

AMS DISCUSSION GUIDELINES

Building community through discussion in a supportive learning environment is a key aspect of the AMS experience. Below are recommendations for all community members when engaging in conversations in the classroom and clinical setting.

Recognize that racism, sexism, oppression, historical marginalization, and social determinants affect patients' health

Acknowledge that these forces have affected the development of practices and policies that have historically disadvantaged minority populations

Recognize that we operate in a racist, heteronormative, and white supremacist society

Recognize the ways society has currently and historically been hostile to POC and BIPOC, LGBTQIA+, female and femme-identifying, and people who have disabilities, and the ways that this manifests in group discussions and our daily interactions with the world

Recognize how your own social positionality informs your perspectives and responses

Accept the discomfort that may arise from confronting your own privileges and embrace the growth that can arise from this discomfort

Listen attentively and respectfully

Electronic devices, social media, and virtual platforms can present challenges to communication; stay engaged, present in the conversation, and avoid multitasking

Do not interrupt

Allow others to complete their thoughts before responding and avoid talking over people

Give and take air time

Share responsibility for including all voices in the discussion. If you tend to dominate the discussion, take a step back and help invite others to share. If you tend to be more quiet, challenge yourself to share your ideas to help others learn.

Understand that words have effects on others; take responsibility for what you share

Speak with care. If you learn that you have said something disrespectful/marginalizing, listen carefully to understand that perspective and learn how you can do better in the future.

Trust intent and name impact

Believe that others are sincere in their comments and are actively trying to learn

Hold each other accountable

If someone says something harmful or inappropriate, it is okay to name their statement as oppressive, problematic, triggering, etc. We are all trying to learn together including students, facilitators, course leaders, and administrators.

No one will be expected to be the sole representative of any identities they hold

There is a great amount of emotional labor involved in discussing a community's culture, and even then, it is impossible to speak for everyone. Recognize the impact of moral injury, moral distress, and burnout when confronting structural vulnerability and social/structural inequities.

Students should not be expected or pressured to share personal experiences to raise the racial consciousness of others

Specifically when engaging in antiracist conversations, personal experiences that are shared should be respected and validated by the group

Emotions are okay and to be expected

Discussions can be challenging and difficult, especially for students who bear the brunt and lived experience of topics that are discussed; be kind to yourselves and each other in this process

Discussions should be confidential

People may share deeply personal information and their privacy should be respected. Lessons learned from discussions can and should be shared but what is said should stay in the group.

Consider where we are

We should acknowledge that we are on the traditional homelands of the Narragansett and Wampanoag peoples

Adapted from material created by Mauricio Pinto, MD23, as well as the following:

[Sample Guidelines for Classroom Discussion Agreements](#)

[Guidelines for Classroom Interactions](#)

[Discussion Ground Rules](#)

[Reconsidering Systems-Based Practice](#)