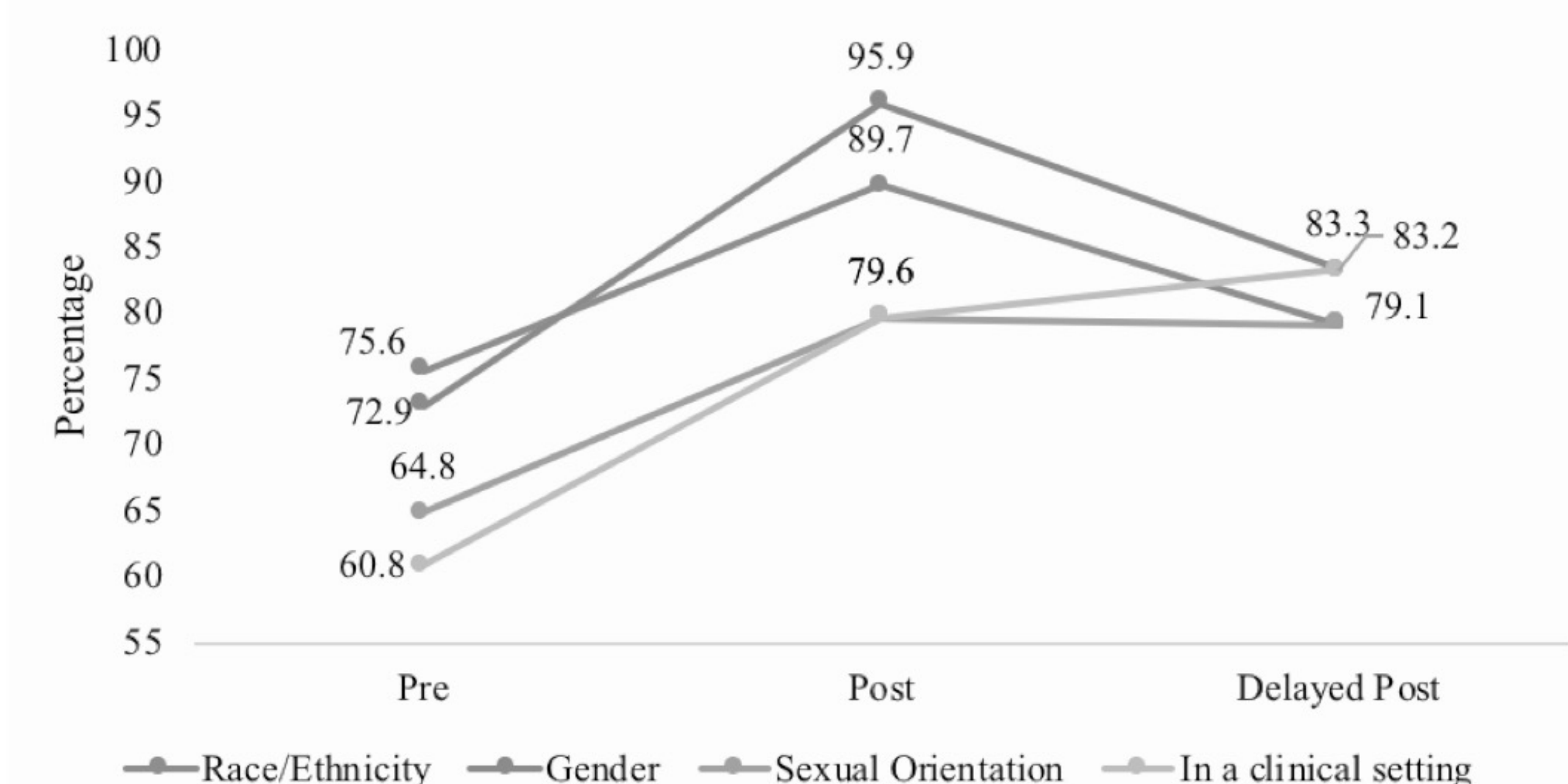
### Effectiveness:

- Increase in student comfort in recognizing microaggressions immediately and at five months post-workshop
- Largest sustained increase in recognition of microaggressions within a clinical settings
- Workshop was useful in helping students learn how to address race-based, gender-based, and sexual orientation-based microaggressions and provide allyship

### Demographic-specific results:

- Majority of students did not feel comfortable addressing biases in a clinical setting, including microaggressions from patients
- Majority of students did not feel that their medical training had prepared them to address microaggressions from patients
- Male and Caucasian students reported significantly increased comfort in addressing microaggressions and finding allyship, female and non-Caucasian students reported decreased comfort in the aforementioned areas

Figure 1. Student Level of Comfort Recognizing Microaggression Before, Immediately After, and Five Months after a Microaggressions Workshop



## CONCLUSIONS

- Given the high prevalence of microaggressions in clinical settings, it has become increasingly important to both educate and provide medical students and faculty with resources to combat them.
- The workshop successfully increased student comfort levels regarding recognition of microaggressions and among certain student populations, the ability to provide allyship for peers encountering bias in clinical settings.
  - The significant differences among non-Caucasians and women when compared to Caucasians and men warrant further study.
- With the majority of students stating that medical school had not prepared them to address microaggressions in clinical settings, medical institutions should consider initiating similar workshops sooner in the medical curriculum and throughout students' medical education.

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