



**MGH INSTITUTE
OF HEALTH PROFESSIONS**

Fostering Compassion and Belonging in Palliative Care Nursing Education through Language

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Conflict of Interest

Neither the planners nor presenters have any real or perceived vested interest that relates to this presentation.

Introductions



**Rachael Salguero, she/her
PhD, RN-BC, CNEcl**

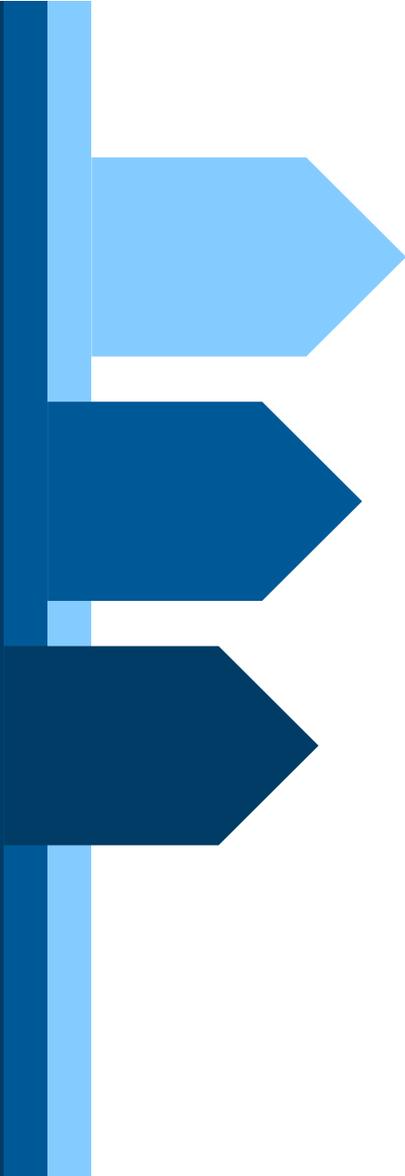


**Julika Wocial, she/her
MSN, MS, CCRN**



**Alex Wolf, he/him
DNP, APRN, ACHPN**

Objectives



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Differentiate between “calling in” and “calling out” and apply effective strategies in educational and clinical settings.

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Discuss the role of faculty in fostering psychological safety and a supportive learning environment through intentional communication.

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And now, audience participation



Differentiate between “calling in” and “calling out” and apply effective strategies in educational and clinical settings.

Discuss the role of faculty in fostering psychological safety and a supportive learning environment through intentional communication.

Identify key components of an inclusive syllabus and explain how they promote a sense of belonging for learners.

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What does **BELONGING** mean to you?

① Start presenting to display the poll results on this slide.

Skit

Learners' instructions:

Listen carefully to the following verbal exchange between three students entering a BSN program.



Rachael



Alex



Julika

Belonging

- The concept of belonging was initially identified by Maslow (1943) while describing the Hierarchy of Needs, a framework that offers valuable insights into comprehending human behavior.



Belonging

- The desire to belong is a fundamental and inherent requirement shared by individuals and societies alike
- Experiencing acceptance and valued are crucial human necessities that bind all individuals together (Baumeister & Leary, 1995)
- Students are more motivated to learn and participate in providing care at clinical when they feel a sense of acceptance and belonging (Levett-Jones & Lathlean, 2009)



Credit: <https://tiescenter.org/>

Belonging

- Educators who foster and exemplify open dialogue, all the while endorsing a variety of viewpoints, contribute to the emergence of alternative perspectives and the fostering of innovation (Aronowitz et al., 2023)
- When students feel valued and recognized, they tend to participate more actively in academic discussions and present their perspectives (Aronowitz et al., 2023)



Credit: <https://evolve.elsevier.com/>

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How do you make your students and/or patients feel like they belong?

① Start presenting to display the poll results on this slide.

Language Tip

Language Tip of the Day



Purpose:

- Promote student thinking and discussion about language and behaviors that promote compassion and belonging in nursing practice
- Share our own lessons learned as nurses, students, and educators
- Cultivate inclusive learning environment, empower students to foster compassion and inclusion

Language Tip of the Day

- The language tip is often presented at the beginning of class and can also be embedded within lectures and other virtual or in-person learning activities.
- Some tips focus on specific language to avoid or use, while other tips are more nuanced.
- Language tips also offer an efficient way to incorporate palliative care topics such as serious illness communication.

Topic examples:

- Problematic labels: "Smoker," "Diabetic," "Obese", etc
- Withdrawal of life-sustaining treatments
- Person-first vs. disability-first language
- Descriptions of communities facing inequity and exclusion
- Caution with the use of battle/war language in serious illness
- Topics identified by students!

Language Tip of the Day

Example: Subjective patient info

'The client is **complaining of** 10/10 pain due to a headache.'

"The client is **reporting** 10/10 pain due to a headache."

"The client's **chief complaint** is chest pain."

"The client's **chief concern** is chest pain."

"The client **claims** they took their blood pressure medicine this morning."

"The client **reports** taking their blood pressure medicine this morning."

"Calling In"

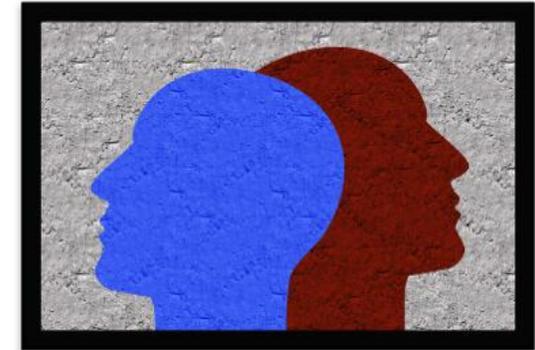
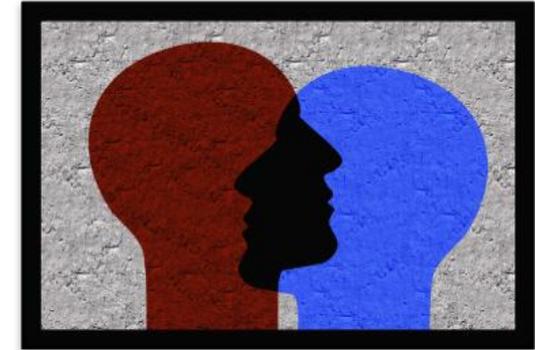
"Calling In" and "Calling Out"

Calling in

- 1:1 conversation or a small group
- Most effective when the person is receptive to learning
- Fosters belonging when educators normalize calling in

Calling out

- Large group or public attention
- Previous attempts have been unsuccessful
- Urgency or unsafe



Credit: <https://inclusion-nudges.org/>

Examples of “Calling In”

- **"You will recognize him. He is a frequent flyer and here all of the time."**
 - I heard you say that the patient is a frequent flyer to the hospital. I am wondering why you think that is the case?
 - Response **after listening**: An inclusive way we can describe this is by saying that the patient is at an increased risk for readmission. Hearing this term may be difficult for the patient to hear. A more inclusive way to describe this is to identify *why* they are at an increased risk for admission.

Examples of “Calling In”

- **"She is a drug seeker and only came to the ER because she could not find any on the street."**
 - "I heard you say that the patient is a drug seeker. I'm wondering what signs or symptoms are leading you to that conclusion?"
 - Response **after listening**: "An inclusive way we can describe this is by saying that the patient is expressing concerns about pain management. Labeling someone as a 'drug seeker' can carry stigma and may overlook underlying issues such as inadequate pain control or past experiences with healthcare. A more inclusive approach is to assess their pain needs thoroughly and explore appropriate management strategies."

Easy, right? **No!**

Why feeling uncomfortable is the key to success

"Your comfort zone is a beautiful thing, but you will never grow there"

your comfort zone → 

 where the magic happens!

medium @rickwest8
twitter @rick_west8

Normalize
calling-in!



How?...

Suggestions for Inclusive Language



To: Salguero, Rachael H.,RN; Wolf, Alexander T.; Wocial, Julika



Wed 3/15/2023 12:58 PM

Hi Professors,

During lecture today, I felt prompted to share a few inclusive language tips that acknowledge historical power dynamic issues in our culture. I've noticed that you all often use "underserved communities," "impoverished communities," or "communities/persons of color" to describe communities that are impacted by various health disparities and inequities. I'd like to suggest using "historically and intentionally excluded communities" or "disinvested communities" instead of "underserved" or "impoverished." Using this language acknowledges that many of these communities have intentionally and systematically been denied (and continue to be denied) access to economic, political, and cultural resources and participation by white institutions.

Moreover, using "communities/persons of color" is a bit unspecific and does not acknowledge that not all people of color are impacted by disparities equally. I recognize that some disparities are seen across all of the BIPOC communities categories, so I understand why in some cases, it may be less desirable to list all of the groups specifically. However, to the degree possible, I would suggest specifying the type of subpopulation that is impacted. For example, if we are referring to higher rates of asthma in certain populations, we could specify that those higher rates are seen in Black/African American or Native/Indigenous communities. Specifying allows us to acknowledge that the burden of asthma is more prominent in these specific communities, as opposed to all people of color (if/when applicable).

This [resource](#) provides more context about the suggestions above, but of course, I'm happy to chat more if needed. Thanks in advance for considering this information!

Warmly,

[Redacted]

[Redacted]

[MGH Institute of Health Professions](#)

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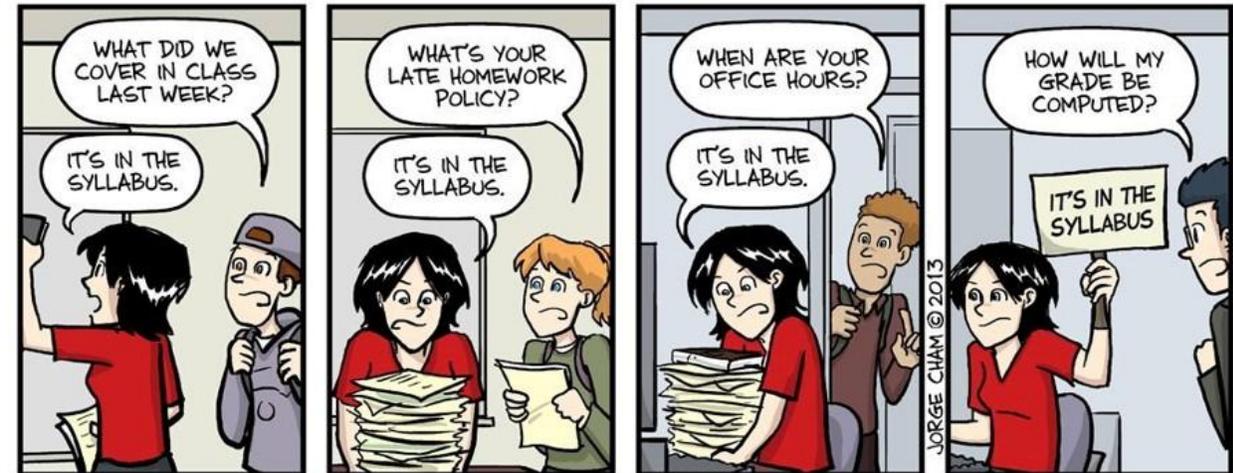
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Inclusive Syllabus

Inclusive Syllabus

What is the "official" purpose of a syllabus?

- **Communication** - mechanisms/communication of content/how content is expressed
- **Planning** – tools for instructor, course plan for students
- **Pedagogical** tool/resource for student learning
- **Contract** – policies and procedures to be followed
- **Artifact** – faculty evaluations, record keeping tool
- **Socialization** – orientation for students to academic environment/class



IT'S IN THE SYLLABUS

This message brought to you by every instructor that ever lived.

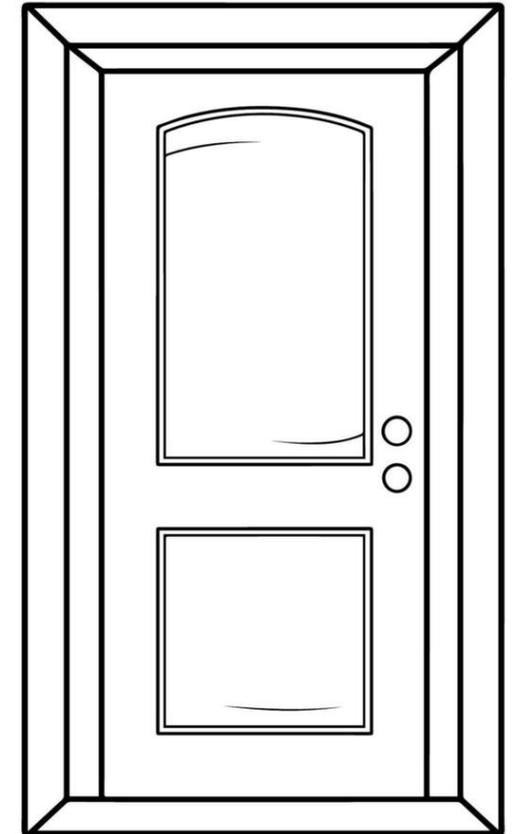
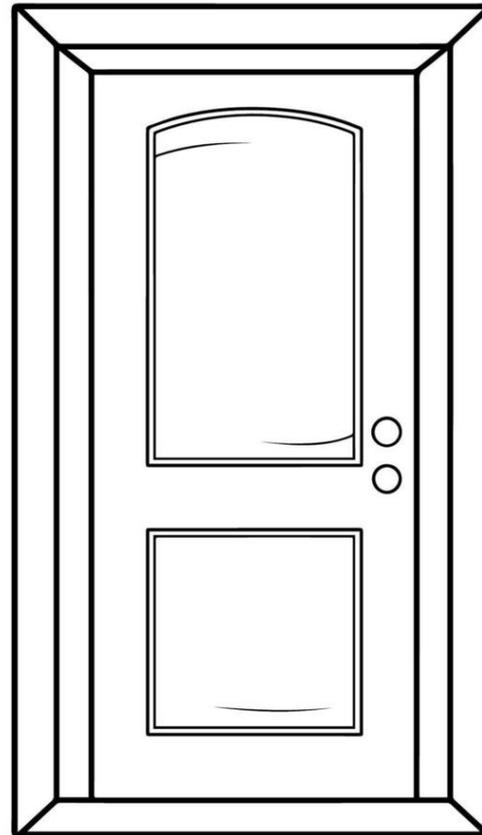
WWW.PHDCOMICS.COM

Inclusive Syllabus

The syllabus:

- Is often the first item that is reviewed in class and introduces students to class
- Sets the tone for the class and the semester
- Sets expectations
- Sets boundaries

Which door would you choose?...



Inclusive Syllabus

What is an "unofficial" purpose of the syllabus?... Or, in other words, what can an educator achieve by making their syllabus more inclusive?

- Make students feel included and more comfortable among their peers (Metzger et al., 2020; Sommer et al. 2019)
- Increase students' sense of belonging (Moore, 2022; Singer et al. 2022)
- Enable students to freely express their thoughts and ideas (professionally)
- Promote "diversity of thought" (Aronowitz et al., 2023)
- Create an atmosphere where students feel empowered to "call others in," including the instructor (Salguero & Hunt, 2023)
- Set students up for success (Aronowitz et al., 2023)



Inclusive Syllabus

How Did We Make Our Syllabus More Inclusive?

Faculty and "setting the stage"

- Start with a "welcome message" and brief introductions
- Include a statement acknowledging instructors' **identity, privilege, and background**
- Share instructors' **commitment to diversity, inclusivity, anti-oppression, and reducing implicit bias**
- Acknowledge that the instructors will make mistakes and welcome students to "call them in"
- Set the stage for a **mutual learning atmosphere**

Language

- Reduce language bias by using **inclusive terms**
- Include **pronouns** with each faculty/instructors' names
- Refrain from using **jargon/abbreviations**
- Use **positive**, supportive language and **welcoming** fonts



Inclusive Syllabus

How Did We Make Our Syllabus More Inclusive?

Support and Success

- Highlight **faculty availability** to students and flexibility with meeting times; Zoom and in person
- **Define office hours** and the format in which they are run:
 - Structured and unstructured
 - Zoom and in person
- Provide a section on **"Ways to get help"**
- Outline specific steps on **how to be successful** in this course

Resources

- Include information on **availability** of hard copies of textbooks at the school's library
- Provide **contact information** for the **Disability, Accessibility, and Accommodations** offices
- Include the Institute's **writing center** contact information



How Does It Translate to Bedside Nursing?

Skit

- Listen to the shift pass-off report
- What do you notice?



How Does ONE TERM Influence Others' Attitude?

"Substance Abuser"

Mr. Williams is a **substance abuser** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a **substance abuser** for the past few years. He now awaits his appointment with the judge to determine his status.

"Substance Use Disorder"

Mr. Williams has a **substance use disorder** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a **substance use disorder** for the past few years. He now awaits his appointment with the judge to determine his status.

Clinicians exposed to the "**substance abuser**" term were significantly more likely to **judge** the person as **deserving of blame and punishment** than the same individual described as "**having a substance use disorder.**"

Words Do Matter...

- Using biased, or non-inclusive, language can demean or exclude people because of their age, sex, gender, race, ethnicity, national origin, religion, skin color, social class, or physical or mental traits or abilities
- Non-inclusive language is often used unintentionally and by well-meaning individuals
- Common language may contain “hidden messages” about the superiority or inferiority of various groups or types of people
- Non-inclusive language is ubiquitous in our written and spoken language and it only affects individuals to which it is applied



Where Can We Go From Here?

- Nurse educators are role models. Our students, colleagues, and patients are watching and listening!
- Review lecture content, exam questions, case studies, clinical and simulation materials (Sommer et al., 2018)
- Make a commitment to learning and growing from mistakes



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Thank you!

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