



## Using SME to Communicate Asian Medicine with Patients and Allied Professionals

Recently I reviewed a bio physiology research paper and have included an abbreviated version of the abstract to demonstrate a challenge facing the care delivery profile of western allopathic medicine as well as Asian acupuncture and natural medicine. Here's the abbreviated abstract; Cellular  $\text{Ca}(2+)$  homeostasis is maintained through  $\text{Ca}(2+)$  transport molecules and  $\text{Ca}(2+)$  buffers and sensors. These molecules are associated with the plasma membrane. Cellular compartments, such as the cytoplasm, nucleus, mitochondria, and cellular reticular network, including the endoplasmic reticulum (ER) assist control of free and bound  $\text{Ca}(2+)$  levels in all parts of the cell. Any loss or reduction of nutrients/energy also reduces cellular homeostasis and disruption of  $\text{Ca}(2+)$  signaling in both the reticular network and cytoplasmic compartments. As an integral part of cellular physiology and pathology, this leads to activation of ER stress coping responses, such as the unfolded protein response (UPR), and mobilization of pathways to regain ER homeostasis.<sup>1</sup>

### The issue

A 2018 research paper from Sweden notes, patients' dissatisfaction with encounters and communication concerned all departments in the healthcare organization. Patients were most dissatisfied when they were not met in a professional manner and many of the patients reported a failure to receive an answer to their complaints. <sup>2</sup>

The modern healthcare system is overflowing with consumerism as patients consume large amounts of information. Providers and clinicians are inundated with science data and hospital administrators struggle with how to do effective patient care. It's clear that a care delivery model based on technology alone is likely void of enlisting the patient as a healing journey partner. Solutions on the horizon include translational research that capitalizes on each person's unique identifier (essentially) their unique immune system bio-makeup (neuroplasticity) in identifying cancer cell proliferation.<sup>3</sup>

### A framework for Asian biomedicine populations

Think of your unique identifier as the curious part of your nature that led you to learn Asian biomedicine, as well as your interest to seek clinical skill knowledge-based learning to improve clinical outcomes. These biomarkers are very different from a patient who lacks the curiosity to understand technically written research or the rich and abundant ancient Chinese texts that sustain you that help you grow and fulfill your unique destiny.<sup>4</sup> What is more likely, is the patient cares little about the information you find. Instead as a consumer of healthcare, they come to you with an issue

or healing goal and want resolutions to their health and wellness challenge. They've come to you because you are a subject matter expert and pay you their money to gain insight, reduce their discomfort and improve their health issue. Essentially your principal role is to guide them toward identifying their unique healing balance.

### Add CME to the conversation

In a blog post, Natalie Berigan Kuster from RFP360 notes that as a subject matter expert (SME), it's probably safe to say that your time is in high demand AND clearly the unique perspectives of subject matter experts are essential.<sup>5</sup>

Your advantage and the rich tradition and beauty of Asian biomedicine is rooted in the practitioner patient relationship. People want a provider they can talk to, feel heard by and most importantly understand. Providers who are skilled at this keep the patient committed to a treatment strategy. A key to these providers' success is their ability to empower the patients' participation. The better you are at gauging their SME skills the more you'll be able to encourage their unique SME healing role narrative. I think we can agree clinical outcomes are more robust as you help identify the patients' role in the healing journey, maintain open communication and empower the patient to partner with you.

### Meet the Patient Where They Are

Speaking SME language with a patient is very different from discussing a case with colleagues and medical professionals. To help the patient resolve their issue and find new solutions it becomes imperative to focus on building their unique SME language skills. The successful practitioner can identify an individual's SME lexicon and utilize that perspective to lift up and elevate the healing journey narrative. When you do this you'll naturally increase patient participation as you guide their unique SME role.<sup>6</sup>

### Moving Forward

As the lead SME principal your job is to narrate the healing journey story and your station requires you to use your SME credentials to empower the listeners unique SME role.

While your SME curiosity to research knowledge-based learning and wellness tools to reproduce robust clinical outcomes. Eager practitioners overwhelm a person with SME language before gaining their trust as a SME. The listener (as patient) quickly becomes confused, bored, or worse, gets angry and quits treatment by ending the healing journey goal.

Deborah Tannen explains that healthcare providers benefit greatly when they understand how a listener (as patient) hears, understands or comprehends a message.<sup>6</sup> It's not enough to be the only SME in the room since it does little to elicit meaningful communication messaging. One approach is to consider the patients SME knowledge and adjust accordingly. Keeping your SME language easy to understand will improve the patients SME healing role, organically expand their commitment and participation and organically elevate their healing journey story.

When you successfully build SME into clinic conversations, you invite participation from the patient and elevate clinical outcomes and patient satisfaction.<sup>4-8</sup> You know you're having success when the listener (patient) recognizes their unique SME participation role and you feel confident that your SME guided them toward envisioning new ways to solve their health challenge.

1. Krebs J, Agellon LB, Michalak M. Ca(2+) homeostasis and endoplasmic reticulum (ER) stress: An integrated view of calcium signaling. *Biochem Biophys Res Commun.* 2015 Apr 24;460(1):114-21. <https://pubmed.ncbi.nlm.nih.gov/25998740/>

2. Skär L, Söderberg S. Patients' complaints regarding healthcare encounters and communication. *Nurs Open.* 2018 Feb 26;5(2):224-232. doi: 10.1002/nop2.132. PMID: 29599998; PMCID: PMC5867282. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5867282/>

3. NPM1-mutated acute myeloid leukemia: from bench to bedside, Brunangelo Falini, et al. *Blood.* Volume 136, Issue 15, 2020. Pages 1707-1721. <https://www.sciencedirect.com/science/article/pii/S0006497120616470>

4. See the complete body of work by Lonie Jarret

5. <https://rfp360.com/subject-matter-expert/> captured on the www, 02-14-022.

6. See R. Hoffman Participatory Practice module 1 sections A-D. at [plaintalkpractice.com](http://plaintalkpractice.com)

7. See; Interactive Frames and Knowledge Schemas in Interaction *Social Psychology Quarterly*; 1987, Vol. 50 No.2, 205-216, Deborah Tannen, Georgetown University, and Cynthia Wallet, Florida State University).

8. Robert Hoffman "Reducing Allostatic Load & Stress Through Heightened Awareness"  
July 2018 Acupuncture-Today.