

BACKGROUND

- Medical students are exposed to racism, discrimination, and microaggressions (RDM) during training¹.
- An unsafe and unsupportive learning environment harms all students and leads to increased prevalence of burnout, depression, and anxiety^{1,2}.
- Implicit bias training, upstander training, and other culturally responsive curriculum are not sufficient strategies to decrease the impact of RDM on trainees and the learning environment³.
- Describing RDM from the medical student's perspective is critical¹⁻⁵.
- The purpose of this study is to describe the observations and experiences of RDM from the medical student perspective.

METHODS

- Grounded theory method was used to describe the phenomenon of collective medical student experiences.
- This study administered the DRME (Diagnosing Racism in Medical Education) survey through an online Qualtrics Anonymous Link to allopathic and osteopathic medical students in the class of 2021, 2022, 2023, and 2024.
- The study employed a convenience sample strategy for recruiting a diverse group of medical student participants from 15 states.
- Study participants answered 5 open ended questions describing their experiences with racism, discrimination, and microaggressions (RDM) during training.
- This study employed a deductive organizing framework for code types.
- This study was approved by the institutional review board at the University of California, Berkeley.

"Describe any incidences of discrimination and or bias that you may have uniquely experienced because of your overlapping identities?"



Figure 1: Example open-ended question from the survey with corresponding QR code of DRME questions.

DRME: The Survey

- The survey was created through a participatory action method with a cohort of 6 medical students.
- Researchers disseminated the survey via medical school listservs, medical school student club listservs, and through word of mouth from medical students that completed the survey sharing with their peers.
- The survey data was completely anonymous and no identifiable information was collected from participants.
- The survey collected demographic information from each participant, including self-identified race and perceived race.
- Participants were asked what state they attended medical school but not to identify the actual medical school to ensure anonymity.
- The survey assessed the prevalence of experiences of perceived racism during medical training and explored curricular exposures to anti-racist medical education objectives.
- Participants were asked to share details regarding the perpetrator and target of RDM exposures.
- Participants were able to skip any and all questions as they went through the survey and they were able to come back to previous questions and update them until they submitted the final question.

RESULTS

- 328 unique free response narratives were completed by 112 medical students. Of those who responded 37.65% (n=35) were MS4s, 24.73% (n=23) were MS3s, 11.83% (n=11) were MS2s, 21.51% (n=20) were MS1s, and 4.3% (n=4) were Md/PhD students.
- When asked if students identified feeling like an outsider (Q 6.4), there was a statistically significant difference ($p < 0.01$) between non-white students feeling like outsiders compared to white students. Approximately 56.1 % of non-white students expressed feeling like an outsider at least half of the time (responses categorized from 3 through 6).
- White students were more likely to report feeling represented and supported by faculty compared to non-white students (Q11.1). This significant difference was also observed with feeling a sense of belonging and connectedness to the medical school community (Q11.3).
- In the pre-clinical environment, approximately 67.4 % of students witnessed at least one incident of race-based medicine taught (Q 9.6) and 77.2 % of students witnessed at least one incident of racial stereotyping used in teaching (Q9.8). In the clinical environment, approximately 63.6 % of students witnessed at least one incident of race-based medicine (Q 10.6) and 69.4 % witnessed at least one incident of racial stereotyping in treating minority patients (Q10.8).

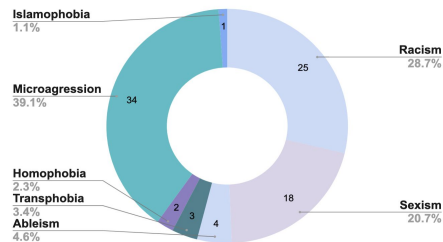


Chart 1: Frequency of medical student experiences of RDM.

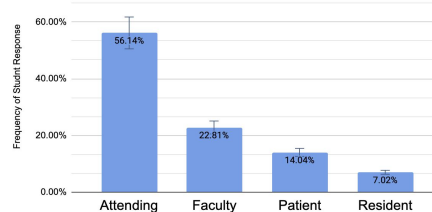


Chart 3: Frequency of sub-theme 'Perpetrator' of RDM during medical training

FUTURE DIRECTIONS

- Healing
Institutions can adopt a systematic approach to identifying student needs, with an emphasis on students who have been historically marginalized by structural policies and practices.
Structural Sustainability through policy and funding + Student Collaboration are key requirements for impact.
- Research
To frame the unique experiences of students, we also inadvertently silenced the identity and narrative of students through macro grouping. The psychological framework for radical healing can be utilized to define the evidence-based, student-centered solutions that can mitigate the micro, meso, and macro perpetuation of racism in medical education. **Community-Based Participatory Research and elevating Student Voices are key requirements for impact⁶.**
- Development

Advancing an anti-racist strategy requires educating our educators. **Anti-Racist Medical Education Modules for educators, Faculty Assessments, and Sustainability are key requirements for impact.**

"I had a fellow medical student who was denied opportunities to assist in patient care at a largely white suburban hospital and he was black. I also had one of the providers say the phrase "Oh I wouldn't want to run into you in a dark alley" with relation to this medical student as a 'joke', unfortunately."

Figure 2: Medical Student Quote 1

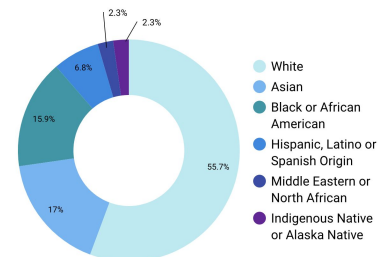


Chart 2: Perceived social race of medical student respondents.

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