



Microaggressions in Medical Education


Understanding, Identifying,
and Addressing Bias in
Learning Environments

Vernon Curran, PhD

A large, solid red circle is positioned on the left side of the slide, partially overlapping the text area.

Introduction to Microaggressions

Microaggressions are subtle, often unintentional, comments or behaviors that communicate bias toward marginalized groups.

A decorative graphic consisting of several thick, purple, rounded rectangular segments arranged in a curved, dashed line pattern in the bottom right corner of the slide.

Types of Microaggressions

Microinsult

Often unconscious;
demeaning messages
about an aspect of
a person's identity

Microassault

Often conscious;
"old-fashioned"
discrimination

Microinvalidation

Often unconscious;
exclusion and dismissal
of the recipient's feelings,
thoughts, and reality

Environmental microaggressions

Macro-level;
workplace reflections
of microaggressions



MICRO AGGRESSIONS

PLAIN ENGLISH



Characteristics of Microaggression Victims

**Marginalized
Racial or
Ethnic Groups**

**Gender and
Gender
Identity**

**Sexual
Orientation:
LGBTQ+**

**Religious
Beliefs**

Disabilities

**Language or
Accents**

**Socioeconomic
Background**

**Body Size and
Appearance**

Examples in Medical Education

Assumptions about Background or Competence

+

•

0

Comments on Language Skills

A faculty member tells an international student, "Your English is really good!" or asks, "Where are you *really* from?" This can imply that they don't belong.

Assumptions Based on Gender or Ethnicity

For example, a female student might hear, "Are you going into pediatrics or family medicine?" instead of specialties like surgery, reinforcing gendered expectations.

Doubting Competence

A faculty member might say to a minority student, "You're so articulate!" which can imply surprise that they speak well or have high academic standards.

Cultural Assumptions with Patients

A faculty member may assume that students of certain backgrounds are more suited to treating patients of the same background, limiting their exposure and implying that they're only "experts" on certain patients.

Comments About Patient-Centered Care

Telling an Asian student, for example, "You must understand this cultural aspect well," can make assumptions about the student's personal life or familiarity with all aspects of a diverse culture.

Examples in Medical Education Stereotyping Patient Interactions



Examples in Medical Education

Minimizing Bias or Inequities

Dismissing Diversity Concerns

If a student brings up a concern about a biased curriculum or lack of representation, faculty might respond, “Well, we treat all students the same here,” rather than acknowledging the importance of addressing disparities.

Invalidating Experiences

When a student reports feeling marginalized or experiencing bias, responses like, “That’s not really an issue here,” or “It’s not about race/gender/identity, it’s just about skill,” can invalidate real concerns.

Examples in Medical Education

Unequal Opportunities and Recognition

Assigning Roles Based on Stereotypes

Faculty might assign female students as note-takers or in supportive roles, assuming they're better suited for "organizational" tasks.

Unequal Recognition

When a minority student performs well, they may hear, "You must have worked really hard!" instead of being recognized for their skills, implying that their success isn't due to inherent talent.

Scenario

A professor repeatedly interrupts female students during discussions.

Discussion Points:

- How might the students perceive this behavior?
- How can faculty members reflect and address their own behavior?
- Ways to make adjustments and increase inclusivity?

Impact on Learning and Well-being

Emotional Impact

- Increased anxiety, depression, and burnout
- Reduced self-esteem

Academic Consequences

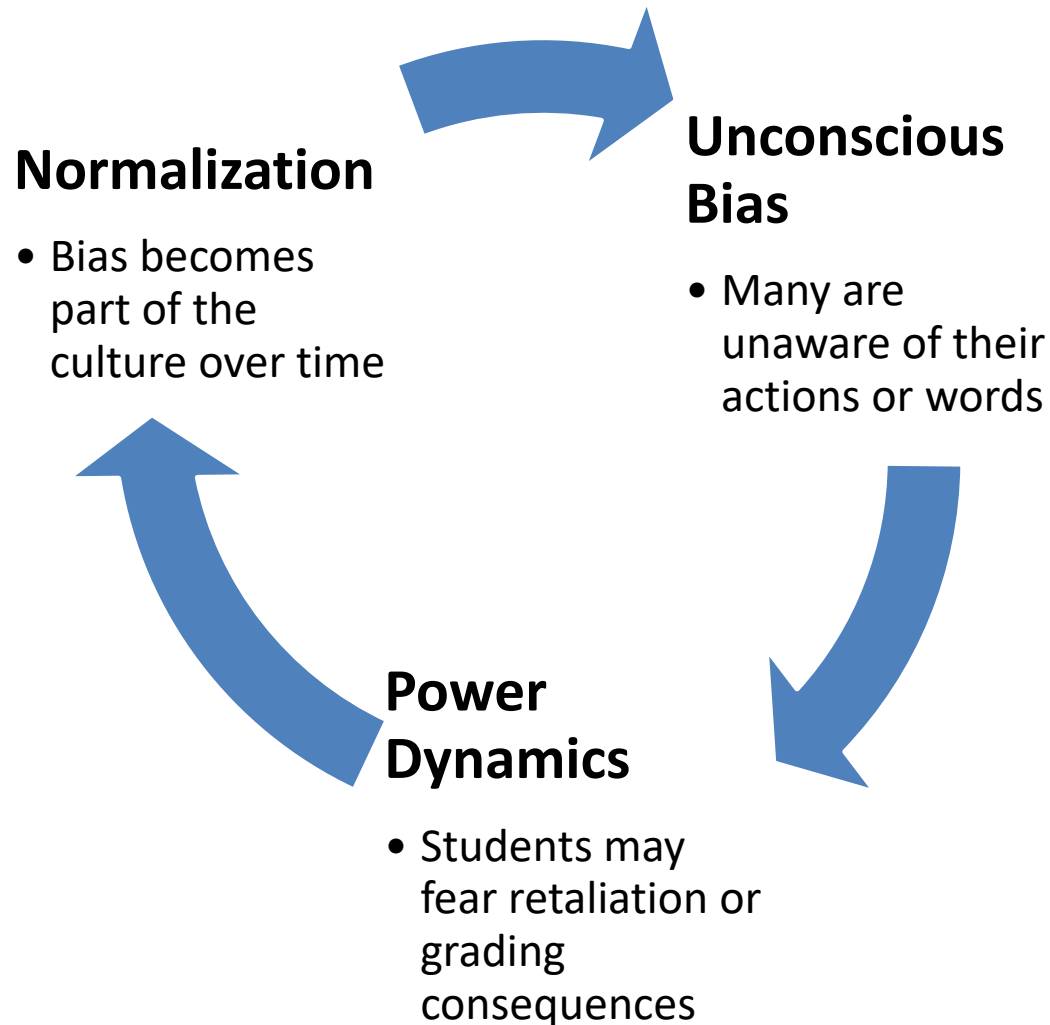
- Decreased participation
- Lower performance and grades

Professional Impact

- Lower career satisfaction
- Less engagement in teamwork



Why Microaggressions Go Unaddressed



TRAUMA

Trust	Trust the student in their recount of the experience
Respond	Respond to both the student and the behavior
Anticipate	Anticipate opportunities for faculty development
Unify	Unify the classroom through education before incidents happen
Modify	Modify policy as necessary
Assess	Assess outcomes

Open The Front Door

(“Observe, Think, Feel, Desire”)

Start the conversation by stating what was observed, how the comment was interpreted, how it made the recipient feel, and what the desired outcome might be.

“When you said [microaggression], it made me think that you [negative opinion]. I feel concerned about this because [reason], and I would like us to discuss this further so we can come to an understanding.”

Ask clarifying questions

```
graph TD; A[Ask clarifying questions] --> B[Come from curiosity, not judgment]; B --> C[Tell what you observed in a factual manner]; C --> D[Impact exploration—discuss what the impact of the statement was]; D --> E[Own your own thoughts and feelings around the situation]; E --> F[Next steps];
```

Come from curiosity, not judgment

Tell what you observed in a factual manner

Impact exploration—discuss what the impact of the statement was

Own your own thoughts and feelings around the situation

Next steps

ACTION

“I am not sure that I understood what you meant when you said [microaggressive comment]. I want to better understand; can you explain that to me?”

“When I hear comments like that, it makes me feel like you think I am only here because I am a minority, not because I can do the work.”

Strategies to Address Microaggressions in Medical Education

Reflect on and model inclusive behaviors

Participate in implicit bias and inclusive teaching training

Bystander Intervention Programs

Encourage open, respectful dialogue in the classroom

Supportive Mentorship and Counseling

Policy Development and Enforcement

Inclusive Curriculum Design

Continuous Feedback and Evaluation

Create a feedback system where students feel safe reporting incidents

Bystander Intervention Programs



Bystander Training

Train faculty and students in bystander intervention techniques, such as the 5 D's (Direct, Distract, Delegate, Delay, Document). This empowers everyone to support their peers in addressing inappropriate behavior.



Encourage Allyship

Promote allyship by encouraging faculty and students to speak up or intervene when they witness microaggressions.

"5 D's of Bystander Intervention"



Direct

Take direct action by addressing the behavior head-on. This involves calling out the microaggression or harmful behavior directly, such as saying, "That comment isn't appropriate," or "Please don't say things like that."



Distract

Deflect attention away from the situation to disrupt the behavior without confrontation. Changing the subject, asking the person being targeted a question, or otherwise diverting focus to de-escalate.



Delegate

Seek help from another person, such as a supervisor, faculty member, or someone with authority to intervene. Delegation can be particularly useful if you don't feel comfortable addressing the behavior on your own.



Delay

If immediate action isn't possible or safe, check in with the person affected after the incident. Express support, offer to listen, or help them seek resources.



Document

Record the incident if it's safe and appropriate to do so. Documentation can provide evidence if the affected person wants to report the behavior later. Include details like time, date, location, and a factual account of what was said or done.



12 Ways to Be an Effective Ally

- 1 Educate Yourself
- 2 Read and Listen to Diverse Perspectives
- 3 Attend Workshops and Trainings
- 4 Speak Up and Use Your Voice
- 5 Call Out Microaggressions and Bias
- 6 Amplify Marginalized Voices
- 7 Take Action and Be an Advocate
- 8 Use Your Resources and Platform to Promote Change
- 9 Support and Collaborate with Marginalized Communities
- 10 Practice Self-Reflection and Humility
- 11 Acknowledge Your Own Biases and Privilege
- 12 Be Open to Feedback and Willing to Change



Supportive Mentorship and Counseling



Mentorship Programs

Establish mentorship opportunities for underrepresented students to connect with supportive faculty members who understand or are committed to learning about the challenges they may face.

Counseling Services

Make counseling resources readily available for students experiencing stress or anxiety due to microaggressions, providing a safe space to discuss their experiences.

Policy Development and Enforcement



Clear Reporting Mechanisms:

Establish clear, confidential reporting channels for students to report microaggressions. Outline the steps that will be taken to investigate and respond to reports.



Code of Conduct:

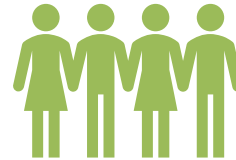
Integrate anti-microaggression policies within the institution's code of conduct, emphasizing the commitment to a respectful and inclusive learning environment.

Inclusive Curriculum Design



Diverse Representation:

Ensure that the curriculum includes diverse patient cases, medical conditions across different demographics, and varied perspectives on health.



Avoid Stereotypes in Case Studies

When designing case studies or clinical scenarios, avoid reinforcing stereotypes. Include diverse patient backgrounds without assuming traits based on gender, race, or socioeconomic status.

Continuous Feedback and Evaluation



Anonymous Feedback

Offer ways for students to give anonymous feedback on their experiences, which can reveal patterns of behavior and inform policy changes.



Regular Evaluations

Assess the impact of anti-microaggression policies and training by gathering feedback and making adjustments based on input from faculty, staff, and students.

Case Study

Microaggression in Classroom

A second-year medical school classroom during a lecture on cultural competence in healthcare. The students have just completed a module on understanding diverse patient backgrounds and are participating in a small group discussion on health disparities.

Sofia – A second-year medical student, of Latina heritage.

Rachel – A second-year medical student, a Caucasian woman.

Dr. Thompson – The instructor, a professor in public health.

Jamal – A second-year medical student, an African American man.

Scenario:

Dr. Thompson leads the class in a discussion on barriers to healthcare access and asks each small group to share examples of disparities they have encountered or studied. Sofia mentions a case she read about that highlights the challenges undocumented immigrant families face in accessing healthcare. As she begins to explain her example, Rachel interrupts her, saying, "You know, a lot of times those people just don't prioritize their health. They probably wouldn't even try to access healthcare if it were free."

Sofia, taken aback, pauses before responding, "I don't think it's a matter of priorities; there are many systemic barriers they face." But Rachel, shrugging, adds, "Well, it just seems like personal responsibility is a big part of it."

Jamal, noticing Sofia's discomfort, says, "Actually, there's a lot of evidence showing that immigrant communities face numerous structural barriers beyond their control. It's not always about 'personal responsibility.'"

The discussion moves on, but Sofia remains visibly upset, feeling that her experience and her example were dismissed based on assumptions about her background. Dr. Thompson notices the tension but chooses not to intervene, hoping the students can resolve it themselves.

1. How could Dr. Thompson address the microaggression in real time without calling out or embarrassing the students involved?
2. What strategies can instructors use to create a safer environment for students from diverse backgrounds to share their perspectives?
3. How can medical schools encourage students to examine their biases in a way that fosters understanding and growth?

Conclusion

- Key Takeaways
 - Microaggressions can impact student well-being and academic performance
 - Awareness is the first step to change
 - Faculty play a crucial role in fostering an inclusive environment

References

Ganote, C., Cheung, F., & Souza, T. (2015). Don't remain silent!: strategies for supporting yourself and your colleagues via microresistances and ally development. In POD Diversity Committee White Paper at the 40th Annual POD Conference. San Francisco (pp. 3-4).

Johnson, C. D., Mike, E. V., & Jean-Charles, A. L. (2023). Mitigating Microaggressions in Medical Education Through the TRAUMA Framework. *Academic Medicine*, 10-1097.

Torres, M. B., Salles, A., & Cochran, A. (2019). Recognizing and reacting to microaggressions in medicine and surgery. *JAMA surgery*, 154(9), 868-872.