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Author: Kam Sharon; Kang Jooeun

Title: Addressing Microaggressions in the Health Care Workplace: Giving Trainees a Voice

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Addressing Microaggressions in the Health Care Workplace: Giving Trainees a Voice

Sharon Kam
Medical student, Vanderbilt University School of Medicine, Nashville, Tennessee; ORCID: 0000-0002-9030-5267.

Jooeun Kang
MD-PhD candidate, Vanderbilt University School of Medicine, Nashville, Tennessee, email: jooeun.kang@vanderbilt.edu; ORCID: 0000-0002-6603-0988.

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To the Editor: Microaggressions against trainees are prevalent in academic medicine.\textsuperscript{1} Trainees often hesitate to report incidents, despite microaggressions bystander training, and the reality and extent of microaggressions within institutions are rarely acknowledged. How can we better support trainees and instill a better sense of community?

Microaggressions are “subtle snubs, slights, and insults directed toward minorities, as well as to women and other historically stigmatized groups, that implicitly communicate or at least engender hostility.”\textsuperscript{2} In medicine, trainees experience microaggressions by patients, peers, or those in higher academic ranks. Trainees are often discouraged from sharing their experiences of microaggressions for various reasons, including power differentials, uncertainty about intent, and little hope of change.\textsuperscript{3}

We call for widespread adoption of trainee-led, periodic reflective spaces, where trainees are invited to share their experiences of specific microaggressions with the intention of increasing awareness. Nonminority allies and nontrainees, especially nonminority stakeholders, should be encouraged to attend to learn about and assist in addressing biases. This is critical, as minority-only spaces are reactionary to microaggressions, failing to address the core causes of bias and instead focusing on adapting to the reality of microaggressions.

Thriving on the Wards, an annual event held by our group of Asian-identifying medical students, puts the aforementioned suggestions into practice. During this event, trainees reflect on racial microaggressions experienced in clinical spaces, acknowledge shared experiences, and brainstorm strategies. These yearly discussions have increased the sharing of incidents among peers at our institution and fostered engagement of nonminority allies. For instance, the third iteration of the event, held in the wake of the Atlanta shootings in July 2021, was co-organized
with medical school class presidents. Attendees included the deans of medical student affairs and diversity affairs as well as many non-Asian-identifying medical students.

Thoughtful dialogue should be followed by systemic change. While we are encouraged by the adoption of anonymous reporting systems and microaggressions bystander training by many academic institutions, reactionary seminars or workshops in response to current events, often led by students of color, fail to encourage continuous dialogue between medical education leaders and trainees. Trainees can, and should, assist in and monitor the progress of addressing microaggressions, but institutions should honor trainees’ main duty toward their education. Burdening trainees with both the identification and resolution of an institutional problem is neglectful and unsustainable. We hope that efforts to recognize microaggressions as a systematic barrier to minority trainee success will lead to meaningful longitudinal change.

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