

Challenges/Opportunities	Strategies
<b>Creating an Equitable, Inclusive Environment</b>	
<b>Inequity/imbalances in relationships w/ diverse learners</b>	Set up 1-on-1 time to get to know team members individually (message: I care about you); Knowing learners as individuals, rather than members of stereotyped groups, combats risk of unconscious bias.
<b>Intent vs. Impact: We make mistakes</b>	<p>Own your values/invite discussion:</p> <ul style="list-style-type: none"> <li>• Include DEI in intro's (<i>DEI is important to me... I wish microaggressions didn't happen, but when they do I want everyone to know that I'm here to debrief whenever that is helpful...</i>)</li> <li>• 1-on-1, ask learners what they'd prefer for in-the-moment support and debriefs (some prefer to handle microaggressions on their own, others appreciate supervisors stepping in, etc.)</li> <li>• Notice &amp; self-critique when we fail (<i>I wish I'd known what to say when X happened; I'm going to set this as a personal learning goal</i>)</li> <li>• Explaining intent does NOT mitigate impact of microaggressions; a sincere apology coupled with learning how to do better in the future are both needed (note: apologies should be sincere yet brief as lingering in apology can create expectations for learners to express forgiveness/comfort the faculty member, shifting the focus to the faculty member's needs)</li> <li>• <i>Remember: asking for feedback from learners puts onus on learner who already has much at risk; <u>avoid</u> trap of expecting learners to be our teachers (= diversity tax), while also explicitly noting openness to feedback (i.e., express openness without creating expectations for feedback)</i></li> <li>• <i>Role model corrections of microaggressions (i.e., if a patient or colleague misgenders a team member, immediately refer to the team member using the correct pronoun. Later, check-in with the team member to see if they would like to debrief.)</i></li> </ul>
<b>Inequity in differential learning opportunities</b>	<ul style="list-style-type: none"> <li>• <u>All</u> learners need varied learning opportunities (be aware of tendency pigeon hole certain learners – e.g. focusing on language concordance (e.g., pairing Spanish-speaking learners with Spanish-speaking patients) can be problematic if it limits learners' clinical experiences)</li> <li>• Ask learners 1-on-1 how they learn best (e.g. in groups, in writing, on-the-fly); be sure team members have opportunities to shine in their preferred learning method</li> <li>• Educate teams on 'take space/make space' models</li> </ul>

DEI (Diversity, Equity, Inclusion) Tips Sheet for the Clinical Learning Environment, Version 2.0

Developed by AME DEI Committee based on member expertise @ 2019 AME Meetings; Updated 1/2022 by Jay Bindman, Denise Connor and Margaret Wheeler; Pls Share Feedback: [https://ucsf.co1.qualtrics.com/jfe/form/SV\\_0TcjDx9xTGZVvWR](https://ucsf.co1.qualtrics.com/jfe/form/SV_0TcjDx9xTGZVvWR)

<p><b>General Practices for Equity in Teaching</b></p>	<ul style="list-style-type: none"> <li>• Set clear and concrete expectations; share/review any rubrics for assessment</li> <li>• Ensure clarity around professionalism expectations and invite questions from learners (e.g. communication about days off, when to leave for the day, etc.)</li> </ul>
<p><b>Implicit Bias; Attribution Bias (e.g. re: patients)</b></p>	<ul style="list-style-type: none"> <li>• Examples: Implicit Bias—applying stereotypes about someone’s social group (often unconsciously) in ways that impact behavior; Attribution Bias—presuming an individual’s problems are due to internal factors (e.g. behaviors) as opposed to external situations (e.g. a medical illness or a systems factor)</li> <li>• Acknowledge bias; point out value of sharing if discomfort comes up [Bravery] (<i>but remember risks for students here, often least empowered team members. <b>Avoid requiring</b> input/reactions from all team members; rather share your own impressions and leave room for others to share if they’d like</i>)</li> <li>• Mindfulness is key: Take 10 seconds to land in the teaching moment &amp; remember your intentions around DEI (e.g., before you begin a clinical teaching session)</li> <li>• Encourage teammates to advocate for each other (<i>but be aware of risk for learners→ learners have more at risk/faculty have the most privilege/least risk; allyship from faculty is ideal</i>)</li> </ul>
<p><b>Supporting Students</b></p>	
<p><b>Imposter syndrome</b></p>	<ul style="list-style-type: none"> <li>• Identify &amp; normalize this issue; discuss how it can impact learning</li> <li>• Express vulnerability &amp; share relatable experiences: <i>I remember when I felt like I didn’t belong; I recently felt imposter syndrome when...</i></li> <li>• Highlight when learners accomplish goals</li> <li>• Encourage question-asking; model “I don’t know” and the growth mindset</li> <li>• Create opportunities for learners to reflect on what brought them to the health professions &amp; to acknowledge their accomplishments so far on this path</li> </ul>
<p><b>Stereotype threat</b></p>	<ul style="list-style-type: none"> <li>• High expectations, warmly set → re-frame constructive feedback as based on confidence in our learners’ high potential</li> <li>• Ensure good balance of reinforcing to constructive feedback</li> <li>• Personally reflect on our own unconscious “ideal” when evaluating learners → what identity/background/attributes are we holding learners to, is it equitable/desirable/appropriate, does it need adjusting?</li> </ul>
<p><b>Diversity Tax</b></p>	<ul style="list-style-type: none"> <li>• Allyship: Those with privilege (comes in many forms) need to build skills &amp; participate, with accountability, in justice work and allyship to relieve time &amp; stress burdens on UIM learners</li> </ul>

Addressing Unspoken/Hidden Messages	
<b>Hidden curriculum (e.g. who/what is valued?)</b>	<p>Explicitly role model inclusive values; avoid medical-centric models:</p> <ul style="list-style-type: none"><li>• Use inclusive language &amp; questions</li><li>• Call out strengths &amp; contributions of interprofessional colleagues: <i>We are so lucky to have a pharmacist on our team—can I ask you to share some pearls with our team this week?</i></li><li>• Interprofessional approach to inpatient checklist</li><li>• Foster opportunities for connection</li><li>• Publicly ask colleagues from other professions for input (consider how we model value &amp; collegiality in front of learners)</li><li>• Remember importance of body language (e.g., does body language show engagement with all team members?)</li><li>• Consider structural causes of healthcare disparities impacting patients; problem solve with interprofessional team</li><li>• Establish agreements to promote healthcare equity (e.g. ensure that at least once per day a member of the team speaks with a patient with LEP with an interpreter)</li><li>• Agree to avoid stigmatizing language both in front of patients and amongst the team (e.g. use person-first language: a patient with alcohol use disorder)</li></ul>
<b>Implicit exclusionary messaging (e.g. setting up a “pedigree,” unintentionally creating an in-group &amp; out-group)</b>	<p>Thoughtful icebreakers</p> <ul style="list-style-type: none"><li>• Share your pronouns during introductions and invite team members to share</li><li>• Invoke learners’ strengths (affirmations can mitigate the impact of microaggressions, imposter syndrome, &amp; stereotype threat)</li><li>• Consider who talks first &amp; how this may unintentionally set a tone of exclusion</li><li>• Allow learners to define themselves/call out their own strengths—let individuals control their narrative (<i>What are you passionate about outside of the hospital?</i>)</li><li>• <i>What are you looking forward to during this rotation?</i></li><li>• <i>Would you share something you learned this week/on your last rotation?</i></li></ul> <p><i>What are your learning goals for this week? How can we help one another reach those goals?</i></p>



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AME DEI Committee (2019): Chair: Denise M. Connor; Staff Lead: Karen Brent; Committee Members providing input: Alicia Fernández, Amy B. Garlin, Michelle Guy, Caitlin Hasser, Harry W. Lampiris, Phuoc Le, Catherine Lomen-Hoerth, Alma Martinez, Carol Miller, George W. Saba; Reviewed/Updated January 2022 by Jay Bindman, Denise Connor and Margaret Wheeler