Integrating Race Conversations into Healthy Patient-Provider Interactions

STORIES OF BIPOC EXPERIENCES WITH HEALTHCARE PROVIDERS

 Invalidating and undermining symptoms

 Unawareness of specific needs of BIPOC population

 Lack of differentiation of Latinx, African, and Asian communities

STORIES OF BIPOC EXPERIENCES WITH PROVIDERS

• Lack of knowledge

Lack of openness and curiosity

 Lack of engagement with BIPOC population concerns

 Generalization of diagnosis, treatments, and prognosis

BIPOC HEALTHCARE PROVIDER SHORTAGE

• Not enough health providers

• Most BIPOC communities see White providers

 Detrimental for BIPOC communities because there is a lack of cultural awareness and humility

 Textbook knowledge: Outdated/Falsified information

• Perpetuate stereotypes

NEED FOR CULTURAL COMPETENCE AND CULTURAL HUMILITY IN PROVIDERS

- Awareness & accepting patients lived experiences
- Knowledge/lack of knowledge

• Skills

• Openness and curiosity

• Open discussions about race with patients

CERTAIN ISSUES IN THE BIPOC COMMUNITY HEALTH TREATMENT

Culture/Ethnicity

• SES issues

Race

• Language

Diversified Mindset

- Interact with your patient with a diversified mindset
- Come in with an open/eager mind to learn from the patient's perspective/experience
- Ongoing attitude of "room to grow"
 Prevent a "one size fits all" approach
- Fosters conversation around race & diversity
- Ongoing assessment of your stage of cultural development

Diversified Mindset

- Learn about the BIPOC community
 - medical need
 - psychological needs from them
 - Untangling race and past medical traumas in certain BIPOC communities
- Textbook knowledge vs. interactive conversations with patients

REASONS FOR LACK OF APPLICATION OF THE DIVERSIFIED MIND

• Blame the system (i.e. I don't have time)

• Fear of offending the patient

• Fear of being misunderstood

• Unsure of what to say/how to start the conversation

What is your reason?

INTERPERSONAL INTERACTIONS IN HEALTHCARE

Patient-Centered Care

- Curbs hindering behavior such as technical language, frequent interruptions, or false reassurance
- Understands transference/ countertransference
- Understands the stages and functions of a medical interview
- Attends to health promotion/disease prevention
- Attends to physical comfort

- Understands and is interested in the patient as unique person
- Uses a biopsychosocial model
- Explores and respects patient beliefs, values, meaning of illness, preferences and needs
- Builds rapport and trust
- Finds common ground
- Is aware of own biases/ assumptions
- Maintains and is able to convey unconditional positive regard
- Allows involvement of friends/ family when desired
- Provides information and education tailored to patient level of understanding

Cultural Competence

- Understands the meaning of culture
- Is knowledgeable about different cultures
- Appreciates diversity
- Is aware of health disparities and discrimination affecting minority groups
- Effectively uses interpreter services when needed

Patient centeredness, cultural competence and healthcare quality. *J Natl Med Assoc*. https://www.ncbi. nlm.nih.gov/pmc/ articles/PMC2824 588. Published November 2018. Accessed March 16, 2021. WHAT DOES THE DIVERSIFIED MINDSET LOOK LIKE ON A DAILY BASIS? • What have you noticed are the needs of BIPOC community in healthcare provision?

• Have you ever asked a patient or are you just reading materials?

• Have you ever had a conversation with your patient about other topics outside of their clinical presentation?

PROVIDER RESPONSIBILITY

- Take the risk to bring up conversation around backgrounds, ethnicities, language, religion, and values
- Don't expect conversation to be initiated by patient
- Talking about race has become a taboo
 Discuss with mindfulness
- Accept that you may make a mistake
- Acknowledge when you have offended patients and take ownership over mistake
- Initiate the conversation of race from the beginning of the interaction

THANK YOU