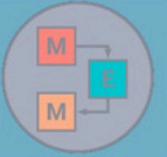


# No One Size Fits All

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 microaggressions 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.