Abstract

Although several studies have investigated the relationship between biased language and patient care outcomes, few have attempted to outline methods for reducing biased language in medical trainees or medical practice. A recent workshop at Stanford successfully implemented an anti-biased language curriculum for health-care providers; however, attendance was optional, and as a result, attendees were likely more invested in the workshop objectives. The goal of this study is to determine whether a curriculum based in the Stanford workshop increases understanding of anti-biased language and its impact on patient care in a standard group of rising third-year medical students. To our knowledge, no similar study exists in the literature. We found that students' understanding of anti-biased language and patient care increased because of the workshop. Students felt that the workshop was a valuable use of time, and several recommended it should be optional, and as a result, attendees were likely more invested in the workshop objectives. The goal of this study is to determine whether a curriculum based in the Stanford workshop increases understanding of anti-biased language and its impact on patient care increased because of the workshop. Students felt that the workshop was a valuable use of time, and several recommended it should be optional and as a result, attendees were likely more invested in the workshop objectives.

Purpose

The purpose of this study is to reveal the impact of an anti-biased language curriculum on third-year medical students and their attitudes toward reducing stigmatizing language on wards. Specifically, this study explores attitudes from the first workshop in a two-part series. The first workshop took place in February 2022 before students began their third-year rotations.

Methods

This is a qualitative study analyzing the first part of a two-part workshop series. Students filled out a pre-workshop survey to assess baseline understanding of stigmatizing language and comfort with reducing stigmatizing language. Students responded to statements on a five-point scale including, “Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree.” After the presentation, students were assessed with the same questions on the same scale. Results are expressed as percentages of students responding for each category on the 5-point scale for each question. Qualitative questions were used to determine what students learned, what can be improved, and what was enjoyed most about the workshop.

Results

Thirty-two students made comments about how they would be more mindful of their language in notes, presentations, or other communications about patients. Seven students made comments about how they intended to discuss bias with superiors or create teaching points about anti-biased language. Thirty-six students mentioned that power dynamics or hierarchies would be boundaries to addressing biased language on wards.

Conclusion

Rising third-year students reported an increased awareness of and ability to mitigate biased language use in a clinical setting after this workshop; however, students anticipate discussing biased language on wards as a challenge. Almost all students found this workshop a valuable use of their time, and several recommended a similar presentation for residents and attendings.

References


Impact of an Anti-Biased Language Curriculum on Rising Third-Year Medical Students

Caroline Braun, MS4, Maya Eady, MD, MEd, FAAP

I understand how to identify and replace language in a clinical setting.

I am comfortable applying anti-bias strategies to how I discuss patients in the clinical setting.

I would feel comfortable discussing anti-bias strategies and language with my teams on rotations.

This workshop will impact how I communicate about patients.

This workshop was a valuable use of my time.

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<th>Before n=95</th>
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<td>I understand how to identify and replace language in a clinical setting.</td>
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