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Embracing inclusive education practice

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Learning Outcomes

1. Understand the definitions relating to 'inclusion', and how inclusivity pertains to the learners, the environment and the educators within clinical education
2. Explore learning theories around inclusive education
3. **Reflect** on inclusion as it relates not only to our learners and the environment, but also to ourselves as educators

Why me?

Inclusion:

The practice of **creating environments** where individuals of all backgrounds, abilities and characteristics **feel respected, valued and fully engaged**

*INCLUDED IN THE ENVIRONMENT
PART OF A COMMUNITY*

Inclusive education:

“An approach to teaching and learning that ensures **all students**, regardless of their abilities, backgrounds, or needs, **have equal opportunities to participate and succeed** in the educational environment”

(Amayo et al. 2021)

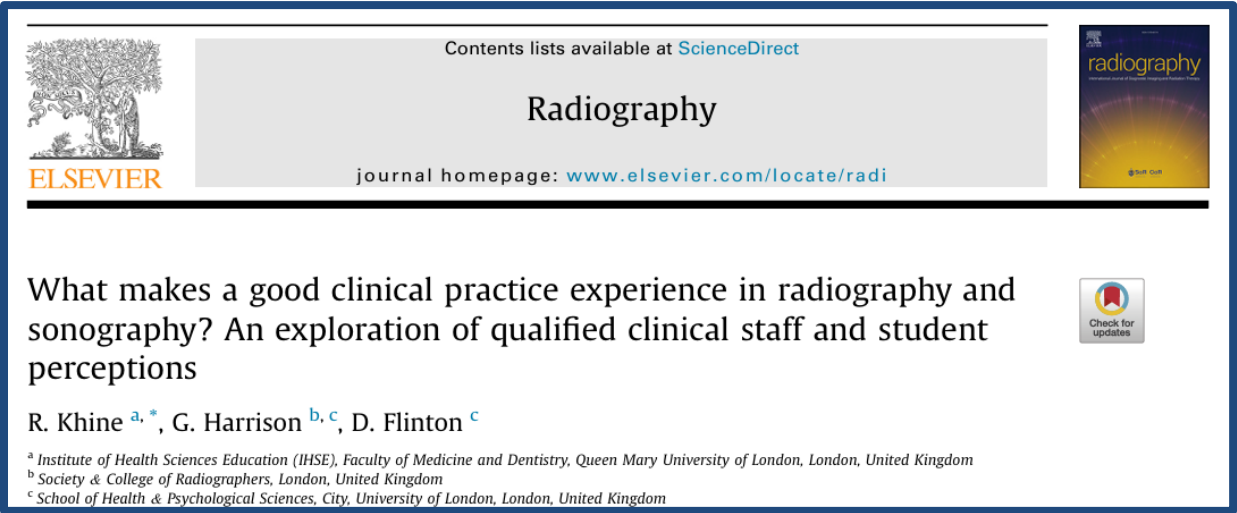
Why is inclusivity important?

To build a successful and safe learning environment

(Khine et al. 2024)

Invitational Theory:

- Enhance learning by ‘inviting’ the learner into the experience, and remove obstacles
- Related to the FIVE “Ps”(people, places, policies, programmes, and processes)



Levels of human behaviour

Four levels of human behaviour.	
Intentionally disinviting:	Conscious behaviour that demotivates learners, focusing on the negatives which discourages educational outcomes being met and undermines learners.
Unintentionally disinviting:	Accidental or unplanned behaviour that hinders positive educational outcomes stopping the student reaching their potential.
Unintentionally inviting:	Accidental or unplanned behaviour that facilitates positive educational outcomes by allowing the student to reach their potential.
Intentionally inviting:	Conscious behaviour that empowers learners and facilitates positive educational outcomes by allowing the student to reach their potential.

The Learner: Protected Characteristics

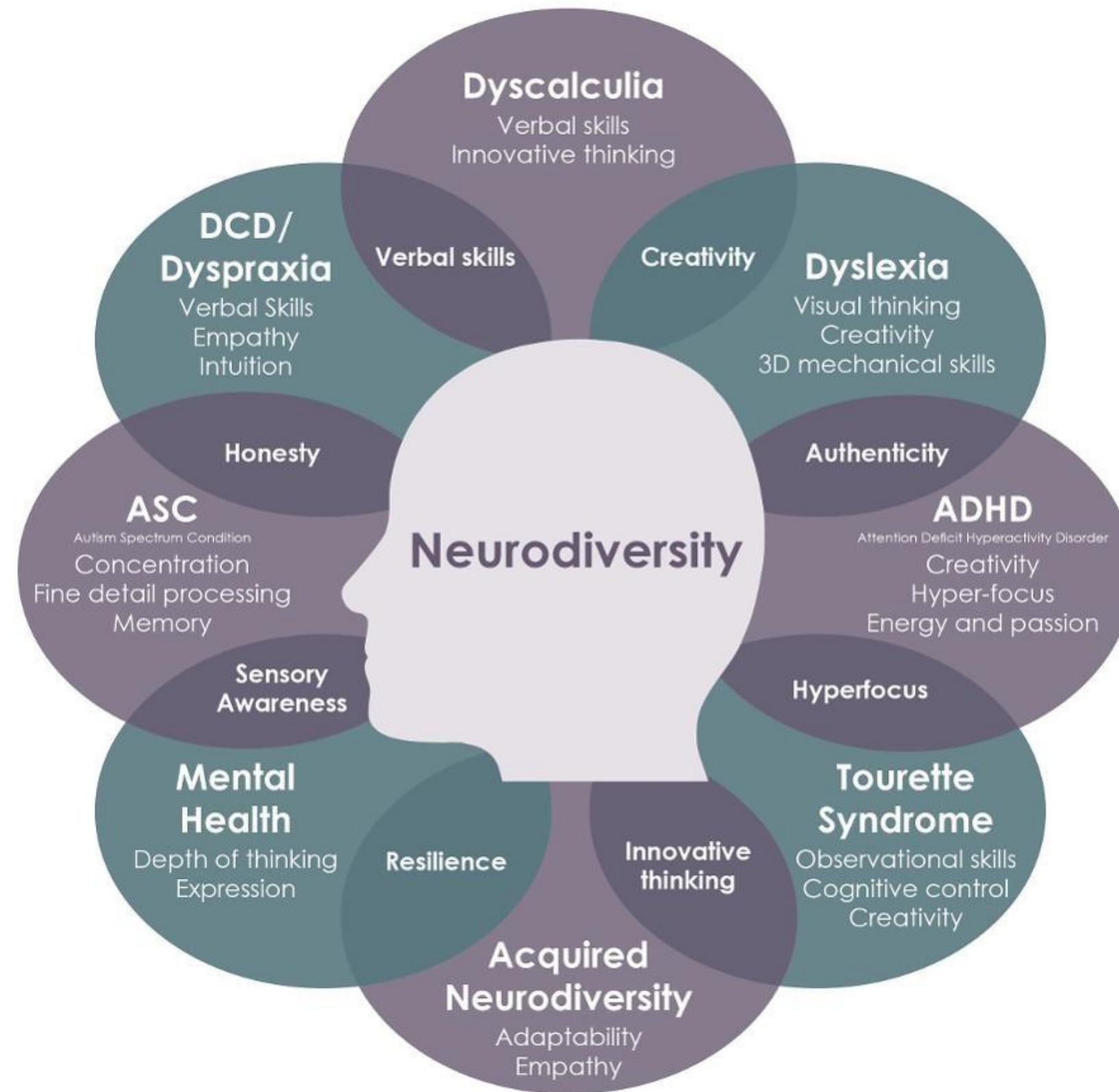
Equality Act 2010



(Kingston and Richmond NHS Trust, 2025)

The Learner: Neurodiversity

*Challenges have
reciprocal
strengths*



Created by Dr Nancy Doyle based on the work of Mary Colley

(Autism Ready Libraries, 2023)

‘Academic’ Wheel of Privilege



(Elsherif et al.,
2022)

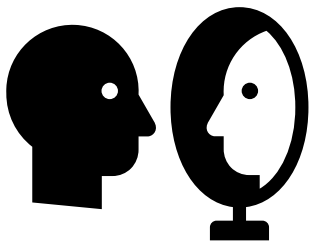
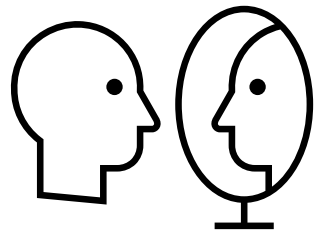
The Learner: Intersectionality



*“aspects of identity and social status
intersect to shape individuals’
experiences and opportunities in ways
that reflect broader societal systems of
oppression and privilege”*

Reflective Task:

Can you think of some examples of intersections that are present/make a difference in:



1. Your clinical practice?
2. Your practice as an educator?

(Mosley et al., 2025)

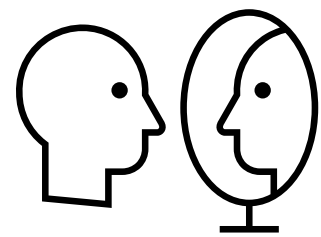
The Environment: Micro-aggressions

*“The **everyday** verbal, nonverbal, and environmental slights, snubs, or insults, **whether intentional or unintentional**, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.”*

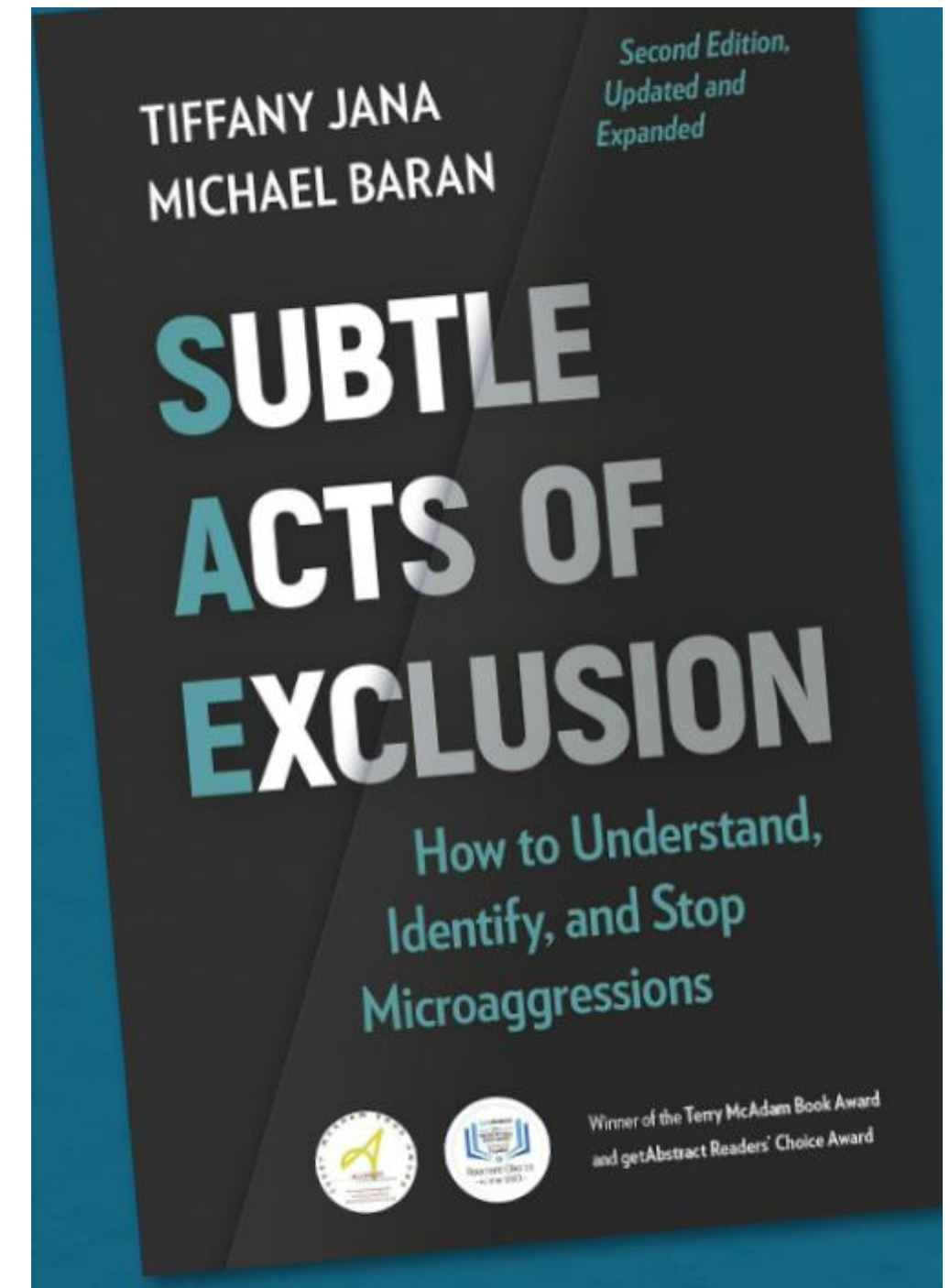
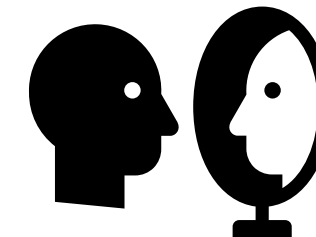
“Death by a thousand paper-cuts”
(Cooper S, 2025)

Reflective Task:

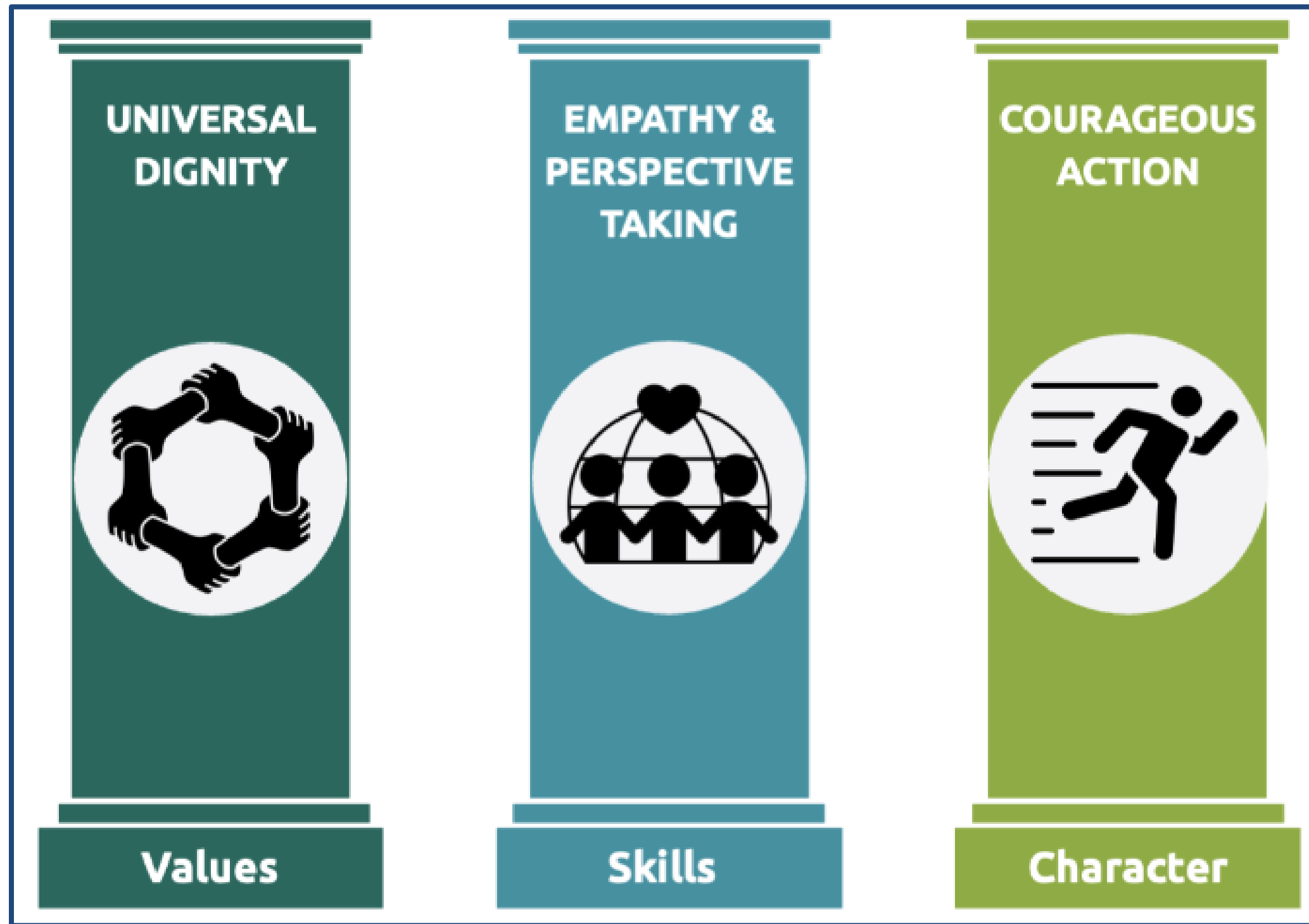
Can you think of some examples of micro-aggressions you encounter?



What about the learners you support?



The Educator: The Inclusive Mindset

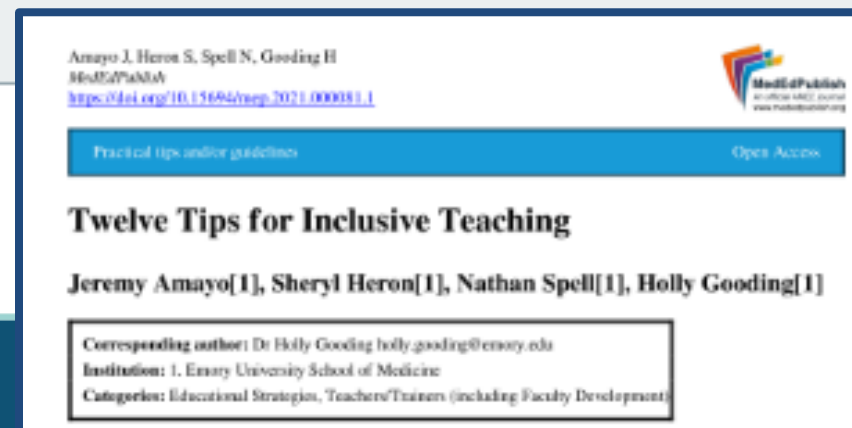
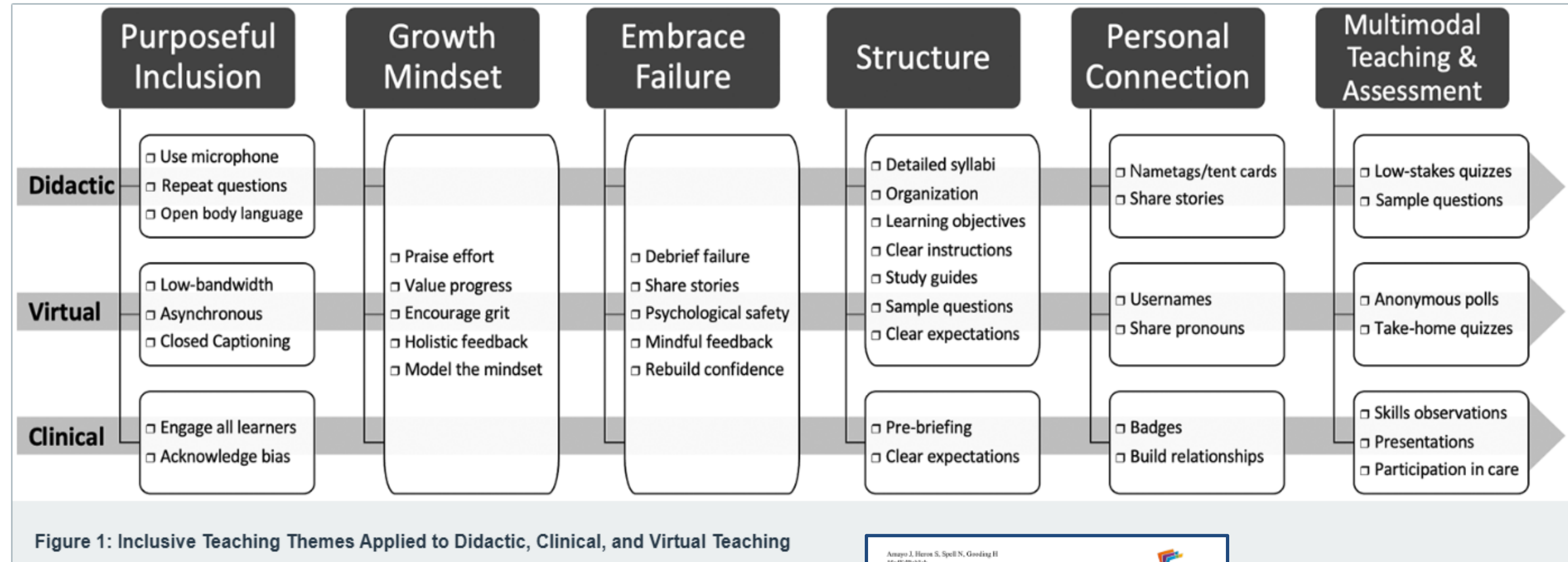


(Shriver et al., 2023)

1. *“Consider which students may be excluded as a result of a given teaching strategy*
2. *Understand that skills are not innate or fixed, but are instead grown and developed over time*
3. *Embrace, encourage, and explore failure”*

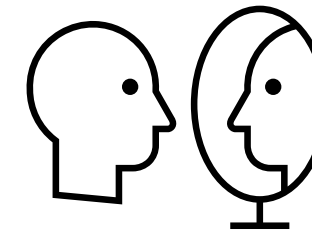
(Amayo et al., 2021)

Tips for Inclusive Teaching

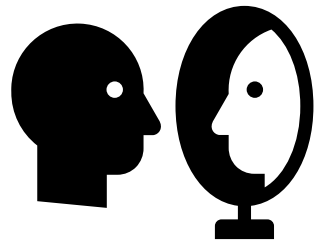


(Amayo et al., 2021)

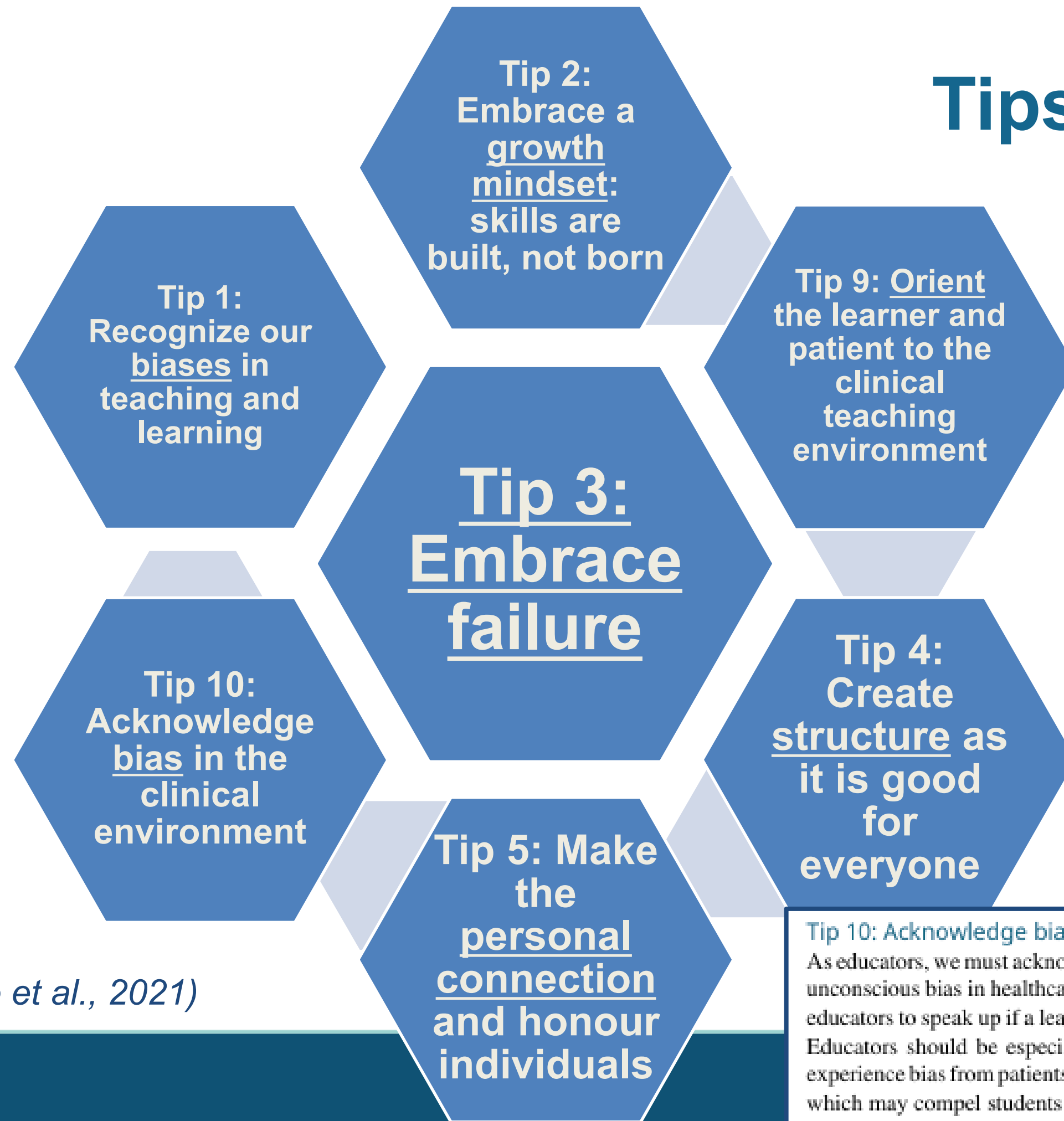
Tips for Inclusive Teaching



Reflective Task:



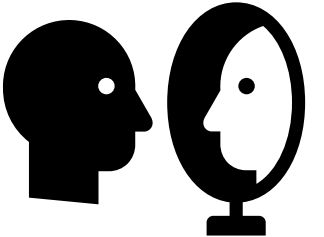
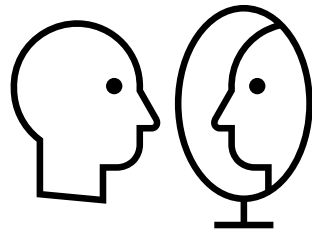
1. What biases are present in the clinical environment?
2. What steps do you take to orient the learner and your patient to the clinical teaching environment?



Tip 10: Acknowledge bias in the clinical environment

As educators, we must acknowledge there is potential for bias in the clinical environment. There is a growing literature on unconscious bias in healthcare and its impact on clinical decision making (Dehon *et al.*, 2017). It is our responsibility as educators to speak up if a learner experiences or witnesses bias either by their patients, their teachers, or their colleagues. Educators should be especially mindful of under-represented in medicine (URIM) students as they may personally experience bias from patients or their teachers. This can contribute to feelings of “being the only” and imposter syndrome, which may compel students who are URIM or who are introverts to fade into the background.

(Amayo *et al.*, 2021)

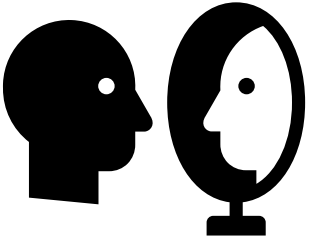
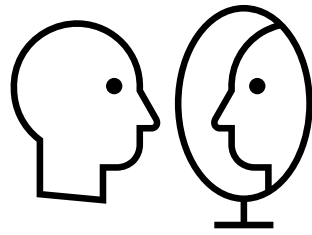


Reflective Task

Consider a time that a learner you supported didn't succeed...

Thinking about the learner:

- Was there a characteristic that may have prevented their inclusion into the setting? Think about the 'wheel of privilege'...
 - Were they subjected to 'micro-aggressions' (or 'macro-aggressions')?
- Did they have any learning needs? Or other needs that may not have been met? How could these have been addressed?
 - Did they embrace failure, and grow from the experience? If not, why not?
- Did they make a personal connection? If so, how did that connection impact them? If not, why might that have been- was it purely down to some of the questions above?

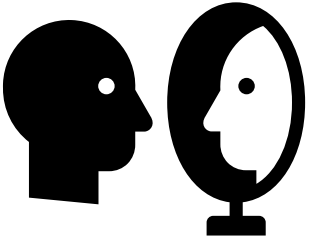
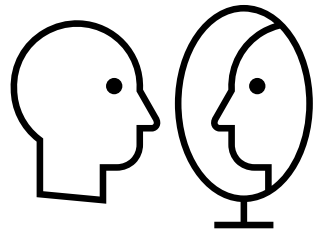


Reflective Task

Consider a time that a learner you supported didn't succeed...

Thinking about the environment:

- Were they oriented properly to the department? Think about all small details- the toilets, the best area to eat, meet the staff important to their role, etc. Also include the 'unspoken norms'
- Were they included in discussion/banter? Think about all small details- the WhatsApp group, the inside jokes, etc.
 - Was there bias within the clinical setting? Was that addressed?
 - Was there adequate structure for the learner?
 - Was there a procedure/process in place for failure?

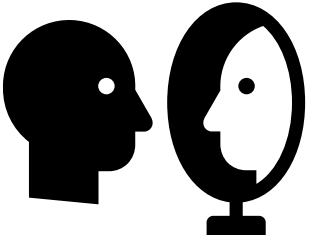
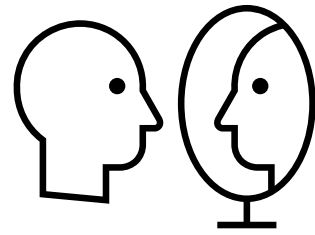


Reflective Task

Consider a time that a learner you supported didn't succeed...

Thinking about the educator:

- What biases did you have about the learner?
- Did you have a 'growth mindset'- did you recognise that skills are built, not born?
 - Did you embrace failure, and guide the learner based on failure?
 - Did you make a personal connection and honour the individual?
- Did you have an 'inclusive mindset'- did you support your learner to be included?



Reflective Task

Final Thoughts

Reflecting on these questions, was there any way to better support the learner in the situation?

Will this reflection impact future support for learners?

Further reflection: When was the last time you were surprised? Why were you surprised?

Conclusion

- Inclusion is important to facilitate successful learning
- Inclusion is an encompassing word describing many factors
- We as educators have a big impact on our learners to facilitate inclusion
- Teach our learners to embrace failure AND embrace failure in ourselves
- Never stop reflecting!



Resources/References

Resources

- **The Power of Inclusive Education** (<https://youtu.be/ZIPsPRaZP6M>)
- **A Guide for ensuring inclusion and equity in education - UNESCO Digital Library** (<https://unesdoc.unesco.org/ark:/48223/pf0000248254>)
- **Applying Inclusive Teaching Principles to Clinical Education** (<https://ctl.columbia.edu/resources-and-technology/resources/inclusive-teaching-clinical/>)
- **Universal Design for Learning** (<https://www.cast.org/what-we-do/universal-design-for-learning/>)

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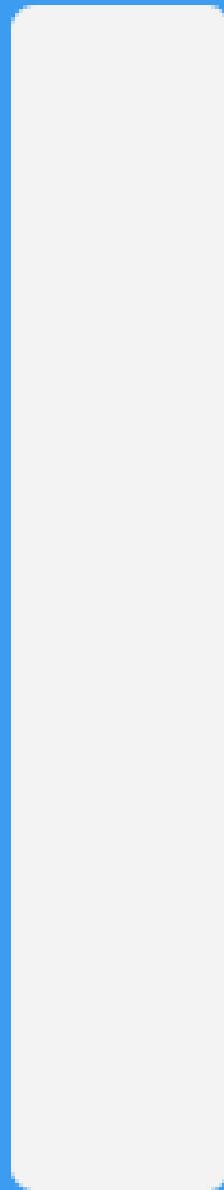
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Do you have an understanding of medical imaging?

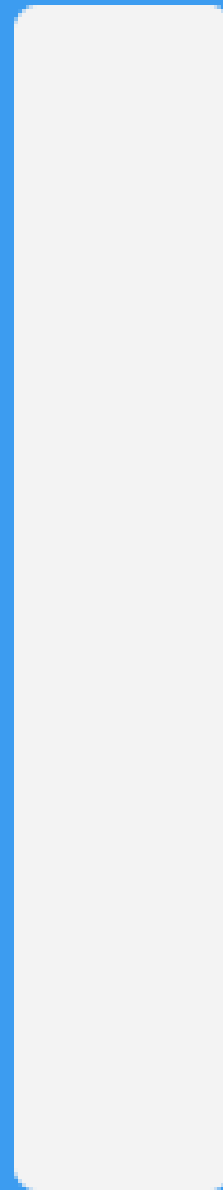
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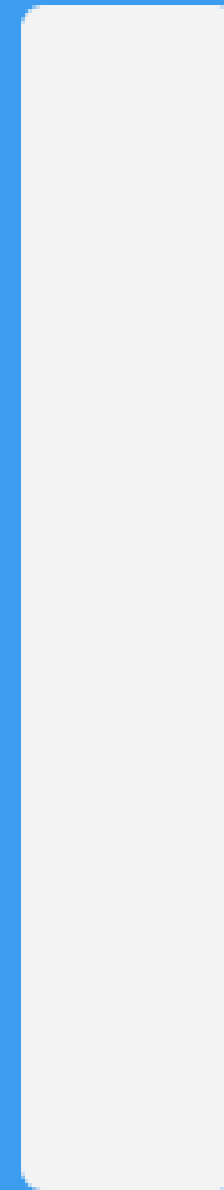
A. Yes - I'm all knowledgeable!

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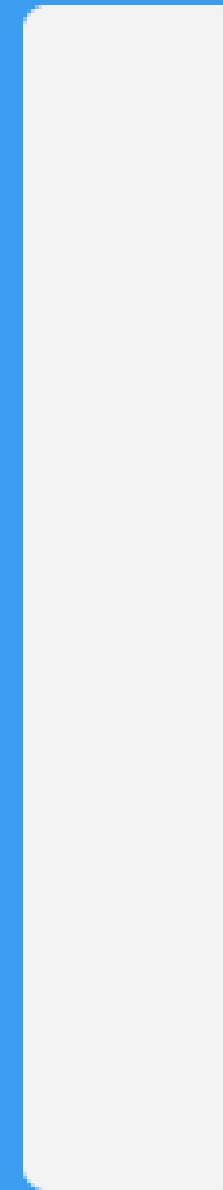
B. Yes? A little bit?

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C. Ummmm is that taking images of my medicals?

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D. No definitely not!

Loading...