

Transcript Details

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Conversations in Cultural Humility

Announcer:

Welcome to ReachMD. This activity, entitled “Conversations in Cultural Humility” is provided by Prova Education.

Dr. Taylor Lucas:

I remember when I was a new pediatric attending, working with residents and medical students, and just really trying to be the best doctor that I could be, but still not truly, honestly feeling like I belonged – until one of my residents came back and shared, “Oh, my goodness. Dr. Taylor Lucas, I’m so happy you’re here today. You’re going to make our patient so happy.” And I thought, why? What happened? And she said, “So, the young girl that came in told her mom before she came that she only wanted to see a Black female doctor.” And I remember smiling hard and laughing and thinking, “Oh, I’m so glad that I’m here today.” And the resident in training was a White female, and she was just sharing that the mother was just excited about the fact that her daughter was wanting to go to the doctor and leaning in on the cartoon Doc McStuffins, that she was able to really have her come in to her visit without being afraid. But in doing so, that was her expectation, and so I recall getting all of the information from the resident and then walking into the room, honestly in anticipation, but not in any way expecting that when I would walk into the room, I would be someone who could ignite joy in a young girl’s mind in one moment. I was able to see her joy on her face as she grinned from ear to ear. And she looked back at her mom and smiled and then looked back at me.

Dr. Vega:

That is an incredible story. This is ReachMD. I’m Dr. Chuck Vega.

Dr. Taylor Lucas:

And I’m Dr. Candice Taylor Lucas.

Dr. Vega:

Well, welcome everyone. We want to dive right in to our conversation today. Candice, that was a great story, a little girl who idolizes Doc McStuffins, and then seeing you, the actual personification of a character she idolized, sparking that kind of joy. That’s why we all go into healthcare. And we do see a diverse population that doesn’t always have the best experience in healthcare, doesn’t always have access to the best of healthcare, particularly when it comes to providers who understand their values and put the patient first. So maybe we could illustrate the concept of cultural humility and why is this example important?

Dr. Taylor Lucas:

That story still just – honestly, it makes me feel joyful, and it also reminds me of the fact that who I am and who I am within the social context that we all are existing in, that it matters. And that my identity matters, as does the identity of my patient. She identified as being both a Black female and a Mexican female; her father is Black and her mother is Mexican. And in that moment, though, I think the thing that resonated most with her was the fact that she could see herself in me. And that was definitely a gift. It’s not anything that you can create. It’s something that is authentic and that celebrates both the diversity of the broad communities we all care for as physicians and also our diversity as a workforce. And when our workforce is reflective of the communities we serve, not only are we physicians who are able to connect with and have conversations with our patients in ways that often feel natural and that reflect, really, an environment like if you’re going to the house of a family member.

But it also acknowledges just the small, nuanced value of literally being seen, of being heard, of having your own personal narrative matter. Your own personal experiences matter, and the patchwork of all of our unique experiences, all of our narratives really come to play. And in our moments as doctors, when we’re having these patient-provider moments – and it’s influenced as well by the systems that we’re a part of, the healthcare systems that we work with, the communities that we represent, the communities that we work in, and

the environment that we all are immersed in, and the sociopolitical climate that's even happening in any given moment. But one of the things that I have to say is it's just beautiful when leaning in on those moments when at least I personally have had racial concordance with my patient. It is an opportunity when you realize that not only does who I am matter, it matters because my patients, especially young children, are able to see me as someone that they can also be. And that is truly a gift.

But in clinical care, we're not always able to connect. It's challenging to be able to literally match every single doctor up by race with patients. But there is value that can result in increased partner-shiping and improved communication. But what that means is when that kind of natural moment doesn't happen based on a judgment of appearance or a knowledge of someone's background, it's just as important to be intentional in taking time to listen and to engage in willingly and willfully trying to understand our patients' stories. Because every person has a story in their lived experiences. They narrate the content of that story, and as doctors, we have the ability to listen.

Dr. Vega:

I agree with everything you're saying, and I feel really blessed to primarily see Latinx patients in our community health center. It's 90% or so of my practice, and I definitely see folks I know in my patients, from my family, from my community, and that helps a lot. I think it helps to create a bond. It helps to create trust, which is so important, particularly in communities of color, when working with healthcare professionals. It helps me to understand something about the values, the background, and what the goals are of my patients.

But I will say that, to speak to that non-concordance, that I learn so much from patients who don't share that background, who come from a different culture, who have a different race and ethnicity. It's really interesting, and it's such a privilege to really look at the totality of life through patients' eyes. So I always think that, especially when maybe it's a challenging case, I'm not making headway the way I want to in terms of my recommendations and guidance, I think of it as an opportunity, though, to see a different perspective. And maybe I will learn something that will help me along the way. And that's great for my professional life, but I think it is also very satisfactory just as a human being in a fairly stressful job. That way, I continue to learn and grow and avoid burnout.

I think there's some patient-centered results that are really worthwhile, and there's also some satisfaction I get, both from those sessions where I'm connecting but even when that connection is missed. But I think we want to talk about how do you actually make that connection and give our audience some practical lessons that can be helpful in terms of making that connection with patients. Do you have any tips in that area?

Dr. Taylor Lucas:

I love that you're asking this question, "How can we be better? How can we learn more from our patients?" And I think that the number one thing that we always need to do is acknowledge that we are continual learners. In a similar way to how we have the potential to grow in our field of expertise, we have a potential to grow as listeners and as individuals who are able to not only listen in the passive sense of listening, but to be active listeners who are genuinely interested in the well-being of our patients in ways that are demonstrated and not just said with words. Simple actions and stepping away from a computer to literally increase just moments of presence demonstrate value, and they shift the power dynamic that we hold as providers because we are in a place of privilege. And in theory, when anyone is coming into our clinic, it's important for us to think about it as if we're trying to invite them into a space that we want them to be in. And that comes from the moment patients enter the door all the way through the time when they're in our clinical room with us. And we can think about the images that we're portraying, the ability that we have to access just tools to translate and communicate in the diverse languages of the community that we're working with. And it also is extremely important for us to take time to just learn about ourselves. And I think the step one is to really be aware of our own biases, to be aware of actions that we may have or – they may be unintentional.

Even if unintentional, though, it can limit our ability to really just appreciate and demonstrate empathy and respect and really engender a relationship with our patients that fosters trust. Like, we often kind of end up in these places where time is crunched and we have a lot to get done and a lot of patients to see. But even with that awareness, allowing oneself to pause and validate and listen to our patients and to celebrate them, even when they're facing challenges, and to really explore what their stories are and to not make assumptions. Especially when we're developing care plans and thinking about when someone comes back and they aren't able to achieve whatever goals or regimens we outlined, to ask why, to explore why or what may have influenced that outcome. We're meeting each patient with that ability to not make assumptions that they're just not following plans or they're not listening. We're holding ourselves accountable to take time to listen and to take time to inquire and to take time to enthusiastically celebrate them as a human being with their own narrative.

And if I may just kind of share a specific example, I recently was caring for a family in the newborn nursery with limited English proficiency, and they spoke Mandarin. And I'm not fluent in Mandarin, and I used a translator. But in using the translator, the questions were being translated, but there was still something that was being missed. And that something was simply that baby, that patient's

mother was in pain. And in being in pain, she really wasn't able to do some of the things that her care team was asking her to do. In listening to her, even though I wasn't her doctor in that moment, I was able to speak up on her behalf and on her family's behalf and provide support for their family and for the child that I was caring for directly. But I had to take the time to ask and to open a door that allowed for that conversation.

Dr. Vega:

For those of you who are just tuning in, you're listening to ReachMD. I'm Dr. Chuck Vega, and here with me today is clearly a true expert in cultural humility, Dr. Candice Taylor Lucas. We're discussing ways to practice cultural humility, where we really get to understand our patients and their values and really place those first in our priority list when it comes to providing good care.

I totally agree with you, Candice, regarding the need for empathy and awareness and being in that moment and being a good patient advocate. One thing that I've found is that it sounds a little intimidating because we have limited time with patients. We have a long list of priorities that we want to address. And patients come in with their own list, of course, and we already talked – that list is really our first priority, right? So I try to do all those things – empathy, awareness, advocacy, small empathic statements – that show that you care about your patients.

If you're there in the moment with your patients and you're practicing this great cultural humility, you will become a strong patient advocate automatically. It goes beyond that as well, and we want to think about how can we advocate for our patients outside of our healthcare facility, whether it's a hospital or a clinic? Candice, do you have any advice for our listeners as to ways they can get in the community and maybe get to know some of the benefits and challenges their patients experience routinely?

Dr. Taylor Lucas:

I love that question and am so thankful that you also just spoke to really concrete tips that ground us in reality, what it's like, as providers, to really try to be the best we can be. But living and being in the communities we serve, it definitely adds additional value, and if we are able to just take a few minutes, even during a lunch break, to just walk around and explore and look around. Or even, honestly, now we have Google Maps, and you can just go on Google Maps and explore what resources are available around your community and even virtually drive down a street to look at, well, where are the local grocery stores? Where is the closest school? My patients sharing that they go to this location – where is that location? And how close is it to where our clinic or hospital is? And engaging in changing policy and partnering with leadership and administrators to even develop mobile services like health vans and clinics. And to partner with pre-health students from diverse backgrounds, whether entering into nursing, physician assistants, or medical students. Or for us at UCI, we have the LEAD ABC program, which stands for Leadership Education to Advance Diversity for African, Black and Caribbean Communities. And you, Chuck, are the director for PRIME-LC, or the Program in Medical Education for Latinx Communities. Partnering and engaging with diverse communities to have a better understanding and appreciation of what health means and what wellness means and how we can support and increase access and utilization of care is so crucial.

Dr. Vega:

From the micro with your individual one-on-one with patients to the macro where we're thinking about really taking a different approach to training healthcare professionals, I think there's so many different roads towards advocacy and, really, hopefully the audience feels inspired and feels like they have some tools now that they can use. Candice, do you have any take-home messages that you want to share with our audience?

Dr. Taylor Lucas:

I would love to just encourage our audience members to continue to want to grow and to really not see cultural humility as a destination, but to reflect on it as a continual and lifelong learning process, with appreciation of the fact that every single person has a unique cultural story that we can learn from. And in taking the time to really better understand who our patients are, whether it's over multiple visits or if we're aware in one visit, that that enhances our ability to really enable them to thrive.

Dr. Vega:

Well, thank you again, Dr. Taylor Lucas. Every time I speak with you, at the end of the conversation I feel about a thousand percent better and more hopeful. So thank you for being the tremendous human being that you are, the tremendous physician and advocate as well. I also want to thank our audience for listening in. Hopefully, you found this conversation helpful and inspirational.

Dr. Taylor Lucas:

Thank you, Chuck. This has been a pleasure.

Announcer:

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