The challenges of diversity for medical education – keeping the conversation going.

Transcript of webinar:

RIYA So, if we get started then. So, this webinar is titled Challenges of diversity and it's keeping the conversation going. It's a great pleasure we have our guest speaker today Professor Nisha Dogra. If I could ask you to tell us a little bit about yourself Nisha and your role?
NISHA Yeah ok. I'm recently retired, I was a Consultant Child and Adolescent Psychiatrist at the University of Leicester. I was also a Professor of Psychiatry Education and that's kind of just a name but I was a Professor of Education, and one of the things that I'd done a lot of work on was diversity education for medical students and how to train them so that they would be more appropriately able to give the right care to people from diverse backgrounds. And it started off as working with medical students but obviously as you can imagine that once you start doing that you kind of realise where more and more gaps and deficiencies are, so we started thinking about training educators, training mentors. So, it's kind of moved on from just thinking about students to thinking about diversity more wholesale. And in our webinar in July the issues that we kind of summarised were that although there's a lot of interest in diversity as a subject and as an area it's moved on very little, we haven't really made as much progress as one would hope given all the interest in the area, particularly around issues of student and staff support. So, students are still saying one of the big challenges for students is that we get taught this at undergraduate in the pre-clinical phases and when we go on the wards we see a whole lot of unacceptable behaviours, how to challenge that. But we were also very conscious of faculty, there are lots of policies, so universities or medical schools will proudly say we've got this policy that does this but there's actually very little in terms of what that means when it's inactive student's perspective, students would say yeah there's a policy on reporting racism or reporting sexism but actually we don't know what happens. So, what we thought we would do with this seminar was rather than, Riya and I talk or I talk, what we would do is sort of think about the challenges that people have faced and how they've addressed them, because one of the challenges is that it ends up being quite a negative conversation often because we have so little progress. But actually you do get pockets of great work and it's about sharing some of that and hearing what participants might say about how they've tried to address some of the issues and what they've been able to do or any suggestions they might offer to other people and really just have a discussion about those issues.
RIYA Thanks, so much Nisha. And just to say a few housekeeping rules just so everybody's aware - and I think we've got one more person sign up, welcome Frances if you're joining - this session will last approximately 45 minutes. If you're comfortable we

would love to see you on camera so please feel free but no worries of course if not. You can unmute yourself if you'd like to participate, and we are really keen to hear your perspectives and your thoughts. There's also the chat function that I just want to draw your attention to, right on the side of your screen. So please feel free to type in your questions, comments, I'll be keeping an eye on the chat and relaying the questions to Nisha. Also, if you do experience any technical problems two of my colleagues from ASME are actually online Jenny Ogg and Leigh Morrish you can see their cameras are not there but they are here to help us, and if you are experiencing any technical issues there is a website, events@asme.org.uk. I'll type that into the chat so please feel free to just email them and they will help you as soon as possible.

NISHA
Riya given it's such a smaller group than we'd anticipated I wonder whether it's worth getting Tarlochan and Sarah to introduce themselves because we might as well give them the option to say who they are given that it's such a small group.

TARLOCHAN
So, I'm Tarlochan Gill. I'm one of the clinical lecturers at the Medway School of Pharmacy currently.

NISHA
Sorry, where?

TARLOCHAN
Medway School of Pharmacy. In Kent we've got a new medical school starting up as well and that's my particular interest in this particular topic here.

NISHA
Ok.

RIYA
And Sarah would you like to go next?

SARAH
Yeah, so I'm Sarah Cope. So, I'm in Newcastle, I'm a GP so I work clinically as a GP and also GP lecturer at Newcastle University. And my interested is probably from that second role so as a lecturer some of my role is looking at equality and diversity across our cases and our resources, and how we make that more diverse and to help with the students engaging. But I'm also kind of really interested in what you were saying about, I feel that we're still in the position that perhaps on paper it looks like we're doing things but I'm not sure in reality how that transpires. And I think from a staff perspective and from a personal perspective there is a lot of anxiety about getting it wrong and yeah, so that's my kind of driving agenda is how we do it well and is it better to try and make a mistake than not try? So that's where I'm at.

NISHA
I think that was the summary of my last webinar, which was I think it's better that we do make mistakes but need to be more forgiving as well. And I think one of the problems is, I think we should probably ban Twitter from some of these forums that we have because I think it's a really, it's great for some conversations but it's actually very paralysing for a lot of things. I think not just staff, I think students are so worried about getting things wrong, it's like you can't make a mistake and yet we all know that when we mistakes is often the best opportunities to learn. And I don't think we've created that kind of culture where we've made that safe. And I also think having a way that it's reported and the way that it's managed doesn't help that. And I think again one of the summaries of the webinar was very much what you're saying Sarah which was we say we've got a policy in place and we say we're doing this and if you look at curriculum as

we've done several times it looks like a lot is being achieved because it's all there but actually how it's delivered, how it's understood by students and then how it's translated into practice within an organisation is I think very hard to show. And I think my concern has always been that senior faculty members are ok with that, I think the teachers at the ground level trying to deliver aren't, but faculty often are ok with that which is one of the concerns. If it looks good on paper, I think the GMC are happy with it, I think universities are happy with it, I'm not saying, well I probably am saying GMC and universities care less about it I think they want to look good, not social, they're always committed. And that maybe is a tad unfair but that's how I've perceived it.

RIYA

Thank you shall we pass it on to Reza, would you like to introduce yourself?

REZA

Yes, good morning again. Sorry for the video glitch I'll get to it eventually. So, I'm a neuro scientist by training and until recently I used to be Director of Education at Exeter University Medical School but for the last year or so I have diverted my attention mainly on the issues of equality, diversity and inclusion at the University and at our College Medical School. It comprises of a number of undergraduate, postgraduate programmes some of them are professional degrees such as medical imaging and nursing and medicine, some are science based but with the vantage point of the health and care and age. So, we are all very, very interested in the issues of diversity and inclusion. And given the current state of affairs that I'm sure everybody knows, publications in the Lancet and BMJ and all the other problems with harassment and discrimination. We have started looking very seriously at the issue of inclusion and student support in our College. And we are starting to sign up to be a Charter, to be a Medical School Charter, and one of my questions would have been what the panel thinks about this Charter and whether it would really address some of the real life issues that we as staff or students in clinical placements are really facing. One last point just before I have to go, I think in our media of communication we need to be mindful of other people, particularly now that we have the technology, of those who have difficulty typing for example, dyspraxic people, dyslexic people, people who are hard of sight, and other disabilities and divergence so I hope that the technology would advance so that these kind of communication would really address those issues of diversity as well.

NISHA

Can I just address that because I think one of the challenges is that there's also an immediate assumption that everybody has access to technology. And when you have seminars online away from the central university that everybody has the space, and what they were saying was often people at the most disadvantaged end of the spectrum often don't have private access so that actually having meetings is more difficult. And there's the other issue you raised about disability but I think one of the things when we've moved there's an assumption that if you move things online it somehow improves accessibility and one of the big interesting things is if you look at the evidence there was a great hope that the internet particularly would open up access with gender. That it would reduce some of the gender disparities particularly in the developing world and what's interesting is it's done very little for that. So, I think we always need to be very careful with the assumption that you introduce something and it's a one-size fits all. So, I think what you're saying is really important.

REZA

Thank you. Yes, that's what I feel as well.

NISHA
Yeah. No, I think it is important.

RIYA
Well thank you Reza for joining. Frances would you be kind enough to introduce yourself? Can you hear us?

FRANCES
Hello can you hear me now?

RIYA
Yes, I can hear you.

FRANCES
Right, well I'm sort of officially retired. I've been very involved in medical education in the past. And I'm still in contact with my medical school and actually endeavouring to, because I've got a role in the local hospital, I'm endeavouring actually to bring the students into the hospital more particularly in relation to, because I'm old actually I'm an elder as it were myself, so I'm sort of in a way peripherally involved with the older people. And I'm interested in the fact that dementia which is going to be a major part of the presentations really in the people who are now medical students, I mean we're talking about sort of in the next 10-20 years where there's an increasing frequency of dementia in the population, is that introducing these young students so it's undergraduate students to this kind of condition at a time when they're really very open minded. Not at the end of their clinical undergraduate years when they're very focussed on exams but more towards the beginning. And so, I'm interested in medical education and I'm doing my little bit to do that although I'm not in a powerful position to it has to be through contacts. And so were the diversity comes in is in relation to that because it's diversity amongst patients, and its diversity amongst students. And so I'm interested in that because I've been around for a long time and I've seen it open up just in terms of medical student entry, who came in, by the time I left active teaching there were about 50% of Asian undergraduate students, that's clinical yes undergraduate medical students in the institution. So, I mean it's changing and it's changing fast but I mean as you know it's changing the culture that's the issue and I'm very interested in that in terms of education, and so I'm very interested in the way that you're dealing with it. And as one of your earlier contributors Sarah said, I mean she's got all the will in the world as it were but it's the difficulties in dealing with this on the ground actually. So, I'm interested in that. So, I'm not sure I've got too much to contribute but I'm certainly interested in what's going on.

RIYA
Well thank you so much and it's really helpful actually to get these introductions and to see the kind of questions that you'd like to discuss. We've got one more last person Roshni can you hear us and if so, could you kindly introduce yourself?

ROSHNI
Sorry I've just come upstairs. I'm Roshni I'm essentially a portfolio medical educator because I'm not based anywhere at the moment but I'm a sessional tutor at QMQL at Guys and St Thomas', Clinical Communication Skills and yeah just applying for medical school jobs at the moment and past NHS consultant in rehab medicine but I don't practise anymore. Sorry I'm late, I'll just plug my earphones in, thank you.

RIYA
That's fine. Well thank you everyone for introducing yourselves. I'm Riya, I'm one of the Directors of ASME. Oh, it's lovely to see you Roshni as well. I think everybody probably is feeling the hot weather right now. But my PhD was one looking at diversity

education and I had the pleasure of having Nisha as my supervisor and I work at Barts Medical School and I'll be supporting Nisha in delivering this webinar. So, I'm going to hand over to Nisha now.

NISHA

Ok what we just wondered was to be able to engage you more because obviously I could give you a mini lecture which isn't really what the purpose of this is. What I wondered was if you could think about, we've already raised the issues of student support, staff support and a feeling that perhaps we're not doing as much as we could and I wonder whether you could give us some idea of whether your current provision addresses the issues that have been raised, all of them including age, disability, diversity, and wonder whether we could just hear from you if your current provision addresses the issues that you raised. Because if not we could think about how we might change that and if it does, we could learn from you. So, I wonder whether that might be a useful way forward for the rest of the conversation. Who'd like to maybe get us started?

SARAH

So, I'm happy to start. So, I don't think our current provision does cover what we need but I feel that we're being quite dynamic with it. I think what we're finding most helpful at the moment is direct student feedback so, I'm slightly conscious that's driven by a focus group of students who have a clear agenda but probably that's what we're getting the most benefit from at the moment. And moving forward from that so we're incorporating some more specific kind of diversity teaching as a learning outcome which has been quite helpful because I think the students are still very learning outcome driven. I think the thing that we aren't doing so well at Newcastle at the moment is staff provision and I would be interested to hear if anybody has success with that at the moment. So, if I give an example from my role so we're looking at our resources and we teach using case narratives so, we've set up an equality group and we're re-writing some of our resources which were very, for example, they were very white, British background cases and we are now trying to make them more diverse so that's a kind of working group. But what that doesn't provide is sort of support and ongoing education for example for staff like me who are white British background and perhaps don't have an insight into some of the issues. So, I'd be interested to see if anybody has any thoughts on kind of staff development that's worked.

NISHA

Anybody else want to add to that?

FRANCES

Well I'm quite interested in what you said. And actually what I'm quite interested in and whether it's being looked at is I mean there's an increasingly diverse medical student undergraduate population coming in and I'm just quite interested in that and when they become, well there's more clinical now in those initial undergraduate years when it was when I was involved so that's a great improvement, but there was this division between pre-clinical and clinical which I think has become more blurred but it's in that context in the diversity of teachers and the students and I'm quite interested in whether the diversity of the student population is being reflected in any way or is being thought of in any way in relation to diversity of the patients that they're meeting. Because it's a different kind of relationship of undergraduate students to patients but actually it's a very formative relationship and so I just wondered what was happening at that level and whether there was a conscious awareness of the teachers to that. So

that's the question. I mean whether you think there isn't an issue there, or whether this is something to think about.

NISHA

I think one of the problems is, I think Sarah made a valid point when she said that it's sometimes student led means that you get some bias in it because what you get is the loudest students, or the students with the most interest and that doesn't necessarily reflect the whole student body. I think one of the issues about diversity of students, what we know is that medical school population does not reflect general population in terms of class, ethnicity or various other backgrounds, perhaps even disability. The GMC's done quite a lot of work to look at people with disabilities how they might be more included in medical schools but I think one of the things is if you start looking at each factor of diversity as a separate issue it becomes quite a messy way of doing it. And one of the things I wanted to ask people about was, I wondered how well or how they think that the things they are doing to address diversity actually address diversity across the board or just focus on certain aspects of it. Because I think one of the challenges is that a lot of the policy for example the Athena SWAN Award which universities are encouraged to apply to, are all about gender and then there's the race charter for race and one of the problems with that is it kind of categorises things in ways that people don't exist. We don't exist as women just in solo we've got all these other factors as well. And the same for ethnicity that you don't exist just as a person of colour or whatever people want to say you are, but actually you've got all those other factors. So, I think one of the things is I wondered what people felt about how we look at diversity, whether we look at it in a whole way or whether we look at it in a too compartmentalised way to make it helpful.

REZA

I might add a few points of my thoughts I mean I totally agree with your approach in terms of the integration of all these aspects because really we are as humans a complex mess of all sorts of ideas and identities, and agencies and attributions and perspectives so we can't suddenly change our hats in different communities, different settings. One becomes a man somewhere and suddenly an ethnic minority somewhere else, and professor somewhere else and all the others but at the end of the day I have one identity and that identity, although it is dynamic but it is with me and it is what I identify with. And I think looking at these crucial aspects of divergence in society in pigeonholes is not going to be helpful, it is a question of, in my opinion, a step change in our attitudes in our cultures to be able to involve all sectors of the society including white majority in the society to take ownership of the problems that are being experienced by everyone and not just ethnic minorities. Because I firmly believe that the issues of divergence and discrimination bounces back on the equality of life of the white people so the white majority as well as all the other strata. So, a sense of ownership is very important and as a result of that I think we need a culture change, we need a change of behaviour that gradually we have developed. We at Exeter University, we have mandatory training on equality and diversity and inclusion, for a number of years, and the uptake is probably about 95%-90% depending on the colleges. Medical School probably ranks at the highest possibly about 95%, I don't know the exact number, but we still get these issues.

NISHA

I think one of the things that came up in the webinar Reza is that what happens is although people go to training, we don't carry on the conversations in our work places. And I think going back to what Sarah was saying people are so afraid often of getting it wrong that people would rather avoid the conversation and say do you know what, I

might get it wrong and I think what we haven't been able to do and I think it probably applies to other areas that are sensitive, not just diversity, I think sexuality and sex would be another issue where people just don't raise difficult issues because they're so worried about getting it wrong or offending people that we don't have the conversations at all. And I think one of the challenges as you say is about how do we change the culture where we're allowed to say let's have a conversation about this and let's make it safe so that people are able to get it wrong. And I strongly would agree with you about that it's not a conversation and I think one of the problems with a lot of the diversity conversations is that they don't take a whole view of the institution so we have people who belong to some of those factors, you know but we don't have a whole approach about it saying well actually this is everybody's business not just if you happen to have one of those factors. And so, I think what it allows people to do is perhaps disengage because it becomes well it's not about me and yet we need all the stakeholders to be a part of that if we're going to really ever make change happen. So, I think one of the challenges is to think about how do we get that? How do we get people who appear to have no interest, how do we make them understand that they have got an interest and it's in their interest as well? I think politically it's a very difficult time to have that conversation because we're getting more and more polarised for different reasons but I think that's a huge challenge. But I wonder whether people have any thoughts about how you move that forward?

RIYA

I had a similar situation in my university it's a kind of a culture of compliance not really a culture of change at the moment with all the different charter marks and we're also striving towards the BMA Charter Mark and although that's useful it's given us a momentum I do think it can unintentionally or sometimes intentionally become a bit of a tick-box exercise that you're just trying to achieve it so I resonate with that. Does anybody else have any thoughts on that?

FRANCES

Well my thought is to get people while they're young. And 18, 19-year olds, and of course I'm not, but I've got some graduates that age they in some ways they seem to be very sort of fixed in their views but then actually in other ways they're very unfixed, pliable. And I think that's the time in which actually they don't particularly see the intersectionality, maybe talk about intersectionality, but I think although they've got their own views because of who they are and what they are, and what their upbringing is and what their social circumstances are, then I mean I was involved with small group teaching and it's in that session that I found these interesting things came up. And I must say at the time I was actually personally challenged when I went round sort of asking a new group of students something about themselves and actually the students themselves who were not English, from the Middle East and from Indian origin, so there were different colours let's put it that way, I mean to be blank, I mean I'm white and then actually they started writing about themselves and it was something about somebody being called a bad name and how did you respond to that. And these are undergraduate medical students in first and second year and there was a sort of, frankly I didn't know how to deal with it I just thought I'd better let it ride because I don't know what to say really if people want to talk about it, and then there was an interjection by the Middle Eastern woman, because well the Bangladeshi guy was the most lacking in confidence although he stood his ground, but she was very confident and she said you know what we're talking about here is race. And you know this was about 20 years ago and I was, I mean it's a personal anecdote this but it just sort of stopped me in my tracks. I mean I was aware of all of this because it's not that long ago

but I really didn't know how to do deal with that, and I actually said well you know we're not talking about race in this kind of context, I had to sort of put it off. But I think we've moved on from then and I think it's within that very sort of private way that students come to, well at that time the fact that they do come from completely social backgrounds, it's not just race as you say, and it's not just about gender it's about the mixture of all of these things. And this is what they need to take in so when they see a patient that it's not just a white patient, or a black patient or an old patient, or a young patient it's making them conscious of all of this.

NISHA

I think it's arguable to say that when somebody raises that issue and again we talked a little bit about it in the webinar I think one of the things is to have a discussion about it because different people would manage insults in different ways and I don't think there's a right way to do it. I find it very uncomfortable when somebody says you have to do this when you get addressed with this because actually, we all have different experiences of whatever. I think one of the things about that is to perhaps often throw it back to the group, because I think within the group there will be different ways of managing it and having the conversation. I think it's also useful sometimes to generalise that to say because I think people still get called insults, there's a lot of insults associated with people with disability, with religion you know and I think sometimes it's about saying how would anybody manage any of those things when people come at you with insults in that way. But I think one of the challenges about how do you do that is to make people feel that the way they're handling it works for them, but then not to feel that that's a, again, one size fits all. I think one of the concerns I always have is when people say and I know policy often has a flow diagram and says this is how you do it, but in real life flow diagrams and I think clinicians will understand this more, you can have all the guidelines you want but the reality of what's reflected when you're sitting there can often be very, very different. So, I wonder whether people have any thoughts about how to manage something when it feels, because particularly one of the things I would stress is students pick up on staff discomfort so if staff are avoiding an issue or sidestepping it because they're not sure about it is that a more useful response than saying I'm not sure about this, how do we handle this? And throwing it back to the group. I wonder what people's thoughts are about that.

SARAH

Yeah that's one of the challenges that I've faced and I think the more confident I get the more confident I am to throw that back. So, we do a lot of teaching on racism for example and it's interesting because I do worry about sort of implicit bias and I've had sort of direct feedback about you know well I'm a white British person trying to open this discussion. And I think the more I do the more I get confident to be able to throw that back to students to say well let's try and have a conversation about this. I'd be interested to hear what people think though because I still find sometimes the students still get a little frustrated with that though and they're still looking for direct answers about how you deal with this. And so the racism example would be you know they've all had experiences or they will go on to have experiences in the ward that are very different to what we're discussing, and they find that frustrating and they want me to say to them you know if you're dealt with this you should do x, y and z. So, it's a difficult balance because I think they do want a black and white, a clear-cut answer.

NISHA

Black and white is the right term for it there isn't it. And I think one of the challenges of that is to sit with their discomfort because I think one of the things we've explored

often is what are they looking for? And I think what they're looking for is certainty and what we know is in human relationships certainty is the last thing you go for. About the only thing you can be certain of is that you're going to hit uncertainty. And you know getting them to understand that if you're going to be not just a doctor but a health care practioner, actually anybody that's involved with people, so teaching, anything like that that you're involved with, if you think it's going to be straight forward answers, because you can have done something a hundred times before and you come to case 101 whether that's a student you're teaching, whether that's a patient you're seeing they're going to present something and it might be identical in so many ways but a little bit of it might be very different and I think getting them to understand you have to be able to look at interactions as they exist not in predefined ways. And so I think one of the things that we can do that we perhaps don't do because we don't know we'll be supported by our institutions is to model that by being able to say I don't know about that and being comfortable with that but I think it takes a long time for us to feel comfortable so expecting students to feel comfortable straight off is a real challenge, but I think the more we model that and I'm retired now so I have less discomfort about a lot of things but I can tell you, the more I've been honest with students about things the more you get back. That actually they find it difficult initially but when they realise that you're not trying to trick them into something and when you're honest with your interactions with them I think they give you back more honesty. So, I think what Sarah said is really important about saying let's be confident about what we do but also where do we have support forums as staff to say; look I tried this out what do you think about it? Just to be able to have networks of sounding boards where you can feel comfortable in making mistakes but knowing how you move that forward. And how do you let your colleagues know that that's ok because the problem you're going to have is if you've got someone like Sarah doing that so the groups that Sarah teaches get a lot out of it but if you're colleagues aren't doing the same thing it's a very different learning experience unless we have conversations about that as well. I remember when we were doing some training in Leicester some staff saying they didn't feel comfortable about some of the issues, we were talking about sexuality interestingly enough and some staff didn't feel comfortable about that and I was quite, probably a bit mean, and said well actually you have to learn to get comfortable because it's not fair to expect students to do what we as teachers are not prepared to do. So, if we find something uncomfortable and aren't prepared to address it, how is it fair to expect students to do that? So, I think one of the things about this is thinking very much about are we as teachers being honest about the things that wind us up, the things that we find uncomfortable and how do we model that in a way that doesn't diminish us as teachers but acknowledges the human part of us that doesn't always get things right that doesn't always feel ok about things. Because if we want students to be more humane and human in their interactions then we as teachers have to model that. And I'm not sure that medical schools always do if I'm honest.

SARAH
Can I just jump in on something you just said there about networks of sounding boards? I don't know if anyone's got any tips, so we've started that at Newcastle so we use like a Microsoft Teams sounding board, so this is talking about like written resources and the background to that being that so we're changing them to make them more diverse and inclusive and lots of people have signed up to be part of that but very few people contribute. And I wondered if anyone had any thoughts about how I would encourage people to contribute because I don't know if it's workload, I suspect it's people are nervous to put on print, and I'm not quite sure how to - I guess it's just how

do you encourage people to make a mistake or get it wrong, or I don't know if anyone has any thoughts on that?

NISHA

The problem is you don't really want to screw up yourself on paper and leave a paper trail. Sorry, Roshni wants to say something.

ROSHNI

That's ok, thanks. I agree with everything you've said Nisha and Sarah I was really interested in your equality group because that was one of my thoughts so that's really good to have. So, coming back to your question about how do you get everyone else to engage, have you made it explicit that you know it's ok to make mistakes? That's the sort of thing we say to students. It's not a thing I've heard a lot about as a professional, you know an educator or a clinician. So that's really interesting to hear quite a few of you saying that, and Nisha you've said it before. Sorry I've got a few points; I'm trying to keep them in my head because it's been such an interesting discussion. So, going back how did you draw, who are your stakeholders? How do you decide who your stakeholders are in your equality group? Do you mind if I ask how did you form the equality group for example?

SARAH

Yeah, so it was driven by feedback from medical students so then we set up a group and I was quite open at the start that I was keen to be part of it but felt uncomfortable if I'm honest because of my background that was I the person to be leading an equality group? So, I was quite open and therefore asked people to contribute. What I probably haven't done and I feel is slightly hard to now that it is established and we're not getting much input is to then go back and say you know, it's fine to contribute and we might get it wrong, it's difficult. I should have done that at the start to perhaps be more explicit about it.

NISHA

I don't know I think you're being a bit hard on yourself. I think one of the things you can say is it's an evolving group so actually what it means is that sometimes at the beginning, you know sometimes it's not until you get the process going that you know what needs to happen. So, I'd just say you now, I've been having conversations and I wondered if we needed to do this? I mean the fact that you're doing this is more than a lot of other people are doing so don't knock yourself back for not getting it perfectly right. Who does? Sorry, Tarlochan wanted to say something.

TARLOCHAN

Yeah, I mean I really like the way the conversation is going and I understand the context of academia that we're talking about. My previous background is working in industry and elsewhere, there mistakes, as you know every day you make mistakes, you make improvements in going forward, we come to university we tell the students hey you can make mistakes, then we punish them by failing their exams. And yet we're talking about actually it's ok to make mistakes so we're stuck between a rock and a hard place. So, we want to make mistakes because we know this is unchartered territory and we have to kind of make mistakes and it's very, when you're talking about race and sexuality and all those things, it's kind of holy ground you're breaking ground that is contextually different for different people, it's meaning is going to be different for different people. The challenge that we're talking about here is at the operational level what you do. Taking the conversation back we know that we've got policies, and certainly my university's got policies, the top team absolutely get it, they know they get it and they're doing everything they can. It's translating that into the coal face where

that takes place. So, it's almost like it's nothing to do with, race and sexuality and everything else is used as a kind of a context but it's more to do with power. And I don't really know how to decipher or tease out that power differential because power differential exists between students and lecturers and everything else, and power differential between the top team and the middle team and the lower team. So, how do you then, it's about sharing the power and that's really what it is to get that conversation going up to the front. Sarah raised a very, very important point, you feel like an imposter. You're thinking oh my God, you know, why am I having this conversation? Racism isn't going to be moved forward with just brown and black people. It needs the vast majority of individuals, courageous individuals to stand up and say hey this is the right thing to do.

NISHA
I think that's interesting because when we talk about gender issues, we often talk about one of the challenges has been that actually do you achieve more change when you have men involved in that conversation as well? Because actually it's all very well saying we as women decide this but if we haven't talked to a significant part of the other stakeholders. I wonder whether the way to have the conversations around is to think about stakeholders and understanding that you've engaged a lot of the stakeholders in that process and how you do that I think is a challenge. Because I think one of the things that, I've phrased it slightly differently I don't necessarily talk about it power terms but I talk about having a culture of where you can have discussions and I think one of the problems is we still don't have the most important conversations in very transparent ways, we have lots of processes but don't actually check that those processes do the job that they're supposed to do.

TARLOCHAN
Interesting.

NISHA
Roshni you wanted to say something.

ROSHNI
Thanks, that was what I was going to say. Sorry I didn't mean it to come across as, I was really interested in Sarah's initiative in the equality group and I think that's amazing because I haven't heard of - well I'm not at a university at the moment but that does sound like really sort of ground-breaking work. So, credit to you and your team. But I was wondering and thinking about, my best friend's in HR so she was talking to me about diversity, inclusion and judgement is a new terminology. How about looking at other industries, I presume you've done that (sorry I missed webinar 1) but how much involvement in other industries, and training you know bringing in other people, external trainers in. Does it all have to be in-house? What about looking at other industries and other professions and what they do?

NISHA
Well technically the police force has apparently done more than any other organisation so what I'll say to you is just because somebody's doing it it doesn't mean it brings any change at the ground base level at all. The Metropolitan Police probably spend quite a lot on diversity training and I think most black people rather than coloured people in London would say yeah, probably not the most successful training. I think one of the things again is there's very little follow up on that. I think one of the things we don't look at is the wider context of what's going on. And it's all very well to send people on training but if the training doesn't make them challenge themselves, and I think somebody raised earlier, I think Reza said something about we need to look at

behavioural change and we do. We also need to look at what drives people to behave in the ways that they do. So, I think people really need to understand who they are when they're dealing with other people because that's what drives you and power comes into that. If you don't understand that you have power, you're not going to understand how you enact that power. And that power might come through your position, your status, your job, all of those things and we don't spend enough time understanding who we are and how what we've experienced drives how we necessarily treat other people. And I think unless we start having those difficult conversations, and I would ask you Tarlochan, you know you're saying lots of people in your senior organisation, I would ask you to say, I'd challenge people to say how many of your senior people have actually acknowledged that they have a huge amount of power, and we talk about giving up power I think it's not about giving up power, I think it's about sharing power.

TARLOCHAN
Yes, I agree.

NISHA
And I think one of the things we don't have enough time to think about sometimes is how we frame the conversation so that we're inclusive. Because one of the challenges I have is when people say well, and I think Sarah raised this point, when we start excluding people from the conversation are we not doing the very thing that diversity is not meant to do which is say actually all of the voices matter and sometimes some will matter more than others because of context, but actually how do we create an environment which is inclusive and allows people to have a diverse range of views that are respectful. And I think we're some way from doing that but I think when we start having more conversations about that the more likely it is. I'm just very conscious of time now because we've already overrun. But just to I think one of the things about that is thinking about how we can move that forward.

FRANCES
Can I just say something? Can you hear me?

NISHA
Yeah.

FRANCES
Well I'm going to say it, it sounds very critical I don't mean to be that way, but actually I think what can happen is that one tends to be in an echo chamber. That you know you get people together who are interested in this particular issue and then you talk about it and you sort of, you're feeling your way together but it is to do with power and it's a trickling down. And I think actually as members of staff you have a phenomenal influence over the students, certainly if you're doing sort of small group work. But going back to your own particular group to what extent can you see that developing? I mean where's the trickle down, I mean you've got some power but how can you then sort of make that trickle down in some way? Is it because the individuals in your group have got personal tutor groups that they can sort of interact with and feedback to you? I mean how is it happening? I think the thing not to do is to form a group in which you know you're all vaguely agreeing with one another but not actually getting anywhere and the issue of power is an important aspect of it. And teachers have power and they're seen as people with power who decide whether you're going to pass an exam or not, kind of stuff. So, I mean it's a question and I don't know whether Sarah's quite comfortable with that or whether it has been a bit sort too critical about the situation.

SARAH

No, I completely understand what you mean. I think the aim of what we're doing is to change written resources and hopefully by that we have sort of more diversity discussions from the start of year one that it becomes an ongoing discussion rather than a stand-alone sort of teaching. So, the output of our group is to change written resources so hopefully there will be a lot of trickling down from that but I think there's probably lots of different ways we can do that.

FRANCES
Are the students involved in that?

SARAHS
The students have had feedback into that, they're not part of the actual group at the moment. But as I say it's an evolving process so that might be something that yeah, but they're not part of it as such.

REZA
Can I just add a point please? Just to add to Sarah's point, very, very important. With respect to the student participation we had recently we had kind of a petition from medical students so year one and year two in our medical school asking us and challenging us to change our curriculum to bring in more contents to raise awareness and experiential learning of issues of diversity and inclusion in the medical school. And we were as it happens in the midst of looking at the BMA Charter and all the other activities which happen to be a very welcoming addition and input from our student community. And I think student involvement is paramount if you are going to change the practice at all levels, the environment, the teaching and learning curriculum and the actually manpower and resources. And one of the things that probably has gathered us here is our shared interest in this issue but for different reasons, for a spectrum of reasons but we're all here for the same agenda. And I think that atmosphere has to be inculcated in the student community and staff community. Experiential learning exported to events, role modelling, education, curriculum, all of these will gradually help. We cannot just expect sitting in our office and saying if you have a problem come and talk to me. That doesn't solve the problem. We have about three or four different lines of student support and staff support at the university and they are very, very loud and clear everywhere. If you have a problem come and talk to me in confidence. Nothing happens. And if there is a problem on the ground floor the issue is the shared community, shared experiences and stake holding issue of the various issues of the diversity and discrimination I'm afraid. It's a very slow process but we have to be patient.

NISHA
I think one of the - and that's a really valid point - I think one of the issues I would raise is that actually it's important to think about the students who are involved because sometimes what you get is a very loud group who want things done in a certain way and that actually isn't reflected necessarily in the wider group. So, I think one of the things is it's really important to have stakeholders but to have a range of stakeholders because one of the challenges can be that you then end up with slight tokenism where you get a couple of students and that's supposed to represent the student view as though students are this homogenous group who have the same views. So, I think it's really challenging to say how do you move between groups? How do you get the ideas of a lot of people involved not just those that are comfortable because some people are not going to be comfortable in certain forums? So, I think what Reza was saying is that you also need a range of options rather than just having a one way of doing things because if you only have one way of doing things it's going to appeal to a certain kind

of person and that's ok but actually is it inclusive? And I think one of the challenges about thinking about inclusion, and this is where the broader higher education forums I think have done a lot of work, and they've interestingly focussed more on disability often because that's one of the big challenges, but I think looking at some of the ways that people have looked to address inclusion and if you look at the baseline of it good inclusive teaching sounds just like good educational practice and it should be, but actually, it makes you think about when I put this case up how might other people see it? So, what you're trying to do is see things that you are doing and say how might other people look at those so that you can be more inclusive, because what we do is we have a world view that's ours and we can genuinely think that other people just think like us because it's easy. And actually, people don't necessarily think like that so I think it's really a challenge to think about how is somebody else perceiving what I think is fairly standard? I can give you a very, very good example I know we are running over time but I think if people are happy to continue I can do a little bit, I was in a workshop with some very experienced diversity trainers and we were in Holland and they were doing diversity training about how to manage it when students felt uncomfortable examining. And they didn't say that students in Holland examine each other, ok? So, we had these 45 minutes of a very confused workshop because very few people in the workshop were from Holland so we didn't know, so we were talking about students feeling, most of us thought we were talking about how students felt examining patients because that's what happens in most medical schools. It was only when we got to the end of this workshop that we realised that this was where we'd been at a stumbling block and these were really good diversity trainers but they had completely overlooked the fact that the world does not train, and everybody does not train the way that they do in Holland. So, none of us had experience of students examining each other in a formal setting, so even when you're very, very good at stuff like this you can still get it hugely wrong because what you do is you see the world through your lens and you forget that other people have a different way of doing things. So, I think one of the things is when you're thinking about a curriculum, when you're thinking about processes is to think; this feels comfortable to me because this is something I'm familiar with, how might it feel to somebody who doesn't understand it like this? And one of the challenges I think is that when we talk about diversifying the curriculum you've also got to be careful that it's not tokenism. So, I did a lot of work with the Royal College of Psychiatrists looking at our exams and we'd often just stick in 'black' and you say well does the black actually have relevance here? Do we even need that? Because in trying to make something diverse are we just being tokenistic? Unless there's a particular reason why are we including some of the diversity factors in those questions? So, when I asked people what they were doing about diversity years ago people would say well we ask about the ethnicity as though that in itself was addressing diversity. So, I think you've got to be very, very careful when you're looking at curriculum, when you're looking at groups thinking; how might this be perceived from somebody else's point of view because actually often something we think is fairly straightforward can have very different meanings to somebody else from a different context. You might share everything with them, you might be the same background, socially, education all of that but actually their experiences might make them look at something very, very differently?

RIYA

Were there any other questions that people have that they wanted to ask or discuss? I think it's a great discussion that we've got going on.

FRANCES

I'd like to ask you what you think of it?
RIYA Was that referring to me?
FRANCES Yes.
RIYA Well I can speak from my experiences in our university. We have a similar, it sounds like a similar group to Sarah actually we have the Student, Staff Diversity and Inclusion Committee and one of the things that we do find is that's really difficult and challenging, is one; how do you keep the conversation going in a way that people feel safe and comfortable? Also how do you invite people, and it touches upon what you were saying Sarah, that might feel that they're an imposter or they're not as socially accepted you could say in the group, and actually those are the individuals we want to engage because I don't know if other people have found it but often people that are interested in diversity issues tend to be those from underrepresented backgrounds, or those who have a personal interest in it and I think what you find is you get this cycle of under-represented people trying to push up under-represented people. And it's like this cycle of disadvantage and so that's something that you know that's been a real struggle and I think touching upon Nisha's point just there around tokenism I think from our experience at our university there's a good intention I think in trying to get diversity issues out there but then how do you do it in a way that doesn't perpetuate the stereotypes? I don't know if other people have found that in their universities or in their experiences? But that's something I've recently found.
FRANCES Thanks very much.
SARAH We've found that too and that's another thing that I worry about is that you fall into stereotypes by making assumptions and then that's worse than doing nothing at all sometimes, I think. So, yeah that's another thing that definitely rings true with us too.
NISHA And I think that's why it's really helpful to think about the frameworks that you use for your conversations. I think one of the things that I always start off with whenever I do anything diversity related is to say this is how I'm using the term and this is why I'm using the term, so actually the conversation is a bit clearer. So, I think one of the challenges I have is that sometimes, and this is really hard to get people to hear and I say this as a clinician with a lot of experience of people who've experienced particular things which is to say that your experience is not necessarily reflective of everybody else's experience. And I think it's really, really difficult for people when they've had a really difficult experience to understand that that may not be somebody else's experience. And I think one of the - I will use one of my least favourite people - Priti Patel taking about the issue about racism. One of the things is her racism does not mean that she fully understands everything about racism because actually her experience of racism may be very different from somebody else's. And so I think one of the challenges about that is it's how do you make it without minimising somebody else's experience because what you never want to do is make people feel invalid for what they say or how they felt about something that's happened to them. But actually, it's really hard to understand that our experiences and the way that we deal with them is very, very different and we need to have conversations and that's what I was trying to get at, that we need to think about saying there's more than one solution fits all.

And actually if something's really personal to us we may be not the very best person to drive that forward because actually we've got so much emotion attached to it and sometimes we need to, you know, and I'm not saying we never bring our emotions into it but sometimes our emotions can be unhelpful, and that's the important part of recognising how we are as humans. That actually sometimes our emotions are good drivers but sometimes they can be very not good drivers and understanding that as people that we bring a whole range of emotions to things and acknowledging our emotional responses may be positive, may be useful but actually can be equally not helpful. And that's an important part of the conversation, I don't think again you know this is good or this is bad, but it's how we reflect on those and I think one of the things we haven't talked about is how with reflection, which is a really key part of all of this, understanding that our world view impacts on everything that we do and therefore impacts on the interactions that we have and actually how we respond to other people is often based on a lot of other factors rather than just what somebody is saying to us. And you know we do it in clinical practice all the time I think, you know in our interactions we often acknowledge that something might be different because we're having this conversation with somebody here than somewhere else, but actually we sometimes forget to do that when it comes to diversity and I think it's about staying alert to that in a way that means that you're kind of conscious of the conversations and interactions that you have particularly when it comes to difficult issues.

Ok shall we wrap it up Riya?

RIYA

Sounds good.

NISHA

Ok. Alright so just to summarise that actually I think people have given ideas about how to move forward. I think again the take home message from today for me would be to develop our own confidence so that we're ok to model behaviour that we're expecting others to do and actually think about how we engage, try and engage more and more people as stakeholders so that actually this becomes everybody's issue not just ours as the diversity teacher or the diversity lead. And thinking about how we do that in a way that's inclusive so that we actually don't exclude people in the very thing that we're trying to do and model principles that are consistent with what we say is good practice in inclusion and diversity. And I think looking at inclusion materials, just really looking at some of the stuff that higher education has done on inclusion is really, really helpful. And thank you very much for your contributions, really enjoyed it. Sorry we were a bit late time wise.

RIYA

Thank you everyone. Just to say please do sign up to future ASME BITESIZE sessions. There's one coming up on Tuesday the 25th August with our junior trainees so please do look out for that information. And thank you all for attending and many thanks to Nisha

ENDS.