

MC 3 LO 4 PowerPoint Guide

The PowerPoint slides for Patient Worldview are below:

- **Slide #1: Definition of Patient Worldview**
 - Patient worldview refers to the lens through which individuals interpret and make meaning of their experiences.
 - It is influenced by culture, history, social identities, values, and lived realities.
- **Slide #2: Role of Lived Experiences**
 - A patient's past experiences—such as trauma, resilience, access to resources, and interactions with healthcare systems—shape how they perceive and engage with BHSS.
 - Experiences of discrimination, support, or marginalization inform levels of trust, openness, and willingness to engage in care.
- **Slide #3: Impact of Identities**
 - Social group identities (race, ethnicity, gender, sexual orientation, class, ability, religion, etc.) intersect to influence how patients view themselves and the world.
 - These identities can be sources of both strength (cultural healing practices, community support) and vulnerability (stigma, exclusion).
- **Slide #4: Privilege and Oppression**
 - Systems of privilege afford some patients unearned advantages (e.g., economic security, societal acceptance), while systems of oppression create barriers and disadvantages (e.g., racism, sexism, homophobia).
 - Patients often experience both privilege and marginalization across different aspects of their identity, shaping their worldview in complex ways.
- **Slide #5: Dynamic and Contextual**
 - A patient's worldview is not static—it shifts based on context, relationships, and environments.
 - BHSS must approach patients with humility and openness, recognizing that worldview may not always be explicitly shared or immediately visible.
- **Slide #6: Implications for Practice**
 - Understanding patient worldview requires active listening, empathy, and cultural humility.
 - BHSS who honor patient worldviews strengthen trust, reduce assumptions, and foster more authentic helping relationships.
 - Failure to recognize worldview risks reinforcing bias, eroding trust, and delivering interventions that feel irrelevant or harmful to patients.