

The Character of the Medical School Learning Environment: Medical student experiences and observations of racism and discrimination

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Purpose¹⁻⁵

With the increasing recognition of the importance of delivering equitable and healing care to patients and communities, medical schools and medical educators have a unique opportunity to develop a physician workforce that is prepared to address the detrimental health concerns of today, such as structural racism, climate change, housing, and food apartheid, infant mortality, and other health inequities. Similarly, medical schools and medical educators have a unique opportunity to maintain a safe and supportive learning environment for this development to occur. The goal of this collaborative study is to describe the factors that perpetuate an unsafe and unsupportive medical school learning environment, as seen through medical students' eyes.

Approach

Survey questions were used to assess medical students' perceptions and experiences of racism, discrimination, and microaggressions in the pre-clinical and clinical learning environments as measured by two 7-point Likert-scale and 3 open-ended questions. The survey, Diagnosing

Racism in Medical Education Survey (DRMEs), was administered through an online Qualtrics anonymous link from April 2021 to August 2021 to first- through fourth-year medical students in the classes of 2021, 2022, 2023, and 2024. Deductive thematic analysis was used to code medical students' free-text responses.

Outcomes

One hundred and thirty-four unique free-response narratives were completed by 96 medical students. Of those who responded, 35 (36.5%) were MS4s, 24 (25.0%) were MS3s, 11 (11.5%) were MS2s, 20 (20.8%) were MS1s, 4 (4.2%) were MD/PhD students, and 2 (2.1%) did not identify with a class. Medical students defined their perceived social race as the following: Asian 14 (15.7%); Black 14 (15.7%); Indigenous Native 2 (2.3%); Latinx 5 (5.6%); Middle Eastern 2 (2.3%); White 48 (53.9%); unspecified perceived social race 4 (4.49%). The forms of aggression apparent in the learning environment were ableism, homophobia, islamophobia, microaggression, racism, sexism, and transphobia. Overall, 35 student narratives (26.1%) reported experiencing 1 or more episodes of aggression, and 77 student narratives (57.5%) reported observing 1 or more episodes of aggression. Medical students' explicitly identified the perceived perpetrator in 57 (42.5%) narratives as 32 (56.1%) attending physicians, 13 (22.8%) faculty, 8 (14.04%) patients, and 4 (7.02%) residents. The most common perceived impacts of aggression in the learning environment were: patient dismissal, othering, belittling, denial of appropriate patient treatment, biased evaluations, and fear of speaking up.

Discussion

This study characterizes the medical student learning environment through the medical student lens and defines key factors preventing the maintenance of a safe and supportive atmosphere to learn. Each medical school is unique in its composition and in its approach to excellence in providing anti-racist teaching and clinical care. As such, each medical school learning environment may vary in the factors that deter trauma-informed learning spaces. The medical student lens is unique because students typically have the least amount of power in the learning environment to guide or influence clinical practice and to implement identity-inclusive resources. Historically, the absence of evidence of harm in the learning environment was equated to an assumption that no harm was occurring. This study highlights the importance of characterizing the learning environment, independent of formal, prescribed student reporting.

Significance

The findings of this study highlight the need for medical schools to more intentionally characterize the learning environment. Through an analytic approach, the diagnosing racism in medical education survey is a tool that can identify factors such as perpetrator, forms of aggression, the impact of aggression, prevalence of aggression, and positive protective factors that influence the maintenance of a safe and supportive learning environment for all medical students.

Reference

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