Recommendations to promote equity in the clerkship clinical learning environment (CCLE) using the AAIM conceptual model  
(Adapted from Table 2 of Jaffe et al. 2019)

<table>
<thead>
<tr>
<th>AAIM Conceptual Model Domain and Definition</th>
<th>Suggested topics</th>
<th>Recommendations for clerkship and medical education leaders</th>
<th>Feasibility (high, moderate, low) of implementation led by Clerkship Director*</th>
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</thead>
</table>
| Personal  
The lens through which a learner experiences the CCLE and the intrinsic qualities the learner adds. | Imposter Syndrome and Stereotype Threat | Clerkship and other medical education leaders should collaborate to develop and implement action plans, as inequities in the CCLE are not isolated to core clerkships | Moderate |
| Growth mindset | • Educate students and faculty/resident supervisors about imposter syndrome and stereotype threat and their impact on learners’ experiences  
• Encourage faculty/resident supervisors to share their experiences with imposter syndrome and/or stereotype threat and share helpful strategies. | | Low to Moderate |
| Relational  
The ways in which individuals or groups interact and the impact of these interactions upon learners and the CCLE as a system. | Psychological safety | • Provide faculty and residents with resources and support to help them develop the skills to cultivate a climate of psychological safety in the CCLE.  
• Incorporate techniques such as inviting input from all team members, active listening, debriefing, engaging in effective feedback to engender trust and build alliances. | Low to Moderate |
| Implicit bias and mistreatment | • Incorporate implicit bias recognition and management training in faculty and resident development programs.  
• Educate teams on how to recognize and address all forms of mistreatment. | | Low to Moderate |
| Curricular  
Factors relating to formal and educational experiences, and includes a process | Cultural humility, inclusivity, and belonging | • Include DEI in the curriculum objectives.  
• Be intentional with the use of race, gender and sexual identity in teaching cases and materials.  
• Do not use race routinely in the HPI. If race or ancestry is relevant to the case, it may be discussed in the social history, or in family history. | High |
of learner assessment and feedback. Hidden curriculum is part of this domain, though this overlaps with other domains.

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<tr>
<th>Structural The organizational, programmatic, and physical context within which clinical learning occurs. Components can be specific to the local CCLE, or may be externally defined.</th>
<th>Use of certified interpreters</th>
<th>Faculty educational opportunities: Mitigating the effect of “minority tax” and “affinity bias”</th>
<th>Educational continuous quality improvement</th>
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<tbody>
<tr>
<td>• Teach how to ask about a person’s self-identified racial, ethnic, gender and sexual identities, preferred language, and accommodations used or needed. • Teach and model use of preferred name, pronunciation, and pronouns in classroom and clinical settings. • Acknowledge the current controversies in race-based medicine practice such as the use of race in clinical algorithms and study interpretation.</td>
<td>• Recommend teams work with assigned certified interpreters. Discourage using students as ad-hoc interpreters. • Allow certified student interpreters to volunteer to interpret for team patients (opt-in approach). • Encourage all students to work with patients with limited English proficiency and to utilize interpretive services.</td>
<td>• Create a “request for application” (RFA) process for all clerkship teaching and mentoring opportunities. The RFA should include a description of the opportunity and selection criteria and should be disseminated widely within relevant settings. • Be deliberate in recruitment and hiring efforts and intentionally include UIM faculty as educators for all clerkship topics, not exclusively DEI topics.</td>
<td>• Regularly review school-collected data that relates to the CCLE and equity and inclusion, as part of the annual clerkship review. • Seek out additional verbal feedback from students through non-evaluating staff or faculty, as formal course evaluations may not capture inequitable learning experiences. • Build centrally-supported, anonymous reporting mechanisms to gather student reports about the CCLE and mistreatment.</td>
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*High feasibility: Multiple resources already exist and can be readily adapted, i.e., CD can implement on own, with minimal need to develop new content; Low feasibility: Fewer resources exist and may require more content development with external groups, e.g., central medical school or hospital system leadership, content experts*