No One Size Fits All

A Qualitative Study of Clerkship Medical Students' Perceptions of Ideal Supervisor Responses to Microaggressions (Bullock et al 2021. *Acad Med.*)

VISUAL ABSTRACT

RESPONDING TO MICROAGGRESSIONS

BEFORE *the microaggression*

Pre-brief.
Discussing micro-aggressions in advance signals to learners that their psychological safety is a priority and allows students to inform supervisors about preferences regarding responses to microaggressions.

DURING *the microaggression*

Respond in real-time.
Effective responses are short and direct. Options include educating the patient, humor, clarifying roles, and setting boundaries.

-or-

Bear witness & defer.
Providers can bear witness by intentionally exchanging a knowing look with the trainee and then discussing the microaggression later.

Stop the interaction.
If a very severe microaggression (e.g., racist slurs, etc.) occurs, step out as a team or create an opportunity for the trainee to exit.

AFTER *the microaggression*

Individualized debrief.
The pre-brief should inform the approach to debrief. Most students prefer a private check-in to discuss if debriefing with the entire team would be healing for the student. For microassaults or repeat microaggressions, students want their supervisor to propose the option of re-assignment.

Other Considerations

Patient context.
Students identified clinical context/ medical acuity as critical considerations. A microaggression from an ill or confused patient changed the timing and characteristics of the ideal response.

Interpersonal dynamics.
Students noted a patient's preferences for a provider with a concordant identity may not be a microaggression if the identity concordance offered comfort to the patient.

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(Bullock et al., 2020, p. S64)