

WITH GREAT POWER COMES GREAT(ER) RESPONSIBILITY –

REACHING ACROSS THE POWER DIFFERENTIAL

Featuring members of the
AAPA DEI Commission

AAPA National Conference
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<https://www.canstockphoto.com/doctor-superheroes-shadow-79826653.html>



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<https://www.istockphoto.com/illustrations/healthcare-heroes>

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DEI COMMISSION



Charges include:

- Review AAPA policy on health equity to identify gaps and opportunities
- ensure cross-organizational implementation around equity and inclusion program initiatives
- Serve as healthcare subject matter advisors as it relates to health inequity,

We're not the experts.

We're having the necessary conversations.

LEARNING OBJECTIVES

Develop a better understanding of the intentional and unintentional power dynamics that can exist within a clinician-patient interaction

Discuss the origins and facts behind several common medical tests with population based differentiation that have come under scrutiny

Broaden skills and develop tools to improve interactions with patients as well as other members of the healthcare team



Definitions: Coming to the Dance

Let's break down some common definitions by using a dance example



Theresa M. Robinson
theresamrobinson.com

Thanks to Theresa M. Robinson, facilitator from the NCCPA Represent Summit and PAEA Leadership Summit for the example



<https://import.cdn.thinkific.com/532126/courses/1500043/M2L17KeyTermsAtAGlanceZ-210910-160353.pdf>

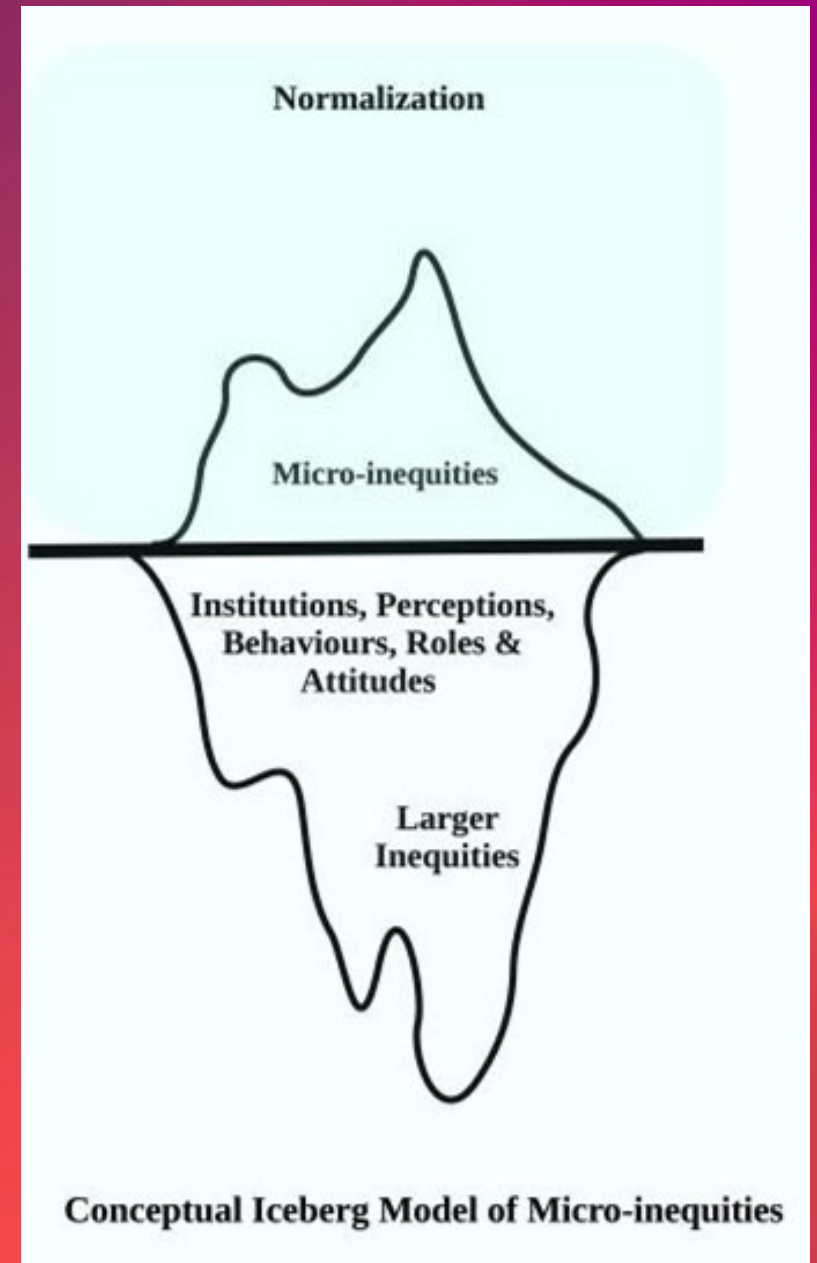
[Master Trainer TMR Anti-Racism, Inclusion and Well-Being Academy Courses \(thinkific.com\)](https://www.thinkific.com)

Microaggression

→ evolving to Micro-inequities

“Regarding ways in which individuals are either singled out, overlooked, ignored, or otherwise discounted based on unchangeable characteristics such as race or gender”

<https://en.wikipedia.org/wiki/Micro-inequity>



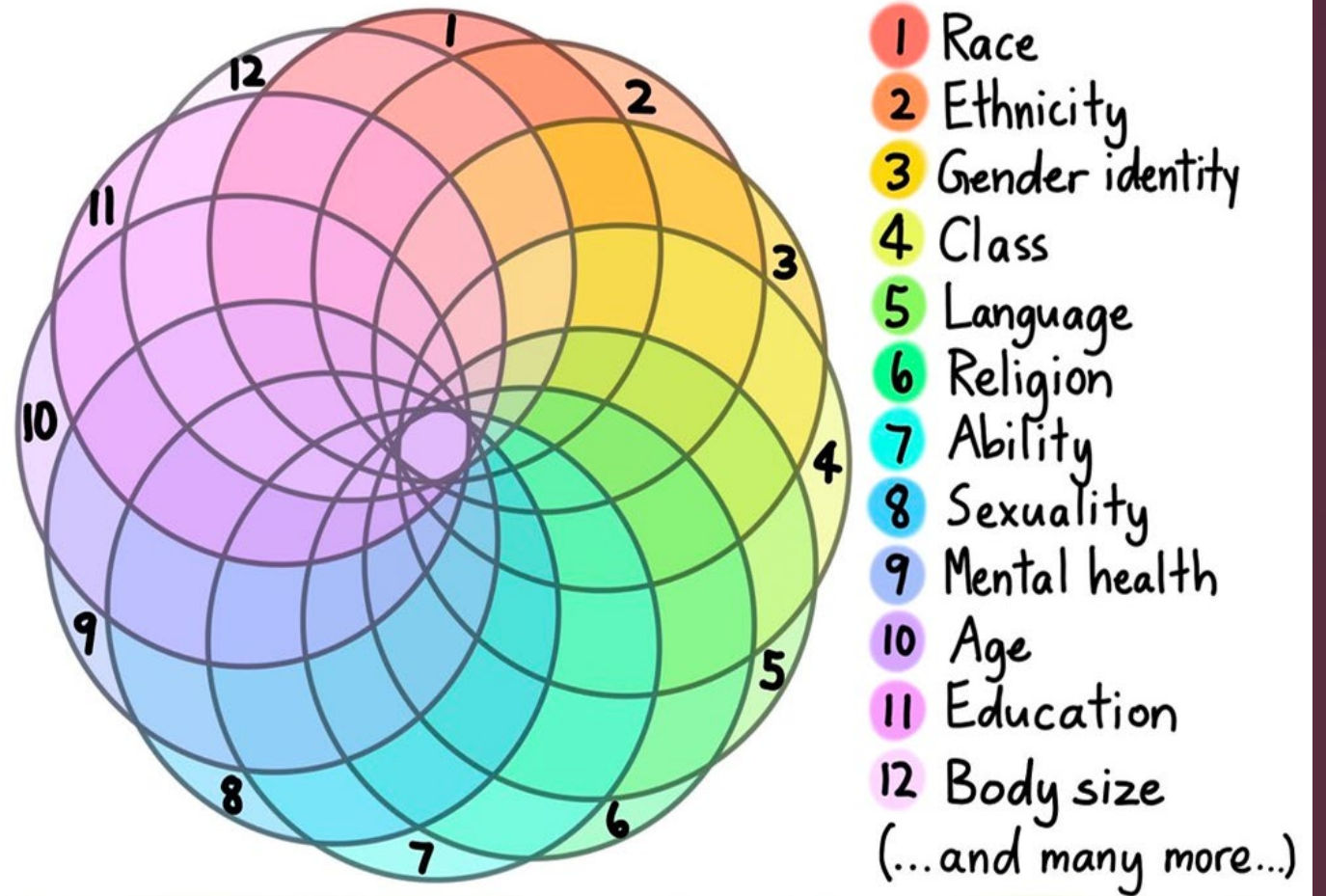
The Physician Assistant Professional Oath

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.

Intersectionality



Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

- Kimberlé Crenshaw -

@sylviaaduckworth

Hierarchy in Medicine

- Presumed hierarchy that results in bullying
 - Hierarchy of staff
 - Hierarchy of patients
 - Location/type of clinic
 - Reason for visit
- Power differential between patient and provider



When Micro-inequities Occur

- What they are/aren't (e.g. not overt racism, may or may not be intentional)
- How to recognize them as a provider/as a patient
- What to do if a patient says them to you (e.g. are you REALLY a PA?)
- What to do if a patient says you're making them uncomfortable



Did you know?

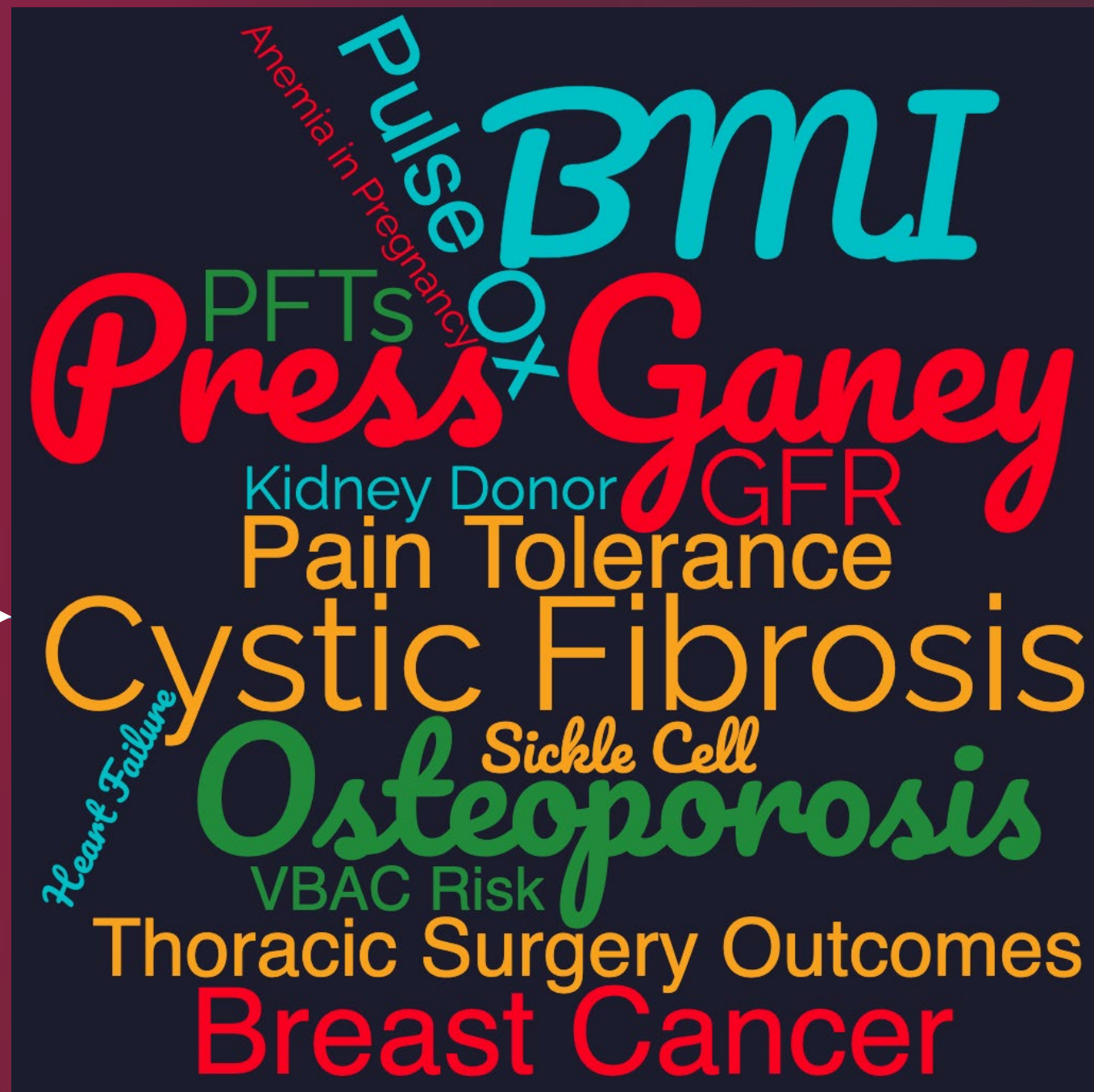
These are but a few of the frequently biased tests/assessments out there



Remember that race

≠

equal genetic ancestry



<https://www.nejm.org/doi/full/10.1056/NEJMms2004740>

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/use-of-race-in-clinical-diagnosis-and-decision-making-overview-and-implications/>

Case Example

Case Example

- Repeat applicant to PA school
- Passes didactic year without issue
- Enters clinical year
 - hospital then office setting



Case Example

Role play demonstration - PA sitting with their supervisor for their annual evaluation

***WEIGHT STIGMA/BIAS – points we want to make (condense slides 15-18)**

Weight Stigma - Defined

- Negative attitude towards those of a higher weight.
- Weight-biased attitudes and views held by health care professionals can have a negative impact on the patient-provider relationship and the provision of care,
- The assumption that weight is always unhealthy.
- Weight is Not Simply a Result of Individual Behavior
- Screening Tools :
 - Fat Phobia Scale, Antifat Attitudes Scale, and Attitudes Towards Obese Persons Scale.

<https://dieteticallyspeaking.com/weight-stigma-why-it-deserves-your-attention/>

[Weight bias among health care professionals: A systematic review and meta-analysis - Lawrence - 2021 - Obesity - Wiley Online Library](#)

Weight bias among health care professionals: A systematic review and meta-analysis

2021 Nov;29(11):1802-1812. doi: 10.1002/oby.23266. Epub 2021 Sep 6

Strategies for ending weight stigma in healthcare

- (i) increased education, (ii) causal information and controllability, (iii) empathy evoking, (iv) weight-inclusive approach, and (v) mixed methodology.
- There is a need to move away from a solely weight-centric approach to healthcare to a health-focused weight-inclusive one.

How to be Weight –Inclusive :

“The big difference here is that health is not defined by weight.”

- Weight-inclusive care acknowledges that health and well-being are impacted by many factors while also emphasising the importance of making health care more inclusive and reducing weight stigma
- Use affirming language: avoid overweight and obese.
- Neutral terms: weight and BMI.

Weight inclusive Care:

- Do no harm.
- Appreciate that bodies naturally come in a variety of shapes and sizes, and optimal care should be provided to everyone, regardless of their size.
- Maintain a holistic health care approach rather than undue focus on weight or size.
- Encourage process-focus goals instead of 'final destination' goals for improved day-to-day quality of life.
- Critically evaluate the strength of evidence for weight loss treatments, including research gaps and limitations.
- Provide sustainable, evidence-based advice on health behaviors e.g. joyful movement, nourishing diet, good sleep, stress management etc.
- Try to improve access to person-centred, non-stigmatising health care and social justice for everyone on the weight spectrum.

What small interventions have led to meaningful impacts in your institution?

Audience Participation

What can I do when I go home?

Teach it forward - talk to your colleagues and staff, look at your facility policies/practices

Continue to be introspective

Identify, address and dismantle inequities whenever possible

Enlist accountability partners

PYRAMID of ACCOUNTABILITY



@BRITTHAWTHORNE

https://www.instagram.com/p/CA8ihy_hH5J/

Types of Allies

The Sponsor

A sponsor ally points out and gives credit to others for their ideas and expertise in front of others in small, controlled settings

The Champion

A champion ally will gladly and proudly defer to someone else who may have the same or more expertise. These redirections typically happen in a larger meeting or venue.

The Amplifier

Amplifiers work to make sure that all voices are heard and respected, but especially those that belong to marginalized groups

The Advocate

An advocate is one that tries to learn and listen as much about the challenges of underrepresented groups as possible, and works to better themselves in the workplace as a result of their learnings.

The Scholar

The scholar ally is one that tries to learn and listen as much about the challenges of underrepresented groups as possible, and works to better themselves in the workplace as a result of their learnings.

The Upstander

The upstander is essentially just the opposite of a bystander. Upstander allies speak up when something seems wrong and to shut down any potentially harmful comments or conversations.

The Confidant

A confidant is very open, listening to and believing the negative experiences that people in underrepresented groups have experienced.

Resources

<http://joelbervell.com/> - look at TikTok/Instagram Racial Bias in Medicine Series

<https://www.nejm.org/doi/full/10.1056/NEJMms2004740>

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/use-of-race-in-clinical-diagnosis-and-decision-making-overview-and-implications/>

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Thank you!

Questions? Comments?

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