



Implicit Bias and Microaggressions Subtle Acts of Exclusion in the Clinical Rotations Setting

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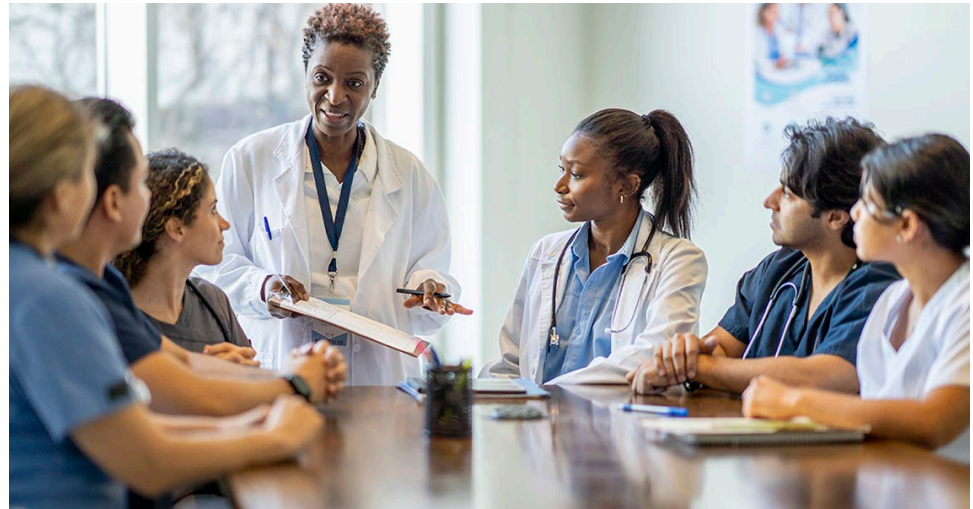
- I have no financial relationships to disclose.

Objectives

- Define implicit bias and microaggressions/subtle acts of exclusion in healthcare education.
- Recognize how these behaviors impact learners, colleagues, and patients.
- Apply strategies to mitigate bias and respond effectively to microaggressions in the clinical teaching environment.
- Promote an inclusive clinical learning environment that supports osteopathic principles of holistic care.

Why We Are Here

- Support student growth
- Recognize how implicit bias can shape teaching and evaluations
- Model equitable, patient-centered care for future physicians



Bias

Tendency, preference, or prejudice that influences the way we think, perceive or act.

- Shapes how we interpret information and make decisions
- Can be conscious or unconscious
- Positive or Negative
- Influences perception and judgement
- Rooted in experience and culture
- Many types of bias



Types of Bias

Type of Bias	Definition	Example
Confirmation Bias	Tendency to seek out or interpret information that confirms existing beliefs.	Ignoring scientific evidence that conflicts with a belief about vaccines.
Cultural Bias	Judging behaviors or traditions through the lens of one's own culture.	Assuming a student avoiding eye contact is disrespectful, when it's cultural respect.
Gender Bias	Favoring or discriminating against individuals based on gender.	Assuming men are better leaders and women are better caregivers.
Age Bias	Prejudice or assumptions based on someone's age.	Not hiring someone older because they 'won't adapt to technology.'
Racial / Ethnic Bias	Stereotyping or treating people differently based on race or ethnicity.	Spending less time explaining treatment options to certain racial groups.
Affinity Bias	Favoring people who are similar to oneself in background or interests.	Promoting someone because they went to the same college.
Anchoring Bias	Relying too heavily on the first piece of information encountered.	Believing a car priced at 45,000 is cheap because the first price seen was 50,000.
Halo / Horns Effect	Letting one positive or negative trait shape overall judgment.	Thinking a well-dressed candidate is competent (halo), or a late candidate is unreliable (horns).
Implicit Bias	Unconscious stereotypes or assumptions that influence decisions.	A teacher unknowingly calling on boys more than girls in math class.
Explicit Bias	Conscious, deliberate prejudice or favoritism.	Saying 'women don't make good surgeons.'

Implicit Bias

Automatic, unconscious attitudes or stereotypes that affect how we think about, perceive, and interact with other people.



Implicit Bias Example

During an outpatient pediatrics rotation, a medical school preceptor observes two students giving discharge instructions to parents.

- Student A is a native English speaker. The preceptor assumes the student delivered instructions clearly and does not ask the family to repeat them back.
- Student B has a noticeable accent, and English is their second language. Even though the student uses the same words and medical terminology as Student A, the preceptor frequently interrupts, re-explains the instructions to the family and later comments, “I’m not sure your patients will understand you as well.”

Why is this Implicit Bias?

How does this affect the student?

What does the evidence say?

2019 -“Assessing gender bias in qualitative evaluations of surgical residents”

- Men tended to receive more positives comments about overall performance.
- Men were more likely to be described in a superlative manner.
- Evaluations of women consistently had fewer words and phrases suggesting outstanding or exemplary performance.
- Example comment for male in first month- “Excellent intern for first month rotation.”
- Example comment for female in first month-”Seemed to be well grounded for an intern in first rotation. Had good attitude and potential.”



What does the evidence say?

2015-“The mixed impact of medical school on medical students’ implicit and explicit weight bias”

- Increased implicit and explicit biases were associated with less positive contact with patients with obesity and more exposure to faculty role modeling of discriminatory behavior or negative comments
- On average, implicit weight bias decreased in medical school
- On average, explicit weight bias increased in medical school
- When compared to general public where implicit weight bias increased and explicit bias stayed the same



Microaggressions/Subtle Acts of Exclusions

Microaggressions

- Everyday verbal, nonverbal, or environmental slights, snubs, or insults-whether intentional or unintentional-that communicates hostile, derogatory, or negative messages to individuals based on their marginalized group membership.

Subtle Acts of Exclusions (SAE)

- Brief, everyday comments or behaviors that-often unintentionally-exclude marginalize or demean people based on their identity or perceived difference.

RACIAL MICROAGGRESSIONS



Microaggression Example

A female medical student on her surgery rotation notices the following:

- During procedures, the attending surgeon regularly assigns her to “hold retractors” or “observe”, while male students are invited to suture or perform hands-on tasks.
- Patients occasionally assume she is a nurse, and the team does not correct them.

Finally, the student expresses interest in surgery as a career, a resident on the team responds, “That’s a tough specialty for women- are you sure you’ll want that lifestyle?”

Why is this an example of Microaggressions?

How does this affect the students?

How does this affect the culture of the team?

Subtle Acts of Exclusion Example

During morning rounds, an African American female medical student presents her assessment and plan confidently. The preceptor responds with:

“You’re very articulate for a female student-patients must appreciate that.”

Why is this an example of SAE?

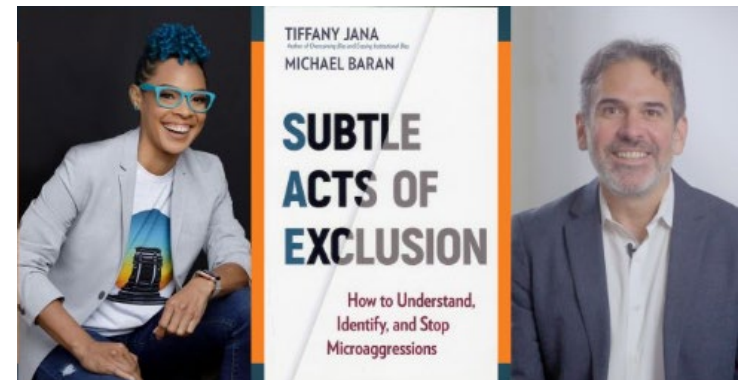
How does this affect the student?

How could this affect the culture of the hospital?

A Little More on SAE

- Impact over Intent
- Everyday, Often Unintentional
- Cumulative Impact
- Action-Oriented Framing
- Goal to Reduce Defensiveness and Foster Reflection

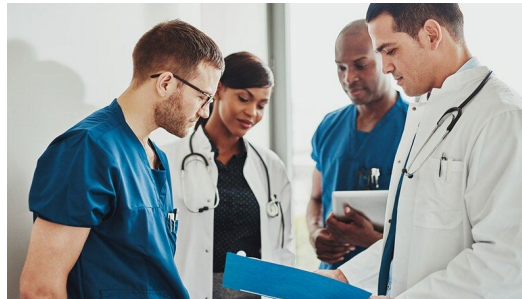
A Shift from Blame to Responsibility



What does the evidence say?

2023 “Where are you really from?": a qualitative study of racial microaggressions and the impact on medical students in the UK

- Students self-identified being from a racially minoritized background reported that their medical school experiences were regularly affected by racial microaggressions.
- Believed microaggressions impeded their learning, performance, and well-being.
- Perceived to be an additional burden not experienced by their white counterparts



What does the evidence say?

2019 -An exploratory study on microaggressions in medical school

- 56% of respondents had heard of the term microaggressions
- 54% reported experiencing microaggressions in medical school
 - 10% in settings other than medical school
 - 36% reported no microaggressions
- Out of the students who experienced microaggressions in medical school
 - 50% was in preclinical years
 - 46% in clinical years
 - 4% in elective rotations
- Females were more likely to encounter microaggressions in medical school compared to males (60% vs 45%)



What does the evidence say?

2016 Microaggressions Toward Lesbian, Gay, Bisexual, Transgender, Queer, and Genderqueer People: A Review of the Literature

- Microaggressions operate at multiple levels
 - Distal and proximal microaggressions both harm LGBTQ youth raising anxiety and stress
 - Living in states without heterosexist laws is linked to higher self-esteem
 - Identity salience/comfort can buffer some harms.



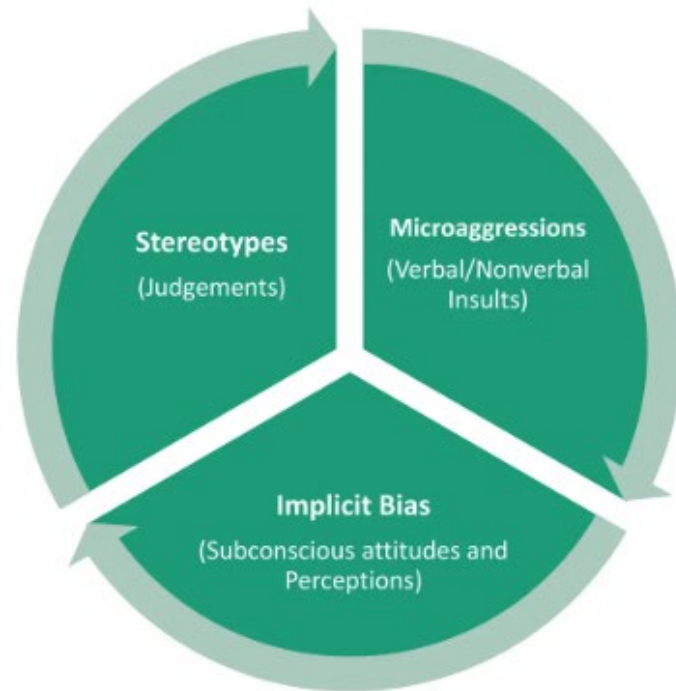
The Connection

TYING IT ALL TOGETHER

Implicit Biases, Microaggressions, and Stereotypes are interrelated concepts.

Implicit Biases are developed through exposure to **Stereotypes** and other forms of misinformation over time.

These implicit biases can then lead well-intentioned people to commit **Microaggressions** against people of color, Native people, and others with marginalized identities.



Strategies and Tools

Awareness and Self-Reflection

- Acknowledge everyone has implicit bias
 - It does not mean a person is intentionally discriminatory
 - Without awareness and reflection, unconscious associations can affect decisions, judgments, and behaviors.
 - Normalizes the discussion, reduces defensiveness, and shifts the focus from individual blame to collective responsibility.
- Implicit Association Test (IAT)
 - Consider taking or having your students take IAT
 - <https://implicit.harvard.edu/implicit/takeatest.html>

Set the Tone

- Model Inclusive Language
- Explicitly Establish Norms
- Normalize Mistakes and Growth

Inclusive LANGUAGE

Avoid	Instead
"wife" "husband" "boyfriend" "girlfriend"	"spouse" "significant other" "partner"
"mom" "dad"	"parents" "guardians" "caregivers"
"son" "daughter"	"children"
"ladies" "gentleman" "guys" "gals"	"everyone" "people" "colleagues" "team"
"sexual preferences"	"sexual orientation" "sexuality"
"maternity leave" "paternity leave"	"parental leave"
"Mr." "Mrs." "Miss" "Ms."	"Alex" "Sharon" "James" "Blake"
"she" "he"	"they" "them"
"homosexual"	"gay" "lesbian"
"mailman" "policeman" "chairman"	"mail clerk" "police officer" "chairperson"

Simply use
their preferred
name.



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Respond in the Moment

Start by noticing a microaggression or SAE then do one of the following:

- Pause to clarify or redirect in a respectful way
- Ouch/Oops Framing
 - Ouch: The person who experienced or witnessed the microaggression says “Ouch” to signal that something harmful, offensive, or problematic was said or done.
 - Oops: The person who committed the microaggression is given space to say “Oops”-acknowledging that what they said or did may have been unintentional and signaling openness to correction and learning
- Support the impacted individual
 - Check in privately to validate their experience, reinforce belonging and offer advocacy.

Equitable Teaching and Evaluation Practices

- Structured observation tools
 - Use rubrics/checklists to reduce subjectivity in evaluations
- Rotate opportunities fairly
 - Ensure all students are offered equal chances for procedures, patient interactions, and presentations
 - Consider keeping a list or note
- Mitigate Bias (affinity)
 - Be mindful not to favor students who share similar backgrounds, communication styles, or interests.

Encourage Allyship and Bystander Intervention

- Encourage and teach learners to speak up
 - Model language they can use
- Intervene Constructively
 - Address bias without shaming
 - Focus on growth and understanding
- Promote team accountability
 - Encourage clinical team to take shared responsibility for maintaining an inclusive culture

Foster Belonging and Psychological Safety

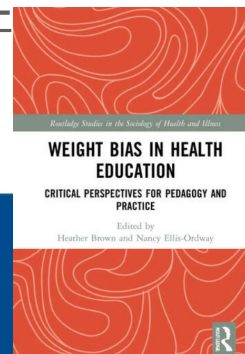
- Celebrate diverse perspectives
 - Actively invite input from learners who may be overlooked
- Highlight contributions fairly
 - Acknowledge students' clinical insights and successes publicly
- Create safe debriefing spaces
 - Provide time for students to share experiences of bias or exclusion with confidentiality and follow-up

Additional Video Resources

- Managing Microaggressions
 - American College of Surgeons
 - <https://www.youtube.com/watch?v=W95Mu-fOzPU>
- Addressing Microaggressions and Macroaggressions in the Clinical Encounter
 - UW Department of Medicine
 - <https://www.youtube.com/watch?v=JmjmlQVC3FQ>
- Microaggressions in Medical Education, Pilot “People Like Her”
 - UCONN School of Medicine
 - <https://www.youtube.com/watch?v=AiWxh-bfDF8>

Additional Reading Resources

- **Unconscious Bias in Academic Medicine: How the Prejudices We Don't Know We Have**
 - By: Association of American Medical Colleges
- **Weight Bias in Health Education Critical Perspectives for Pedagogy and Practice**
 - Edited by: Heather Brown and Nancy Ellis-Ordway
- *Understanding Healthcare Students' Experiences of Racial Bias: A Narrative Review of the Role of Implicit Bias and Potential Interventions in Educational Settings*
 - By: Olivia Rochelle Joseph, Stuart W. Flint, Rianna Raymond-Williams, Rossby Awadzi, Judith Johnson
- **Addressing Microaggressions in Healthcare: Lessons From Intervention Studies**
 - By: Rui Fu and Stephen Leff
 - <https://injury.research.chop.edu/blog/posts/addressing-microaggressions-healthcare-lessons-intervention-studies?utm>



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Questions?



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