

PRECEPTING SERIES:

Inclusive Precepting: Strategies to Promote Safety and Inclusion

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Many preceptors have a strong desire to help create experiential learning environments that foster psychological safety and inclusion. Some preceptors have just started their precepting journey and may not have access to strategies that can help with this focus, and some are already doing great work in this space and want to add to the work they are doing. This article aims to equip new and advanced preceptors with tools and strategies that can be personalized to help foster an inclusive learning environment.

Bias and discrimination manifest in overt as well as unconscious ways.¹ FitzGerald and Hurst note that implicit biases “involve associations outside conscious awareness that lead to negative evaluation of a person on the basis of irrelevant characteristics such as race or gender,” which influence our judgements and behaviors.² Sue and colleagues defined microaggressions as “commonplace verbal, behavioral, or environmental indignities, whether intentional or unintentional that communicate hostile, derogatory, or

negative...slights and insults” to target persons based on their marginalized or group membership.”³ Some subtler examples of these include, “You are so articulate,” “Where were you born?” and “As a __ person, I know what you must go through as a __ person,” though other examples may be more explicit. Note that the terminology around microaggressions is evolving, as there is recognition that the term “micro” could be perceived as dismissive and minimize the receiving person’s experience as well as deemphasize the harms these insults pose.⁴ At the time of this writing, there is not consensus on updated terminology. “Exclusionary behavior” is one alternative term that has been proposed.⁴ Health professions students are not exempt from receiving these behaviors. In medical training, for example, a meta-analysis found that more than half of trainees experienced at least one form of harassment or discrimination.⁵ A group of pharmacy students at a midwestern college of pharmacy described examples of feeling othered and the presence and negative impact of pervasive microaggressions.⁶ There is growing awareness of the significant

negative impact exclusionary behaviors and implicit biases have on health disparities, patient care, patient-provider relationships, provider and learner health and well-being, cognition, and academic performance.^{7,8}

Supporting the social and emotional dimensions of students positively influences learning and performance.⁹ Inclusive learning practices promote these elements. However, the best evidence-based strategies for preceptors to use to respond to exclusionary behaviors are currently unclear, and more research needs to be done in this space. What follows are some strategies preceptors can use to create psychologically safe, inclusive learning spaces for their learners and some frameworks to help guide responses to exclusionary behaviors from team members and patients. Psychological safety, where team members feel safe to be vulnerable and take risks without fear of consequences, has been found to be a crucial element of successful teams (Table 1).¹⁰ These tools below are not all-encompassing, but they give preceptors a place to start. We suggest adapting these strategies for one’s own use with personalized language and action, so they feel comfortable and

genuine, and supplementing with other resources as appropriate.

There are a number of communication tools that have been developed to help individuals interrupt and/or respond to exclusionary behaviors. Examples of these include: ACTION; INTERRUPT; Stop, Talk, and Roll; 6 Ds; OFTD; VITAL(S); ARISE; ERASE; XYZ; and PEARLS.¹⁵⁻²⁴ Some of these tools can be used by recipients of exclusionary behaviors, as well as allies (including ACTION; 6 Ds; Stop Talk, and Roll; OFTD; and XYZ).^{15,17-19,24} Tools that can be used by bystanders/allies/upstanders who witness exclusionary behaviors include INTERRUPT, OFTD, VITALS(S), ARISE, and ERASE.^{16,20-23} An additional tool that can be used to support someone after they experience an exclusionary behavior is PEARLS.²⁵ A communication tool that can be used by the source of the exclusionary behavior is ASSIST.²² At the time of this writing, it appears that none of the tools of have been researched in real-time precepting environments for outcomes to discern the optimal approach in experiential environments. However, a number of them have demonstrated a change in participants' knowledge, awareness, and/or confidence after training.^{16,17-19,22,23,25}

Recognize that there is not one "right" way to respond. We suggest adapting these tools to what feels natural for one's personal use and the situation. Preceptors are encouraged to visit the source materials for additional context, as the examples provided in this article are based on the author's interpretation. Many of the tools are available in open-access formats with supplementary materials.^{7,16,18,20,22,24} There are common themes connecting a number of the frameworks. Below is a summary of some similar actions that appear in many of the communication tools; those actions are organized with the acronym ISEEAPPES.^{7,15-24} This summary framework includes steps for recipients, bystanders, and sources of exclusionary behaviors as the situation requires. All steps will not apply to every situation.

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TABLE 1. Some Tips to Promote a Psychologically Safe and Inclusive Learning Environment¹¹⁻¹⁴

<i>Action</i>	<i>Examples</i>
Respect names, name pronunciation, identities, and pronouns that individuals share (do not require to share all details though sharing yours may invite that it is safe to share)	"My name is _____. You may address me as _____. My pronouns are _____. How do you wish to be addressed? Did I pronounce your name correctly? I want to honor your name- please help me say your name correctly. Is that correct?"
Get to know your learners holistically insofar as they are willing to share	[In a more casual setting if possible] "I'd like to take some time to get to know each other better." [Share your introduction] "If you feel comfortable sharing, I would love to learn more about your interests, strengths and areas of growth, learning goals, long-term goals, and how I can best support you."
Communicate your desire to create a space that values learners and others for who they are and what they bring	"It is my goal to create a learning experience where you feel safe to learn and are valued for your contributions."
Encourage your learner to come to you with any concerns	"Please feel free to reach out if you feel uncomfortable or have concerns about myself, a team member, or patient."
Create space for discussions and feedback to occur	"Let's schedule a weekly time to check in to see how the rotation experience is going for you and to share feedback with each other."
Acknowledge that tragic events impact people in different ways and may negatively impact performance and engagement	"I've seen some difficult things in the news this week affecting various communities. I am not sure if they impact you or not, but I am willing to talk if needed or learn if there is something I can do to support you."
Share resources and support available at school and practice sites around diversity equity and inclusion	"Here are our site's diversity, equity, and inclusion policies and resources that I share with every learner on my rotation. If you have a concern, these are steps you can follow to get assistance. I understand that you also may have resources available to you at your school. Please let me know if you have any questions after you have had a chance to review."
Discuss how health disparities are addressed at your site	"Here are resources we have at our site to support equitable access to care."
Recognize that learners may bring fears and emotions into the experiential environment	"I noticed that after that patient interaction, you seemed quiet for the rest of the afternoon. If you need to talk, some additional space, or additional support, please let me know. Sometimes things that happen in patient care or with team interactions can bring personal things up, and that is ok. I am here to support if needed."
Acknowledge and interrupt exclusionary behaviors	Please see the next section on communication models/frameworks to intervene, respond to, and support others in the midst of exclusionary behaviors.
Use inclusive language and person-first language	Use "person with diabetes" vs. "diabetic," or "person experiencing bipolar disorder" vs. "manic-depressive," for example
Use non-gendered terms when possible	Use "you all" instead of "you guys." Use "significant other" or "partner" instead of "wife/husband" or "girlfriend/boyfriend."
Investigate Universal Design for Learning techniques to incorporate into the experience to optimize learning for all individuals (such as choice in activities/assignments, use of different modes of teaching, and providing resources in a variety of formats)	Learn more at UDL Guidelines: https://udlguidelines.cast.org/

TABLE 2. ISEEAPPES

<i>Individual</i>	<i>Action</i>	<i>Example phrases</i>
Recipient, bystander	I - Interrupt/acknowledge exclusionary behaviors nonjudgmentally with curiosity	<p>"I'm curious about what you mean when you say ___."</p> <p>"It seems like you may have concerns about the care you are receiving. Could you tell me more about that?"</p> <p>Note that recipients may not always be comfortable speaking up due to possible power differentials.</p>
Recipient	S- Seek assistance	"I am feeling uncomfortable with that statement. I am going to consult with my preceptor or supervisor."
Bystander, recipient, source	E- Empathize nonjudgmentally	<p>"It sounds like you may be concerned about ___. Is that correct?"</p> <p>"When I said ___, I noticed your body language changed. Would you be willing to share what came up for you when ___ said ___?"</p>
Bystander, recipient	E- Explore impact to self and or others and educate with "I" statements	<p>"I am concerned about that statement because it made me feel or think ___ because ___."</p> <p>"I don't think you meant to cause harm, but this language could be perceived as a harmful stereotype and could be detrimental to our team's ability to work together effectively to care for our patients."</p>
Bystander, source	A- Apologize and alleviate biases	<p>"I am really sorry that I caused pain."</p> <p>"I am so sorry that you experienced that."</p> <p>Participate in ongoing work to learn more about biases and how to mitigate them. For example, Project Implicit offers Implicit Association Tests (IAT) to help assess conscious and unconscious attitudes on a variety of topics. https://implicit.harvard.edu/implicit/research/</p>
Bystander, recipient	P-Probe further and debrief	<p>Offer space for the recipient to share their experience in private, insofar as they are comfortable. As a learner, ask to talk through the situation with a preceptor/supervisor. Share personal feelings as comfortable.</p> <p>"Would you like to talk about what happened earlier?"</p> <p>"When the patient said ___, I felt uncomfortable because ___, and I am hoping we can talk through the situation together."</p>
Bystander, recipient, source	P- Partner on solutions	<p>"What do you think are our next steps moving forward?"</p> <p>"I have some ideas on how to proceed and would like to hear from you what you think would be helpful."</p>
Bystander, source	E- Endorse/validate person's experience and recognize their contributions	<p>"Thank you for sharing that. I can see from your perspective why you would feel that way."</p> <p>"You are a valued member of this team."</p>
Bystander, recipient	S- Support ;- Encourage a positive climate and explore resources	<p>"It is my aim that all learners feel safe in their learning environment. I want to support you when things like this happen. Please come to me if any other uncomfortable situations occur. There are resources at your school that we can connect you to if you would like."</p> <p>A learner might share, "I'm still having trouble processing what happened, and I am wondering if you can help me get connected with additional support at the school."</p>

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