

Harborview Ethics Forum

Pulse Check: Trust, Power, and the Architecture of Care

Sarayah Brenda Obonyo

Harborview Ethics Forum



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Harborview Ethics Forum



Want to claim CME credits?

Fill out the evaluation survey after today's session to receive continuing education credits (1.0 per session)

***Note: please hold off on submitting your CME claim form until the end of our ethics forum series June 30, 2025.**

We will be recording today! Video will be available on our website if the speaker has given permission.



Disclosures

Today's speaker has no financial relationships with an ineligible company relevant to this presentation to disclose.

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The logo for UW Medicine is centered within a white circle on a blue vertical bar. It consists of the text "UW Medicine" in a serif font, underlined, with "UW SCHOOL OF MEDICINE" in a smaller, sans-serif font below it, also underlined.

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Save the Date

HMC Ethics Forum: May 13th

- **Date/Time:** Wednesday via Zoom @ 12pm
- **Speaker:** Dr. Tonya Shah, UWSOM graduate returning from working in a Gaza Hospital



Advanced Training in Healthcare Ethics

- Applications for Fall are open now!
- Courses available fall/winter/spring
- More information on our website.



A GREAT LEARNING OPPORTUNITY IN CLINICAL ETHICS



38TH ANNUAL
**SUMMER SEMINAR IN
HEALTHCARE ETHICS**
AUGUST 3-6, 2026

REGISTRATION IS NOW OPEN!

Early Bird Discount - get \$100 off
registration until May 15th!



Pulse Check: Trust, Power, and the Architecture of Care

Objectives

1. Recognize how early clinical assumptions and electronic health record documentation can influence patient trust and diagnostic decision-making.
2. Identify ways that clinician communication style and clinical posture affect patient engagement and willingness to return for care.
3. Describe how documentation accuracy and information flow between clinicians influence downstream interpretation of patient symptoms.

Pulse Check: Trust, Power, and the Architecture of Care

Sarayah Brenda Obonyo

ABOUT THE SPEAKER:

Sarayah Brenda Obonyo is a graduate student in Information Management at the University of Washington and a patient advocate whose work focuses on how information breakdowns in healthcare contribute to diagnostic delay and patient harm. Her master's research practicum, *When Information Fails: Diagnostic Delay and Information Breakdowns in Rare Disease Care*, examines how gaps in information flow between patients, clinicians, and healthcare systems shape clinical reasoning and can delay life-saving diagnoses. Originally from Mathare in Nairobi, Kenya, Sarayah began her U.S. education at Edmonds College, where she served as Student Body President before transferring to the University of Washington to study Informatics. She currently serves on the Patient and Family Centered Care (PFCC) Steering Committee at UW Medicine and will graduate with her Master of Science in Information Management this June.





PULSE CHECK

Trust, Power, and the
Architecture of Care

Sarayah Brenda Obonyo

WHAT PATIENTS CARRY HOME



- Diagnosis
- Documentation
- The experience of being believed

BEFORE THE ILLNESS

Mathare, Nairobi, Kenya
Education as survival
Edmonds College
Transfer to University of Washington



AUGUST 2021



Pulled Muscle

5.3 cm ascending aortic
aneurysm

Major arterial blockages

Suspected Takayasu's arteritis

UNINSURED

Access
Scheduling
Response time
Safety



Chart errors
Conditions I did not have
Conversations that never
happened

**Documentation
becomes the patient's
story.**

**DOCUMENTATION
SHAPES THE
STORY**

Delayed follow up
Unanswered calls
Urgent conditions waiting



SILENCE IS ALSO A DECISION

ESCALATION

Email to Chief of Surgery
Two days later: new team
Emergency surgery scheduled
Advocacy became survival.



ADVOCACY IS NOT EQUAL

Complex care requires:

- confidence
- knowledge
- persistence

Not every patient has these.

A LIFE BEYOND THE CHART

Education

Associate's Degree in Physics

B.S. Informatics — University of Washington

M.S. Information Management — UW (June 2026)

Leadership & Service

Student Body President — Edmonds College

Informatics Senator — University of Washington

Patient Advisor — UW Medicine

PFCC Steering Committee

Impact

Founder, Breaking Barriers Foundation

Mentored 30 students of color to graduation

Recognition

Eisenberg Award

Social Impact & Social Justice Award

Women's Empowerment Award

Next Chapter

Responsible AI Implementation in Healthcare



CASE STUDY 1: EMERGENCY DEPARTMENT

Chart flagged: “frequent ED user”

Note suggesting drug risk

Narrative before the doctor entered the room.



PROOF



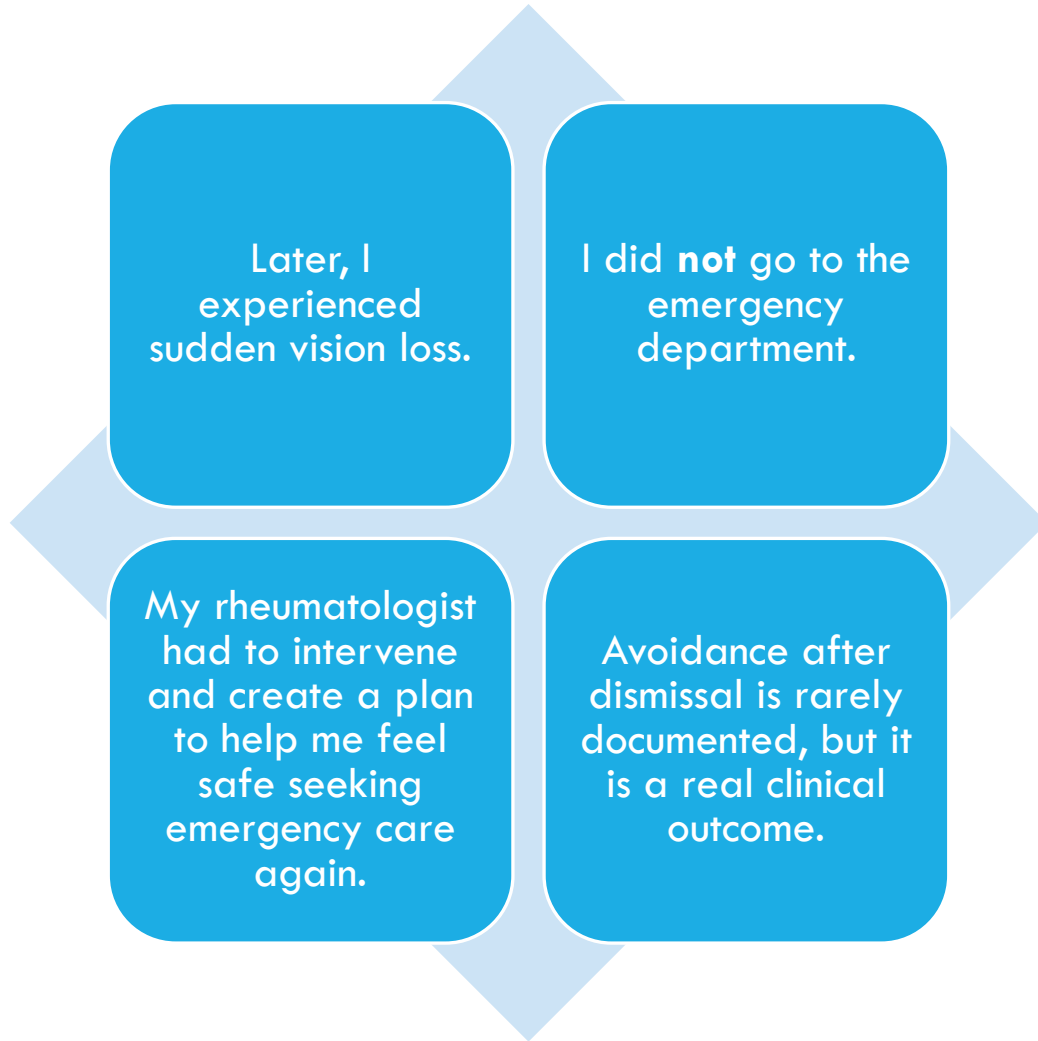
“I seem healthy.”



I showed my open heart scar.



The tone changed
immediately.



A REAL CONSEQUENCE

CASE STUDY 2: REHAB



“How can we support your future?”

DIGNITY- CENTERED CARE

Therapy
adjusted for
coursework

Evening study
space

Staff protecting
long-term goals

OUTCOME

Engaged patient

Continued therapy

Stayed in school

Master's graduation this June.

CASE STUDY 3: SHARED DECISION MAKING



Neurology
Primary care
Rheumatology



We think together.

TRUST CHANGES BEHAVIOR

Patients disclose earlier

Patients report symptoms sooner

Patients stay engaged

Trust is a safety mechanism.

Pain dismissed

Radiology documented AVN

Clinic note recorded normal findings



CASE STUDY 4: “IT’S IN YOUR HEAD”

WHAT THESE STORIES SHOW



The chart shapes perception.

Documentation shapes future care.

Trust determines whether patients return.

01

How do our systems
prime perception
before patients
speak?

02

How do we support
complex patients
who cannot
escalate?

03

How do we ensure
documentation
reflects reality?

QUESTIONS

POWER OF BEING KNOWN



Infusion every four weeks
Four hours in the same chair



Small attentions build trust.

THE ETHICAL STANDARD



Patients should not have to survive the system.



The system should carry patients safely.



Questions?

THANK YOU