

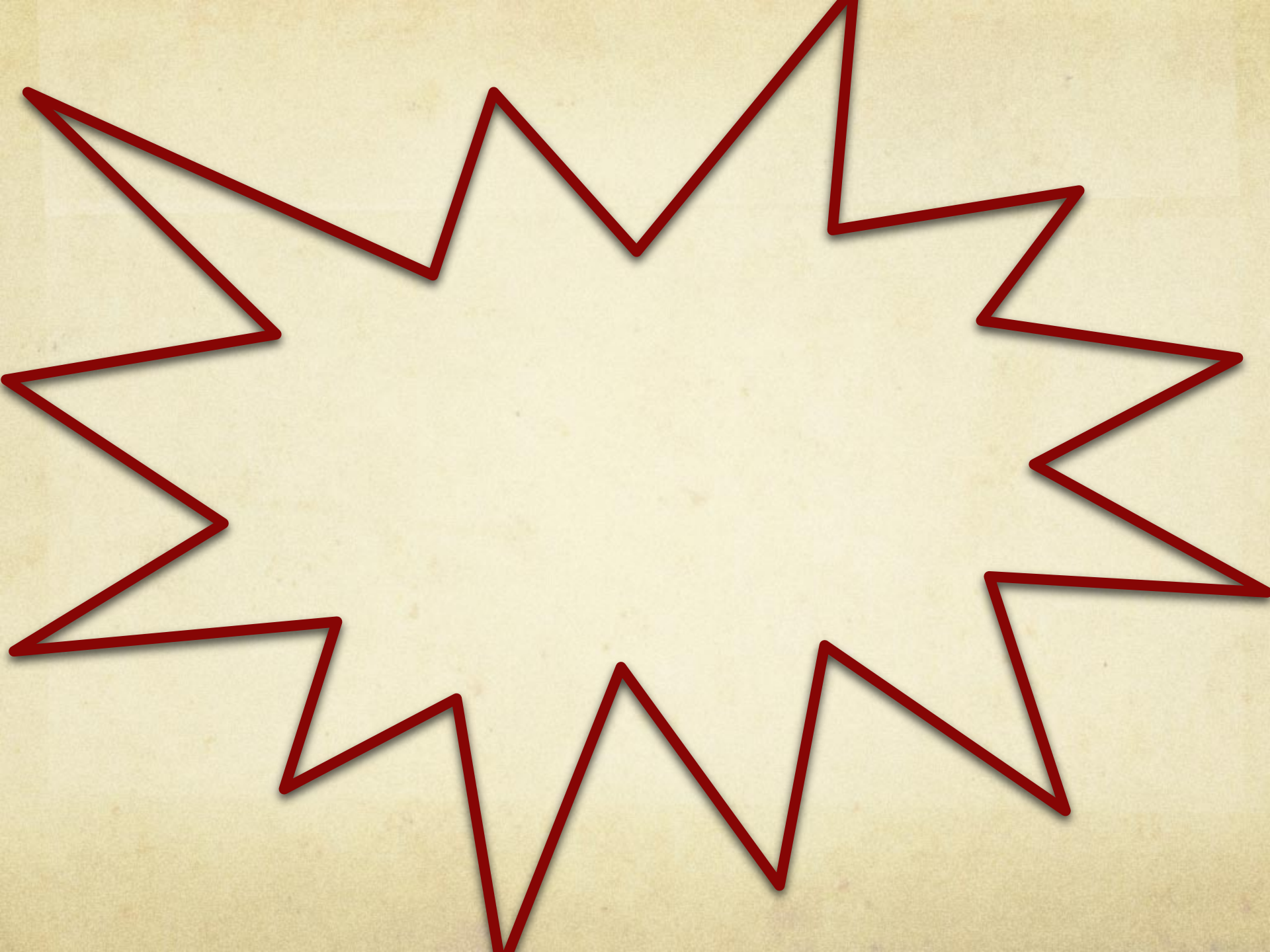
• Knowing What You
Don't Know:
Medical
Microaggressions

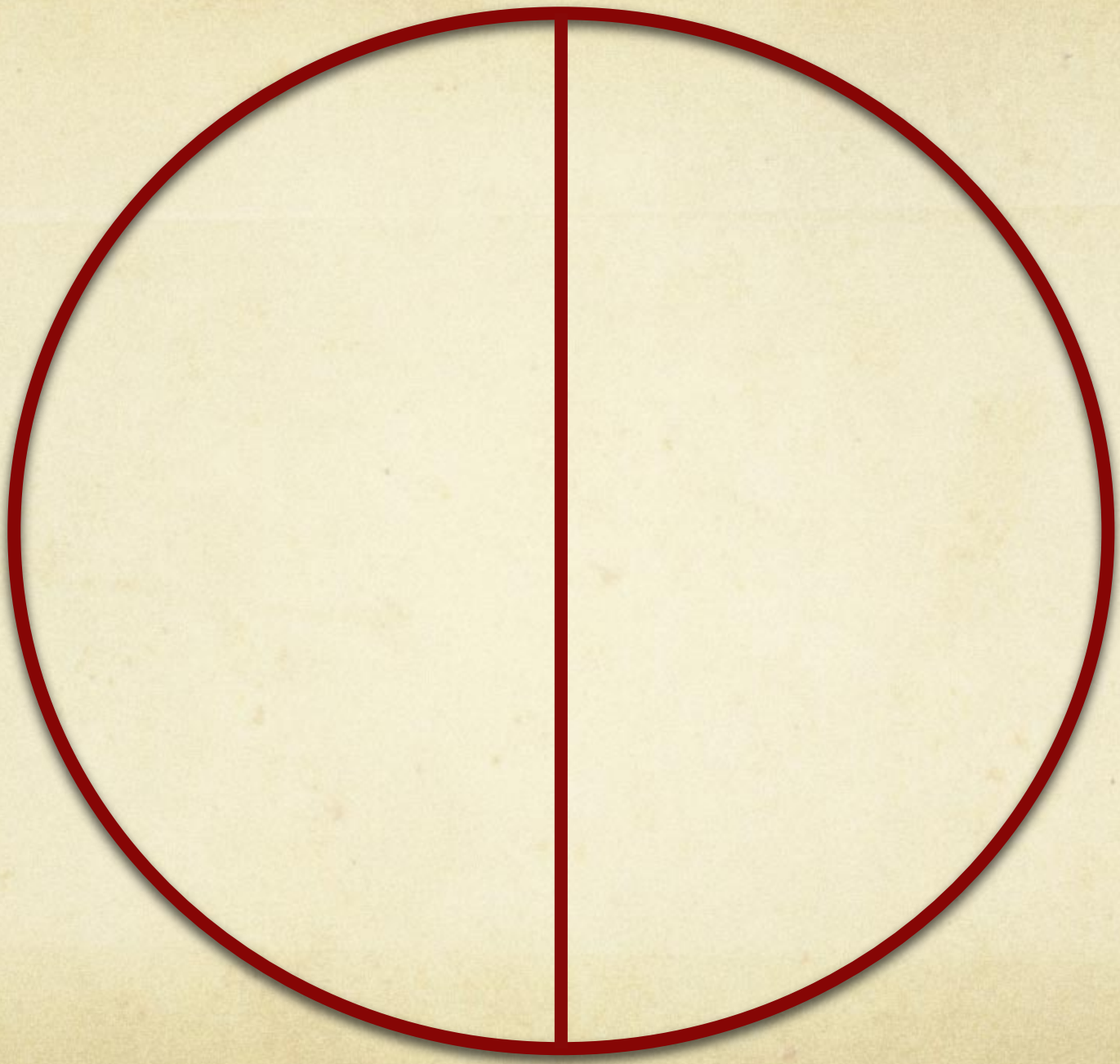


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Cultural Competency

vs.

Cultural Humility

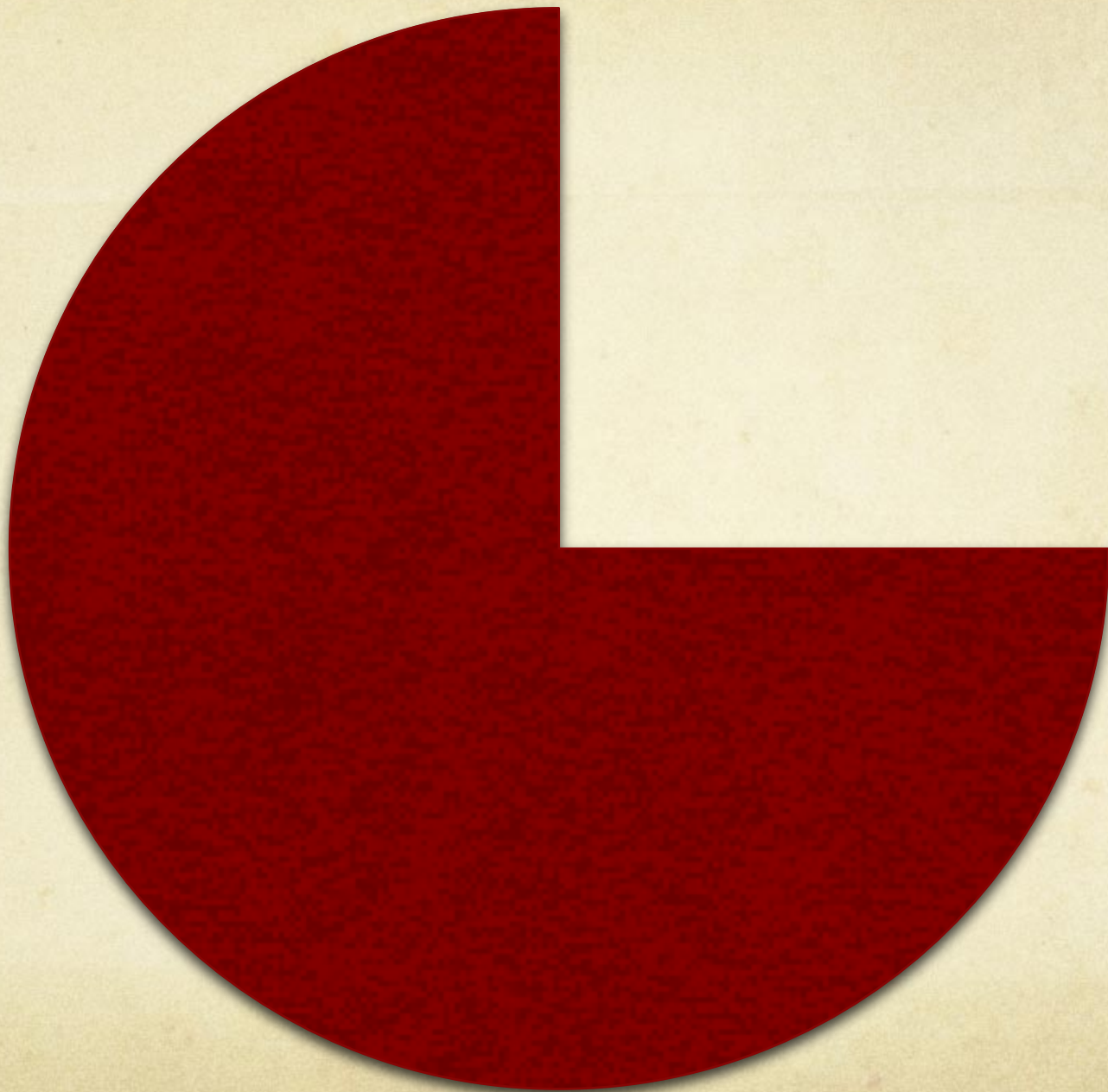
Knowledge

I know this...

I know I don't know this...

I don't know that I know this...

I don't know that I don't know this...





Bias

Positive & Negative

Front Desk Staff
IT

Pharmacy

Lab Technicians

Medical Assistants

Doctors

Health Educators

Nurse Practitioners

Interns

Phone Staff

Requesting a training on racism for staff development is taking it too far. This isn't an issue in health care.

– Director of Health Center



Knowing What We Don't Know

Step One



Age


Many people calling
interns/younger staff “kids.”

Non-traditional Students

Graduate Students

Those that look young/old for age

Legal Adults



Ability

People with disabilities can't
have sex. – Nurse Practitioner

Misinformation

Limiting view

Silencing/Marginalizing

Heteronormative

The image features a light beige, textured background. On the left side, there are several black ink splatters of varying sizes, including a large, dense cluster near the bottom left and several smaller, isolated dots scattered upwards and to the right. The text 'Gender Identity/Expression' is centered on the right side of the page in a black, serif font. The word 'Gender' is on the top line, and 'Identity/Expression' is on the bottom line, with a forward slash between the two words.

Gender Identity/Expression

Refusing to use preferred name.

- Front Desk Staff

Refusing to add in EMR section for preferred name and transgender options.

- Biller and Electronic Medical Records (EMR) Staff

Gasps as he is handed a
prescription for vaginal cream
by a person he identifies as male.
– Pharmacists

Misinformation

Limiting view

Silencing/Marginalizing

Heteronormative

Cisgender Privilege



Sexual Identity

How many gay people are here? I feel like they are taking over.

– Nurse Practitioner

Only men who have sex with men should be regularly tested for STDs.

– Health Center Director

How many straight people are there?

Misinformation

Limiting view

Silencing/Marginalizing

Heteronormative




Diversity

Diversity Hire? Whatever hoops
you had to do – you got the job.
– Director of Health Center

All of the doctors are male.
There are zero people of color on
staff in any position.
– Health Educator

Representative Views?
Diverse Candidate pool?
Hiring Process?
Retention/Promotion Processes?



Size

She can't really be the face of
Health Education because she is
so overweight. – Director

She just needs to stop eating so
much. – Doctor (said in staff
meeting about a patient

Not all bodies are beautiful. –
Lab Tech (responding to a sticker
that says, “My body is beautiful.”

Body Image
Eating Disorders
Silencing
Body Mocking/Body Positive



Xenophobia

What is your name? Oh, that's different. – Medical Assistant

They shouldn't be allowed to come to school until they can speak English properly.
– Phone Staff

Immigration. – Lab Tech in response to “Why is there a high rate of Chlamydia in San Diego?” (in an Evolutionary Medicine Class of 47 students)

New System
Patient Patience
Try
Misinformation
Insensitive



Race

Latina goes to lab for pregnancy test – Lab Tech says, “You know what to do, right?”

Dress up for Halloween as the Native American Doctor. - All White women medical staff

All the black men that come to the clinic ask for extra large condoms. – said in staff meeting

Stereotyping
Assumptions
Limiting relationships
Misinformation



Language

White female doctor is unable to use appropriate medical terminology to refer to male genitals. How can we expect patients to take care of themselves and communicate medical needs and ask questions?

Patients are blamed for taking poor care of their medical needs.

Misinformation

Limiting view

Silencing/Marginalizing

Teach Back Concept is Missing

Body Shaming



Beliefs, Politics, & Religion

Brochures about hooking up
online in the waiting area will
encourage students to do it.

– Nurse

Having a consultant come in
demeans the person who they
would be helping.

– Assistant Director

We don't need to do family planning services.

- Medical Director

Only Christmas decorations in the building.

- Clinic staff

Using a Pro-Life ad/image as a screen saver on a publically visibly computer.

- Radiologist

Making up nicknames for all female staff, claims can't remember names however is able to remember other male doctor's names. – Doctor

Tells female patient who presents with bruises and cuts from a domestic violence situation, "You must have really made him mad." – Nurse



Mental Health

In reference to a student receiving mental health treatment at the center – “She is dangerous and more likely to perpetrate harm.”

“My patient seems to have a target on their back. They are always asking for it.”

Unwelcoming to others

Sexist

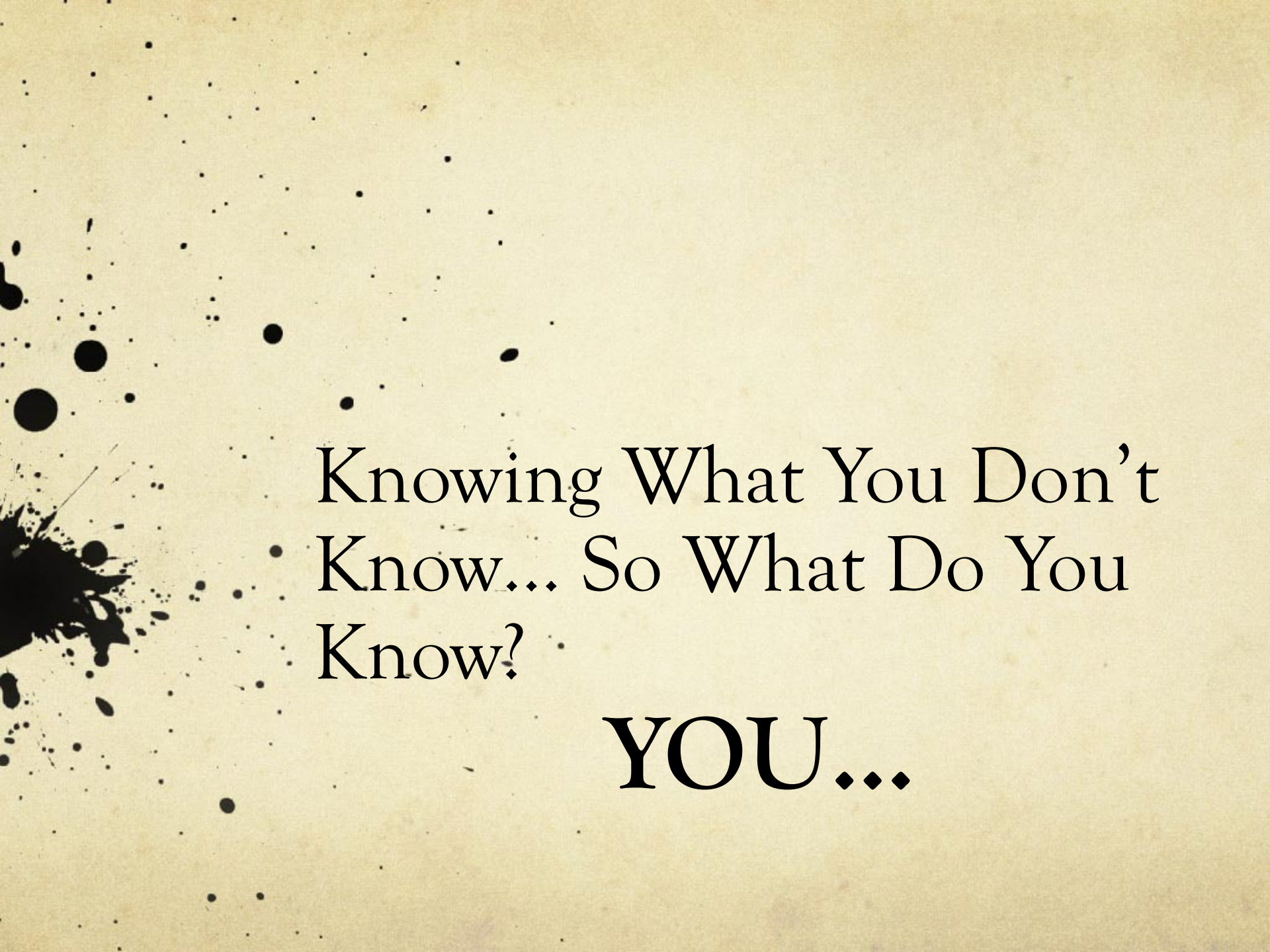
Divisive

Defensive

Silencing

Assumptions

Heteronormative



Knowing What You Don't
Know... So What Do You
Know?

YOU...

Recommended Standards for Culturally and Linguistically Appropriate Health Care Services (CLAS)

FREE copy of the CLAS
comes with this course!

Preamble:

Language and culture have considerable impact on how patients access and respond to health care services. To ensure equal access to quality health care by diverse populations, health care organizations and providers should:

1. Health care organizations should promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other in a **culturally diverse work environment**.
2. Health care organizations should have a **comprehensive management strategy** to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, & designated staff responsible for implementation.

3. Health care organizations should utilize formal mechanisms for community and consumer involvement in **service delivery design and execution, including planning, policy making, operations, evaluation, training and, as appropriate, treatment planning.**

4. Providers should develop and implement a **strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical, and support staff** that represents the racial and ethnic communities being served.

5. Health care organizations should require and arrange for **ongoing education and training for administrative, clinical, and support staff** in culturally and linguistically competent service delivery.

6. Health care organizations should provide all clients with limited English proficiency (LEP) **access to bilingual staff or interpretation services.**

7. Providers should **provide oral and written notices, including translated signage** at key points of contact, to clients in their primary language informing them of their right to receive interpreter services free of charge.

8. Providers should translate and make available signage and commonly-used written patient educational material and other materials for **members of the predominant language groups in service areas.**

9. Health care organizations should ensure that interpreters and bilingual staff can **demonstrate bilingual proficiency, and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters.** Family or friends are not considered appropriate substitutes because they usually lack these abilities.

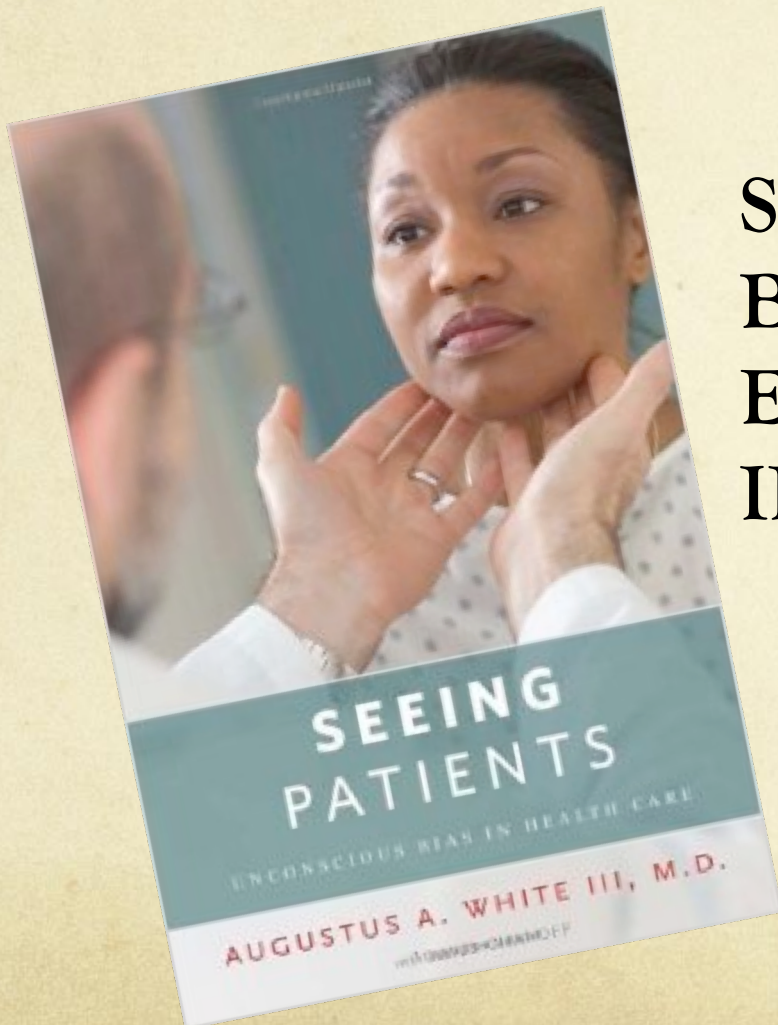
10. Health care organizations should ensure that the **clients' primary spoken language and self-identified race/ethnicity** are included in the health care organization's information management system as well as any patient records used by provider staff.

11. Health care organizations should use a variety of methods to **collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.**

12. Health care organizations should **undertake ongoing organizational self-assessments of cultural and linguistic competence, and integrate measures of access, satisfaction, quality, and outcomes for CLAS into other organizational internal audits and performance improvement programs.**

13. Health care organizations should **develop structures and procedures to address cross cultural ethical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty in accessing services, or denial of service.**

14. Health care organizations **should report annually in a publication available to the public on how the organization is implementing CLAS standards, including information on programs, staffing, and resources.**



Seeing Patients: Unconscious
Bias in Health Care 1st (first)
Edition by Augustus A. White
III [2011]



Thank you



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