

DEI BASICS

COURAGEOUS SPACE AGREEMENT

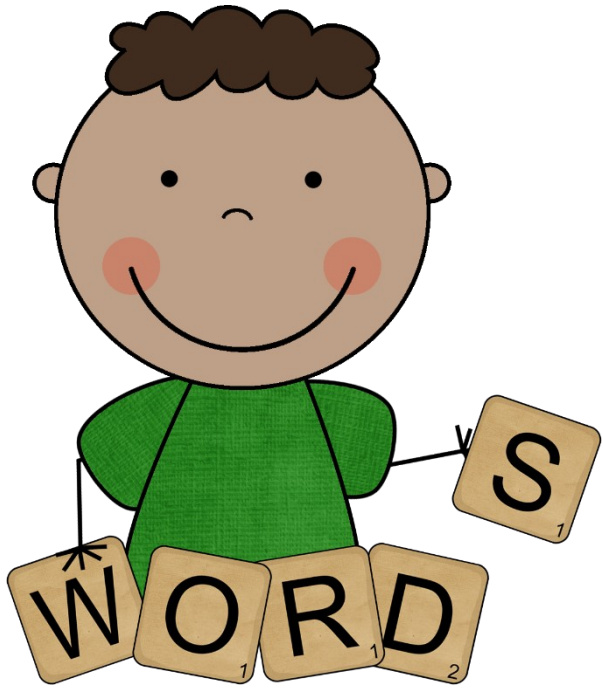
- Respect
 - Open minded. No speaking over one another. Speak kindly. Assume good intention. Work and issue, not a person.
- Take Responsibility
 - Speak in the "I." Own your words. Follow through. It's ok to have challenging conversations.
- Listen to Understand
 - Oops. Ouch. Listen with the same passion you have for being heard.
- Make Room for All Voices
 - Lean In. Lean Out.
- Trust the Process
 - Remember growth hurts. Get comfortable with being uncomfortable.
- Protect the Integrity of Stories
 - Vegas rules apply. What is shared here stays here and what is learned here leaves here.



Comfort zone

Learning Zone





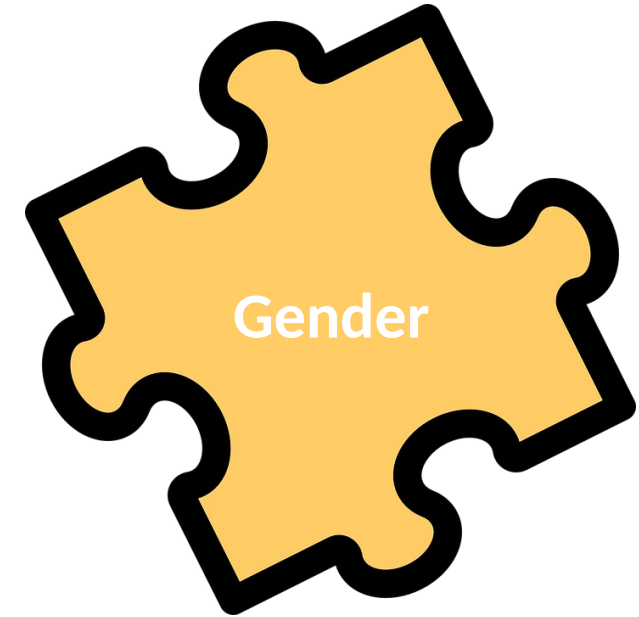
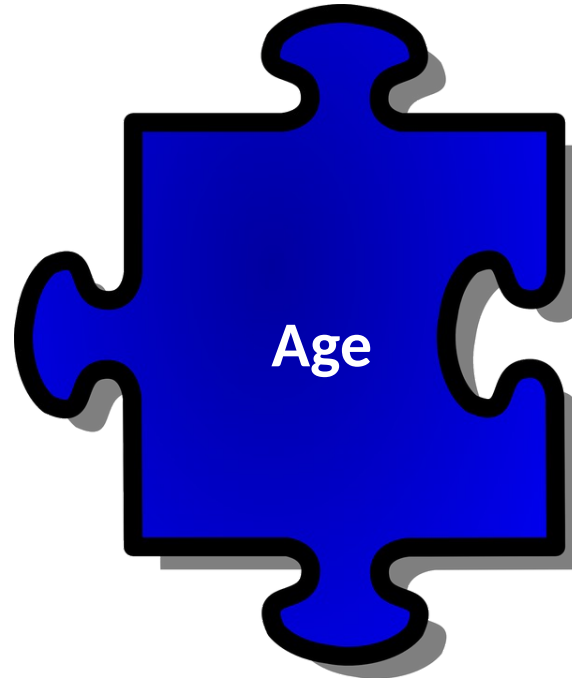
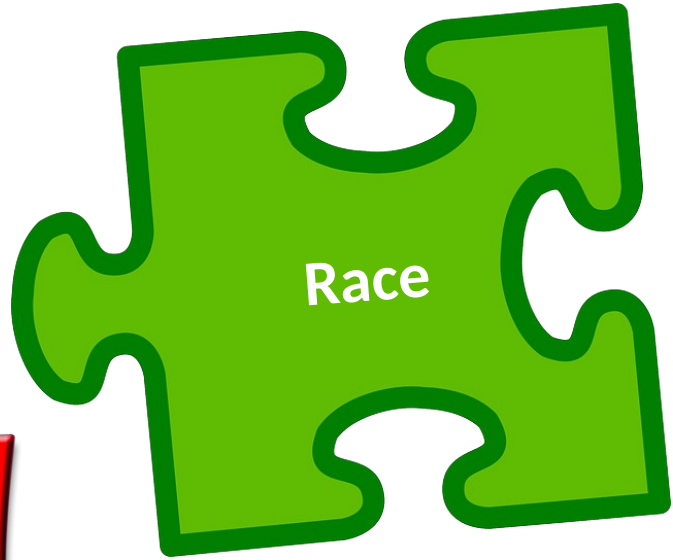
PHRASES

TRIGGERS

ACTIONS

TOPICS

WHAT IS DIVERSITY



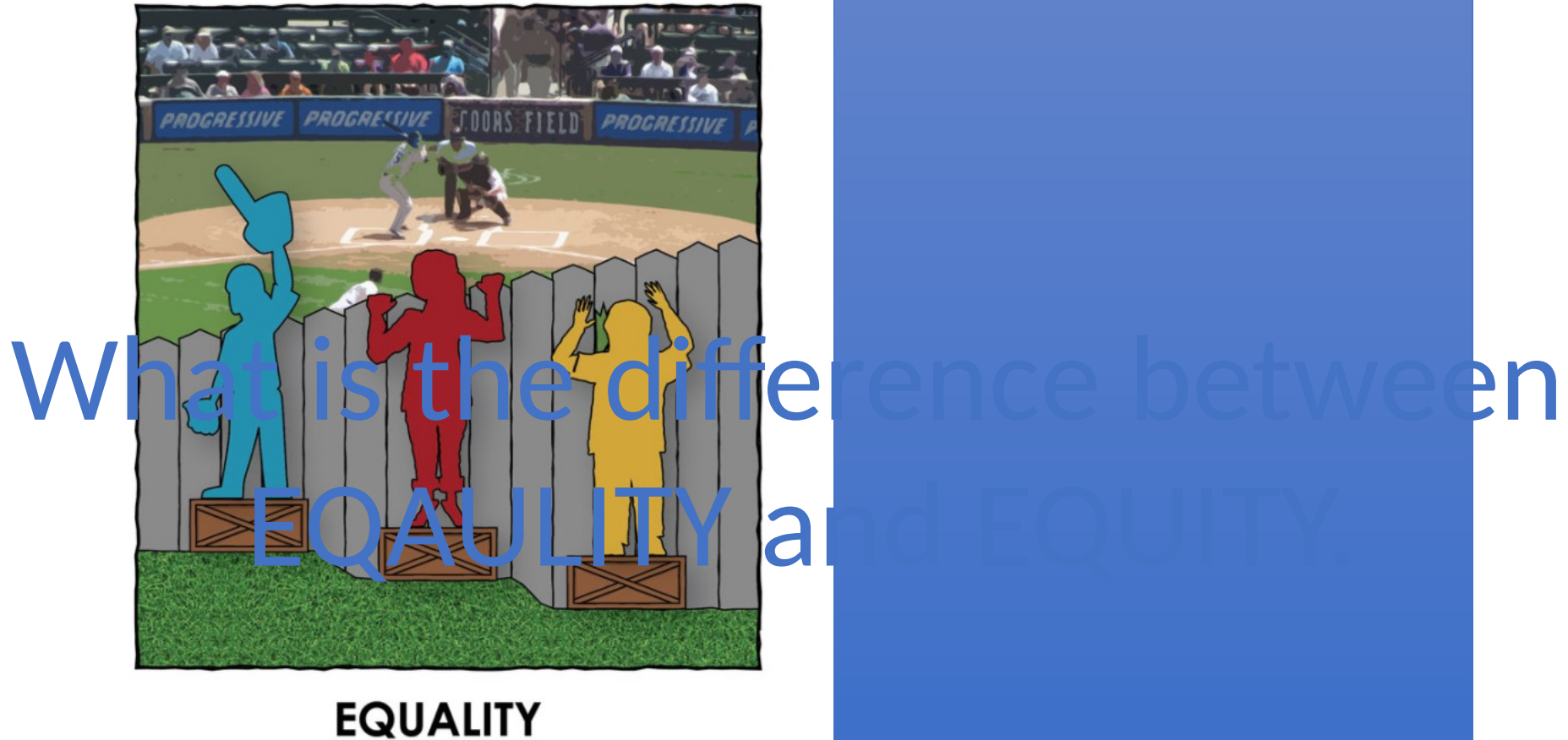
WHAT IS INCULSION

INVOLVMENT



EMPOWERMEN
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WHAT IS EQUITY



WHAT IS BIAS?



Conscious
AKA
Explicit

Biases are inward thoughts and attitudes either *for* or *against* someone based on their characteristics.



Unconscious
AKA
Implicit

SOURCES OF BIAS



What are sources of unconscious biases, stereotypes and assumptions??



RACIAL EQUITY LENS...

The Ferguson Commission Report

Where we started.

1. Whom does this benefit?
2. Does this impact people/races differently?
3. What can mitigate racial inequity?

WHY RACE MATTERS

INTERSECTIONAL



CASE STUDY 1:

NON-ENGLISH SPEAKING/ESL FAMILY

A family shows up to the check-in desk. It is their first appointment. They are a few minutes late after being turned around in the hospital. You greet them and ask for the patient's name. They smile and show you a piece of paper about their appointment. As you begin to ask them questions, mom starts speaking a language you can't identify.

How do you help them?

What do they need to know?

CASE STUDY 1: GUIDELINES

Non-English Speaking/ESL Families Fear and confusion

Ways to help:

- Attempt to determine which language they speak
- Utilize the unit translator iPads or (in a pinch) Google Translate
- Escort them to where they can wait or to the exam room
- Communicate with the tech, nurse and doctor team to ensure that the family has smooth transitions

Things that DO NOT help:

- Loud, slow talking AT them
- Pushing them to the side to take care of English-speaking people
- Assume they understand what they need to know (i.e., restroom locations, food, next steps)

CASE STUDY 2:

ANGRY PATIENTS/GUARDIANS/FAMILIES

You are in the exam space with a family doing vitals and your pre-check. This is the family's 2nd visit in 2 weeks.

Mom (a Black woman) said last time (not to you) that:

- She hates when people call her son “buddy”
- She really hopes they get some good news because he really wants to get back to playing soccer.

You walk in and say, “Hey buddy. How are you today...” Mom is immediately upset. She explains she was just here last week (all the things above). You apologize. During your checks you hear mom calling her son ‘Bug’ and mention a soccer tournament coming up.

What are some things you can do to a) make a connection with the family and b) ensure that mom feels seen and heard

CASE STUDY 2: GUIDELINES

Angry Parents/Guardians/Families
Fear, Frustration, and FEAR

Ways to help:

- **Step 1**: Take yourself out of it
- **Step 2**: Apologize and Acknowledge
- **Step 3**: Refocus the family on the here and now
- **Step 4**: Commit to connect

- **P.A.U.S.E.**

Things to remember:

***Historical Context Matters
&
It's never about what it's about.***

CASE STUDY 3: PERCEPTION OF UNPROFESSIONAL BEHAVIOR

Family approaches the desk to sign in for their appointment.

There are 3 people behind the desk:

- One person (a Black woman) is on the phone, having what seems to be a personal conversation.
 - Another person (young woman) is looking at something on the computer.
 - The other person (LatinX) is rummaging through a drawer.

The family (rural, white), after a 2-hour drive, is standing at the desk for 5 minutes before anyone acknowledges them. When they are acknowledged it's by the person on the phone, who never stops their conversation and is just pointing at things for the parent to do. Mom is flustered/frustrated. The patient is crying and screaming that they are hungry. The person on the phone sighs loudly, tells mom they are checked in, and to have a seat. They have driven 2 hours to get here on time and the appointment is now 25 minutes behind. Mom is livid...

CASE STUDY 3: GUIDELINES

Perception of Unprofessional Behavior

Fear, Bias, Feeling ignored, disrespected or dismissed

Here is the reality of what was happening:

- The woman on the phone was actually talking to a parent having a break down about her child in crisis and is trying to comfort her and find resources for that mom.
- The woman on the computer is trying to coordinate a transfer for a clinic patient that needs to be admitted but the floor is full.
- The person looking through the drawer is looking for something...who knows

Things to consider:

- The identities of the people involved.
- Perception is reality
- If the shoe was on the foot and you had just driven 2 hours with a screaming child, in the rain, hit traffic, couldn't find parking, waited in the screening line and were met with:
 - An inattentive staff
 - A packed waiting room
 - And appointments running behind with no communication

If you knew what was **actually happening** would it matter to you?

