

Challenges	Strategies
<p><b>Inequity/imbalance in relationships w/ diverse learners</b></p>	<p>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</p>
<p><b>Intent vs. Impact: We make mistakes</b></p>	<p>Own your values/set the stage for discussion:</p> <ul style="list-style-type: none"> <li>• 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>• 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>• Remember explaining intent does NOT mitigate impact of microaggressions; a sincere apology coupled with learning how to do better in the future are both needed</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 UIM learners to be our teachers (= diversity tax)</i></li> </ul>
<p><b>Implicit exclusionary messaging (e.g. setting up a "pedigree," unintentionally creating an in-group &amp; out-group)</b></p>	<p>Thoughtful icebreakers</p> <ul style="list-style-type: none"> <li>• Invoke learners' strengths (affirmations can mitigate the impact of microaggressions, imposter syndrome, &amp; stereotype threat)</li> <li>• Notice/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> <li>• <i>What are your learning goals for this rotation? How can we help one another reach those goals?</i></li> </ul>

DEI Tips Sheet for the Clinical Learning Environment, Version 1.0

Developed by the AME DEI Committee based on Member Expertise @ 2019 Site-Based Meetings;

Feedback: [https://ucsf.co1.qualtrics.com/jfe/form/SV\\_0TcjDx9xTGZVvWR](https://ucsf.co1.qualtrics.com/jfe/form/SV_0TcjDx9xTGZVvWR)

<b>Hidden curriculum (e.g. who/what is valued?)</b>	Explicitly role model inclusive values; avoid medical-centric models: <ul style="list-style-type: none"><li>• Use inclusive language &amp; questions</li><li>• Acknowledge/Call out strengths across professional lines: <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>• Call out strengths &amp; contributions of interprofessional colleagues</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</li></ul>
<b>Implicit Bias; Attribution Bias (e.g. re: patients)</b>	<ul style="list-style-type: none"><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</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>
<b>Imposter syndrome</b>	<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”</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>
<b>Stereotype threat</b>	<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>• Personally reflect on our own unconscious “ideal” when evaluating learners → what identity/background/attributes are we holding learners to, is it equitable/desirable/appropriate?</li></ul>

*DEI Tips Sheet for the Clinical Learning Environment, Version 1.0*

*Developed by the AME DEI Committee based on Member Expertise @ 2019 Site-Based Meetings;*

*Feedback: [https://ucsf.co1.qualtrics.com/jfe/form/SV\\_0TcjDx9xTGZVvWR](https://ucsf.co1.qualtrics.com/jfe/form/SV_0TcjDx9xTGZVvWR)*

<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 ‘step up/step back’ or ‘take space/make space’ models</li></ul>
<b>Diversity Tax</b>	<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>



This work by the University of California, San Francisco (UCSF) Academy of Medical Educators' (AME) Diversity, Equity & Inclusion Committee with input from AME members is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

AME DEI Committee: 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