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# Addressing Racial Microaggressions in Health Professions Education: A Micro Intervention Workshop Model

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## ABSTRACT

Developing skills as an antiracist clinician, educator, or advocate begins with sustained, honest self-examination of one's own biases and social positioning. This report presents a short, highly participatory curricular workshop designed to help learners recognize how power differentials and identity-based hierarchies shape communication within academic medicine and clinical care environments. Session content traced the origins and ongoing consequences of microaggressions in health care settings and introduced concrete response strategies that participants could apply in the moment. Rather than relying on abstract theory alone, facilitators grounded discussion in realistic case scenarios and used live polling technology to actively engage attendees in practicing micro intervention techniques. Drawing on established frameworks, the workshop presented micro intervention as a four-part response: exposing hidden bias, minimizing its harm, prompting reflection in the person responsible, and offering reassurance and support to those affected. Institutions seeking to build more inclusive, dialogue-driven environments may adapt this workshop format as a template for faculty development programming and to cultivate shared responsibility for equitable practice.

**KEYWORDS:** Microaggressions; Microintervention; Interprofessional Education; Antiracism In Medicine; Health Equity Training; Bystander Intervention; Medical Education Curriculum.

## INTRODUCTION

Health professions education has increasingly recognized that clinical hierarchies and social identity intersect in ways that shape everyday communication among trainees, faculty, and staff. Microaggressions sustain existing hierarchies and power structures that can negatively affect both healthcare delivery and patient outcomes. These exchanges are frequently brief, easy to dismiss individually, and difficult to name in the moment — which is part of what makes them so corrosive to team culture over time [1].

Derald Wing Sue and colleagues have argued that for too long, silence, passivity, and inaction have functioned as the default — if ineffective — response to microaggressions, and that inaction itself sustains biased behavior at individual, institutional, and societal levels. In response, Sue's group proposed a structured alternative: rather than treating microaggressions as unavoidable background noise [2], individuals can be trained in specific "microintervention" strategies — concrete, learnable actions that make the invisible visible, educate the person responsible, disarm the interaction in real time, and seek outside support or alliance [3].

This framework has relevance in interprofessional settings, where layered power differences tied to professional role, race, gender, and other intersecting identities can leave some team members more exposed to repeated bias than others. [Describe your specific institutional/programmatic context here — e.g., which learners/professions were involved, what prompted development of this workshop [4].

## BACKGROUND AND LITERATURE CONTEXT

Other health professions programs have begun testing similar approaches. One interprofessional education initiative, for instance, embedded simulation-based scenarios into a required first-year course spanning six health disciplines specifically to help students recognize and respond to microaggressions in practice. This reflects a broader shift in interprofessional education toward explicit, practiced skill-building around bias response rather than passive awareness alone [2].

The workshop's format, length, and number of sessions, along with the disciplines and roles represented among participants. It should also explain what interactive audience feedback technology was used and how it was incorporated into the discussion. Describe, in general terms, the kinds of

scenarios presented to participants, taking care not to reproduce identifiable or proprietary case material verbatim. Finally, explain how the four micro intervention strategies were introduced, modeled, and practiced during the session, including any facilitator prompts or debrief structure used to reinforce the concepts [5].

## DISCUSSION

This section should describe how participants engaged with the material, if that was formally observed or measured, and any patterns noticed across sessions or cohorts. It should also acknowledge any challenges encountered in facilitating discussion of a sensitive topic like bias and hierarchy, and how those challenges were addressed or might be addressed differently in future iterations. The discussion should then connect these observations back to the broader literature summarized above, situating the workshop's approach within existing work on micro intervention training in health professions education [6].

## CONCLUSION

The conclusion should summarize what the workshop demonstrated as replicable or transferable to other institutions, and state clearly how other organizations might adapt the model for their own professional development programming. It should also note the limitations inherent to a short-communication format and a single-site implementation and suggest what further evaluation or research would strengthen confidence in the approach going forward.

## REFERENCES

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