

Names in cases and tutorial groups

People's names are very close to their identities. It matters to get them right. Don't rely on deferential friends, students, and patients to forgive mispronunciations.

The tutorial is a place where learners can develop the habit of asking and practicing and even looking up name pronunciation via a google search. Like every skill, it gets easier over time and is a matter of life-long learning.

Some reflections on names to help foster appreciation of their importance:

- In a very noisy environment, you will hear your own name spoken quietly across the room.
- When we have the same name at home, at school, with friends, and at work, we are one step closer to a consistent professional identity. No one is telling us that the person we are at home or with friends is different from the person we "should" be to succeed at school and work.
- When our doctor cares about saying our name correctly, we are one step closer to feeling that our doctor sees us as a whole person.

Working on getting names right is an excellent opportunity to practice a "cultural humility" approach: **ask for help, practice, and repeat. Don't sweat it if you get it wrong. Just try again.**

- It can be hard to learn a new name in one go. Especially in a busy setting, or in a social group, or an educational context where people might feel performance pressure, it will be hard to get it right the first time.
- In the clinical and/or educational setting, there is a power imbalance. Patients (students) will not want to inconvenience their doctor (tutor, preceptor) or make them uncomfortable and so are likely to agree that whatever you say is 'good enough'.
- Take a minute of your time: repeat the name back, ask them to repeat it.
 - If you have the ability, make a phonetic note that is meaningful to you.
 - Do try to pronounce it in real time (don't slow down and make an exaggerated effort that singles out the person whose name you're learning every time you say it).
 - Check back in later whether you're getting it right at full speed—ask for correction.
- Don't try to avoid the whole question by pointing or singling out the person descriptively ("the patient") or mumbling.
- In real life you would ask the patient. In tutorial, consider asking one person every week to look up and share simplified phonetics for patient and provider names in the cases:
<https://mynameis.raceequalitymatters.com/asset/NameShouts%20Phonetic%20Spelling%20Guide.pdf>

Some people give themselves an "English" name to avoid having the spotlight on them in public situations. Respect that choice.

On the other hand, to quote the immortal xyzTr1LL on medschool reddit, "If attendings can pronounce Endoscopic retrograde cholangiopancreatography, then they ... can get your name right after few tries."

Here's a source that teaches some things not to do:

<https://twitter.com/LeadingELLS/status/1422238341584535559?s=20&t=laQE13IoicQMKNXyJLZ3A>

Case Diversification Advisory Committee, 23 August 2022 (v1)