

# Using SME to Communicate Asian Medicine With Patients and Allied Health Professionals

Robert Hoffman, MSTOM

Recently I reviewed a bio physiology research paper; an abbreviated version of the abstract is included below 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 Ca(2+) homeostasis is maintained through Ca(2+) transport molecules and 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 Ca(2+) levels in all parts of the cell. Any loss or reduction of nutrients/energy also reduces cellular homeostasis and disruption of 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 that patients' dissatisfaction with encounters and communication concerned all departments in their health care 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 health care system is overflowing with consumerism as patients consume large amounts of information. Providers / 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, and help grow and fulfill your unique destiny.<sup>4</sup>

More likely is that the patient cares little about the information you find. Instead, as a consumer of health care, 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 SME to the Conversation

In a blog post, Rebecca Waller 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 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 each patient's 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 subject-matter expert, your job is to narrate the healing journey story and your station requires you to use your SME credentials to empower the listener's unique SME role.

While your SME curiosity helps 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 health care providers benefit greatly when they understand how a listener (as patient) hears, understands or comprehends a message.<sup>7</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 patient's SME knowledge and adjust accordingly. Keeping your SME language easy to understand will improve the patient's 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.

### References

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.
2. Skär L, Söderberg S. Patients' complaints regarding healthcare encounters and communication. *Nurs Open*, 2018 Feb 26;5(2):224-232.
3. Fallini B, et al. NPM1-mutated acute myeloid leukemia: from bench to bedside. *Blood*, 2020;136(15):1707-1721.
4. For more information, see the complete body of work by Lonie Jarret.
5. Waller R. "How to Be a Better Subject Matter Expert." RFP360.com: <https://rfp360.com/subject-matter-expert/>.
6. Hoffman R. Participatory Practice module 1, sections A-D. [Plaintalkpractice.com](http://Plaintalkpractice.com).
7. Tannen D, Wallat C. Interactive frames and knowledge schemas in interaction. *Social Psychol Quarterly*, 1987;50(2):205-216.
8. Hoffman R. "Reducing Allostatic Load & Stress Through Heightened Awareness." *Acupuncture Today*, July 2018.

JULY 2022