Microaggressions happen in medical school. Here’s how to stop them.

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The nation’s racial reckoning has rightly put every corner of society in the spotlight in the bid to stamp out the inequities that pervade American society. U.S. medical schools are no exception.

An AMA Innovations in Medical Education Webinar features an in-depth look at microaggressions in medical education, their adverse impact, and potential remedies. A recording of the webinar is available in the resources area of the AMA Accelerating Change in Medical Education Community (registration required).

Defining microaggressions

Before diving deep into potential remedies for combating microaggressions in medical education, Sheryl L. Heron, MD, MPH, provided context on the topic.
Racial microaggressions are verbal or behavioral indignities that communicate hostile, derogatory or negative racial slights and insults. They can be either conscious or unconscious. Either way, the results are harmful. Fighting them requires self-awareness of the part of faculty members, said Dr. Heron, associate dean for community engagement, equity and inclusion at Emory University School of Medicine.
There must be “some introspection to establish where we are on this continuum as we move from fear to learning to growth,” she said.

Find out more from the AMA about why racism is a threat to public health.

Dr. Heron spoke of a shift toward inclusive excellence—the concept that an institution’s success depends on varied, rich experiences in the student body and other parties in a learning environment. To achieve it, everyone must understand the harmful effects of racial microaggressions.

Swipe through this AMA Instagram post to learn more about common microaggressions in the health
care setting, and see what you can do to address, interrupt and challenge these slights.

Dr. Heron cited a May 2020 *Academic Medicine* study, “Seeking Inclusion Excellence: Understanding Racial Microaggressions as Experienced by Underrepresented Medical and Nursing Students,” that outlines what can happen due to microaggressions among medical and nursing students. They can feel devalued and see adverse impacts on their academic performance and personal well-being.

**Deterring microaggressions**

Dr. Heron outlined some key practices to help improve the situation in medical education. They include:

- Curriculum that includes historical and current experiences of racial and ethnic groups that are underrepresented in medicine.
- Programs to support recruitment and retention of marginalized groups.
- Institutional mission and commitment to pluralism and diversity.
- Additional research on the subject.

She also highlighted the effectiveness of microaffirmations, defined as small welcoming acts that accentuate the positive, provide encouragement and foster healthy relationships.

“As a proud graduate of Howard University College of Medicine, I was in an institution where microaffirmations were real,” she said. “We were educated about the pioneers and vanguards among Black people in medicine, and we were also offered the ability to know that we can shine and do well.”

Learn how a record-setting gift may help tomorrow’s Black physicians.

In addition to addressing microaggressions, the webinar prompted educators to confront other ways in which structural racism permeates medical training, such as bias in grading, awards and letters of recommendation as well as the need to re-examine outdated foundational science content that misrepresents race as a biological rather than as a social construct.

**Making physician diversity a priority**

URL: https://www.ama-assn.org/education/medical-school-diversity/microaggressions-happen-medical-school-here-s-how-stop-them

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The AMA is looking to address physician diversity on several fronts. The AMA Accelerating Change in Medical Education Consortium has worked with Morehouse and other member medical schools to share strategies for enhancing recruitment, fostering viable pathways into medicine, promoting holistic admissions processes and creating inclusive learning environments. The ultimate goal is to generate a physician workforce that more closely resembles that of the nation.

The group has shared a process of institutional diversity and inclusion self-study and issued a statement to protect diverse learners during educational disruptions related to COVID-19.

Learn more with the AMA about how medical education can get up to 3,000 more Black people in physician pipeline.

Launched last year, the AMA Center for Health Equity has a mandate to embed health equity across the organization so that health equity becomes part of the practice, process, action, innovation and organizational performance and outcomes.