



# Mrs. Claire Lindsay



**Lead Sonographer**

**Golden Jubilee University National Hospital**

# Disclaimer

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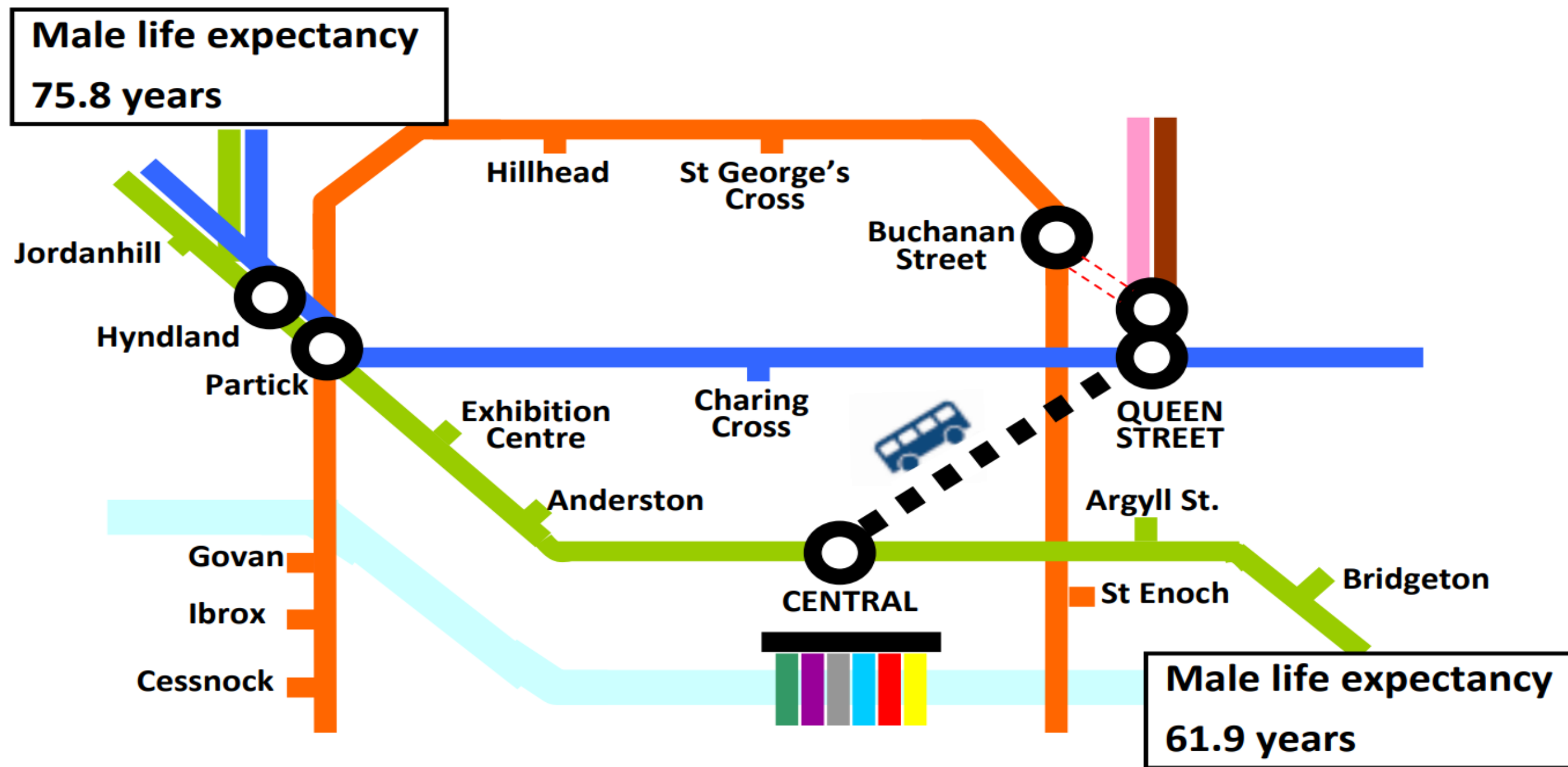
# Why This Matters

- Ultrasound is first-line imaging
- Operator-dependent
- Direct patient interaction
- Opportunity to reduce inequality



# Health Inequality

- Avoidable, unfair differences in outcomes
- Seen in access, diagnosis, and care
- Affects imaging pathways



McCartney G. [Illustrating Glasgow's health inequalities](https://doi.org/10.1136/jech.2010.120451). *JECH* 2010; doi 10.1136/jech.2010.120451

# Inequality in Imaging

- Missed appointments
- Late presentations
- Language barriers
- Bias in care delivery





**9-11 years old**

The average reading age of  
adults in the UK

**7.3m or 1 in 6**

UK adults have very poor  
literacy skills

# EDI in Practice

- Adapt communication
- Use interpreters
- Cultural awareness
- Trauma-informed care

# Compassion as a Skill

- Recognise distress
  - Maintain dignity
  - Improve trust
  - Better outcomes
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- SCoR Code of Professional Conduct emphasises respect and dignity
  - HCPC standards require culturally appropriate care

# Workforce Diversity

- Improves patient trust
- Enhances communication
- Reflects population needs



# Training Gaps

- Limited EDI teaching
  - Lack of simulation
  - Minimal bias training
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- RCR workforce report highlights training pressures
  - NHS England Long Term Workforce Plan supports inclusive training pipelines.

# Hidden Curriculum

- Informal learning through culture
- 'This is how we do things'
- Can reinforce bias
- Influences student behavior



# Hidden Curriculum Cont.

## Impact:

- Normalises poor practice
- Discourages speaking up

## Solution:

- Role modelling
- Open reflection
- Challenge behaviours

# Practical Changes

- Flexible appointments
- Accessible information
- Interpreter access
- Inclusive communication



# Case Study

- Patient with language barrier
- Where is risk?
- How to respond?
- What is inclusive care?

# Reducing Bias in Patient Care

## RESPECT

- Aim: Clinicians will treat every person with the utmost respect and strive to preserve dignity at all times
- Ask: Did I treat everyone involved in that encounter respectfully?

## REFLECTION

- Aim: Clinicians will approach every encounter with humility and understanding that there is always something to learn from everyone
- Ask: What did I learn from each person in that encounter?

## REGARD

- Aim: Clinicians will hold every person in their highest regard, be aware of, and not allow unconscious biases to interfere in any interactions.
- Ask: Did unconscious biases drive this interaction?

## RELEVANCE

- Aim: Clinicians will expect cultural humility to be relevant and apply this practice to every encounter?
- Ask: How was cultural humility relevant in this encounter?

## RESILIENCY

- Aim: Clinicians will embody the practice of cultural humility to enhance personal resiliency and global compassion
- Ask: How was my personal resiliency affected by this interaction?

# Key Takeaways

- EDI is a clinical safety, not just policy
- Compassion matters and improves outcomes
- Training must evolve beyond technical skills
- Every sonographer can reduce inequality in small daily ways

# References

- [Addressing Biases in Patient Care with The 5Rs of Cultural Humility, a Clinician Coaching Tool – PMC](#)
- [Illustrating health inequalities in Glasgow | Journal of Epidemiology & Community Health](#)
- [Code of Professional Conduct 2025 | SoR](#)
- [Standards of conduct, performance and ethics | The HCPC](#)
- [Adult Literacy Rates in the UK | National Literacy Trust](#)
- [MBRRACE-UK 2025 Report: Learning Lessons to Save Lives - The Ectopic Pregnancy Trust](#)