

Respectful Communication Discussion: Instructor's Guide

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The goal of the activity is to highlight person first language as a tool that can help clinicians respectfully discuss disability and promote a respectful environment.

Estimated Time: 30 minutes

Recommended Group Size: <12 medical students

Outcome Objectives:

1. Student will be able to define person first language.
2. Students will be able to describe the impact of language on creating a respectful environment.
3. Students will utilize person first language when talking about patients.

Potential Integration Points

Course Topics: Communication Skills, Family Medicine, Geriatrics, Health Care Needs of Medically Underserved Populations, Health Disparities, Professionalism

Physician Competencies Reference Set (PCRS) Domains: Interpersonal and Communication Skills, Professionalism, Interprofessional Collaboration

Physician Competencies Reference Set (PCRS) Competencies:

- 4.1 Communicate effectively with patients, families, and the public as appropriate across a broad range of socioeconomic and cultural backgrounds.
- 5.1 Demonstrate compassion, integrity, and respect for others.
- 5.5 Demonstrate sensitivity and responsiveness to a diverse patient population including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- 7.1 Work with others health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.

Background

Person first language is a respectful way to speak to and about people with disability. It is important for all physicians to use language that helps their patients feel comfortable. It is always best to ask how a person with disability prefers to be described, but person first language is a good way to be respectful if there is not an opportunity to ask the patient directly about their preference. The conversation about respectful language is ongoing, and some

groups in particular may prefer Identity First language, such as the Deaf, Blind and Autistic communities (a Deaf person, rather than a person who is Deaf). It is always best to ask the individual their preference. No one likes to be labeled, and asking respectfully how an individual identifies *themselves* is the best way to be respectful and appropriate.

It's important to remember that person first language can also help physicians remember they are speaking to a person, who has many facets to his/her identity – he/she has a gender identity, sexual identity, race, ethnicity, religion, interests, preferences, etc. Using language that puts the person first, rather than his/her disability, acts as a reminder that this is only one part of his/her identity. Additionally, consistently using person first language creates a respectful clinical environment for people with disability.

Activity Outline

1. As a group discussion, have the students list people who they believe have a disability [2 min.]
2. Pass out the "People First Language" handout and allow students to read over it [3 min.]
3. As a group discussion, have the students identify things that were said that did not follow the principles of person first language [5 min.]
4. Wrap-up Discussion [10 min.]

Wrap-up Discussion Prompts

Discussion Questions:

1. Why is person first language important?
2. What effect could person first language have on provider-patient relationships?
3. What could you do if you forget to use people first language or don't know what terms to use?
4. How could you ask a person to self-identify what terms they prefer?
5. Whose responsibility is it to ensure that person first language is being used in the clinical environment?
6. How could you handle a situation where a colleague is not using appropriate person first language?

Wrap-up Discussion Guide

Discussion Questions:

1. Why is person first language important?

Person first language is important for two reasons. First, it helps to shape the culture of the institution so that it is inclusive of and respectful toward people with disability. This can help people with disability feel that they are welcome and have access. Second, using respectful language helps to counteract the cognitive bias some clinicians experience which overemphasizes the patient's disability. Respectful language can help to shift the frame of mind of providers and help them remember that disability is one part of who a person is.

2. What effect could person first language have on provider-patient relationships?

Using respectful language can demonstrate to a patient that the provider is going to treat them with respect, and communicates to the patient that the physician sees them as a person. This is important because many people with disability have had negative experiences with healthcare providers. It also acts as a reminder for providers to focus on the whole person, rather than focusing only on the person's disability.

3. What could you do if you forget to use people first language or don't know what terms to use?

If a provider is uncertain about how to refer to a patient's disability, the best course of action is to ask how that person how he/she would prefer to refer to their disability. If a clinician accidentally uses disrespectful language, it is important to acknowledge the mistake – apologize and ask the patient what language they would prefer to use.

4. How could you ask a person to self-identify what terms they prefer?

This is a skills practice question. Have students make suggestions. An important note is that, in general, people with disability should be addressed in the same way as any other patient, by their name. The following is an example if there is a need to refer to a person's disability. One appropriate response would be "I was wondering, how do you prefer that I refer to your disability? I want to make sure I'm using language with which you are comfortable."

5. Whose responsibility is it to ensure that person first language is being used in the clinical environment?

All healthcare providers are responsible for using respectful or person first language. If a student overhears their colleagues using language that is not appropriate, they should, when possible, respectfully remind them to use language that creates an inclusive environment for people with disability. Also, keep in mind that physicians can act as leaders in institutional culture.

6. How could you handle a situation where a colleague is not using appropriate person first language?

This is a skills practice question. Have students make suggestions. The following are a few possible suggestions of how to address a situation where a colleague is not using appropriate language.

Scenario 1: If there is a patient present, then it is important to address the language right away, in front of the patient. This can help to address a potentially very negative experience for the patient. One way to do this would be to address the patient directly as part of the conversation and ask how they prefer to refer to their disability. For example: “Oh, I had forgotten to ask you, how do you prefer that I refer to your disability?”

Scenario 2: If inappropriate language is used without a patient present, in a one on one conversation, suggest the appropriate alternative language. If a colleague uses “wheelchair bound” correct to “uses a wheelchair” in the conversation. “Oh, you mean she uses a wheelchair.”

Scenario 3: If inappropriate language is used without a patient present in a group setting, calling out a colleague is may not be appropriate. Rather, students can lead by their own example, if possible intentionally using appropriate language when responding to comments on the topic immediately following comments made using inappropriate language.

Scenario 4: If a more senior colleague uses inappropriate language, students may only be able to lead by example and continue using appropriate language whenever they speak. If there is an opportunity to advocate for trainings at the institutional level, students may suggest inclusive language as a topic.