



ASHT DEI Virtual Training Toolkit

Case Simulation Curriculum

Developed by Valerie Aziegbe, OTR/L, CHT, COEE
In Partnership with the American Society of Hand Therapists (ASHT)

8 Case-Based Modules | Branching Decision Scenarios | Research Insights | Guided Reflection

MODULE 2

The Fieldwork Student Who Doesn't Fit In

QUESTIONS

ASHT DEI VIRTUAL TRAINING TOOLKIT

The Fieldwork Student Who Doesn't Fit In

Theme: Microaggressions in Clinical Education, CI Accountability, and Student Advocacy



SCENARIO

Case: Darius's Level II Fieldwork Experience

Student: Darius, a Black male Level II fieldwork student placed in a predominantly white hand therapy clinic.

Situation: Over six weeks, Darius notices a consistent pattern: his CI gives him shorter, less detailed feedback than other students. When he poses a clinical question during a team discussion, it is dismissed, but moments later, a white peer raises the same point and receives praise.

Context: Darius is unsure whether what he is experiencing is coincidental or a pattern of bias. He is worried about his fieldwork grade and does not want to 'make trouble.'

Stakes: If unaddressed, this pattern affects Darius's clinical development, sense of belonging, and likelihood of remaining in the profession.



LEARNING OBJECTIVES

- Identify the characteristics and impact of microaggressions in clinical training environments.
- Understand the responsibility of clinical instructors and clinical directors in addressing bias.
- Apply structural and interpersonal strategies to support URM students on fieldwork.

DECISION POINT 1: DARIUS RECOGNIZES A PATTERN

After five weeks, Darius is certain the pattern is real. He is hesitant to report it. What should Darius do?

- A. Say nothing and complete the fieldwork. Drawing attention to it could hurt his grade.
- B. Begin documenting specific incidents with dates, direct quotes, and context. Then, consult his academic fieldwork coordinator (AFWC) at his university.
- C. Confront the CI directly and ask why feedback has been inconsistent.
- D. Ask a peer to informally observe interactions and validate his experience.

DECISION POINT 2: THE CI'S RESPONSE

The AFWC contacts the CI. The CI says: 'I treat all my students the same. Darius is just not as assertive as my other students.' How should the CI's clinical director respond to this?

- A. Accept the CI's explanation, they are experienced and have supervised many students successfully.
- B. Schedule a formal review that includes an examination of Darius's documented incidents, feedback records for all current students, and a reflective conversation with the CI about implicit bias.
- C. Move Darius to a different CI for the remainder of the placement without addressing the original pattern.
- D. Require the CI to complete implicit bias training before supervising future students of color.

DECISION POINT 3: SYSTEMIC RESPONSE

Following this incident, what systemic change should the clinic implement to prevent recurrence?

- A. Post a DEI statement in the clinic lobby.
- B. Implement a structured student feedback protocol where students rate CI feedback quality anonymously at regular intervals, with results reviewed by the clinical director.
- C. Assign a URM mentor to every URM student on fieldwork.
- D. Establish an anonymous reporting channel and a formal investigation protocol for bias complaints from students of all backgrounds.



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ANSWER SHEET

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The Fieldwork Student Who Doesn't Fit In

Theme: Cultural Communication, Patient Autonomy, and Interpreter Use



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DECISION POINT 1: DARIUS RECOGNIZES A PATTERN

After five weeks, Darius is certain the pattern is real. He is hesitant to report it. What should Darius do?

A Say nothing and complete the fieldwork. Drawing attention to it could hurt his grade.

✗ INCORRECT

Remaining silent to protect a grade is an understandable impulse, but it allows the pattern to continue for Darius and potentially for future students of color placed at this site. Ford et al. (2021) found that fear of retaliation is a primary reason URM students do not report bias, which perpetuates inequitable training environments. The burden should not fall on the student to absorb discriminatory treatment.

B Begin documenting specific incidents with dates, direct quotes, and context. Then, consult his academic fieldwork coordinator (AFWC) at his university.

✓ BEST CHOICE

This is the recommended approach. Documentation creates an objective record and consulting the AFWC puts the appropriate institutional support structure in motion. AFWCs have both the expertise and the responsibility to advocate for students and address site-level issues. (Brown et al., 2021; Ford et al., 2021)

C Confront the CI directly and ask why feedback has been inconsistent.

⚠ PARTIAL CREDIT

Direct conversation can sometimes be effective, particularly if the CI is open to feedback. However, given the power imbalance inherent in the CI-student relationship (especially for a student being graded) this approach carries significant risk. Documentation and AFWC consultation should precede or accompany any direct conversation. (Ford et al., 2021)

D Ask a peer to informally observe interactions and validate his experience.

⚠ PARTIAL CREDIT

Seeking validation from a trusted peer can be emotionally supportive and may help Darius feel less isolated. However, peer observation is not a formal reporting mechanism and does not trigger any institutional response. It should be a support strategy, not a primary course of action. (Serrano-Diaz et al., 2025)

DECISION POINT 2: THE CI'S RESPONSE

The AFWC contacts the CI. The CI says: 'I treat all my students the same. Darius is just not as assertive as my other students.' How should the CI's clinical director respond to this?

A Accept the CI's explanation, they are experienced and have supervised many students successfully.

✗ INCORRECT

Accepting this explanation without investigation is a failure of institutional accountability. Dismissing a documented pattern of differential treatment as a student's personality issue is itself a form of implicit bias. Experience alone does not preclude bias. (Espinosa et al., 2025; Ford et al., 2021)

B Schedule a formal review that includes an examination of Darius's documented incidents, feedback records for all current students, and a reflective conversation with the CI about implicit bias.

✓ BEST CHOICE

This response reflects the structural accountability called for in the literature. Comparing feedback records across students creates objective data. Engaging the CI in a reflective, not punitive, bias conversation models the kind of culturally safe environment that supports both clinician and student growth. (Brown et al., 2021; Downey et al., 2014; Ford et al., 2021)

C Move Darius to a different CI for the remainder of the placement without addressing the original pattern.

⚠ PARTIAL CREDIT

Documenting the proxy dynamic is good clinical practice and shows self-awareness. However, stopping at documentation without attempting to obtain Yuki's self-report first is a missed opportunity for patient-centered care. Documentation of a proxy response is a last resort, not a first response. (Serrano-Diaz et al., 2025)

D Require the CI to complete implicit bias training before supervising future students of color.

⚠ PARTIAL CREDIT

Mandating training is a reasonable accountability measure. However, training alone, without structural follow-up, documentation review, and accountability mechanisms, is often insufficient to produce lasting change. Brown et al. (2021) AND Espinosa et al. (2025) both note that DEI training must be coupled with accountability structures to be effective.

DECISION POINT 3: SYSTEMIC RESPONSE

Following this incident, what systemic change should the clinic implement to prevent recurrence?

A Post a DEI statement in the clinic lobby.

✗ INCORRECT

Symbolic statements without accompanying structural change have been shown to be ineffective and can increase frustration among URM staff and students who experience a gap between stated values and lived reality. (Downey et al., 2014; Espinosa et al., 2025)

B Implement a structured student feedback protocol where students rate CI feedback quality anonymously at regular intervals, with results reviewed by the clinical director.

✓ BEST CHOICE

Structural accountability mechanisms, not just awareness campaigns, are what the literature identifies as effective. Anonymous feedback at regular intervals removes barriers created by power differentials and creates ongoing data for leadership to act on. (Brown et al., 2021; Espinosa et al., 2025; Ford et al., 2021)

C Assign a URM mentor to every URM student on fieldwork.

⚠ PARTIAL CREDIT

Mentorship for URM students has clear value and is supported by Ford et al. (2021). However, this strategy alone places the burden of DEI work on URM staff, a form of the 'Black/Brown Tax.' It should be one component of a comprehensive approach, not the primary response. (Williamson et al., 2021)

D Establish an anonymous reporting channel and a formal investigation protocol for bias complaints from students of all backgrounds.

✓ BEST CHOICE

A formal, anonymous reporting and investigation protocol is a foundational accountability structure. It signals institutional commitment and protects all students, not only those from underrepresented backgrounds. This aligns with systemic inclusion strategies outlined by Downey et al. (2014) and Espinosa et al. (2025).



WHAT DOES THE RESEARCH SAY?

Schouten et al. (2020) Mitigating Language and Cultural Barriers in Healthcare Communication: Toward a Holistic Approach. Patient Education
aFord et al. (2021) found that URM OT practitioners and students commonly experience a pattern of having their ideas ignored or attributed to non-URM colleagues, a form of microaggression that erodes confidence and sense of belonging.

Brown et al. (2021) identified the lack of diversity in clinical education settings as a structural barrier to the pipeline, noting that accrediting bodies must require programs to document URM recruitment and retention strategies.

Serrano-Diaz et al. (2025) found that URM students experience pressure to conform in clinical settings, frequently feeling like outsiders and carrying additional emotional burden not experienced by their peers.

Espinosa et al. (2025) emphasizes that successful DEI efforts require designated accountability structures, not just training initiatives, to drive meaningful change.

Williamson et al. (2021) specifically cautions against overburdening URM faculty and staff with diversity labor, which constitutes the 'minority tax' and disproportionately impacts career progression.

SELF-REFLECTION CHECK-IN

Reflection Prompt 1:

Have you ever witnessed a colleague's contribution go unacknowledged, only to be credited to someone else? What did you do in the moment? What would you do differently now?

Reflection Prompt 2:

If you are a CI or mentor, how do you currently solicit feedback from students or mentees about the quality and equity of your guidance? What would it take for a student to feel truly safe giving you honest feedback?