Fostering an Inclusive Learning Environment

Lessons Learned & Strategies to Share

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The ideal classroom environment is one in which all students feel as if they belong and as if their points of view matter…

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Barbara Gross Davis

By the end of today's presentation, participants will be able to:

1. Define inclusive teaching
2. List key elements of inclusive teaching
3. Summarize why inclusive teaching is important in health professions education
4. Reflect on what you already do to foster inclusive clinical learning environments
5. Identify strategies for fostering inclusive clinical learning environments

Inclusive Teaching

is a learner-centered approach to teaching that considers the varied backgrounds, learning preferences, and abilities of all learners while emphasizing dialogue and collaboration in a supportive learning environment.

Elements of inclusive teaching include:

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1. Instructor awareness of the sociocultural background of learners
2. Content & coursework are relevant to real life and interesting for learners
3. Opportunities for learners to engage in observation, dialogue, reflection, &/or learning-by-doing
4. Opportunities for learners to relate content to their personal experiences
5. Opportunities for learners to contribute to the design of the session or course (designing or suggesting materials, giving feedback on content &/or materials)
6. Positive learning climate
7. Identity-safe learning environment
8. Feedback as an opportunity for dialogue

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Fostering Inclusive Learning Environments

How is it relevant to clinical teaching?

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Modeling professionalism

Engaging in more effective team-based care

Practicing patient-centered care

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Table 4

Regression coefficients and 95% confidence intervals for the associations of the different domains of learning climate with residen engagement, job and specialty satisfaction and empathy

Outcome variable	Regression coefficient	Standard error	95% CI	*p* value	FDR adjusted *p* value
Educational atmosphere					
Engagement	0.34	0.12	0.11 to 0.58	0.004	0.016
Job satisfaction	0.45	0.15	0.16 to 0.74	0.003	0.015
Specialty satisfaction	0.05	0.15	− 0.24 to 0.34	0.742	0.822
Empathy	1.79	2.40	− 2.91 to 6.49	0.456	0.553
Teamwork					
Engagement	0.19	0.12	− 0.04 to 0.42	0.097	0.233
Job satisfaction	0.48	0.09	0.29 to 0.66	< 0.001	0.005
Specialty satisfaction	0.07	0.12	− 0.16 to 0.31	0.532	0.626
Empathy	3.25	2.61	− 1.87 to 8.37	0.213	0.381

Case Study #1: The disengaged learner

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Inclusiveness of learners

Georgia is the student assigned to Dr. Brown's clinical team. Georgia, Dr. Brown notices, is not particularly engaged on rounds, only speaking up when she presents her patients.

Dr. Brown tries to encourage Georgia to speak up more by asking her questions related to her patients' diagnostic and management plans. Examples of the kinds of questions she asks include: "why did we choose ceftriaxone to treat the patient?" and "how would your differential diagnosis change if the patient had endorsed a more chronic presentation of their chief complaint?" Dr. Brown feels frustrated at not making significant headway in connecting with the learner.

After rounds one day, Dr. Brown meets with Georgia. She asks Georgia what she's interested in going into. Georgia perks up as she talks about her interest in Pediatrics. "What about pediatrics calls to you?" Dr. Brown asks. Georgia explains that she really enjoys feeling like an advocate for patients who are unable to speak for themselves. She also describes how she feels comfortable speaking with the parents of pediatric patients to explain what is going on. Georgia relays that she is a first-generation student and that no one in her family comes from a medical background, and so she has often had to be the one to provide medical explanations to her parents & relatives.

Dr. Brown asks Georgia if it would be OK on rounds to ask for her input on other team members' patients on issues relating to Georgia's interests. Dr. Brown explains she'd like to support Georgia's increased participation on rounds so that Georgia may demonstrate her knowledge & contribute to the team. Georgia says yes.

On rounds the next day, the nurse practitioner on the team presents on a patient with advanced dementia who lacks DMC (decision making capacity) re: medical treatments and who has a DPOA-HC. Dr. Brown asks the team to pause and come together before asking, "Does anyone have experience advocating for patients who cannot speak for themselves? And if yes, are there any observations or things you've learned that you'd be willing & able to share with or teach the team?" Georgia speaks up to talk about an experience she had on her Pediatrics rotation in which she was tasked with talking to a child's parents about their child's diagnosis. Dr. Brown asks Georgia what was challenging, and what strategies and skills Georgia used to connect with the child's parents. Georgia described printing out educational materials for the family & sitting down to go through it together. She mentioned how she contacted the team social worker to relay issues that had come up, and how she accompanied the parents to the family meeting to support them. Dr. Brown asks the intern how Georgia's experience could be used to inform the care plan for the patient with advanced dementia they are caring for & she thanks Georgia for contributing to the team.

Inclusive Teaching Strategies

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Feedback as an opportunity for dialogue (F)

Positive learning environment (P)

1. Set expectations with the learner (F)
2. Identify the learner's goals (F)
3. Ask learners of all developmental stages to provide feedback (positive, constructive) to one another (F)
4. Model curiosity; Make it OK to not know…& create together a discovery & report-back plan (P)
5. Celebrate the successes (P)
6. Frame participation as teaching the team (P)
7. Round robins (P)
8. Use humor (P)

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Inclusive Teaching Strategies

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Content is relevant to real life and interesting to learners

Opportunities to relate content to their personal experiences

1. Identify learners' career and/or academic interests & relate them to current work

2. Engage learners as experts by drawing on their experiences

   ➢ How has this come up for you on past rotations?

   ➢ Does anyone have any past experiences that can shed light on this issue?

   ➢ What have you learned that might help our colleagues today?

Inclusive Teaching Strategies

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Use inclusive language

Use exploratory questions

1. Use we & us & our pronouns

2. Use the word "team"

3. Ask "what" or "how" instead of "why"
   - ➢ What was the thought process you used to arrive at decision X?
   - ➢ How did you arrive at that conclusion?

4. Ask questions learners can answer
   - ➢ What did you learn from this patient?
   - ➢ What's something you will take away from this case?

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Evaluating Trainees
Major Challenges Toward Inclusivity

- Evaluations often superficial and not useful to Stakeholders

- Bias toward trainee in evaluations

- Writing evaluations and recommendation letters free from Bias

- Students and Residents of Color feel they are being evaluated through a different lens
  - Especially in settings where comparisons can be made

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Goal for Faculty Development

Improve the quality of narrative comments on individual SPEs to be specific, behavior-based, and free of bias

Tend to Write Nice Things in Few Words

Great job! Keep up the hard work!
A pleasure to work with.
Everyone loved her.

UCLA David Geffen School of Medicine

Not Very Helpful to Stakeholders

Not helpful to:
- Student
- Site Director/Clerkship Chair writing Summative Evaluation and MSPE paragraph
- Readers of MSPE (residency programs)

Core Entrustable Professional Activities for Entering Residency — AAMC

AAMC Residency Director Survey

Request examples of:

Professionalism

Interpersonal communication

How Best to Describe Student Performance?

Give specifics, rather than summarize
    ~~"Fantastic student"~~

The anecdote provides context
    Explain the specific situation and what happened
    Why you were concerned or impressed with what student did
    Outcome and benefit or harm as a result

"James went out of his way to coordinate delivery of the patient's home medications upon discharge."

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Some Things to Avoid

Physical traits and personality likely inappropriate
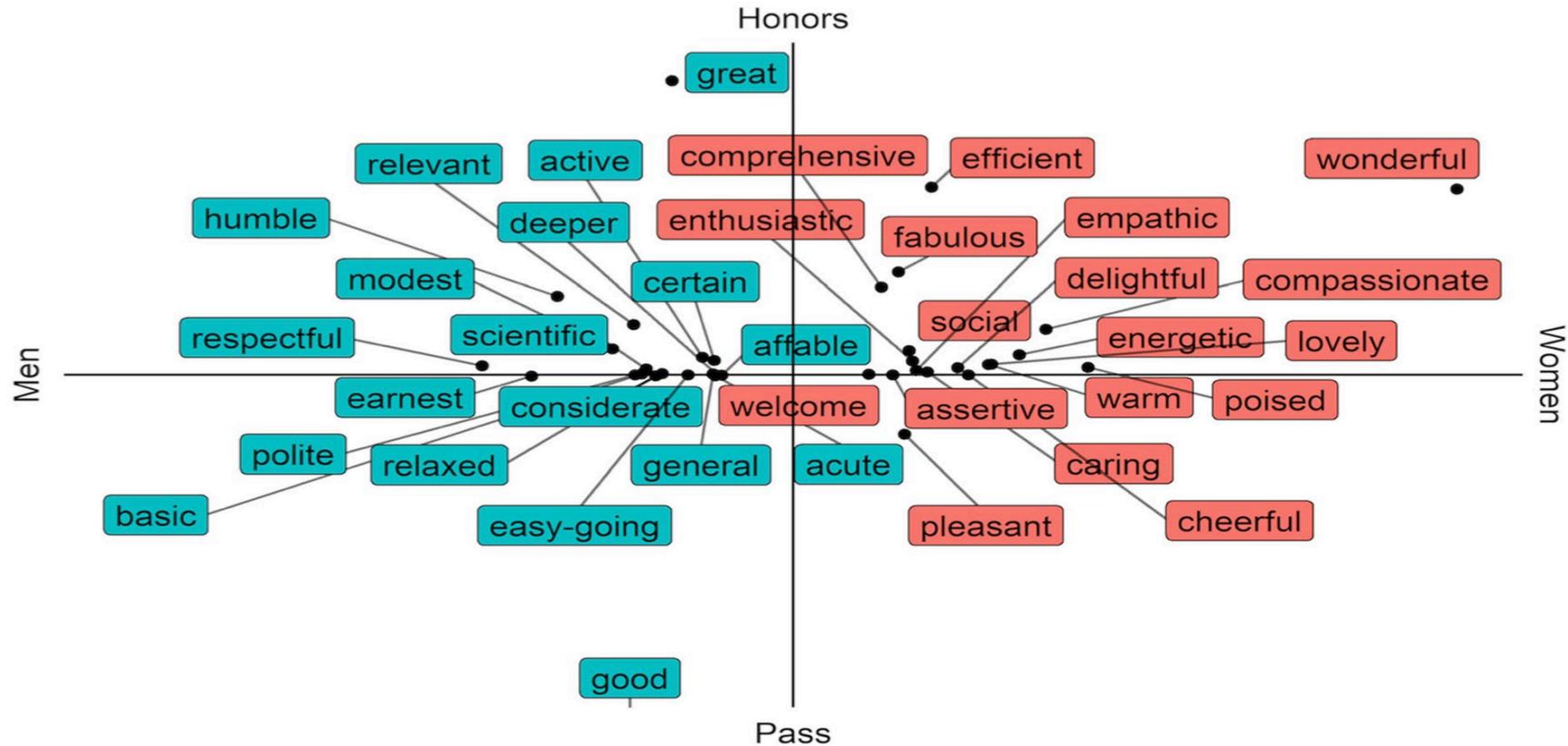
"She had a lovely smile"
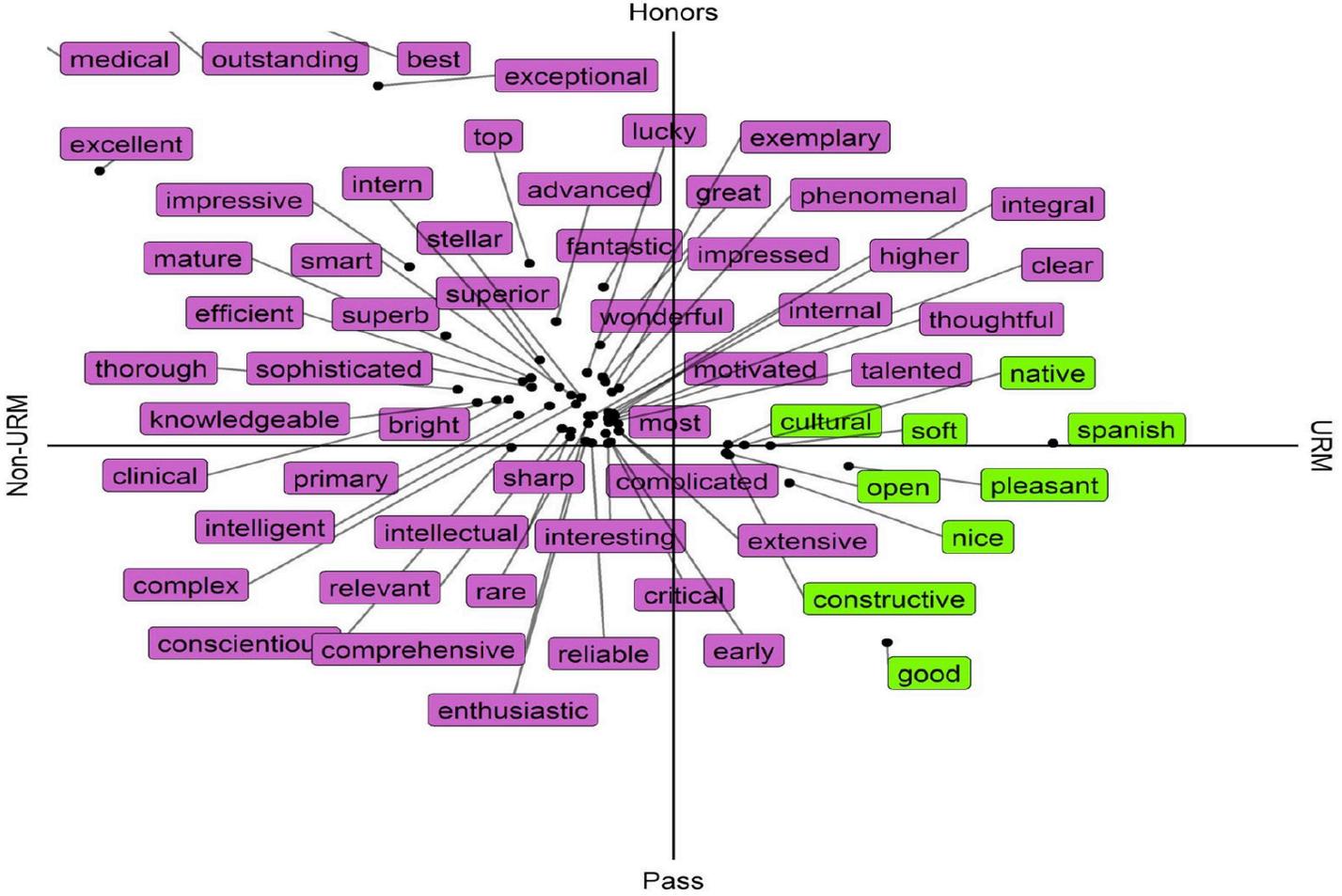
"She was so articulate"

"He had such a sweet personality"

"He was so strong"

Gender Differences in Narrative Language

URM Differences in Narrative Language

Narrative Makeover

instead of → **"Great job! Really a go-getter!"**

Better

This learner exhibited her clinical curiosity by asking and researching questions about the effectiveness of pre-op antibiotics in preventing post-op infection in a patient with cholecystitis.

Even Better to also Include

This learner's presentations were organized, concise, and included all relevant information. Her differentials included can't miss and most likely diagnoses for RUQ abdominal pain; she is a solid interpreter. Begin researching treatment plans to prepare for manager stage.

Case Study #2: A non-cohesive team of physicians and allied health professionals

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Inclusiveness of interprofessional colleagues

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Dr. Sharpe is the Internal Medicine attending for Team 3. His team is having difficulties discharging patients to CNHs, including those with appropriate insurance for the level of care they need. Communication among the team social worker, pharmacist, case manager, and primary medical seems fragmented.

Dr. Sharpe keeps asking for help by sending individual messages via Teams. "Dear Mohammed – It's Dr. Sharpe. Can you please find out if the patient has a DPOA-HC and let me know?"

On walk rounds, in an effort to be efficient, Dr. Sharpe focuses only on seeing the patients. Even when the nurse caring for the patient is nearby, he does not interact with him or her.

What else could Dr. Sharpe have done to engage the allied health professionals involved in the team's patients' care?

On walk rounds the next day, Dr. Sharpe is having a hard time finding the results of a patient's "I/Os." He asks the nurse for help. Nurse Carl shares that the patient doesn't seem to be interested in eating or drinking; he has observed the patient to be withdrawn, and he has seen him crying at times. He also comments that, though he's said his son has come to visit him in the hospital, he has never seen anyone stop by his room.

Dr. Sharpe convenes a meeting with the SW, CM and nutritionist in the team room to go over a patient's case. He invites the Hem/Onc team to join as well. He notices that the Hem/Onc attending introduces herself to everyone by her first name ("Hi everyone. I'm Carolyn, the Hem/Onc attending"). He also notices Carolyn is wearing a small pronouns pin on her white coat.

Inclusive Strategies

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Opportunities for colleagues to engage in observation, dialogue, reflection, &/or learning-by-doing

Identity-safe learning environment

1. Role model professionalism
2. Role model Systems Based Practice
3. Set expectations with the team
4. Identify the team's goals
5. Ask team members of all disciplines to provide feedback (positive, constructive) to one another
6. Make it OK to not know…& create together a discovery & report-back plan
7. Celebrate the successes
8. SIGNPOST Interprofessionalism and take credit for teaching the values of team training
   ➢ LCME
   ➢ ACGME
   ➢ JCAHO

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Inclusive Strategies

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Use inclusive language

Respect for others roles

1. Consider leveling the playing field:
   - Consistent use of first names or surnames and titles
   - "Call me by my name"
     - At orientations/case discussions/rounds make sure to make a note of team members names and use their names in your dialogue

2. Use the word "team"

3. Recognize others areas of expertise "
   - Be familiar with their scopes of practice and their roles
   - Acknowledge their contributions

4. Ask questions team members can answer
   - What did you learn from this patient?
   - What's something you will take away from this case?

Inclusive Strategies

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Foster interprofessional collaboration

1. **Role Clarity**
   ➢ Rely on each member's unique role
   ➢ Value individual contributions yet focus on team success

2. Trust and Confidence
   ➢ Build members confidence to develop team trust.

3. Ability to overcome Adversity
   ➢ Communicate commitment to the collective goal even during setbacks

4. Ability to Overcome Personal Difference
   ➢ Avoid blaming others.

5. **Collective Leadership**
   ➢ Philosophy takes pressure off any one individual and disperses it

Bosch B & Mansell H Can Pharm J (Ott). 2015 Jul; 148(4): 176–179
Reeves,Pelone, Harrison, Goodman, Zwarenstein Cochrane Database Syst Rev
. 2017 Jun 22;6(6):CD000072.

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Case Study #3: walking down the halls

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Inclusiveness of Patients

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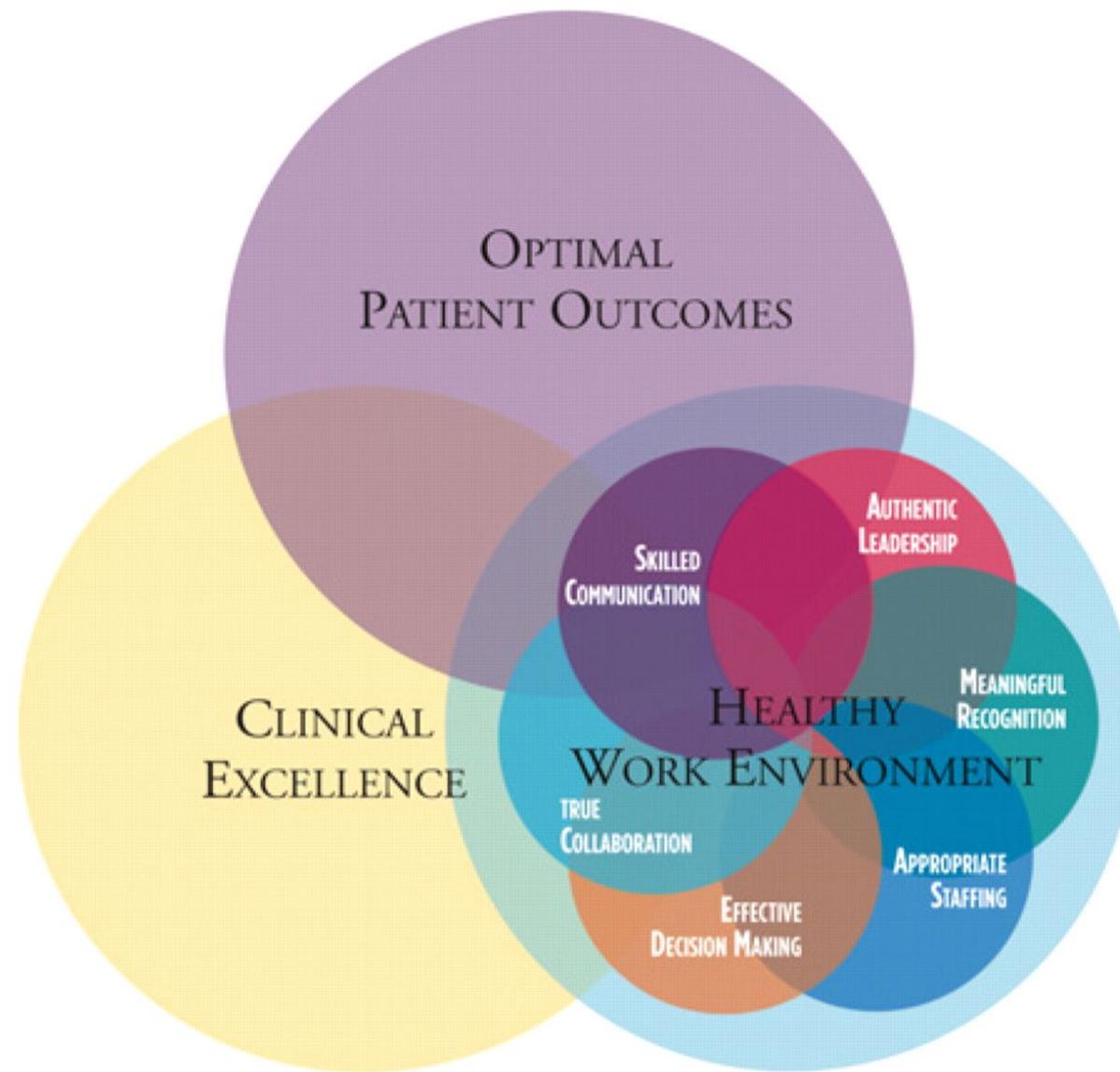# What can we do to make Patients feel included?

Inclusive Strategies

- Make eye contact
- Greet Patients (learn greetings if LEP patient)
- Use the titles, "Sir" or "Ma'am"
  - Don, Doña, Uncle
- Accompany / walk with Patients to where they need to go

Buhlman, N. (2016). How nurses' work environment influences key performance indicators. *American Nurse Today, 11*(3), 54-57.

Question

Are we just coddling learners when we incorporate inclusive teaching strategies?

Is this a soft science? Touchy feely?!

Is this all just about avoiding bad teaching evaluations?

Is it all just about accreditation?

How will you create an inclusive learning environment?

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