

1. We fully affirm the Harvard Medical School Diversity Statement and commit to promoting social justice and social equity across all of our personal and professional roles.
2. Dialectical Agreement: We agree to accept a dialectical philosophy: There is no absolute truth. When caught between two conflicting opinions, we agree to look for the truth in both positions and to search for a synthesis by asking such questions as, “What is being left out?”
3. Consultation Agreement: We agree that the primary goal of this group is to improve our own skills and motivation to become culturally-responsive clinicians who strive for direct and effective communication. We agree to not treat people (e.g., patients, co-workers, each other) as fragile. We agree to use person-centered language. We agree that others can speak on their own behalf and understand the value in using our own relative power as allies and advocates.
4. Consistency Agreement: Because change is a natural life occurrence, we agree to accept diversity and change as they naturally come about. This means that we do not have to agree with each others’ positions about how to respond to specific situations nor do we have to tailor our own behavior to be consistent with everyone else's.
5. Observing Limits Agreement: We agree to observe our own limits. As clinicians, researchers, and group members, we agree to not judge or criticize other members for having different limits from our own (e.g., too broad, too narrow, “just right”).
5. Phenomenological Empathy Agreement: All things being equal, we agree to search for non-pejorative, behaviorally descriptive, and phenomenologically empathic interpretations of our patients', our own, and other members' behavior. We agree to assume that we and others are trying our best, and want to improve. We agree to strive to see the world through one another's eyes. We agree to practice a non-judgmental and culturally humble stance with our patients and one another.
6. Fallibility Agreement: We agree ahead of time that we are each fallible and make mistakes. When our mistakes are brought to our attention we commit to (1) hearing with an open stance, (2) validating the pain we have caused and (3) noticing and letting go of defensiveness and urges to prove our virtue or clinical and cultural competence. Because we are fallible, it is agreed that we will inevitably violate all of the MPCT agreements, and when this is done we will rely on each other to point out the polarity, move to a synthesis, and commit to continued personal reflection and education.