



Inclusive Learning Environments

Rita Lee | *she, her, hers*



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
 - What is said here stays here
 - What is learned should be shared broadly
- Be present with an open mind and open heart
- Create a learning community
 - This is not about good or bad
 - Brave space
 - Lean into discomfort
 - 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

Foundational Principles	*Structural Racism
	*Implicit Biases, Microaggressions, Cultural Humility PLUS Upstander Training
	COVID19 - A Case Analysis
	Disability 101
	Introduction to EBM
	Access to Care - Health Insurance 101
	PBL Case #1
Hemoglobin & Lymphatic Systems	Conflict Management
	Healthcare Structures and Processes
	EBM Critical Appraisal
Gastrointestinal Systems	Tobacco Use
	*Intersectionality & Minority Stress Theory
	PBL Case #2
	EBM Critical Analysis
	Nutrition 101

Pulmonary & Cardiovascular Systems

Climate and Health

Introduction to Value-Based Care

Professionalism Discussion

EBM Critical Appraisal - Cross Sectional Study

Introduction to Patient Safety/QI

Culture, Religion, Spirituality, and Healthcare

*Power, Privilege, and Position

Working with Patients who have Limited English Proficiency

Renal & Urinary Systems

Informed Consent/Shared Decision Making

PBL Case #3 Part 1

EBM Critical Analysis - Diagnostic Study

PBL Case #3 Part 2

Health Insurance 102

*Collaborative Leadership

Nervous Systems	EBM Critical Analysis - Cohort Study
	Health Literacy
	Advanced Care Planning
	Safe Discharge Planning
	Service Learning Curriculum Check In
Musculoskeletal & Integumentary Systems	Disability 102
	Value-Based Care 102
	Intimate Partner Violence; Human Trafficking
	EBM Critical Analysis - Case Control Study
	Vaccine Preventable Illnesses
Mind & Behavior	Mental Health
	Child Abuse, Trauma Informed Care, and Impact of ACEs into Adulthood
	Substance Use Disorders

Endocrine & Metabolic Systems	Introduction to Research (Responsible Conduct of Research)
	Structural Differential of Obesity
	Global Health
	Refugee/Asylee/Immigrant Health
	Unstable Housing
	Pharmaceuticals
Reproductive System & Life Cycle	LGBT Health
	Controversies in Reproductive Health
	Conscientious Objection
	EBM Critical Appraisal - Systematic Review
	Service Learning Curriculum Debrief #2
	Disability 103 - Cognitive Disability
	Public Health Safety (Gun Violence, Driving, etc.)
	PBL Case #4



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

USE THIS:
You all
Hi everyone

INSTEAD OF THIS:
You guys

RATIONALE
This is more inclusive of mixed gender groups

Partner
Spouse
Significant other

Husband
Wife

This is more inclusive of various relationship statuses and sexual orientation

Winter break
Holiday season

Christmas break

This is more inclusive of different religions

Move to

Walk to

This is more inclusive for individuals who have different physical abilities

For those of you who have traveled abroad....

Remember the last time you traveled abroad....

This is more inclusive of individuals who have different lived experiences

- **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”
2. Avoid dehumanizing language. Use person-first language.
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 disproportionately 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
 - <https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf>
- Chicca J, Shellenbarger T. Fostering inclusive clinical learning environments using a psychological safety lens. *Teaching and Learning in Nursing*. 2020;14:226-232.