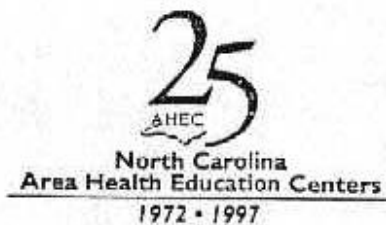


North Carolina Area Health Education Centers Program
Health Careers and Minority Workforce Development Council

**Guide for Working with
Adolescents**

Preceptor/Mentor Handbook

Supported in part through a Model State Supported AHEC Program Grant No. 2 U76 PE03017-02, from the Division of Medicine of the Health Resources and Services Administration



PREFACE

This **Guide for Working with Adolescents: Preceptor/Mentor Handbook** has been developed for persons working with young people. This handbook is designed to enable/help preceptors working with adolescents in healthcare settings. We hope that this guide will support your efforts in providing age-appropriate learning environments for the young people with whom you work. Information on roles and responsibilities of preceptors, mentors, and students, strategies for recruiting preceptors and mentors, mentor training guidelines, as well as diversity training for coordinators, preceptors and mentors are provided.

This guide has been prepared with significant feedback from many mentors, preceptors and students who have participated in AHEC programs over the years.

Sincerely,

A handwritten signature in black ink that reads "Tom Bacon". The signature is written in a cursive style with a large initial "T" and "B".

Thomas J. Bacon, Dr.P.H.
Associate Dean
Director, N.C. AHEC Program

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North Carolina Area Health Education Centers Program Health Careers and Minority Workforce Development

Since its inception, the North Carolina AHEC Program has been challenged by the need to help recruit more minorities into health care fields. The program continues to address these challenges, and has strengthened its commitment in the last few years by assisting all nine regional AHEC's in Health Careers and Minority Workforce Development initiatives. Also, through a collaborative partnership with the NC Health Careers Access Program, the regional AHEC programs have expanded their development of comprehensive, multi-leveled, multi-faceted activities to increase minority representation in health careers.

There is a desperate need for such recruitment programs in the state. Statistics show that in all health professions, minority populations continue to be under-represented compared with their overall population in the state, despite the high demand for health care professionals in North Carolina (NC-HCAP, *Datalines*, 1992). For example, African-Americans and Native Americans account for 8.1% of North Carolina's health care workforce. These same minority groups comprise 23.1% of the state's population. The concern over the maldistribution of both the health care workforce and health resources takes into account the issues of racial inequality and equity in health care services and providers.

The recruitment of minority and disadvantaged students into the health professions is of particular concern for several reasons. First, the population explosion being experienced by most racial/ethnic minority groups provides a relatively untapped source of health care personnel. Further, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, published in 1990 by the US Department of Health and Human Services, states that "increasing the number of minority health professionals may offer a partial solution to this public health crisis. Several studies have shown that under-represented minority health profession graduates are more likely to enter primary care specialties and to voluntarily practice in or near designated primary care health workforce shortage areas."

Definition of Terms

Each AHEC has taken a slightly different approach to the upward mobility of the minority students who participate in their health careers recruitment programs. However, the common thread is that all of the AHEC's seek to afford the students an opportunity to interface with various health professionals in a health care setting. There are three basic categories that each of the AHEC's programs can fall into which include 1) Shadowing, 2) Mentoring and 3) Precepting. The definitions of each category are provided below but it is helpful to look at these categories on a continuum, which is represented as Exhibit 1.

Shadowing — students gather information from professionals and/or observe the health professional at work for a limited time period.

Precepting — students receive clinical supervision from a preceptor in order to enhance the student's skills; preceptor tutors the students on specific skills.

Mentoring — students have extended relationship with the mentor who assists the student in plotting a career path.

In all three instances the health professional is serving as a source of information, and providing insight into their career. Also, the health professional is providing feedback to the students.

Exhibit 1. Shadowing>>>>>Precepting>>>>>Mentoring

Roles and Responsibilities

Roles of A Preceptor

- ◆ A Role Model
- ◆ A Socializer
- ◆ An Educator

Roles of A Mentor

- ◆ A Role Model
- ◆ A Coach
- ◆ A Counselor
- ◆ A Networker

Roles of Students

- ◆ A Learner
- ◆ An Information Gatherer
- ◆ A Knowledge Seeker

Roles and Responsibilities of the Program Coordinator(s)

- ◆ Develop program plan and information packets
- ◆ Develop forms and contracts
- ◆ Recruit and identify preceptors/mentors
- ◆ Provide preceptor/mentor with information on program
- ◆ Sponsor an orientation & training session for preceptor/mentors
- ◆ Sponsor a training session for students on workplace behavior, pre-employment skills, etc.
- ◆ Assist preceptors/mentors in developing their activities
- ◆ Assisting preceptor/mentors in setting schedules
- ◆ Sponsor a “get acquainted” social so that preceptor/mentor can meet student
- ◆ Serve as support for preceptor/mentor

- ◆ Follow up with the preceptor/mentor on a daily basis (where appropriate)
- ◆ Be accessible to the mentor/preceptor at all times (beeper, cellular phone, etc.)
- ◆ Be prepared for crisis interventions, including discipline for students with problem behavior
- ◆ Evaluate preceptors, students and the program itself
- ◆ Sponsor a recognition banquet/dinner/luncheon to thank preceptors
- ◆ Do a program “closeout” report

Strategies for Recruiting Preceptors and Mentors

The quality of the preceptor/mentor can make or break a program. Recruitment and selection of strategies must be geared toward finding just the right “match” for the particular students involved.

Recruitment

One strategy for recruiting preceptors and mentors is to remember that charity begins at home. First, consult health professionals that you know within your own agency. Often times, these groups will let you present at their meetings. Another recruiting strategy involves holding informal open houses that allow past preceptors/mentors to share their experiences with prospective preceptors/mentors. You can also meet with small groups of potential mentors to answer specific questions and address specific fears/doubts.

When you approach health professionals, tell them about the program and stress the benefits of participation in the program.

The benefits include:

- ◆ sense of pride in seeing another learn and focus on goals
- ◆ new knowledge about interpersonal skills, cultural diversity, and student development
- ◆ improved morale stemming from better student-faculty relationships
- ◆ personal satisfaction that comes from being needed by someone

Selection

Characteristics to look for in a mentor:

- ◆ strong personal self-esteem
- ◆ enthusiasm
- ◆ openness
- ◆ respect for others
- ◆ ability to listen
- ◆ empathy
- ◆ good question-asking ability
- ◆ commitment to their profession

Mentor Training: Guidelines for Working with Students

A. *Characteristics of Young Adolescents:*

Characteristic: Young adolescents are at a unique, vulnerable time in their lives, when adults continue to be important to them.

Adolescent Need: They need relationships with reassuring and informed adults who like and respect them, and who serve as role models and advisors to them.

Results: Adolescents come to us for comfort and reassurance.



Characteristic: Young adolescents seek limited independence and autonomy; may imagine themselves to be vulnerable to dangerous risks.

Adolescent Need: They need adult guidance in setting clear limits, but they should help to make rules within those guidelines.

Results: Adolescents may display out-of-control behavior when limits are not clear.



Characteristic: Young adolescents live in a constantly expanding world, as they master new social skills and begin to see themselves in relation to their communities and to society in general.

Adolescent Need: They need opportunities to make **meaningful contributions** to their communities, so they see themselves as participants, not **observers**, in society.

Results: Adolescents may volunteer for service projects.



Characteristic: Young adolescents question rules and beliefs that had been accepted on face value up until now.

Adolescent Need: They need to **have a voice** in planning the activities that shape their lives.

Results: Adolescents argue with staff about whether rules are reasonable and fair.



Characteristic: Young adolescents are a diverse and challenging age group with which to work.

Adolescent Need: They need youth workers who like and respect them for who they are right now; who respond sensitively to both their present joys and confusion, and their dreams and worries about the future.

Results: Adolescents have disdain for statements that start with “When you grow up...”



Characteristic: Young adolescents grow more rapidly than at any other time in their lives except infancy.

Adolescent Need: They need lots of physical activity - not intense competition - and time for relaxation, too.

Results: Adolescents fidget or squirm when sitting.



Characteristic: Young adolescents change at different rates, according to highly individual internal “clocks,” can be painfully self-conscious and critical, and are vulnerable to bouts of low self-esteem.

Adolescent Need: Adolescents’ needs may vary opportunities to achieve and to have their competence recognized by others.

Results: Adolescents ask for feedback on their work.



Characteristic: Young adolescents develop secondary sex characteristics and the capacity to reproduce; develop new thinking skills.

Adolescent Need: They need time for **self-definition**; that is, time to reflect upon and absorb their new “look,” new ways of thinking, and new reactions from others.

Results: Adolescents constantly look in mirrors.



Characteristic: Young adolescents have new interests and abilities, as well as many feelings, thoughts, and concerns about themselves and the world around them.

Adolescent Need: They need opportunities to **express creatively** these new interests, thoughts, and emotions.

Results: Adolescents identify with characters in stories and plays.



Characteristic: Young adolescents identify with their peer group, and want to belong; develop deepening, mutual friendships.

Adolescent Need: They need opportunities to form **positive relations** and experiences with peers.

Results: Adolescents resent being separated from “best friends.”

Adapted from a table developed by Leah M. Lefstein. Copyright 1983 by the Center for Early Adolescence.

B. Seven Developmental Needs of Young Adolescents

“ Physical Activity

Young adolescents' spurts of boundless energy are as well known as their periods of dreamy lethargy. They need time to stretch, wiggle, and exercise their rapidly growing bodies; they also need time to relax. Adults who work with young adolescents need to remember the diversity in strength, dexterity, and size of youth in this age group. Intensely competitive physical activity often places an unnecessary burden on late-bloomers that cannot compete successfully. Early-bloomers who are pressured into conforming to sexual stereotypes that reward athletic prowess rather than intellectual or social development also can be harmed by stressful sports competition.

◆ Competence and Achievement

Because young adolescents experience extraordinary self-consciousness about their own new selves and the attitudes of others toward them, it is easy to understand their overwhelming desire to do something well and to receive admiration for achievement. Young people hunger for chances to prove themselves; especially in ways that are rewarding if all goes well and not devastating if there are some disappointments. Young adolescents need to know that what they do is valued by others whom they respect.

◆ Self-Definition

Rapidly changing bodies and minds require time to adsorb new ways of thinking, new mirrored reflections, and new reactions to others. To accommodate the new selves that they are becoming, young adolescents need changes to consider what it means to be a man or woman and to belong to a race or ethnic group. They need time to find a friend and share a secret, or to have a good talk with an adult. They need opportunities to explore their widening world and to reflect upon the meaning of new experiences, so that they can begin to consider themselves not just as observers, but as participants in society.

“ Creative Expression

Opportunities to express creatively their new feelings, interests, abilities, and thoughts help young adolescents understand and accept the new people they are becoming. Performing and being exposed to drama, literature, and musical works of others help them see that people before them have felt the emotions and thought the ideas that are new and confusing to them. In addition to the arts, young adolescents can find opportunities for creative expression in sports such as synchronized swimming and roller skating and in activities like tending a garden, or painting a wall mural.

◆ ***Positive Social Interactions with Peers and Adults:***

Young adolescents' parents and families remain of primary importance in setting values and giving affection. Their peers offer needed support, companionship, and criticism. In addition, adults other than parents have an effect on the lives of young adolescents, who are so eager to understand the possibilities of adulthood. Young adolescents need relationships with adults who are willing to share their own experiences, views, values, and feelings with young people. These adults will also encourage young adolescents to develop positive relationships with peers.

◆ ***Structure and Clear Limits:***

Young adolescents live in a society of rules, and they want to know and understand their own limits within that system. Clear expectations are crucial to unsure, self-critical young people. Their search for security in a world of conflicting demands is helped by explicit boundaries that define the areas in which they may legitimately see freedom to explore. They differ from younger children, though, in that they are increasingly capable of participating with adults in framing their own rules and limits.

◆ ***Meaningful Participation:***

Youth need to participate in activities that shape their lives. Successful events are planned with, not for, young adolescents. As they develop a mature appearance and more sophisticated social and intellectual skills, they want opportunities to use their new talents. And by learning that their actions can affect the world around them, they gain a sense of responsibility. Adults can help young adolescents see themselves as citizens by providing opportunities for them to make meaningful contributions to their communities. Adults need to adapt responsibilities to the short-term attention span characteristics of early adolescence, and to select varied tasks that enlist diverse interests and abilities.

NOTE: *Developmental diversity* is the central characteristic of early adolescence. Because of the wide variations in “normal” growth rates during puberty, there may be a six-to-eight-year span in physical development among any group of young adolescents of the same chronological age. Equally important, young adolescents master at very different rates the new cognitive skills that begin during this time. Because of their enormous developmental diversity, young adolescents require a variety of types and levels of activities designed to meet the seven needs list above.

Racial, ethnic, and gender differences among young adolescents require special sensitivity from youth workers. As young adolescents begin to consider what it means to be a man or woman and an adult member of an ethnic or racial group, they frequently identify strongly and exclusively with groups and people like themselves. They need experiences that affirm and strengthen their identification with their racial, ethnic, and gender group and make them feel good about being a part of that group. At the same time, they need experiences that gently challenge stereotypes of their own and other racial, ethnic and gender groups. They need adult role models who care about them and whose lives show them what they can become.

Adapted from “Young Adolescents and Their Communities: A Shared Responsibility” by William Kerewsky and Leah M. Lefstein.

C. Understanding Learning Styles:

Students learn in different ways. Some students prefer to read at their own pace, others enjoy attending lectures. Some may choose to define a problem and search for their answers independently, while other students request specific objectives and assignments. Most students develop learning styles, which emphasize some learning abilities over others (Blackwell, 1985, pp.13). Learning styles or abilities are developed and influenced by heredity, past life experiences, and the demands of our present environments (Blackwell, 1985, pp.13).

Kolb (1986) identifies four learning modes:

- Concrete Experience (CE),
 - Reflective Observation (RO),
 - Abstract Conceptualization (AC)
 - Active Experimentation (AE).
-
- ◆ CE's prefer direct, immediate experiences that allow them the opportunity to be totally aware of their environment. Students who prefer to learn in the CE mode would enjoy shadowing opportunities wherein they can observe the health care environment first-hand. They would enjoy touring health care facilities like hospitals and health departments. CE's learn by observing and seeing what goes on in an environment. They prefer experiential learning.
 - ◆ Students who learn in the RO mode learn better from comparing experiences and seeking alternative meanings. RO's would enjoy learning activities (simulation, role playing) wherein they can analyze situations, problems and issues, then assign their meaning to it and come up with their solutions. RO's learn in a two-step process: 1) seeing, and 2) then reflecting upon what they learned. Both steps are critical. They prefer learning that is reflective.
 - ◆ AC's prefer to create concepts, strategies and models based on things they learn. They learn by reading and listening to gain information, then problem-solving and/or decision-making. The lecture format is effective with these learners, but they want the chance to process what they are learning so that they can develop strategies to address issues. Lecture followed by an activity that presents situational problems, issues, or concerns relating to the lecture works well with these learners. Also, problem-solving and quiz games work well. They can deal in the abstract, they do not have to be in the direct environment to learn about it. They prefer conceptualized learning.
 - ◆ AE learners want to be directly involved in their learning. They prefer hands-on involvement in learning. Internship programs, lab exercises and clinical based

preceptorships work best for these types of learners. They learn by doing. They prefer experimental learning.

In sum, many students have combinations of these styles. Also, there are other theories of learning and learning styles that can, and should, be researched. Kolb's work is just one of many sources that can provide key information on the different ways in which students learn. What all scholars agree upon is that students learn in different ways and that teachers should understand the different learning styles of their students, and facilitate educational programs designed to complement those styles in order to achieve maximum effectiveness.

The best way to discern what type of style your students have is to administer a learning styles inventory which will determine what types of learning activities the students prefer. If that is not feasible, then simply present many different types of activities in your programs that accommodates various learning styles.

D. Suggested Approaches to Working with Students

Students involved in AHEC's health careers and minority workforce development activities represent a variety of racial, cultural, ethnic, and socioeconomic backgrounds. By their involvement and support of AHEC's initiatives, directors, coordinators, counselors and health professionals embrace the vision of celebrating diversity and creating activities in which all students have full and equal participation. In addition, the AHEC directors of health careers and minority workforce development activities serve as advocates for students, including intervening in situations where students may not be receiving the full benefit of participation. Guidelines have been developed to assist in fulfilling roles and responsibilities in working with students from diverse backgrounds. The guidelines are as follows:

- ◆ Be honest, sincere, and respectful of all students and the family and community environments in which they are a part.
- ◆ Be aware of our natural tendencies toward ethnocentrism.
- ◆ Participate in a variety of cultural diversity programs.
- ◆ Provide cultural diversity programs for others who are working with students.
- ◆ Remember that descriptions of racial, cultural, ethnic and other groupings of individuals may be broad generalizations from which myths and stereotypes originate. Each student should be treated and judged as an individual.
- ◆ Do not single out minority students for special attention or activities, or point out achievements of these students apart from the other students. Likewise, do not overlook or ignore the achievements of minority students and do not isolate them neither physically, psychologically or emotionally.
- ◆ Assist others, who are working with students, to provide equal opportunities for all.
- ◆ Avoid generalizations about gender.
- ◆ Provide information to students and parents/guardians, about acceptable dress, including avoiding the use of symbols that may be offensive to students.
- ◆ Intervene immediately when interactions are either directly or indirectly reflective of bias, prejudice, and/or racism.
- ◆ Communication should be genuine and empathetic. Remember that 7% of what we communicate is verbal and 38% is vocal, including rate of speech,

pitch, and volume. The remainder of our communication in any given interaction is nonverbal. If there is a “discrepancy” between nonverbal and verbal communication, an individual will first respond to and interpret the nonverbal communication.

- ◆ Dialect and language are reflective of our culture. Do not correct students' use of language or dialect, unless it is reflective of profanity, bias, prejudice, or racism.

Student Training: Guidelines for Students

Below are some guidelines that can be given to students who will participate in your mentor/internship programs. The guidelines are as follows:

- ◆ Wear appropriate clothing. If you are working with a health professional, who is your mentor/preceptor, leave your baseball caps, flashy t-shirts, and torn or baggy jeans at home. You will probably be in a health care agency, such as a hospital, health department or another type of setting in which people are receiving health care services. Your appearance will make a BIG impression.
- ◆ Learn about the health career prior to visiting a health care professional. You can get information in your school from your teacher or guidance counselor, or from the public library or local AHEC.
- ◆ Write down 2 or 3 goals. For example, one of your goals may be learning about what your health professional does in a typical work day. Or, you may want to know what your health professional likes and dislikes about his/her career.
- ◆ Be respectful. If you are asked to do something, respond as quickly as you can. If you are unsure about something, don't be afraid to ask for clarification or additional information.
- ◆ You are encouraged to ask questions. And, if you are asked a question, try not to answer with just a "yes or no" response, but answer as fully as you can.
- ◆ If you had a good experience with the health professional, tell him/her what was most important or helpful to you. If you felt that other things could have been done to make the experience better for you, provide that information to your AHEC director. If you are asked to complete a written evaluation form, please do so and be honest, yet respectful, about your experiences. Evaluations help the directors or professionals make changes that will make the experience better next time.
- ◆ Share your experiences with others. If you want to make a presentation about your experiences in school activities, your AHEC director or counselor will help you. Your experience as a health careers student may encourage another classmate or friend to become interested in a career in health care. Also, equally important, share your experiences with your parents.

Cultural Diversity Training

Cultural Diversity Training for AHEC Health Careers and Minority Workforce Development Directors, Preceptors and Mentors

What is diversity?

- ◆ **Ernest** says that diversity is whenever two people get together.
- ◆ **Gentile**(1994) says that “diversity encompasses group and situational identities of different people (i.e. gender, race, ethnicity, religion, sexual orientation, physical ability, age, family status, economic background and status, educational background and status, geographical background and status) as well as behavioral diversity (i.e. learning styles, communication styles, work styles, aspirations)” (p.226).
- ◆ **Johnson and Johnson** define diversity as: 1) a wide number of personal characteristics, and 2) a variety of abilities and skills among various individuals.
- ◆ **Kreitner and Kinicki** define diversity as the host of individual differences that make people different from each other.
- ◆ **Rasmussen** defines diversity as the mosaic of people who bring a variety of backgrounds, styles, perspectives, values, and beliefs as assets to the groups and organizations with which they interact.

What are the dimensions of diversity?

Primary Dimensions:

Primary dimensions of diversity are those personal characteristics that are inborn and represent the core of who we are:

Six primary dimensions of diversity are:

- | | |
|------------|---------------------------------|
| *Age | *Gender |
| *Race | *Physical abilities/qualities |
| *Ethnicity | *Sexual/affectional orientation |

NOTE: Dimensions are salient to other people - tend to notice the primary dimensions of each other and people tend to develop stereotypes about the primary dimensions.

Secondary Dimensions:

Secondary dimensions of diversity are personal characteristics that can be changed. Secondary dimensions are individual differences that we acquire, discard, and/or modify throughout our lives.

The eight main secondary dimensions are:

- | | |
|--------------------|----------------------|
| *Religious Beliefs | *Geographic Location |
| *Education | *Military Experience |
| *Income | *Marital Status |
| *Parental Status | *Work Background |

NOTE: Secondary dimensions add breadth to one's core identity, and greatly affect one's self-esteem.

What's the BIG deal about diversity?

I. Herriot—Competitive Edge

Herriot asserts that there are some competitive advantages to having a diverse workforce which includes:

Better decision-making - Herriot points to a couple of studies by Ann Morrison and others by Irving Janis which examined top companies and found that diverse work teams and groups made better, sounder decisions that had more solid, reliable results. The down side was that the decisions took longer. But, Herriot says that the outcomes far outweigh the slightly longer time it takes to reach decisions.

Innovation and success - Herriot also discusses a study conducted by Rosabeth moss Kanter, a well-known management expert, that indicated that differences in perspective and assumptions were one of the most important factors for team success. The study found that the companies that had more women and minorities were more innovative and successful.

Better response to new ways of doing business - Herriot says that with advances in technology, globalization and the like, organizations must be able to respond to changes with creativity and flexibility. Herriot says that if organizations want more flexible staff that can quickly adjust to changing business demands, they need the variety of ideas, attitudes and approaches that a diverse workforce allows.

II. **Kreitner and Kinicki** -- affirm that diversity is a strength for organizations. Kreitner and Kinicki also argues that there are measurable benefits in having an organization that values and manages diversity with includes:

Lower costs and improved employee attitudes – There is less absenteeism and turnover when employees feel that they are being valued, respected and treated fairly.

Improved recruiting efforts - The most qualified women and people of color are attracted to companies that value diversity.

Increased sales and market share – Workforce diversity is the mirror image of consumer diversity. It is important for companies to market their products so that they appeal to a diverse marketplace.

Increased creativity and innovation – Sharing of diverse ideas and perspectives breeds creativity and innovation. They cite the work of Rosabeth Moss-Kanter.

III. **Lebo – Practical Advantages**

Lebo says that all organizations claim to be customer-oriented. Therefore, in order to truly be customer-oriented, health care organizations must have employees that best reflect the vast array of customers. Lebo says that only a diverse workforce can identify and meet the needs of a diverse customer and customer base.

What prevents a more diversified health care workforce?

Lebo indicates that there are four primary things that limits more diversified workforce which are:

Perceptions – Perceive members of groups in a certain way. Screens out evidence, which contradicts existing perceived notions.

Stereotypes – Fixed generalizations about people who are members of certain groups.

Prejudice – Seeing differences as weaknesses.

Ethnocentrism – One's own group is superior to all others.

Collusion – Cooperation with others, knowingly or unknowingly, to reinforce stereotypical attitudes, prevailing behaviors, and norms.

What is valuing & managing diversity in the workplace?

Kreitner and Kinicki define valuing Diversity and managing diversity:

Valuing Diversity – understanding, respecting and appreciating differences among various groups. Valuing diversity involves creating an environment where people feel valued and accepted.

Managing Diversity – creating an environment appropriate for full utilization of a diverse workforce. Managing diversity involves changing an organization's infrastructures such that "all" people provide the highest productivity possible.

How can we value and manage diversity in the workplace?

Tips for Health Career Coordinators, Mentors and Preceptors:

Johnson and Johnson says:

- ◆ Be open about differences!
- ◆ Don't assume anything!
- ◆ Encourage questions about things that make you different!
- ◆ Make a point to make friends with people who are different than you!
- ◆ Don't make someone a spokesperson for his/her group!
- ◆ Avoid telling ethnic or sexual jokes!
- ◆ Make your feeling known if someone makes unfair remarks about your group or another group!
- ◆ Remember that mistakes happen!

Glossary of Terms

Culture – ideas, beliefs, values, customs, skills, arts, ritual norms, and ceremonies of a people or group that are transferred and communicated, primarily by language, from one generation to the next (Locke, 1992; Neufeldt & Guralink, 1989).

Discrimination – action taken to harm a group of any of its members, usually taken to deny membership to a particular group or access to resources (Johnson & Johnson, 1994).

Dominant Group – General culture of the United States (Locke, 1992).

Ethnicity – Ethnic classification of affiliation of a population subgroup, who share a common cultural heritage that is distinguished by customs, characteristics, language, self-identification, and a sense of belonging with a group of geographic location (Keefe, 1968; 1989; Neufeldt & Guralink, 1989).

Ethnic Culture – Part of ethnicity that refers to patterns or behaviors and beliefs that sets a cultural group apart from others (Keefe, 1992).

Ethnic Group Membership – Social dimension of ethnicity that refers to the network of people with whom an individual is in contact and the affiliation of people and groups that they form. (Keefe, 1992).

Prejudice – Unjustified attitude toward a person, based solely on beliefs, stereotypes, or myths about an individual's membership in a particular group (Johnson & Johnson, 1994); Locke, 1992).

Race – Populations of persons, distinguished by physical characteristics such as skin color, eyes, hair, or body shape (Johnson & Johnson, 1994; Neufeldt & Guralink, 1989).

Racism – Combines prejudice with power – power to do something negative or harmful based on prejudiced beliefs (Locke, 1992).

Stereotypes – Set of beliefs or fixed conceptions about the characteristics of people in a group that is applied to all members of the group without personal knowledge of members of the group (Johnson & Johnson, 1994; Neufeldt & Guralink, 1989).

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