

Challenges	Strategies
Inequity/imbalance in relationships w/ diverse learners	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
Intent vs. Impact: We make mistakes	Own your values/set the stage for discussion: <ul style="list-style-type: none"> • 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>) • Notice & 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>) • 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 • <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>
Implicit exclusionary messaging (e.g. setting up a "pedigree," unintentionally creating an in-group & out-group)	Thoughtful icebreakers <ul style="list-style-type: none"> • Invoke learners' strengths (affirmations can mitigate the impact of microaggressions, imposter syndrome, & stereotype threat) • Notice/consider who talks first & how this may unintentionally set a tone of exclusion • 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>) • <i>What are you looking forward to during this rotation?</i> • <i>Would you share something you learned this week/on your last rotation?</i> • <i>What are your learning goals for this rotation? How can we help one another reach those goals?</i>

<p>Hidden curriculum (e.g. who/what is valued?)</p>	<p>Explicitly role model inclusive values; avoid medical-centric models:</p> <ul style="list-style-type: none"> • Use inclusive language & questions • 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> • Interprofessional approach to inpatient checklist • Foster opportunities for connection • Call out strengths & contributions of interprofessional colleagues • Publicly ask colleagues from other professions for input (consider how we model value & collegiality in front of learners) • Remember importance of body language
<p>Implicit Bias; Attribution Bias (e.g. re: patients)</p>	<ul style="list-style-type: none"> • 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>) • Mindfulness is key: Take 10 seconds to land in the teaching moment & remember your intentions around DEI (before you walk in the room) • 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>)
<p>Imposter syndrome</p>	<ul style="list-style-type: none"> • Identify & normalize this issue; discuss how it can impact learning • Express vulnerability & share relatable experiences: <i>I remember when I felt like I didn't belong; I recently felt imposter syndrome when...</i> • Highlight when learners accomplish goals • Encourage question-asking; model “I don't know” • Create opportunities for learners to reflect on what brought them to the health professions & to acknowledge their accomplishments so far on this path
<p>Stereotype threat</p>	<ul style="list-style-type: none"> • High expectations, warmly set → re-frame constructive feedback as based on confidence in our learners' high potential • Personally reflect on our own unconscious “ideal” when evaluating learners → what identity/background/attributes are we holding learners to, is it equitable/desirable/appropriate?

Inequity in differential learning opportunities	<ul style="list-style-type: none">• <u>All</u> learners need varied learning opportunities (be aware of tendency pigeon hole certain learners – e.g. focusing on language concordance can be problematic if it limits learners’ clinical experiences)• 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• Educate teams on ‘step up/step back’ or ‘take space/make space’ models
Diversity Tax	<ul style="list-style-type: none">• Allyship: Those with privilege (comes in many forms) need to build skills & participate, with accountability, in justice work and allyship to relieve time & stress burdens on UIM learners