

Abstract

Background:

Within clinical settings, American medical students are uniquely faced with power differentials that make acts of racism, discrimination, and microaggressions (RDM) challenging to address. Experiences of microaggression and mistreatment in the clinical setting are correlated with higher rates of positive depression screening and lower satisfaction with medical training. We sought to develop and implement a curriculum for medical students entering the clinical learning environment to promote the recognition and response to RDM.

Methods:

Through generalized and targeted needs assessment, senior medical students identified curricular gaps in students' preparation for dealing with instances of RDM in rotations and created a case-based curriculum through which students practice communication responses. The communication framework, a "6-D's approach," was developed through adaptation and expansion of established and previously learned communication upstanding frameworks. The cases were collected through volunteer submission and revised to maintain anonymity. These small group sessions were co-facilitated by faculty and senior medical students and delivered to medical student beginning their clinical year. During the sessions, students reviewed the communication framework, explored their natural response strategies, and then through role-play practiced all response strategies. These sessions were piloted in May 2021 and then formally incorporated into the curriculum in January 2022.

Results:

Participants completed pre- and post-session surveys to evaluate learner attitudes, confidence and self-assessed knowledge using either a three point (2=yes, 1= maybe, and 0=no) or a five point Likert scale level of agreement (1=strongly disagree to 5= strongly agree). Pre and post-session survey cohort comparison of learners data (n=100) demonstrated significant increase in students' awareness of instances of RDM (pre workshop mean=0.83, post workshop mean=1.06), knowledge of communication strategies to mitigate RDM in a clinical setting (3.05, 4.62), and their confidence to address RDM in the clinical environment aimed toward others on the medical team (3.39, 4.30), themselves (3.38, 4.13), and those aimed at patients (3.27,4.34) ($p<0.05$).

Conclusion:

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.