

# A Pilot Longitudinal Diversity, Equity, and Inclusion (DEI) Curriculum: Resident Experiences and Attitudes Towards Implicit Biases and Microaggressions

Kristen Solomon, MD<sup>a</sup>, Preethi Rajan, MD<sup>a</sup>, MD, Brianna Glover, MD<sup>a</sup>, Roshan George, MD<sup>a</sup>,  
Dona Buchter, MD<sup>a</sup>, Nancy DeSousa, PhD, MPH<sup>bc</sup>

<sup>a</sup>Emory University, Department of Pediatrics, <sup>b</sup>Emory University, Office of Multicultural Affairs, <sup>c</sup>Emory University, Office of Graduate Medical Education

## Background:

Curricular initiatives around diversity, equity, and inclusion (DEI) are critical to promoting anti-racism and recruiting and retaining a diverse workforce in residency. Their importance is magnified by the ACGME's commitment to DEI as well as the recent social unrest in the United States and health disparities highlighted by the COVID-19 pandemic.

## Objectives:

- Evaluate resident attitudes towards implicit biases and microaggressions pre- and post-implementation of focused trainings among to better inform the creation and implementation of future DEI curricula components
- Improve trainees' abilities to respond to and address microaggressions in both the clinical and educational environments

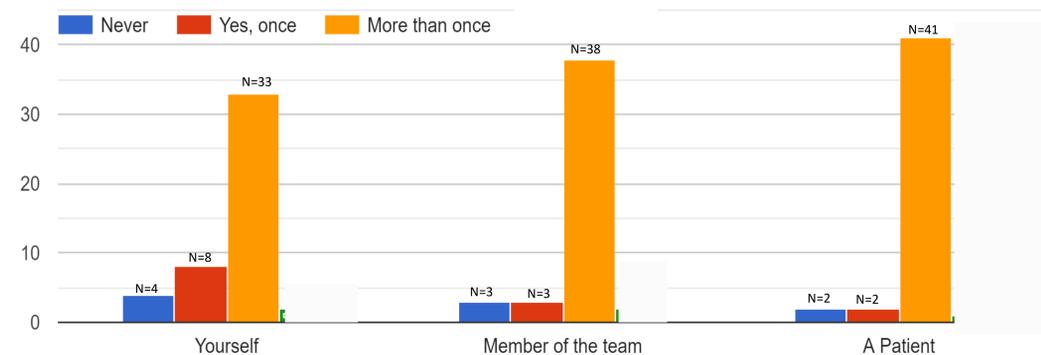
## Methods:

As part of a pilot longitudinal DEI curriculum, all 82 Emory Pediatrics residents attended two 2-hour virtual workshops, the first on Implicit Bias Training (IBT) and the second on microaggressions and tools for bystander intervention. Prior to the first session, residents took pre-selected Harvard Implicit Association Tests. The first session included core IBT concepts, biases specific to pediatric care, and small-group discussions facilitated by pediatric faculty members. The second session, which took place during each cohort's (PGY-1, 2, 3) didactic time, expanded upon microaggressions and tools for bystander intervention, which included resident-written cases that reflected nuanced real-life experiences. Residents completed pre- and post-surveys assessing baseline attitudes towards implicit bias and preparedness to recognize and address microaggressions.

## Results:

- 75% of residents that completed pre- and post- surveys for the IBT session, felt very or somewhat comfortable with concepts surrounding IBT beforehand which increased to 97% post-session.
- 72% of residents that completed the pre- and post- surveys for the bystander intervention sessions had personally experienced a microaggression, 83% witnessed one or more towards a medical team member, and 89% witnessed one or more towards a patient at some point in their medical training.
- Prior to the session, only 9% of surveyed residents felt extremely or very well prepared to address witnessed microaggressions compared to 52% after training.

## Frequency of Experienced or Witnessed Microaggressions



## Comfort with Concepts behind Implicit Bias Training



## Preparedness to Address Microaggressions



## Discussion/Improvements:

The majority of General Pediatrics residents have directly or indirectly experienced microaggressions during their medical training, which they felt ill-prepared to address. Their comfort with the concepts behind implicit bias training and preparedness to address microaggressions improved through focused trainings, highlighting the need to prioritize and standardize a longitudinal DEI curriculum. Future data analysis would be improved by increased survey response rate, including improvement of pre- and post-survey concordance.

## Significance/Impact:

These introductory pilot trainings have since been incorporated annually as part of the innovative longitudinal DEI curriculum developed during the 2020-2021 academic year, which has been sustained during the 2021-2022 academic year. The curriculum contains shared components from other training programs<sup>1</sup> and can also serve as a replicable model, particularly in the era of COVID-19, where virtual collaboration is critical.

The components of the curriculum thus far include the following:

- Didactics related to DEI topics, including sessions on care of immigrant children, transgender health, and care of children with disabilities
- Health Equity Rounds<sup>1</sup> to highlight pediatric cases in which patient care was impacted by implicit bias
- DEI journal clubs

Receiving medical training in the Atlanta area gives learners the unique opportunity to work with a diverse patient population facing complex social barriers, including institutional racism. Understanding the impact of bias and increasing preparedness to address microaggressions will both improve the quality of training and learning environment for pediatric residents and directly impact their approach to patient care by providing frameworks for addressing health disparities.



A group of pediatric residents and medical students at the John Lewis mural in downtown Atlanta

1. Perdomo J, Tolliver D, Hsu H, He Y, Nash KA, Donatelli S, Mateo C, Akagbosu C, Alizadeh F, Power-Hays A, Rainer T, Zheng DJ, Kistin CJ, Vinci RJ, Michelson CD. Health Equity Rounds: An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism for Faculty and Trainees. MedEdPORTAL. 2019 Nov 22;15:10858. doi: 10.15766/mep\_2374-8265.10858. PMID: 32166114; PMCID: PMC7050660.