What's Right With You? Using strength-based approaches to empower patients, communities, and learners

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What's Right With You?

Using strength-based approaches to empower patients, communities, and learners

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Land Acknowledgement
Disclosures

• None
Today’s Objectives

• Demonstrate understanding of core tenets of strength-based approaches to health and how they relate to HSC education, practice, and scholarship

• Connect strength-based approaches to health to decolonization and undoing racism

• Discuss methods for becoming strength-based as an HSC in our teaching, clinical care, and scholarship
A bit about us…
Our Pillars of Medicine

• The want to reduce human suffering

• The want to make a difference in people’s lives

• A commitment to improving the health of our patients and community
Public perception of the healthcare system

• Mistrust

• Historical medical trauma

• Systemic racism and discrimination

• Healthcare as a business, rather than a service
Modern day healthcare dilemma

• More patients with multiple chronic health issues
  • Chronic pain, dietary disease, addiction, depression/anxiety, etc.

• Exacerbated by...
  • Misinformation
  • Social media
  • Predatory health industry/consumer products
So what are we currently doing to meet the needs of these patients?
Breaking down the clinical encounter

• Anatomy of the average medical visit
  
  • Opening
  
  • Problem presentation
  
  • History taking
  
  • Physical exam
  
  • Diagnosis
  
  • Treatment
  
  • Closing
The deficits model...

• Emphasizing the problem
  • Risk factors
  • Negative health behaviors
  • Abnormal labs
  • Abnormal exam findings
The deficits model… Use + Utility

• Good for dealing with ↑ acuity problems

• Useful in initial diagnosis of chronic health issues

• Aids in identifying parts of our lives that need change
The deficits model... Limitations

- Can be demoralizing + unmotivating
- Not always solution + goal-oriented
- Can damage patient relationship with the healthcare system
- Unsustainable
- Stems from colonization and racism → disproportionately effecting POC and those from non-western background
Deficit mapping...

32yo M with alcohol dependence, diabetes, homelessness presents with lower extremity cellulitis.

• This might pass as a presentation of a patient, but is this the whole picture?

• If you were the patient, how would you feel about this assessment?
Going from “what’s the matter?” to “what matters.”
Connecting with our patients

• The provider-patient relationship as a cornerstone of healthcare and the clinical encounter

  “Healing begins when patients and their physicians build trust”

• How can we build trust with our patients + get to know them outside of their deficits?
The strength-based approach

• Identifying + amplifying strengths, assets, resources to improve ones’ health
  • Asset-mapping > deficit-mapping

“focus on patients’ resources and preferred future rather than their histories and problems”
Examples of patient assets

• Family support

• Strong sense of identify, culture, or heritage

• Talents (innate + acquired)

• Education, acquired knowledge, or expertise

• Commitment to faith or religion

• Commitment to hobbies + passions
Application + Example:
Grandpo Arsenio A. Sanchez
Deficit mapping example...

- Low English proficiency
- Low educational attainment
- Non-compliant with health maintenance
- Stubborn
- Doesn’t share how/what he is feeling
- Geriatric
- Many chronic health conditions
Asset mapping example...

- Low English proficiency: Fluent in Spanish
- Low educational attainment: Former magistrate, county sheriff, + ordained deacon
- Stubborn: Determined + tough
- Non-compliant with health maintenance: Stays busy running a several 100-acre farm + ranch
- Doesn’t share how/what he is feeling: Humble
- Geriatric: Respected community leader + patriarch
- Many chronic health conditions: High level of functioning
Why use the strength-based approach?

• Using SBA in clinical setting has demonstrated improvement in:
  • Patient-provider communication
  • Medication compliance
  • Promotion of health-related behaviors

• The positive psychology of the strength-based approach
  • Acknowledging my strengths helps me to **flourish**
  • Acknowledging the strengths of others helps me to **connect**
  • Focusing on what the patient **CAN** do to improve their health
Why use the strength-based approach?

• Aids in building better trust and patient-provider relationship
  • Empower our patients by healing from within
  • Patients are experts in their own assets

• Changes the power structure and paradigm of healing
  • Patients are leading, we are following

• Prevent further medical trauma + begins decolonizing our care
  • Especially in disadvantaged/marginalized patients who are often labeled by disproportionately with deficits

• Prevent burnout + loss of joy in work
  • Rehumanizing the health professions + daily work

• Bring healthcare back to its core values
How can we use the strength-based approach?

• “What are my strengths?” screening tool

• Changing the way we begin our clinical encounters

• Self-reflection + understanding of our own strengths
Strengths screening tool

- Recent metanalysis identified 26 validated strength assessment tools currently being used among adult population
  - 12 used and validated in clinical settings
  - Emphasis on inner strengths, external strengths, personality constructs

Adults Needs & Strengths Assessment Tool:

- Family
- Social connections
- Optimism
- Talents/interests
- Educational
- Volunteering
- Job history
- Spiritual/religious
- Community connectedness
- Natural supports
- Resiliency
- Resourcefulness
How we begin our clinical encounters

“As we begin today’s visit, tell me…”

- What things are going great in your life?
- Where are areas that your health is flourishing at the moment?
- What are you grateful for?
- Tell me 1 thing you’ve done in that past month that’s made you feel like a healthier person.
Understanding our own strengths

• Connecting through similar strengths/assets

• Our own assets, abilities and talents are a great thing to recognize and grow throughout medical training...they might even become part of your healing work!
Let's revisit our deficit mapped patient...

32yo M with alcohol dependence, diabetes, homelessness presents with lower extremity cellulitis.
Lets revisit our deficit mapped patient...

32yo M with alcohol dependence, diabetes, homelessness presents with lower extremity cellulitis.

Raphael is a 30yo Dine’ artist. He is here today for on-going LE cellulitis in the midst of DM, ETOH dependence and homelessness. We have struggled to meet his needs in previous visits.
Breakout Activity

Scenario:
You are a patient with high blood pressure going in to see a healthcare provider.
Breakout Activity

Your provider begins the visit by asking you:

“What do you do for recreation?”

Discuss:

• How does this change your experience as a patient?

• How does this change your experience as a provider?

• How could this information impact your management of a patient with HTN?
May the Strengths be with you

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References


