Physician Assistant in Orthopaedic Surgery

Reflect. Learn (Unlearn). Act

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Learning Objectives

Reflect on cultural diversity and cultural humility in clinical practice

Discuss approaches to address institutional and structural inequities in our health care system

Determine steps for personal action towards addressing health disparities and promoting health equity

Our Foundation/Agreements







Join at slido.com #017600

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What is your "Personal Why"?

(i) Start presenting to display the poll results on this slide.

Shared Vision

OPTIMAL HEALTH FOR ALL

HEALTH EQUITY

Alignment with PA Foundation

PA History

- The PA profession was created to improve and expand healthcare.
- In the mid-1960s, physician shortages and an uneven distribution of primary care doctors were creating a strain on the nation's healthcare delivery system.
- The physician assistant (PA) profession started as a uniquely American career that developed as a reaction to the changing social, cultural, and health care landscapes of the mid-20th century.

PA Profession Oath

I pledge to perform the following duties with honesty and dedication:

- I will hold as my primary responsibility the health, safety, welfare and dignity of all human beings.
- I will uphold the tenets of patient autonomy, beneficence, nonmaleficence and justice.
- I will recognize and promote the value of diversity.
- I will treat equally all persons who seek my care.
- I will hold in confidence the information shared in the course of practicing medicine.
- I will assess my personal capabilities and limitations, striving always to improve my medical practice.
- I will actively seek to expand my knowledge and skills, keeping abreast of advances in medicine.
- I will work with other members of the health care team to provide compassionate and effective care of patients.
- I will use my knowledge and experience to contribute to an improved community.
- I will respect my professional relationship with the physician.
- I will share and expand knowledge within the profession.

These duties are pledged with sincerity and upon my honor.

Health Disparities





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- 1. Race
- 2. Ethnicity
- 3. Birth/Assigned Sex
- 4. Gender Identity
- 5. Intersectionality
- 6. Social Identity

Terminology

Health Disparities

Differences in the health status of different groups of people

Differences in **health** and **health** care between groups that stem from broader **inequities**

Health differences that are avoidable, unnecessary, and unjust



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Ortho Surgery Health Disparities

- Racial and social healthcare disparities have been identified within different **elective areas of orthopedic surgery:**
 - Joint arthroplasty: hip and knee, shoulder, ankle arthroplasty
 - Spinal fusion
 - Cubital and carpal tunnel surgery
 - Elective hardware removal following pediatric femoral shaft fractures
 - Treatment of meniscal tears
- Limited studies on health care utilization in orthopedic trauma
 - Socio-demographic disparities regarding utilization of open reduction and internal fixation of calcaneus fractures

Ortho Surgery Health Disparities

- Reported disparities in providers providing resources for Patients of Color, including:
 - Subspecialty referrals
 - Diagnostic imaging
 - Hospital admission
 - High-quality ancillary services
- Racial disparities in communication between orthopedic surgeons and patients.

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Self-Reflection

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Identities

Age	Body Size/Type	Ethnicity	Gender Identity
National Origin	Physical, Emotional, Developmental (Dis) Ability	Race	Religious or Spiritual Affiliation
Sex Sexual Or		()rientation	-Economic Status



- Reflect on the various identities/ characteristics and the areas where you hold privilege
- What ways have you
 leveraged your privilege in
 Orthopedic Surgery to
 combat health disparities?

Institute of Gender and Health. Meet the Methods Series. Quantitative Intersectional Study Design and Primary Data Collection. February 2021 <u>https://cihr-irsc.gc.ca/e/52352.html</u>; Adapted from Sylvia Duckworth's Wheel of Power/Privilege



Cultural Awareness Quiz

25

A

B

6.

D

D

Debrief

Intercultural Continuum

Adaptation

Minimization

Denial

Cultural Competence Continuum

Cultural proficiency

Cultural competence

Cultural blindness

Cultural destructiveness

Place the mask over...

Cultural Humility

"a lifelong commitment to selfevaluation and critique, to redressing power imbalances . . . and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations"

Tervalon, M., Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. Journal of Health Care for the Poor and Underserved, 9, 117-125.



Social Determinants of Health

Defined

 Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-oflife outcomes and risks.

Root Causes

• Policy and practices not nature or genetics.

Solutions

- Need to specifically address policies and practices in order to be viable long-lasting solutions.
 - There will not be any one size fits all solution.

Dismantling Structural Barriers



Structural Barriers



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Adapted from Courtney Jones Carney. Intercultural Center. University of Maryland Baltimor ${f e}$



Dominant narratives about race (family, media, society) coupled with racialized structural arrangements and differential outcomes by race all prime us to believe that people of color are inferior to white people, create and maintain harmful associations, and lead us to make harmful assumptions, consciously and unconsciously, about people of color Race is created to justify enslaving people from Africa (economic engine of country)

Policies and practices that consolidate and protect power bestow unearned economic, social, cultural, and political advantage to people called "white," and unearned disadvantage to people of color

National narrative (ideology, belief system) about people of color being "less than" human (and less than white) justifies mistreatment and inequality (white supremacy)

Inequitable outcomes and experiences resulting from policy decisions in health, housing, employment, education, and life expectancy - reinforces white supremacist beliefs and ideology; dominant narrative uses disparate outcomes as evidence of white superiority, promotes whiteness as "normal" and desirable and justifies inequality Exclusionary Policies and Practices in Orthopedic Surgery











Working toward Social Justice

- 1. Connections between racism
- 2. Take a stand against injustice
- 3. Be strategic
- 4. Battle vs. War
- 5. Don't do it alone



Paul Kivel. (2017). Uprooting Racism - 4th Edition: How White People Can Work for Racial Justice: Vol. 4th revised & updated edition. New Society Publishers.

Inward, Outward, Upward Workbook Why Now?

Unpacking You: Identity and Insights

Examining Your Resistance

Illuminating Historical and Social Realities

Examining Resistant Encounters and Others

Dialogue Strategies

Action Plan

Resource Page

https://www.iouworkbook.com/workbook

Implicit Bias Module Series



UNDERSTANDING IMPLICIT BIAS

REAL-WORLD

UNDERSTANDING YOUR OWN BIASES

MITIGATING UNWANTED BIASES

Kirwan Institute for the Study of Race and Ethnicity. Implicit Bias Module Series. <u>http://kirwaninstitute.osu.edu/implicit-bias-training/</u>

My Role in a Social Change Ecosystem



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What is <u>one action step</u> you will commit to when you leave the conference?

(i) Start presenting to display the poll results on this slide.

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- Justice in June | <u>https://justiceinjune.org/</u>
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Thank you for your time!