Cultural Humility Reflection

1) *What scripts have you projected onto others, or what scripts have been projected on to you in your life or clinical practice? How does identifying these scripts help you in your personal development, your relationships with colleagues, students, family members, or in your clinical practice?*

I studied criminal justice in college. The field of criminal justice centers most everything off statistics. They don't see a person as an individual, but rather group races together and see them as numbers and percentages. Coming from this background, I was heavily influenced by scripts. I didn't realize I carried these biases with me, from my time studying the criminal justice system. African Americans were overrepresented among persons arrested for nonfatal violent crimes (33%) and for serious nonfatal violent crimes (36%) relative to their representation in the U.S. population and compared to white citizens. After learning statistics like this and being forced to look at individuals as demographics, I realized that I projected my scripts onto others. While I try not to bring any prejudice into my clinical practice, being able to identify these scripts will help me moving forward. This will help me grow as a person and realize that everything I learned in school wasn't correct. Even scripts my family passed down to me weren't correct, and I can challenge those scripts every day in my role as a nurse. Projection does what all defense mechanisms are meant to do: keep discomfort about ourselves at bay and outside our awareness. Self-reflection is key.

2) *Who do you have in your professional or personal community who can challenge your scripts?*

In my personal and professional community, I associate with people from many walks of life. I am friends with people who were born in countries other than America, and who hold different perspectives from my own. It is always interesting speaking with them about the truths I hold and how they might see things differently. I try to be understanding of where they are coming from, but I also hope to help them challenge the scripts they hold. It is important for us as friends and colleagues to develop mutually beneficial and non-paternalistic clinical and advocacy partnerships within our communities.

3) *When is the last time you saw a movie or read/listened to a book about a patient or community group with whom you work and should know more about? How did it impact you?*

Recently I watched a movie about people struggling with substance abuse, incarceration, and mental illness. This is a population I was very familiar working with when I held a job in the criminal justice field. Often in my old role, I needed to discern when I was being lied to by my clients. I always assumed the worst in people because often I saw the worst of humanity, criminals. While I always knew reintegration into society was hard, watching this movie made me feel something I hadn't before. I felt empathy, but I also felt shame for not having approached my clients with this responsiveness prior. How could I serve as their advocate if I didn't truly understand their hardships. It opened my eyes to self-critique and made me aware of biases I held that I didn't realize I clung to.

4) *Have you witnessed a colleague have a script challenged by someone junior to them (i.e., student, colleague) get defensive or feel like the correction/observation was a threat to their identity?*

I believe the other day I witnessed this during the poverty simulation. I thought the exercise was invaluable and I believe the staff did as well. One of the med students in the class found the exercise triggering and unconstructive. The overall sentiment of other med students was that the learning activity was patronizing. The educators who were running the exercise listened patiently and held space for those who didn't agree with the activity. Apologies were made even though the intention wasn't to hurt anyone. None of the educators were defensive or felt they needed to protect their pride. It was a hard conversation to witness but it was handled with grace by the educators.

5) *Is there a patient of yours whose behavior you pathologized, or caught yourself before you pathologized the behavior of a patient or family?*

While I am still relatively new to patient care, I believe I was in the situation when I had my psych clinical. There was a patient who was talking to herself and suffered from schizophrenia. Often, I found it hard to work with patients who suffer from this disease due to their disconnect from reality. I immediately categorized her as one of these patients and didn't check in with her. Halfway through my shift she asked me if I would check in with her. I didn't mind talking with her, but I wasn't sure how to tether her back to reality if her hallucinations became too intense. I continued to have a very pleasant conversation with this woman, and I was able to help her work through some of her past trauma. Afterwards I felt terribly that I had been so quick to judge her based off her diagnosis.

6) *Are you in mutually beneficial relationships with community members you expect your trainees to learn from? Do they get paid to teach your learners, as you get paid to teach your learners (albeit not the same amount)?*

This is an area I would like to learn more about. I do not yet have trainees and am curious about some of the answers my colleagues will put here. I know there is a wage disparity, that is a given. I am curious to know what mutually beneficial relationship in a community are expected to teach with minimal pay. Unfortunately, I cannot answer this question as I have limited experience in this area.

7) *What role modeling and message are you projecting to your learners and the surrounding community of children in the racial/ethnic diversity of (or lack thereof) your faculty, your residents, your medical students? What are the implications of this "performance" and how are you working to transform that script?*

As a mother I am striving daily to impart wisdom on my son. I believe his generation can be one that is free from racial inequality. I teach love and not hate to him. I have brought him to the gay pride parade every year since he was little and socialized him with children of all racial backgrounds. It is important that we are aware of our own culture and its viewpoint and how it

may differ from others. While I am constantly self-reflecting and managing my scripts, I try to use what I have learned to teach my son. I am not afraid to admit that I am wrong, and I accept any questions he has about race and answer to the best of my ability. I am slowly transforming the scripts I hold and communicating what I find to the next generation.

8) *Does the racial/ethnic diversity of your make-up of your faculty, residents, and medical students confirm or contradict the script that we have confidence in patients from historically underrepresented groups to be partners with us in the therapeutic alliance….to be our teachers…to be experts in their own care…to be capable in patient-centered care, patient engagement, community engagement? How are you working to strengthen or transform that visible performance from last year's performance?*

I believe that patient-focused interviewing and care, versus physician-focused care, embodies cultural humility in that it does not automatically assume the physician has all the knowledge. The patients in this case are the experts and the ones who hold power. The physicians or nurses are not the experts of this situation, and thus it is important for patient and community engagement to be a priority. While caring for my patients I always look to them for answers and input. What do they want? What do they believe they can achieve? What is the most realistic for them? What does "good health" look like to them? These are the questions I ask to transform the care I am providing from the care of previous years.

9) *Can you identify institutional scripts that contradict your institution's or your spoken value for equity in patient care?*

I think that UC Davis does a really good job in providing equity in patient care. Currently I am at Kaiser, so I don't have much to say on my current institution. I have noticed a trend at kaiser to immediately say a patient is "drug seeking" if they are in pain. I cannot count how many times I have read in a patient's chart that they are "drug seeking" due to being in pain. Whether it be a patient fighting cancer, a patient in a car accident, or a patient with chronic pain. I have seen pain dealt with in horrible ways and often overlooked, as their behavior is chalked up to being "drug seeking". Often the patients are minorities, and label is slapped on entirely too quickly. I hope to transpose this script. I know the opioid epidemic is a concern but not treating these patients' acute pain is disheartening.

CONCEPTUAL ROADMAP OF WHERE TO START….
BY Jann Murray-García, MD, MPH

Historical and Current Challenges and Scripts of Race in America That Lead to Inequities in Health and Health Care

- **You don't have to work on all levels at once**
- **"Choose" a point of leverage you can/should focus on now**
- **Cultivate relationships at levels different than your own immediate sphere of influence**

Points of Leverage in Eliminating Racial Disparities in Health Status and Health Care