2024 Justice, Diversity, Equity, and Inclusion JDEI Report

Marc Duyck, MEd. PTA, CSCS FPD JDEI Curriculum Report

In doing my work, my anchor and rudder to steer my work included how best to use my time and funds to achieve the following.

- JEDI Curriculum Development Funds
    - Curriculum development funding to support the design and redesign of courses, projects, assignments or modules focused on:
        - the needs of, and/or methods for supporting marginalized communities
        - principles or practices of equity and and inclusion
        - an understanding of systematic oppression

Also guiding my work were the reasons JDEI FPD fund members, including Dr.Brooke Taylor, gave me this opportunity:

Justice, Diversity, Equity, and Inclusion Curriculum Development fund. The committee believes the curriculum module will help PTA students better serve historically marginalized individuals and will improve healthcare disparities. You have been awarded 15 hours of curriculum development funding to support the creation of a curriculum module for PTA.

JDEI Curriculum Report

This project focused on updating the curriculum for PTA 200 Professionalism, Ethics, and Exam Preparation. The goal concentrated on providing a curriculum that is more inclusive of diverging ways of knowing and cultural experiences.

In my work to improve the curriculum module to help PTA students, and graduates, better serve historically disadvantaged, marginalized and emerging underrepresented, and I would add, sidelined communities, I used the following course learning outcomes for my work.

- Identify strategies to advocate for increased healthcare access for historical and emerging underserved populations.
- Identify factors that contribute to or challenge a therapeutic alliance in physical therapy services.

My work aligns with the American Physical Therapy Associations (APTA) 2023 Definition of Underrepresented Minority Populations in Physical Therapy Education. The definition was released during the annual House of Delegates meeting of the American Physical Therapy Association and is as follows: *Underrepresented in physical therapy education as the racial and ethnic populations that are underrepresented in physical therapy education relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, from lower economic strata, and from educationally disadvantaged backgrounds, and with disabilities.*

Project Goals.

- Provide a more culturally responsive pedagogy
- Updating course materials to reflect current best practices specific to historically and current underserved and emerging underserved communities.

Outcomes: What I learned and changes as a result of this opportunity

What I accomplished in my curriculum development project for PTA 200 included. Etc etc

In my report, I was asked the following existential question: Did you accomplish your goals?

- Does my course curriculum, and course exam items module support learning about the needs of, and/or methods for supporting, marginalized communities; the principles or practices of equity and inclusion?

I began by examining the week to week learning outcomes that were formed under the guise of the 2 course learning outcomes (CLO's) I shared under the caption **JDEI Curriculum Report.** Some background information that is important to share: PTA 200 is a 4 credit course that meets exclusively online. The course was designed for the final term of the PTA program to, in addition to the CLO's cited, prepare students for the National Physical Therapist Assistant Exam (NPTE). The course is intensive and front loaded the first 3 weeks of the term before students start their 6 week 40 hour a week terminal clinical. The course is also loaded on the back-end with students coming back from their full time clinical rotation to the virtual classroom weeks 10-11. My goal was to update week to week learning outcomes to reflect, especially, what I have learned as an APTA member at Education Leadership Conferences I have attended, especially in the past 4 years, and my long-standing membership on the Cultural and Minority Affairs (CMA) Committee of APTA/Oregon. I would be amiss to not mention my work as a CMA member since its inception. The goal of CMA/APTA/Oregon is as follows.

- This group works toward increasing cultural responsiveness and the thoughtful engagement of minority status individuals in physical therapy through

professional and community education, outreach, and advocacy. Looking for someone who is: socially minded, collaborative, resourceful, and committed to serving all underrepresented communities

As a member of this committee I have led multiple presentations and workshops co-presented, in part, on the following workshops.

- DEI 101: Emerging perspectives and best practices when working with individuals who identify as LGBTQ+
- Disability Advocacy and Care for Physical Therapy Clinicians

The workshops and research on the topics helped me form lesson plans on the following learning outcomes.

Week 3

- Demonstrate cultural competency and an openness to learning about demographic shifts that may and will impact the marketplace and how to best meet the needs of diverse patient and colleague populations and individuals.

I updated this content aligned with this week 3 learning outcome which in part now states:

The author Carol Davis cites the importance and value of cultural competence and communicating with cultural sensitivity in an ever-changing workforce. Click on demographics for the 2020 census data. Note the rapidly increasing number as a percentage of non-European whites. 23% of the total population is now Hispanic. By 2030, a mere 7 years from now, Latinos will comprise 30% of the US population. Latinos Asian Americans and Native Americans are captured in the "other" category. I find this data very relevant (2020 census data) to PTs and PTAs in Oregon, the population grew to over 4 million people and much of this growth was in Latina/Latinos and Asian-Americans (Oregon Census Data 2020) So why am I having you be aware of the changes in population demographics as PTA's? What does this have to do with ethics? Why should you care as a PTA?

- Part of being respectful and caring (highly ethical attributes) as a PTA for individuals of different demographics in the clinic is being culturally humble: in other words understanding different cultures (yet without generalizing that all Hispanics, for example, have similar characteristics).
- It is important to know that learning some words in a different language may be wise when working with new immigrants to know how to say hello or thank you in their language as a sign of respect. Also understanding your patient demographics is helpful in regards to staffing. At a former inner Portland clinic where I used to work, we had a Russian-speaking aide - he has been incredibly helpful in making our Russian immigrant patients comfortable in our

clinic and in assisting the patients in filling out paperwork and assisting the patients by answering their questions.
- It is important to acknowledge that as our economy is more global, shifts in populations will happen rather quickly at times. This has some practical implications. In Hillsboro, Oregon, for example, Intel, Washington County's major employer, has a sizable minority of Indian-American engineers who are Hindu/Christian or Muslim. Providence health-care providers including PTs/PTA's have had to be more culturally competent and know that some of their male patients who are Muslim may not be comfortable seeing a female therapist. As a result, for business and professional ethical reasons, a few clinics that have traditionally had only female therapists have added male therapists.

Week 10

A majority of the JDEI funds were used to update material during this content dense week focusing on Ethics and Social Justice.

Learning Outcomes

- Understand how to create a culture of respect for spirituality and various religious beliefs.
- Understand ways to create a culture of respect for individuals who may have a different orientation than your own.

I am increasingly bothered with the below facts, that I now include in PTA 200 pedagogy, from a 2023 FBI report (Southern Poverty Leadership Conference (2024) that includes

- As has been the case every year, the highest number of reported crimes were based on race, ethnicity or ancestry (5,900), including 3,027 crimes directed against Black people.
- A 7% rise over the previous year in bias-related crimes related to sexual orientation (2,077) and a 5% rise (492) on the basis of gender identity.
- The highest number of “anti-Hispanic or Latino” crimes (812).
- The most anti-Jewish hate crimes (1,832) ever recorded by the FBI – a 32% increase over 2022 – and a 49% yearly increase in anti-Muslim crimes (236).

In alignment with my Week 10 learning outcomes I updated material to reflect the following:

Below are some startling statistics based on the 2023 FBI report on crimes against individuals based on religion (SPLC, 2024).

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Gabard (2010) takes great length to emphasize that as practitioners, it is important to have self knowledge, self caring and the ability to be able to articulate our own belief system. As studied in weeks 2 and 3, this is one of the steps in becoming more culturally humble.

Spirituality has re-emerged as an important part of the healing process (Gabard, 2011). Medicine in the West has become very good and successful in remedying physical ailments but then what? Anxiety and depression have in many cases been under-treated. Research has increasingly shown that for a pt. who is under stress, that when spirituality is used as an independent variable and is addressed appropriately, improved health outcomes occur (Bozek et al. 2020)

What does this mean for the PTA? Am I supposed to pray with patients? What if I am uncomfortable with this?

First of all, the following is important to explore in the process of being culturally humble (Gabard, 2011).

- Do I know my own self and my belief system? This belief system can be a belief in a higher power or purpose, disbelief or a disbelief coupled with a spiritual side loving the outdoors which is not necessarily theistic.
- Am I aware of other people who have their own belief system that is different from my own, and am I willing to treat them the way they wish to be treated? Consider the ethic of compassion when this occurs, discussed during week 3 (Charter for Compassion, 2024)
    - Am I consistent in this area?
        - Do I treat a Muslim patient differently than an Evangelical Christian patient? Why? Will treating them differently affect their outcomes?
        - If I have an anti-Christian bias, do I treat a patient who is Buddhist better than a patient who is a Missouri-Synod Lutheran? Why? Will this different treatment affect the relationship between one patient over the other, for example, will I make the phone call and check in with the Buddhist patient and not the Christian patient because of bias?

These are tough questions because truthfully, all of us have biases. However, admitting our own biases and working with bias, if we choose to, is the 2nd step in developing competence in the understanding of religious practice and belief as related to our patients.

- Am I able to emphasize with and to respect individuals having a different worldview as this pertains to religious practice and spirituality?
- This is crucial. Empathy doesn't mean conversion. Being empathetic to a devout Latino Catholic surrounded by images of the Virgin Mary and religious cards who are ill at an extended care facility does not mean you have to become a Catholic. Likewise caring for an openly agnostic person who is dying of cancer doesn't mean you accept agnosticism and renounce your own belief system.

The above is easier said than done, and I think without supporting evidence, many will make quick judgments about others that may affect the care they provide because of a perceived threat of the belief system or lack of belief of the other person. Or for that matter, understand why a person belongs to a particular faith. The understanding and respect of others' beliefs are fundamental to quality care/ Fundamentally, it is about

respect.

F. Creating a culture of respect for individuals with perhaps a different orientation than your own specifically those who have a same sex partner or spouse and or identify as part of the LGBTQ+ community

- **Sexual orientation is not a visible characteristic such as skin color, or height**

More individuals are openly identifying as gay or lesbian, and the number of same sex couples is on the rise (Pew Research Center, 2018). Although celebrated by a growing majority, others remain deeply upset about marriage rights being offered to same sex couples. The scope of this course is not to debate the issue of same sex marriage or gay and lesbian rights. It is, however, to educate you on the law and the reality that you

probably will work with a gay or lesbian patient who may or may not be married. Also since this course meets core humanities standards for humanities credits for graduation requirements, cultural and legal issues are discussed.

Hate crimes reported to the FBI, most recently, in 2023, have increased (SPLC, 2024)

A 7% rise over the previous year in bias-related crimes related to sexual orientation (2,077) and a 5% rise (492) on the basis of gender identity.

What does this have to do with being a PTA?

- A man or woman may refer to their same-sex spouse as their husband or wife. How would you react to this in your non-verbal communication if this individual was your patient? Would you treat them equally?
- Would you use "partner" or "friend" versus the individual's chosen term of endearment "spouse?"
- Forms in the clinic such as the intake that ask if they are "married" and ask for the name of "spouse" but no category on the form or section exists to add the name of a pt's partner or significant other. No category on an intake form for those with a partner or significant other can also be a barrier for opposite-sex couples who are unmarried: a growing demographic for various reasons including financial.
- If you have strong beliefs that make you uncomfortable working with a gay lesbian, bi-sexual client, member of the trans community or a person who identifies as queer (LGBTQ+), would you continue to work with this individual as their PTA if you have a level of discomfort? Would your care be as equal as when you are working with someone who is not part of the LGBTQ+ community? If you have personal or strong moral objections to someone who identifies as lesbian, gay, bi-sexual, or a member of the trans community, would your strong feelings get in the way of quality care? Would the patient be best served by another PT or PTA you work with?
- I truly believe that one can respect and treat another human being as a patient without compromising a personal moral value or principle.
    - When I worked in a busy outpatient clinic, a few of our therapists had a sizable percentage of their clients who were gay or lesbian primarily because patients felt safe seeing them. As with any community, patients tell their partners, spouses, and friends which therapist they recommend which is as valuable for marginalized populations in many cases as the skill set of the therapist. Quality care, and evidence-based practice provided to all help to build a strong client base. This helps to pay the bills, is job security which is good for business.

The law

Discrimination against a gay, lesbian or a member of the trans community is illegal in Oregon (Oregon State Bar, 2023). The Standards of Ethical Conduct for the PTA (2024) specifically call out "sexual orientation" in the context of PTA's shall respect the pt. regardless of sexual orientation. If such an allegation of discrimination occurs by a PT or PTA, the legal community is increasingly looking at our code of ethics as a guide in deciding cases brought forward alleging discrimination (Gabard, 2011). A growing number of workplaces (Mallory et. al. 2020) prohibit discrimination against gay and lesbian employees and their clients. Using discriminatory and harmful terms or exhibiting bias against an individual because of their sexual orientation can be grounds for discipline by the Oregon Board of PT and could result in termination of employment depending on workplace rules and the laws of the state you are practicing in. In 2020 the U.S. The Supreme Court prohibits workplace discrimination against members of the LGBTQ+ community in two landmark cases (NPR, 2020).

Final thoughts

Earlier in the term, the Golden Rule was discussed as a platform to consider when working with others including co-workers, supervisors or patients. The problem with the Golden Rule is that people don't have the same life experiences thus the cliche "treat others as I would like to be treated" is highly variable, especially when perhaps we are uncomfortable with others who are different than ourselves. Thus, how can we treat them the same if we fundamentally have preconceived notions about the other person or don't like them as fellow human beings? I think the road not taken is worth considering, especially if co-workers use name-calling, jokes, or tones of harmful language to describe a person who identifies as gay, lesbian, bi-sexual, trans, queer, or any individual who belongs to a particular group that has faced a history of marginalization. Our non-participation, and our own consideration for the human dignity of the other person or group who is being made fun of, or marginalized, is an ethical and moral framework that is important to discern as members of the human family. Standing up in the workplace for an individual who is disrespected, treated unfairly, and stereotyped in a negative way for any reason, including their sexual orientation as we have learned calls into question commitment to the Standards of Ethical Conduct for the PTA, and the ethical values of fairness, justice, caring and respect.

Measures of Student Outcomes

I want to share student outcomes that are both qualitative and quantitative. First, here are a few responses to my course based on student responses to quizzes related to JDEI content during Week 3 and 10.

Questions and responses

- 10/15 students took the quiz questions weaved into week 10 curriculum and all correctly answered the following questions
    - The first step in becoming more culturally aware in understanding others whose belief system is different than my own is to know my own belief system followed by an embrace of apologetics to educate the patient about the merits of my own belief system
    - Denying physical therapy to a patient because they identify as as a member of the trans community is legal in Oregon
    - Which of the following are true?
        - A patient who is gay who chooses to use the word spouse to describe their beloved who is part of the therapy session would probably be fine if you called their spouse a "special friend" versus their chosen term of endearment.
        - There is an increase in the number of gay and lesbian couples that are getting married in Oregon and the United States.
        - It is illegal to discriminate against a pt. who is gay or lesbian in Oregon.

Questions on scored quizzes and exams.

- Of the scored items specific to weekly course outcomes
    - Understand how to create a culture of respect for spirituality and various religious beliefs.

- Understand ways to create a culture of respect for individuals who may have a different orientation than your own.
- Demonstrate cultural competency and an openness to learning about demographic shifts that may and will impact the marketplace and how to best meet the needs of diverse patient and colleague populations and individuals.

99.48% of students correctly answered, on their first attempt, questions specific to the above outcomes on a quiz and a cumulative exam.

Unanticipated Outcomes

I did not expect students to do as well on course related weekly learning outcomes tests and measures such as quiz and exam questions. I also did not anticipate a majority of students getting unscored exam items correct as discussed in Measures of Student Outcomes. This was a thrill to see as an instructor. I also anticipated that there might be some pushback on the content, especially since a majority of the students identified as cisgender, caucasian, heterosexual and surprisingly for a physical therapy program, a majority of students were male. This did not happen. I hope this trend continues, however, each cohort has its own students with unique strands of DNA, life experiences, and cultural identities. Future cohorts appear to, at least immediately, be cisgender, male, and white. However, some diversity of gender identity, and gender fluidity constitute some PTA students. This may give me some perspectives from historically and emerging members of marginalized communities. Our PTA students are also increasingly ethnically and racially diverse, and this also may be helpful for me, specific to course and weekly learning outcomes shared during anonymous feedback such as course and instructor feedback.

I also enjoyed spending the past few weeks completing this JDEI. It allowed me to reflect on what work I have done, but also, what work remains to be done to make the PTA 200 curriculum more inclusive and in alignment with JDEI goals.

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