

## **What Happened and Why: Responding to Racism, Discrimination, and Microaggressions in the Clinical Learning Environment**

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### **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 are correlated with higher rates of positive depression screening and lower satisfaction with medical training. We developed a curriculum for medical students entering the clinical learning environment to promote the recognition of and response to RDM.

#### **Methods:**

Guided by both generalized and targeted needs assessment, we created a case-based curriculum to practice communication responses to address RDM. The communication framework, a “6-D’s approach,” was developed through adaptation and expansion of established and previously learned communication upstanding frameworks. Cases were collected through volunteer submission and revised to maintain anonymity. Small group sessions were co-facilitated by faculty and senior medical students. During the sessions, students reviewed the communication framework, explored their natural response strategies, and then practiced all response strategies.

#### **Results:**

Of the 196 participants in the workshop 152 (77.6%) completed the evaluation surveys. Pre- and post-session survey cohort comparison demonstrated a significant increase in students' awareness of instances of RDM (33.8% to 45.5%), knowledge of communication strategies to mitigate RDM ( $M_{pre}=3.39$ ,  $M_{post}= 4.62$ ;  $P<0.05$ ), and confidence to address RDM ( $M_{pre}= 3.05$ ,  $M_{post}= 4.38$ ;  $P<0.01$ ).

#### **Discussion:**

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.