The challenges of diversity for medical education.

Transcript of webinar:

Time Code	
00:00:06	RIYA So, welcome everyone who's joining. We're just going to wait 'til everyone joins online.
00:00:18	RIYA It's wonderful to see the numbers increase, that is great.
00:00:39	RIYA Again, for those who are joining, a warm welcome. We'll just wait until everybody joins on and then we will get started.
00:01:02	RIYA So, it looks like at the moment we have 36 participants which is wonderful. If we can get started, I'd like to give a very warm welcome. This webinar is titled Challenges of Diversity for Medical Education, and it's an absolute pleasure to welcome our guest speaker today which is Professor Nisha Dogra. Nisha would you like to say a little bit about yourself and your role?
00:01:26	NISHA Yeah, I can do. Hello everybody. Just to say I'm just a recently retired professor of psychiatry education from the University of Leicester. I was a consultant child and adolescent psychiatrist as well as a clinical academic and most of my academic work was in education. Mostly in diversity education and improving education in psychiatry and this is hence why I'm here today.
00:01:52	RIYA Yeah and it's absolutely wonderful to have you. So, before we get started, I'm going to do a little bit of housekeeping just so that everybody is aware. This session will last approximately 45 minutes. And just for those who don't know me my name is Riya; I will be hosting this webinar. I'm one of the Directors of ASME and I lead for equality and diversity within the organisation. We're very keen in this webinar to maximise participation and to hear your comments, your thoughts, your questions. So, if I can draw your attention to the chat function which is at the bottom of your screen. You'll notice I've just typed in a few responses. Let me just put a welcome so everybody can see. Please feel free to use that chat button and we will try to answer all of your questions. If we are unable to, we will be providing a document after the webinar with any questions we were unable to address. In terms of the comments field it is available for you to contribute and myself and Nisha may invite some participants to expand their comments by asking their permission to make their audio and video live. So, I've just seen comments from a few of you. So, at the moment your video and audio are off but you are welcome to use the chat and if you would like to speak, I can just add that on so do let me know in the chat. The other thing to say is that this webinar will be recorded and a video of the webinar will be made available on the ASME website along

	with a question and answer document. And if you are experiencing any technical issues, we ask that, if I can draw your attention to the ASME email events@asme.org.uk if you can please email them directly because they will resolve your problem as soon as possible. So those are a few housekeeping rules. I'm just going to check the chat if anybody has asked any questions. Yes, so just to clarify for those who are joining your video and audio will not be shown but if you would like it to be, I can request that for you. And, morning to all of those I think we've got a whole range of participants from different areas which is great. So, to get us started then Professor Dogra put some questions out and we've already got some comments and as we've said we really want to maximise hearing your perspectives and questions in this webinar. So, if we can kick start with some of the comments that came up already. So, Professor Dogra we have a question from Sarah Cope from Newcastle University and she says Professor Dogra mentioned uncertainty within the podcast and how we have to accept uncertainty and be careful not to lead into assumptions. I wonder if she has any tips to start on this and how can we support this uncertainty which I know can feel uncomfortable?
00:05:09	NISHA OK thank you for the question and just to say it feels very odd Riya you calling me Professor Dogra given that we've known each other for so long. Anyway I think the issue of uncertainty is one that sort of plagues a lot of people because I think we worry about getting it wrong, and I think I have to say somebody else mentioned social media and I think social media has made it almost impossible to make a mistake and sort of recover. But I think one of the things we have to be comfortable with and I think it takes time to be comfortable with uncertainty, is understanding that this is not an area where you can have certainty because actually even if you've got years of experience you'll get somebody else who's got a different experience. So I think one of the things about it is trying to have everyday conversations about this so that we get comfortable and the culture we create isn't one where we pretend we have all the answers, or where we think it's a straight, you know 'is it black or white?' issue. And I think it's interesting using that language in this context but I think it's really important that we are aware that we're never going to have all the answers because what we don't ever have, without asking somebody about it, we don't ever have a window into what somebody else's experience is. And I think I would rather think about the questions and the way that we ask students to ask patients, the way we talk to our colleagues about things that we're not sure about. And I think one of the problems is there's a lot of issue about whether intent is, you know it doesn't matter what the intention is it's what you say. I personally think intention is important because I think you can tell when you're in a conversation with someone whether somebody's really curious about it but it's how you do that respectfully. So, I think we have to model being comfortable with uncertainty with our students if we're going to get our students to do it and I think how we do that is really important. It's difficult to give you straight forward examples and saying let's do it like this because I think every context is different, every organisation is different but it's how do you create a culture of where you are comfortable saying we're not doing this well we need to do it better, rather than look we've got all the answers here's how you do it. And I think it's worth pointing out somebody on Twitter showed a nursing handbook from 2017, so we're talking about not that long ago, where they had a section, their section on diversity was this is how you treat black people, this is how you treat Jews, this is how you treat all the different ethnic groups in their working environment. And I think the idea of that was to create some certainty. I think all it does is minimise and makes it all very reductionist. So, I

	think it's about saying we need to learn to be comfortable with our uncertainty and model that if we're going to expect students, patients, all of the other groups of people that we work with to do that. And I just wonder what other people's thoughts on that were? Is there a way we can get a sense of what people are doing?
00:08:06	RIYA Please do type in the chat your thoughts. I can see Siddharth you've got a question there, there's another question linking to what you've just said that Colin Macdougall has brought up about social media. Colin was saying is there a way, how can we get everyone talking within the tent rather than shouting at each other on social media? Do you have any advice or suggestions for that?
00:08:30	NISHA I don't because I'm probably one of the people that shouts on social media. I think one of the things about it for me is I think using social media to engage in these debates is really difficult because there's such subtlety and nuances that you miss. Obviously, you can say some things but I think one of the things I would do is actually think about how can you use the comments made on social media as a launching point and I think always try and give people the benefit of the doubt. Social media is, I think we can make too much of what you can communicate with social media. It's great, and I think some people use it brilliantly, others less so, I think we've just got to be open to the fact that you're going to sometimes get it wrong and it's about being able to apologise. I think one of the things is even apologies it's really hard to do because nobody takes apologies seriously anymore because of the way that they've been all rather manufactured. But I think for me intention is again really important. Are you able to show that you're learning and how can you reflect on that? You know and sometimes it's about taking time out to think about it rather than feeling that you've got to respond immediately and accepting that sometimes what we write on social media may be interpreted very differently from how we intended it. And we're never going to get it 100% right and I think to pretend that we will, will be really difficult.
00:09:58	RIYA And I think there's even more uncertainty in how things can be perceived on social media, even more so. We've got another question that's come in. What interventions at medical schools are there for increased inclusivity have been shown to work?
00:10:14	NISHA I think we've got very little evidence about that. I think one of the things is we tend to tackle all of these things, so if an event happens then we try and address that event whatever that might be. And I think a colleague from Cardiff had emailed us previously about some of the issues they've had at Cardiff University when things got out of hand with a student review. I think one of the things about it is how do we make learning safe and clearly those places where students feel more included do better because students feel as valued stakeholders. So, I think it's not just about inclusivity I think it's about making people feel part of the organisation in a way that they feel their contributions are valid so that they're actually stakeholders in that. Because I think if you don't feel you've got any part to play in an organisation, I think what people tend to do is either be negative about it or withdraw. I think what we could do is have much better communication, I think we're not transparent enough about some of the things that we do and why we're doing them. So, a very good example I have of inclusivity is when we were setting up a new curriculum for medical students - this is years ago in child psychiatry which is my clinical discipline - one of the things we did was we were very clear at the front that we were going to try things that might or might not work.

	And what we said to the students was to make them better we need you to be critical friends. And they were brilliant because they knew we weren't saying is it just, you know we weren't asking them whether it was good or bad we were saying is this helping you and how can we make it better. So, I think it's about thinking about how you do those things and I think with inclusivity, particularly when you're trying to teach diversity I think getting student perspectives to say how could we make this a better experience for you, what are your experiences that we can incorporate, integrate into our teaching. So that it becomes something that everybody is a part of rather than I'm telling you this and this is what you need to do.
00:12:20	RIYA And this is a specific question from Grace Pearson she says do you have any advice on delivering teaching to help students deal with racism in the workplace? And that's from both patients and colleagues.
00:12:33	NISHA Yeah I think one of the things we interestingly did a seminar at a Royal College meeting that I was attending where we looked at how to tackle racism because I think one of the things is you get all these posters everywhere saying you know racism is not acceptable in the NHS and what people often felt was that you have to treat patients irrespective of their attitude. Now I would say I agree with that to an extent but I would say as a clinician I would not tolerate somebody being racist or abusive to me, I would just say that's not ok. Now obviously it depends on context because if something, you know, I suspect if you're in A&E and you need to do something you just need to get on with it if it's matter of life or death there and then. But I think one of the things again about that is I don't think we have enough open conversations about the experiences that people have, I don't think we talk about it enough in the workplace. We tend to kind of think, I think one of the problems with it is it's almost as if you're sticking your neck out by saying I've had this experience. One of the things we used to do as a clinical team though, was we used to discuss incidents whether they were racist or whatever, within the team context and I think that's really important, thinking about support networks. Because I think one of the things is that unless you talk about these things and discuss them and have an opportunity to think about how to respond to them it becomes harder and harder to do. So, I think for me the answer is always discussion forums, having the opportunity to be open. But I do think we should have a bottom line that you don't as a clinician and as a teacher have to tolerate abuse, it's not ok. And I think one of the things is, I think trust in universities could do better at showing what their procedures are for supporting staff through this, I don't think we've got that anywhere near good enough.
00:14:19	RIYA Yeah and there's another comment that's come up around the importance of talking about and approaching patients about their stories. And this idea of incorporating narrative medicine more and reflect the stories of people that we can learn from. What advice do you have in terms of imbedding more of that within medical education?
00:14:44	NISHA I think I'm very biased because as a psychiatrist everybody's story's always what's important and I think one of the things I would say is when we're having a conversation with anybody we always need to be aware, and I think I've said this a million times that there are two parts to the equation. There's all the stuff that you bring on this side with all your biases, all your perspectives, all your experiences, and then on the other side we've got the other party with all their biases, all their experiences and how you

	come together and have that conversation is really, really important. And I think one of the things again we tend to assume that we're going to get it right, we don't leave enough room for error. We also have this thing that sometimes we as health professionals or as educators ought to know all that. I can remember being called up by our Dean of Medical School, they had a problem with an Indian family whose son was at our medical school and they wanted to deal with it in a particular way, and there was an assumption that because I was of Indian origin I would have the answer. And I said that's kind of not the way you do things, you really need to think about how is it that we kind of hear other people's perspectives and understand that even as they're talking we're loading it with our own analysis of that, our own take on it. And sometimes it's about constantly checking. And it's almost, it's difficult to say but it's almost like constantly being reflective in action. That you are kind of thinking about what somebody's saying, thinking about how you're making an interpretation, checking out that interpretation and carrying on the conversation in that way. Obviously, we can't expect the same of patients as we do of ourselves but I think you can ask patients questions quite sensitively about what are their expectations, where those expectations have come from, particularly if we go back to the question about racism. If somebody says they want a white doctor it's worth checking out is it that they're actually racist which many will be or is it that they've had bad experiences with somebody previously because they felt they weren't understood or couldn't understand. So, I think it's worth checking those things out rather than always assuming that there's a negative reason for somebody's behaviour.
00:16:54	RIYA And a question that's come from James Piper, he left a message on his MBBS acute medicine team saying happy pride and he said I think at times we fail in recognising the diversity of our student population. What advice do you give in terms of how we can encourage faculty to do that more, to really celebrate the diversity of our students?
00:17:16	NISHA I think faculty is not going to realistically do that. I think they may have symbolic ways of pretending to do that. I think one of the reasons this is called the challenges to answer another question about why we're not positive about this, I think one of the challenges is that I think diversity is still not mainstream. I think faculty really, really need to get their hands on this. If you ask most medical schools what they're doing they'll tell you they're doing diversity stuff and when you say have you actually thought of how you've incorporated equality, diversity and inclusion in every aspect of your function they will say yes. And then when you say well where's the action to show that, it becomes all a bit hazy and people disappear. And I think one of the questions I would strongly urge people to ask is what are our action points and how are we going to show that we've met them? I think we don't have enough clear actions and even when we do, we don't follow it through. So, I think one of the really interesting things with all the black lives matters stuff going on recently has been people saying yeah, it's great that you're making these symbolic gestures but what happens after? And it's interesting if you look on Twitter there's nothing. You know you get all of these we're taking the knee; this is great, we really value it but actually what is happening in terms of meaningful action and it's very, very little. So, I think faculty if they're really committed to this have to show it in ways that they just have not done to date.
00:18:38	RIYA And it links back to your point around this need for transparency and better communication.

00:18:41	NISHA Absolutely.
00:18:43	RIYA Absolutely. We've got a question from Shirley Rigby she says do you offer bystander training to your students? It's something they've just started to think about at Warwick Medical School.
00:18:53	NISHA Yeah, I think somebody's asking Shirley about that. I'm not sure what bystander training is. I've not heard of that, it's a new term, but I mean it may be worth asking Shirley to say something about that?
00:19:09	RIYA So, I think Shirley might be typing in the comments but often I've seen that quite a lot and I think it's driven from an equality perspective and Shirley's just put so teaching students to challenge for example racism or sexism.
00:19:25	NISHA Ok I think one of the things I would go back to again is I think we should not ask people to do things that we don't do ourselves. So, I think asking students to say you know every time you see racism point it out. And I think the other thing is it puts a lot of responsibility on the people experiencing those things as well that you know you get sick and tired of calling things out. And you kind of lose the energy and the will to live sometimes because you see it so often. So, I think one of the things I would argue is I would think again that's about how you create a culture where we say that in a way that we genuinely mean it but actually when you see things being not done right, how do you call them out? And how do you call them out in a way that's constructive rather than make somebody feel really bad? Now the problem is it's quite an emotive issue as well and I'm not sure that's always the time to deal with it. But I go back to how you deal with patients. I think one of the things is there is a bottom line and I think we need to, you know, say this is not ok and actually I think one of the things is you see very little overt stuff, although I think it's increasing because of various other factors, but I would only say to students call out stuff if you feel comfortable. Because it's easy to say you should do it and we all think, you know, you should but it's not always safe to do. It doesn't always feel that you can, you know students may feel very vulnerable so I think we've got to be careful of the expectations we set on students. And we've also got to understand that people are very diverse, some people are going to feel comfortable with it, other people are not going to feel comfortable or safe. I think we can help people to do it because I think we should be doing it more but I think it's how we do that in a way that's supportive and also creates a culture that doesn't feel that everybody's always just looking to get at everybody else, if you see what I mean? That we're not being constantly nit-picking but actually context is really important for that and how you kind of understand those things if that makes sense.
00:21:32	RIYA Definitely. I've got a comment from Reza who said I'd be interested in your comment on integrating issues of equality and diversity and inclusion in the curriculum. Has this been done anywhere and results evaluated? Also, would you comment on harassment particularly ethnicity at the workplace for medical students?
00:21:53	NISHA Yeah, I'll do the first bit first. We developed modules for including integrating diversity into the curriculum and I think, one of the problems with - and Riya will assert to this with her PhD - that we've got very poor evaluation of diversity generally, particularly

	diversity education. What tends to happen is people will say well let's do it so we can tick the box that we're doing it and actually then there's never any money, or commitment to actually saying is this effective? I think one of the things that we did was when we talked about integrating diversity into the curriculum was to look at how the curriculum is designed. What kind of language do you use and is it geared in a particular way? Again, our personal biases mean that we write things in a particular way because that's our training, that's our experience, that's our background but sometimes what we forget is how do other people look at that. So, I think it's really important to think about when you talk about it, you're not just doing it as an add-on. So, one of the things we did recently at Royal College for example is we went through the curriculum and looked at the language we'd used and some people will say you know there's a lot of talk particularly I think at UCL about decolonising the curriculum. I would go one step removed from that and say it's about making a curriculum feel right for the group that it's serving but also the language use expresses respect for diversity, and we acknowledge that there's a lot of variation. So, all of those kinds of things I think are the ways that you incorporate it. I think it's also simple things like there's language, you know we use an awful lot of idioms and clichés, and slang, forgetting that actually sometimes people don't get that. To give you an example we developed a course for international students online and you're used to saying things like jot things down. Now, jot things down sounds very basic but to somebody from another country they would say take notes, write notes, you know jot things down, and so we had to think about everything we were writing. How would that be seen by somebody where English is not their first language. And even when English is their first language, we use an awful lot of regional variations. So just thinking about what you're doing, how you're doing it, what does it look like to somebody who's not you? I've just seen a question there which somebody said, I'm just going to go back to it because I thought it was quite an important point about, sorry, oh I'll have to go back and have a look while you carry on with the conversation.
00:24:33	RIYA That's fine it's great to see how many questions are coming up. Just to say that we will try our very best to go through as many as possible but if we don't manage to answer your questions we will be providing a document afterwards with detailed responses so we will try our best to go through them but don't worry if we don't manage to because we will answer it afterwards. Have you managed to find the question?
00:24:59	NISHA No and its sort of some of the notes disappear. Oh there. Yeah, there's some comment about faculty being diverse but I think ah sorry this was the question, the question is from 'L' , I think medical schools need to have clear raising concerns policies so that students feel protected and comfortable to challenge experiences of their own and others. And I would say I don't think it's enough to have a policy. I think what I'm very aware of is that we have lots of policies and actually what it means in practise is absolutely nothing. You know I worked for a trust which had very clear policies did they ever act on them? No. So I think it's not enough to have clear policies I think you need to say, and you need to show students how you deal with those issues so that absolutely it's clear that if you raise it, how is it going to be dealt with and what are the outcomes because I think you should know x number of concerns about this issue were raised and this is the outcome. Because the chances are, certainly in my experience and I might be cynical and aged about this, but most of the time what you find is you've raised a valid concern about sexism or racism and it's often just put down as oh this was just a mis-communication, people want to brush things under the carpet

	rather than address some of the hard challenges. So, I don't think it's enough to have a policy. I think you need to go beyond that, have a clear strategy, have clear action points and clear audits so that it's very clear what's happening.
00:26:32	RIYA We've got another question that's come up; how do we truly represent the spectrum of intersectionality without getting lost?
00:26:41	NISHA I think that's really, really hard. But it's one of the things that I've always argued for because I think when we start talking about just race, or just gender I think we are being quite reductionist. Now Kalwant Bhopal at Birmingham for example has done a lot of work in education and she argues that the Athena SWAN has improved an awful lot for white women but actually hasn't done anything for women of ethnic minorities. Now some people would argue with that and whatever. But I think one of the things we forget is that people, and I think it's really important in how we have this conversation so I've had issues, not issues that's the wrong word, but I'd had difficulty in sometimes saying let's just focus on race. Race is obviously a big issue and I'm not going to minimise that. But I think what we do when we talk about just one aspect is we forget all the other aspects and then we get into this hierarchy of what matters more and I think what we need to think about is are we creating a culture that is inclusive of everybody irrespective of whatever? So, I think one of the things I would say is I think it's really important and the culture we create is part of how we remember that people are more than just this one thing because they're not. They're a blend of all of those things coming together and that's why it's really dangerous to assume that just because somebody looks like somebody else, they understand each other intrinsically. That's just not the way it works.
00:28:10	RIYA We've got another question that links to culture from Kathleen, she's asking do you have any tips on addressing the clinical workplace culture? She mentions we're picking up on very different cultures on diversity and inclusion between the medical school and the clinical workplace and universities seem to spend a lot of time, a lot more effort on the culture of inclusion and then students are often shocked when they go into the clinical workplace.
00:28:35	NISHA Yeah I think my issue with it is that I think certainly the clinical workplace has some, and again the NHS you know through your work that the NHS would say it's committed to diversity yet if we look at just the Covid thing how many more minority staff have been at the frontline and not received the appropriate care that they might have done? So, I think one of the challenges about that is I think the NHS is a very difficult workplace at the moment. I think it is an extremely challenging environment in terms of resources, in terms of the expectations of clinical staff but I think again we don't have openness, we don't have a culture where you, you know, you're not able to talk about clinical mistakes with any degree of safety knowing that actually you can learn from those so I think things like diversity are always seen as a sort of minor issue that's lower down the agenda. I think what people forget and this is what people have talked about a lot about celebrating diversity is that we're still seeing diversity as a very negative thing in everyday life. Forget the academics who talk about it being something we should celebrate I think we don't see diversity as an advantage, we don't see equality as an advantage, we don't see fairness. We don't seem to understand that if we have a fairer more equal workplace with different perspectives being respected,

	we'd actually probably have greater creativity and do better. I think what we're always doing is presenting it as a very negative issue. So, I think there's a lot of work to be done in creating a culture but I think again that comes from the top down. How do you do it? And people might have different views but I think it's really interesting to me that I think, and I'm going to be slightly political here, I quite like Keir Starmer, I think for him to say, I mean I don't agree with doing just unconscious bias training, but I think for him to say, he's a human rights lawyer so he knows something about equality, diversity and inclusion, and for him to say I might have screwed up with that and I'm going to take unconscious bias training I think says quite a lot. Now people might have different views on what it says but for me it's about saying actually if you at the top are prepared to admit that you might still get it wrong, and I would say to students you know I've been a consultant for 20 odd years and still can get it wrong. Because it's not something you ever achieve competence in it's something that you're constantly learning and reflecting on and I think it's about how we take that back to our workplace. How do we generate those conversations?
00:31:22	RIYA There's another question that's come up from Ellen and it links to some of the questions that we got before this webinar that talk about the slow progress in the field of diversity education. And one of Ellen's questions is how do you envisage diversity in medical education to look like in 10 years' time?
00:31:42	NISHA How do you not be cynical? I say that because if you'd asked me 20 years ago when I started in this and then down the track, I'd have been more optimistic than I am now. But I think what I will say is I think one of the things that I've been really interested in is how particularly more in the States it's happened than here, but what I have noticed is this time I think the, remember Black Lives Matter didn't start 2 months it's been here a while, this time bigger organisations have put their money, not their commitment, but they have put some money where their mouths are. So, I'm a bit more hopeful that actually we are at a point where more people feel that these things aren't acceptable. Now I think we've got huge political polarisations at the moment, you know in the States with the white supremacists, so I think there's quite a lot of tension but I think one of the things I'm more optimistic about is that we have got more people actually saying this isn't ok. I think we're still struggling with how we might change that. And I think one of the things that I will address on that because it came up again previously, was that people will have different views about using the term privilege, now I think personally I would not use the term white privilege because I think privilege is important but I think I wouldn't restrict it just to white privilege. I think we can often have class privilege, gender privilege, you know all kinds of privileges and I think one of the things is to try not to present it as though, you know there was this thing about what have white people got to lose if we tackle racism. And I think one of the things about it is it's not what you've got to lose it's what we all have to gain which is a fairer, nicer world. Now people might not want a fairer, nicer world which I accept but I think it isn't a negative thing if other people are advantaged in the same way as you are. I think we've got to have those conversations and they're difficult because I think people feel differently about it and people have different things to lose. But I think there is something about saying we need to think about those kinds of things.
00:34:07	RIYA And one thing that's come up in a few of the comments and chat is with this current movement of Black Lives Matter how can we really capitalise on this movement to progress diversity issues and diversity education at the moment?

00:34:23	NISHA I think it goes back to asking your organisation and saying yeah, great you've taken the knee, what are you doing beyond that? Because I think it's still all symbolism. I think it's all making sure we put out the right statement and I think one of the things is interesting you know I think the fact that people are, and again one of the things that's really interested me is how being called a racist is apparently more offensive that actually being racist. You know people are very affronted that they're racist and I think sometimes that criticism is fair but I think when racism is racism call it out for what it is. I think to pretend that sometimes it's you know anything other than it is. And I think one of the things is it happens in such subtle ways. We see it with everyday sexism, everyday racism with hashtags and things, so I think it's starting to be aware that actually we are also capable of doing all of those things that we have those biases that are almost, not inbuilt but gained through life. So, I think it goes back to the issue of being prepared to constantly look at the world and say how is somebody else seeing that?
00:35:33	RIYA And constantly questioning ourselves, yeah. This is a question from Catherine, which I'm sure many participants will want to know some answers to, are there guidelines on good practise on how to integrate EDI in the medical curriculum?
00:35:48	NISHA The only thing I'm aware of is the, I'm trying to think, the one I'm aware of is we made the online module for the European project. There was a European project which looked at cultural diversity education in Europe and there were about 15/14 countries in that. And so, as part of that one of the things we did was to develop a module to look at how to integrate cultural diversity in the curriculum. So, I can send people, I can send Jenny or Leigh the link to that. It was available on course sites which is a part of Blackboard so I can certainly send the link to that. I'm not aware of much else. I'm aware of people having tried different things but again one of the things is we have very poor evaluation on it as you will know. And I'm not aware of any recent articles on that. Diversity seems to have fallen out of favour in medical education because I think there's very, it's not fair to say there's very little innovation but I think people aren't writing about it partly because I think it's harder to get published. And I think often teachers are just teaching, people have heavy workloads and things so I think that might be relevant. Somebody asked about the terms, using terms such as BAME ethnic minority. Just to say I've been a long advocate of saying it's a meaningless term. I think one of the things is when we were looking at child mental health one of the things we found was that often what happens is when people have got very low numbers they just lump all the minorities together and that just completely takes out the subtle differences and all the experiences. I think as I've said before looking at people as having just ethnicity has got its risks. I personally think what we, I don't know what the right terminology is I'm not going to pretend I've got the answers but I think one of the things is, BME, BAME whatever you want to say, it's a very good way of other-ising, it's a very good way of making it their problem, our problem rather than everybody's issue that we need to address. So, I'm not a great fan of it. I think in the States there's a bigger issue because they use race an awful lot, we tend to use ethnicity but I think we need to be careful that we use ethnicity and race very interchangeably. And often we're not really talking about ethnicity or race we're talking about skin colour, because we're really talking about often racism because of skin colour as opposed to ethnicity. So, I'm not minimising again the experience that a lot of Eastern Europeans have had particularly since Brexit with the racist experiences they've had but often it's more

	than that, in the States for example I think it's a lot more about skin colour than it is ethnicity and I think people often don't want to address that head on.
00:38:52	RIYA Thinking about that actually one of my students said to me recently about this term BAME, she said remember the ME in BAME and actually you'd all get along together.
00:39:02	NISHA And people's experiences are very different, aren't they? That actually, you can have, education makes a huge difference, social class makes a huge difference so I think it's just a very reductionist way and people will say it's a short-hand term but I think sometimes we need to think about it. I think it's served a purpose but I think we've also got to be careful when things have outlived their use. Get rid of them.
00:39:27	RIYA I saw, just to say Jenny's put a comment there are loads of questions coming up which is absolutely wonderful and if you are interested in us doing a follow-up session please do let us know actually because that would be something we would be happy to do. I'm going to just pose one more question from Sarah Redford. She says medicine is often taught and assessed using illness scripts. Often these are plotted stereotypes and can teach us to reinforce unhelpful heuristics about race and sexuality, however heuristics are also helpful and effective clinical tools in practise. How can we take the best bits of these tools and avoid the unhelpful features?
00:40:08	NISHA I'm going to say I think we just have to try. I think one of the things is try things but if they don't work don't get wedded to them so that you then feel that your whole career is on the line because of this intervention or whatever. Like I said when I was talking about the medical students, be prepared to get feedback and if it's not working that's ok, I don't think trying and failing is a negative thing. And I think with educational practise you're sometimes going to get it right, and sometimes you're going to make, and you know one of the things I would encourage people is when they develop curriculum so the curriculum that we've got in Leicester for the induction period we got student feedback before we delivered it. So, we got 4th and 5th years to say what do you think of us including this? Now the problem is you get limited views because you get people on committees and things like that, and it's quite hard obviously to get a lot of feedback and things and whatever, but we gave them the parameters we were interested in and actually that was really useful because again it helped us modify some of the things. So, my view would be you obviously are in support of your organisation but be prepared to try different things and if they don't work that's ok. But I think one of the things we could do is better sharing of what has worked and what hasn't worked because sometimes what doesn't work is because of a particular context rather than you've got design faults or whatever. And I think again if you have an open culture, I think you can often I suspect you're not going to get something that doesn't work completely, but you just need to refine it. So, my view would be just give it a go.
00:41:40	RIYA And I think actually it's the courage of having a go that we need to encourage more people to do. I'm just looking at the time and actually we have just come close to the end. I wanted to ask Nisha if there's any take home messages that she'd like to give our participants based on just the richness of discussion that we've had today.
00:42:01	NISHA

	I think it goes back to probably my last slide which is don't forget where you're coming from with everything. You've got a bias and it's not, and I don't want to call is unconscious bias, I don't want to call it conscious bias but we are biased because of who we are. We see the world through our lens because that's who we are. And understanding that in every interaction we have, whether it's with our students, whether it's with our patients, whether it's with our peers and understanding how that influences the way that we take things and the way that somebody else might take things. Because I think that's where we get an awful lot of misunderstanding. And I think for me the thing is to feel comfortable about having those conversations because unless we're comfortable we're not going to make our students comfortable. I think uncertainty is a huge issue particularly in this day and age so I think learning to be comfortable with uncertainty is crucial. So, I think that's really what I would say. Know who you are and feel comfortable about knowing who you are and taking that into the workplace in a positive way but also being comfortable with uncertainty. I hope that all makes sense.
00:43:06	RIYA That's wonderful and just to say for those of you who asked a question but unfortunately, we couldn't get around to it we will be creating a document after this where we will go through each of the questions and answer it in more detail. I wanted to thank all of you for your questions, your thoughts, just the rich discussion that we've had and a big thank you to our guest speaker Nisha today for her advice and her expertise, as well as our ASME team we've got Jenny & Leigh who do a lot of the work behind the scenes a big thank you to them.
00:43:39	NISHA An awful lot of work. Well thank you too Riya for hosting it because one of the things that I will be honest with people is I've done Zoom sessions but more with family and having somebody take care of the chat is really, really crucial. And apologies because I haven't got an ASME background because my IT skills aren't as confident as they should be so the idea that we're always learning, as with diversity, it goes for technology too. Thank you very much Riya and just to say I've found it really interesting that these issues are not that different to what we've talked about before which means we still haven't got it sorted and we really need to support people to do that more.
00:44:21	RIYA And a few points just to end with there will be a video of this session made available on the website in a few days and today's session is one of 3 BITESIZE sessions that we're running this week which have been our ASM, which would have been our annual conference so please be sure to sign up to some of those sessions. They're happening tomorrow and Friday. Tomorrow's one is at 12 noon, it's Ask the Editor, questions and answers with Jill Thistlethwaite who's the Editor in Chief of The Clinical Teacher, it's definitely one I'm looking forward to. And on Friday at 12 noon there is a session on How Do Medical Schools Differ? And does it matter? With Chris McManus, John Cookson, Olivier Devine and Derek Gallen and there's much more details about this on our ASME events page so I hope to see many of you there in the coming days. And again, a big thank you to everyone today for participating in this webinar.
00:45:25	NISHA Sorry Riya can I say I'm also happy just to receive feedback if needed, I'm more than happy to receive feedback on anything I've said or if you need to discuss it more, ok? Thank you everyone, bye.
00:45:36	RIYA

	Thank you, bye.
00:45:39	ENDS