**Tips for Creating Inclusive Clinical Learning Environments**

**(modified from the Guide for Inclusive Teaching at Columbia University)**

**Students watch what you do – and, in particular, what you don’t do. Please role model these principles intentionally.**

**Key Point #1: Establish an inclusive learning environment at your first meeting with students.**

* Find time to deliberately introduce each team member to one another.
* If you are at all unsure about how they pronounce their name: ask! Don’t assume.
* We encourage you to introduce yourself with your pronouns. Suggested format: “My name is \*\*, it’s pronounced \*\*, my pronouns are \*\*.”
* Avoid making assumptions about students. Allow students to self-identify their social identities when they feel comfortable doing so. Likewise, do not expect individuals to speak for the experience of an entire group; step in if students or residents have this expectation of their peers.
* Make a personal connection with each student – find something in common. Common identity formation is an evidence-based way to mitigate bias.
* Let students know right away the roles and responsibilities you expect of them. Some faculty do this by printing a list of expectations; others by showing them the assessment form. Tell the students that:
	+ All team members have an important role to play;
	+ All team members should be given equal opportunities to contribute and succeed;
	+ All team members should support one another.

**Key Point #2: Treat each student as an individual.**

* Be aware of your own stereotypes and biases and how they may impact your interactions with team members. [Take an Implicit Association Test](https://implicit.harvard.edu/implicit/takeatest.html) to learn more.
* When teaching, call on all students equally. Convey the same level of confidence in the abilities of all your students.
* Be even-handed in acknowledging students’ accomplishments and areas for growth. Emphasize high standards with verbal assurances that you will help them succeed.
* When interacting with students, avoid making assumptions about students’ abilities based on stereotypes. For example, “I’m offering a special tutorial because I know women struggle with math.” Instead, focus on behavioral and controllable actions (for example, “I’ll find you in the team room this afternoon, so we can practice that presentation again”).

**Key Point #3: Address challenging moments head-on.**

* Students and residents will pay particular attention to how you handle situations of micro- and macroaggressions based on race, color, religion, sex, sexuality, and other factors.
* Pay close attention to any situation where these might have occurred. The perpetrator may be a patient, staff member, colleague, or a teammate. Below are some detailed examples of microaggressions and tools/strategies to mitigate them.
	+ The most challenging instances for students are often when microaggressions go unrecognized. You must be vigilant. Your inaction may compound the negative impact of the microaggression and make you complicit.
* When you observe a micro- or macroaggression happen to a student, **make a point to step in and say something**. One way to quickly and effectively diffuse a situation is to ask, “What did you mean by that?” Often the person left to explain themselves will backtrack from their original stated position.
* There is an NM Policy regarding patient behaviors, which states that racism and other forms of discrimination is not tolerated.
* Take responsibility to debrief about these challenging clinical moments. Work to turn difficult moments into teachable moments, asking students to stop and reflect critically on assumptions and positions.
	+ These moments may be more impactful to students than you realize.
	+ When such moments occur, be sure to give adequate time and space to name and discuss the students’ responses and feelings.
* If difficult moments occur among the team, prompt students and the team to keep discussions focused on issues or comments, not individuals. Do not attribute motives or intentions behind the person voicing or committing the offensive or alienating act—rather, focus on the comment, behavior, or attitude itself, and acknowledge the effect it has on others. Ask students to use “I” statements when discussing difficult issues (for example, “I think that comment minimizes the issue,” or “I feel hurt by that line of thought, and here’s why...”), which can help to build and maintain a healthy student rapport.

**Key Point #4: Give and receive feedback respectfully.**

* Feedback can be highly emotional; students may have a heightened sense of being judged/stereotyped based on their unique characteristics.
* Direct observation of clinical skills can give you specific feedback points that do not make assumptions / are nonjudgmental. There is evidence that direct observation reduces bias.
* Never focus a feedback session around a student’s identity, including race, gender, sexual orientation, disability, MD/PhD status, or other unique characteristics.
* Focus feedback around behaviors, not personality.
	+ Say this: “In your presentations, I noticed that your plans were sometimes nonspecific.”
	+ NOT this: “You seem shy when presenting plans. Try to be more confident.”
* Ask for feedback about the learning environment. This can be done at any point during your time working with a group.
	+ **“**What questions or concerns do you have about our group dynamic?”
	+ “How comfortable do you feel participating in our team?”
	+ “What makes this rotation easy or difficult for you?”