Learning Objectives

• Define inclusivity
• Describe strategies to create an inclusive learning environment
Check-In

• Name
• Role(s)
• If you were a flavor of ice cream, what would it be and why?
Community Agreement

• Confidentiality
  o What is said here stays here
  o What is learned should be shared broadly

• Be present with an open mind and open heart

• Create a learning community
  o This is not about good or bad
  o Brave space
  o Lean into discomfort
  o Engage and Listen for understanding
Some Context...

Health and Society
Color Key
Domains of Health Systems Science

- Population and Public Health
- Evidence Based Medicine and Practice
- Policy, Economics, and Finance
- Leadership
- Healthcare Structures and Processes
- Clinical Informatics and Health Information Technology
- Value Based Care
- Health Systems Improvement
- Ethics

* These sessions are foundational for Service Learning
<table>
<thead>
<tr>
<th>Foundational Principles</th>
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<tr>
<td>*Structural Racism</td>
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<td>*Implicit Biases, Microaggressions, Cultural Humility PLUS Upstander Training</td>
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<td>COVID19 - A Case Analysis</td>
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<td>Introduction to EBM</td>
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<td>Access to Care - Health Insurance 101</td>
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<td>PBL Case #1</td>
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<th>Hemoglobin &amp; Lymphatic Systems</th>
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<td>Conflict Management</td>
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<th>Gastrointestinal Systems</th>
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<td>Tobacco Use</td>
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<td>*Intersectionality &amp; Minority Stress Theory</td>
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<td>PBL Case #2</td>
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<td>EBM Critical Analysis</td>
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<td>Nutrition 101</td>
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<td>Pulmonary &amp; Cardiovascular Systems</td>
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<td>Climate and Health</td>
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<td>Introduction to Value-Based Care</td>
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<td>EBM Critical Appraisal - Cross Sectional Study</td>
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<td>Introduction to Patient Safety/QI</td>
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<td>Culture, Religion, Spirituality, and Healthcare</td>
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<td>*Power, Privilege, and Position</td>
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<td>Working with Patients who have Limited English Proficiency</td>
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To Inclusion
What is inclusivity?
Inclusivity

• “the intentional incorporation of strategies and practices that foster a sense of belonging by promoting meaningful interactions among persons and groups representing different traits, perceptions, and experiences.”
What are your concerns?
Scoping Review

1. Students from UMGs experience discrimination from peers, faculty, patients, and clinicians.

2. The cumulative effect of discrimination is a lack of belongingness, which is associated with adverse outcomes.

3. All aspects of the learning community act as facilitators or barriers to inclusivity or a sense of belongingness.
Community Level

• Creating a supportive peer culture
  • Foster an environment where learners, know, respect, and trust each other
  • Start sessions with check-in or personal sharing

• Set positive expectations for how you will interact
  • Ask learners what they need

• Statements around professional behavior and civility
  • We hope to create a space that is safer (with intentionality toward the diversity, equity, and accessibility of this space and a commitment to interrupt and discuss dialogue that appears to have an intent to harm); however, we recognize in the pursuit of welcoming everyone's perspective and encourage growth we cannot assure the space will feel safe for all. We use brave, as a recognition that vulnerably sharing yourself, to speak in the space, and to hear other perspectives is a brave act. While a safe space may attempt to reduce harm, a brave space encourages mutual learning and accountability with a recognition that as individuals grapple with these concepts harmful statements may be made.
Recognize how students are included

- Inclusive language
  - Introductions routinely start with Name and Pronouns
  - Neutral Language

<table>
<thead>
<tr>
<th>USE THIS:</th>
<th>INSTEAD OF THIS:</th>
<th>RATIONALE</th>
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<tr>
<td>You all</td>
<td>You guys</td>
<td>This is more inclusive of mixed gender groups</td>
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<tr>
<td>Hi everyone</td>
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<td>Partner</td>
<td>Husband</td>
<td>This is more inclusive of various relationship statuses and sexual orientation</td>
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<td>Spouse</td>
<td>Wife</td>
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<td>Significant other</td>
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<td>Winter break</td>
<td>Christmas break</td>
<td>This is more inclusive of different religions</td>
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<td>Holiday season</td>
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<td>Move to</td>
<td>Walk to</td>
<td>This is more inclusive for individuals who have different physical abilities</td>
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<tr>
<td>For those of you who have traveled abroad….</td>
<td>Remember the last time you traveled abroad….</td>
<td>This is more inclusive of individuals who have different lived experiences</td>
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• Opportunities for participation
  • Give students enough time to participate (5-10 seconds of silence is OK), listen fully to their responses, encourage students to respond to each other, and emphasize student ideas.
  • Reflect on whether you are calling on students equitably and hearing and responding to their perspectives in an unbiased manner

• Active fostering of dialogue
  • Should a difficult conversation arise, encourage students to pause and recognize their thoughts and emotions.
  • Ask students to listen carefully to different points of view and ask clarifying questions.
  • It is critical to not personalize remarks or respond punitively to students whose positions you find offensive as this may exacerbate the conflict.

• Modeling vulnerability, learning, and openness
Interpersonal level

• Working with students:
  • Ask what they need for an inclusive environment
  • Pre-plan how you are going to address an implicit biases, microaggressions, or concerns
  • Get to know them as an individual:
    • Name they go by, pronouns
    • Use open-ended questions
    • Do not expect them to speak for an entire group
  • Flexibility, when able
  • Understand where your feedback is coming from
Set up for success

- Assess and acknowledge feelings
- Make students feel welcomed and appreciated
- Offer help
- Invite questions, comments, and/or concerns
- Orient students to the clinical learning environment
- Provide specific objectives and expectations
- Develop student coping skills

- Allow time for questions before, during, and after clinical experiences
- “Thank you for your question.”
- Provide a list of commonly used terms and abbreviations
- Help students identify and practice dealing with negative situations
- Debrief with students after they experience discrimination
Cultivate a culture of safety

• Be accessible and approachable
• Create a trusting, non-punitive environment
• Invite participation and feedback
• Admit to own mistakes and/or knowledge gaps

• Be visible and provide contact information
• “Thank you for coming to me with that question.”
• Encourage flattened hierarchies (consider the language we use to speak with each other)
Clinical Facilitation Skills

• Assess and set aside your own biases
• Provide appropriate feedback
• Be flexible and adapt to changing situations
• Empower and encourage students

• Provide specific, actionable, behaviorally-based feedback
• Mix positive feedback with areas for improvement
• “I am not sure the answer to that. Let’s look it up together.”
• Do not tolerate discriminatory behaviors and address them promptly
Provide other supports

• Help students identify resources
• Assist with navigating the academic and clinical learning environments
• Role model desired behaviors
• Encourage peer-to-peer support
• Praise students in public

• Learn what support resources are available to students
• Discuss any concerns that may impact student success
Speaking with patients

• Clarify student role as part of the team
• Role model:
  • open-ended questions
  • Listening
  • shared decision-making
• Create a positive impression
Speaking about patients

Guiding Principles for Unbiased, Inclusive Communication:
1. Avoid use of adjectives such as “vulnerable” and “high-risk”
3. Remember that there are many types of subpopulations
4. Avoid saying “target,” “tackle,” “combat” or other terms with violent connotation when referring to people, groups, or communities
5. Avoid unintentional blaming
Avoid adjectives such as high-risk

**AVOID:**
- Vulnerable groups
- Hard-to-reach
- Underserved
- Underprivileged
- Disadvantaged
- High-risk
- At-risk

**USE THIS:**
- Groups that have been historically marginalized
- Groups experiencing disadvantage because of (reason)
- Groups with higher risk of (outcome)
- Groups disproportionally affected by (condition/experience)
Use person-first language

AVOID:
• Obese patient
• The homeless
• Disabled person
• Inmates
• Victim
• Diabetic patient

USE THIS:
• Person with obesity
• Person experiencing (health outcome or life circumstance)
• Person with mobility impairment
• Person who is (or has a history of) incarceration
• Survivor (or person who experienced XX)
Multiple types of subpopulations

AVOID:
• Minorities
• Ethnic groups
• Racial groups

USE THIS:
• Specify the type of subpopulation:
  • (People from) racial and ethnic groups
  • (People from) sexual/gender/linguistic/religious groups
  • (People living with) mobility/cognitive/vision/hearing impairments
• Historically marginalized or minoritized
Avoid violent communication

AVOID:
• Target communities for intervention
• Target population
• Tackle issues within the communities
• Aimed at communities
• Combat (disease)
• War against (disease)

USE THIS:
• Engage/collaborate with (population of focus)
• Consider the needs of (population of focus)
• Intended audience
• Communities/populations of focus
• Eliminate (issue/disease)
Avoid unintentional blaming

AVOID:
• Cheating on your diet
• Patients who refuse vaccines
• Non-compliant
• Denies
• People who do not seek healthcare

USE THIS:
• Explore factors that impact diet
• Patients who choose not to receive vaccines
• Not taking medications as prescribed because (reason)
• Not following through with agreed upon plan because (reason)
• Does not report (symptom or topic)
Engaging in challenging conversations
Intermittent Questions

• Evidence: ‘What evidence is there to support that?’
• Clarification: ‘Can you explain what that means?’
• Explanation: ‘Why do you think that would be the case?’
• Linking: ‘How does this idea support what we mentioned earlier on?’
• Hypothetical: ‘What would happen if?’
Other options

• I’m curious what you mean by that.
• Help me understand why...
  • 5 Why’s
Talking about race—what NOT to do:

• Do Nothing
• Sidetrack the conversation
• Appease the Participants
• Terminate the Discussion
• Become Defensive
Successful Strategies:

• Understand your own racial and cultural identity
• Acknowledge and be open to admitting your own racial biases
• Be comfortable and open to discussing topics of race and racism
• Understand the meaning of emotions
• Validate and facilitate discussion of feelings
Successful Strategies

• Control the process and not the content
• Unmask the difficult dialogue through process observations and interventions
• Do not allow a difficult dialogue to be brewed in silence
• Understand differences in communication styles
• Forewarn, plan, and purposefully instigate race talk
• Validate, encourage, and express admiration and appreciation to participants who speak when it is unsafe to do so
Resources

• Advancing Health Equity: A Guide to Language, Narrative, and Concepts