



Inclusive Teaching in Family Medicine

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BACKGROUND

Significant departmental focus around diversity initiatives

- Sending representatives to Student National Medical Association conference
- Implementation of more holistic applicant review
- Use of standardized STARR questionnaire for faculty candidates

Underlying evidence from more diverse trainees that while we were focused on diversity, we may have neglected inclusion

Departmental data revealed

- Majority of folks think they are considering their own biases and experiences, when prepping for teaching
- More than half those surveyed do not think our didactics attends to inclusion or diversity

METHODS

IRB approval

Pre-project survey of residents, faculty and recent students

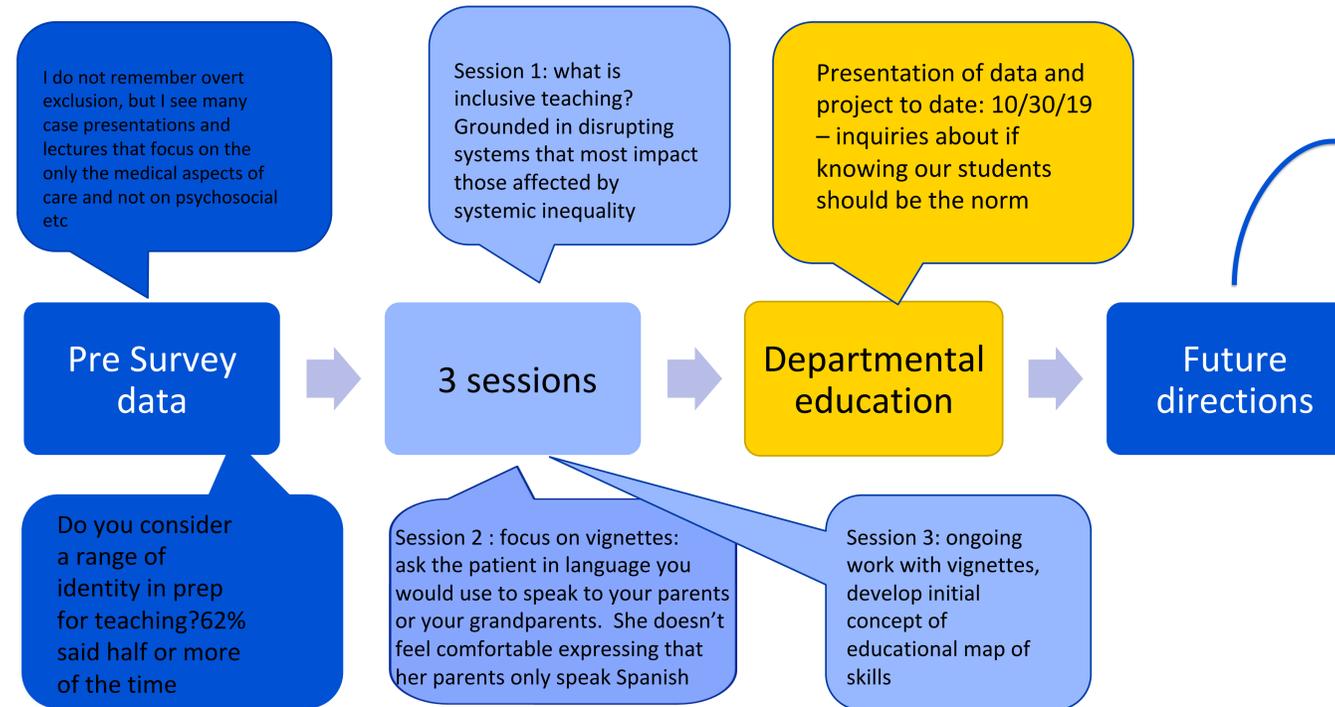
- Looked at perceived prep for teaching around bias, and inclusion
- Perceived experience of educational culture

With Center for Research on Learning and Teaching consultation, developed 3 sessions focused on inclusive teaching practices

- Met monthly for 3 months with self selected cohort of residents and faculty for conversations around inclusive teaching practice

- 1) Set ground work for defining inclusive teaching
- 2) Start to understand cultural norms in our department using vignette's to highlight academic belonging and structured interactions
- 3) Vignettes focus on transparency and critically engaging differences

Project overview



Artifacts/outcomes

Development of educational visual for conversations: A work in progress

Introductory conversation

- Relationship building
- Setting expectations
- Learning/growth

Brief check-ins, brief encounters

- Reflection on recent experience
- Active listening
- Establish plan for future,

Conclusion of teaching episode

- Give and receive feedback
- Active listening
- Learning and growth
- - future planning



Next Steps

Center our work on CRLT definition of inclusive teaching:

“Inclusive teaching involves deliberately cultivating a learning environment where all students are treated equitably, have equal access to learning, and feel respected and supported in their learning. Such teaching **attends to social identities** and **seeks to change** the ways systemic inequities shape dynamics in teaching-learning spaces, affect individuals’ experiences of those spaces, and influence course and curriculum design.”

Development of clear visual including skills for use in a variety of clinical scenarios, residents, other learners to be placed in clinical/ educational spaces for ready reference

Recommendations

Potential to apply for further funding and departmental time to develop teaching methods for clinical spaces

Development of faculty and resident session focused on navigating hot spot moments that reflect on inclusive teaching culture

Consider implications and impact for students, residents and faculty

Consider impact for patients and families of moving to more inclusive teaching practices

Resources

Support from Provost Seller’s office
CRLT consultant V Genetin
CRLT materials

Resources

Open source images

<http://www.crlt.umich.edu/multicultural-teaching/inclusive-teaching-strategies>