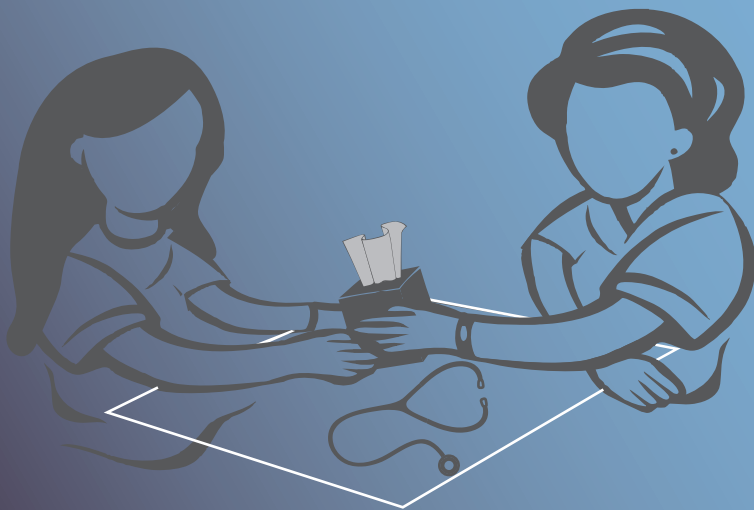


Communication Skills in Medical Practice No° 3

An audio-visual companion for health professionals
Communicating with the Psychologically Distressed Patient



Editor: *Basem Saab, MD*

Co-editor: *Jumana Antoun, MD, MS*

“Overall I thought that these cases exemplify the range of psychological problems encountered in primary care and provide a host of useful pointers and tips on how to deal most effectively with these challenging patients”

-*Professor Roger Jones*

Editor, *British Journal of General Practice*

Emeritus Professor of General Practice, *King's College London*

Communication Skills in Medical Practice

Communicating with the Psychologically Distressed Patient

Manual

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To a humane physician who made a difference in my life, to the late Dr.
Munir Shamma'a

Basem Saab, MD

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This work was not possible without the patience of Dina Mahmasani, who took long hours to film the three scenarios. Each scenario was followed by a commentary that was presented by Dr. Mario Ghanem. The musical piece, "Me and Myself", is composed by Sami Hawat. Mrs. Mirna Mahfoud followed several administrative matters.

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Basem Saab, MD

Introduction

Mental health problems are prevalent in primary care; yet they are under-recognized, a fact which leads to significant morbidity and higher service utilization. Due to the stigma of consulting psychiatrists and the ill-defined symptoms of mental problems, patients prefer to visit their primary care physician whenever they need a consultation.

Knowing that effective communication skills (CS) are of paramount importance in achieving better patient adherence to medication and in turn to health outcomes, acquiring good CS by health professionals is even more important when dealing with mental health patients. This reflects the core and importance of the audiovisual package at hand. The package depicts three different common mental health problems witnessed in primary care. By reviewing the content available, you will be able to examine various CS needed for interviewing psychologically distressed patients.

The first case describes an elderly patient who is brought in by his daughter to the primary care physician for the purpose of weight loss. The physician does not adopt the bio-psycho-social model, does not do any basic screening for depression, and ends up recommending a set of unnecessary tests.

The second scenario describes a university student who has problems with his academic achievement due to performance anxiety. The physician addresses anxiety by setting a plan of treatment consisting of medications and behavioral therapy. He uses a patient-centered approach, and the student ends his term with acceptable grades.

We advise facilitators to show two clips from the movie "Wit". The movie is available for free on YouTube (<https://www.youtube.com/watch?v=u0PPvY1GqL8>). The clips demonstrate poor and good examples of addressing emotions.

The third scenario deals with an adjustment disorder where a professor experiences a somatic symptom that might occur in anxious patients. The professor, who is anxious over the weekend upon assuming that a chest pain he felt is a symptom of a heart attack, calls his family physician on his mobile phone inquiring about the urgency of his case. By exploring recent changes in the life of the professor, legitimizing the symptoms, and giving a possible explanation for what is going on, the doctor avoids unnecessary workup as well as medications.

Soliciting the comments of viewers on the clips may help in assessing the knowledge of the learners. Evaluation is best carried out by role- playing or by interviewing real or standardized patients. Skills that should be adopted are set in bold type in the below interviews.

In this package, we did not depend on screening questionnaires to detect mental health problems. In case of further interest, you might discuss the evidence for using such tools.

Objectives

- 1- Demonstrate the ability to communicate effectively with patients with psychological distress.
- 2- Recognize nonverbal clues and somatic complaints that help in diagnosing mental health problems accurately.
- 3- Adopt the bio-psycho-social model.
- 4- Use the 5As strategy in behavioral interventions.
- 5- Explain to patients the brain-body relationship and its effect on mental health diseases.

Scenario 1: Missing depression

This is a 68-year old man brought in to the family physician by his daughter. He is unshaved and has a blunt facial expression.

Clip One

Dr.: Mr. Jaber, please come in. *(Smiles when she receives the patient and his companion)* Hello *(Shakes hands with the patient's companion)*.

Companion: Hello, doctor.

Dr.: Please come in. *(Salutes the patient)* **{Culturally accepted and appropriate greeting}**. Hello Mr. Jaber, how are you doing? Please come in.

Companion: Come on, sit down.

Dr.: *(Looks at the companion)* May I ask how are you related to Mr. Jaber?

Companion: I am his daughter.

Dr.: You're welcome. Mr. Jaber, how can I help you today? **{Does not ask what the problem is}**

Companion: Doctor, I'll tell you what's wrong. I have noticed that he has lost weight over the last three months, and he's been refusing to go see a doctor. Eventually, I had to drag him here.

Dr.: Drag him here! **{Facilitation}**

Daughter: *(talking quickly)* Yes, I have been begging him to come to see you for three weeks. He only came after I told him that I will stop visiting him or seeing him unless he accepts to seek medical attention.

Dr.: Ahuh. *(Pauses for few seconds)* **{Facilitation}** Mr. Jaber, why are you refusing to come over to the clinic?

Daughter: Tell her why you didn't want to come.

Dr.: Isn't the weight loss bothering you?

Mr. Jaber: *(hesitantly)* I am in good health, and I did not see the need to visit a doctor.

Dr.: It seems that your daughter is really concerned and worried. Do you mind if I ask you more about your weight loss? **{Directive open question}**

Mr. Jaber: *(Takes couple of seconds before responding)*. There is nothing to worry about. I have no pain.

Dr.: How much did you weigh before?

Mr. Jaber: I haven't weighed myself in 2 years.

Dr.: How much did you weigh back then? Do you remember?

Mr. Jaber: I think 82 kilograms.

Dr.: 82 Kg.

Daughter: But it's very obvious by looking at his clothes that he has lost a lot of weight.

Dr.: Ahuh, okay.

Please stop and comment

What more would you want to know?

Clip Two

Dr.: Do you have symptoms like nausea, diarrhea, vomiting, or fever? **{Confusing several questions at a time}**

Mr. Jaber: No.

Dr.: Do you go to the bathroom to pass urine more than usual or eat more than usual?

Mr. Jaber: No.

Dr.: Are you on any medication?

Mr. Jaber: I am taking one pill in the morning.

Dr.: Do you know the name of the medicine?

Daughter: I have the box, doctor. *(She hands him a box of hydrochlorothiazide).*

Dr.: Well, let me examine you now, and we'll talk afterwards. **{Did not summarize and did not explain what he will examine}**

(Patient and physician move to the examining table)

Physical exam findings were normal except for weight 75 Kg

Dr.: Mr. Jaber, except for your weight which is now 75 kilograms, I did not note any abnormality on your physical exam. At this point, I'll order some tests and a chest X-ray. *(Writes an order for CBC, ESR, FBS, electrolytes, uric acid, BUN, creatinine, TSH, FT4, FT3, and CXR).* I want you to do the tests and come see me in a week to discuss the results. It is important that you would be fasting for at least 8 hours. Do you have any questions?

Mr. Jaber: No, thank you.

Please stop and comment Were the lab tests indicated?

Clip Three A week later, the daughter visits the clinic alone.

Dr.: Where is your father? He did not come with you!

Daughter: He's at home, and he asked me to leave him alone.

Dr.: Do you have the blood results?

Daughter: Yes. *(She hands the doctor the results).*

Dr.: *(Examines the results)*

Daughter: Hope everything is normal.

Dr.: Those results are all normal.

Daughter: Oh. So then why is he losing weight?

Dr.: I suggest doing more tests.

Daughter: What? *(Change in facial expression and in an angry tone)* More tests? Why? We just did the required tests.

Dr.: You are right, but I'm afraid your father might have cancer either in the abdomen or the prostate and to discover this, we need to investigate through more tests and scans.

Daughter: *(Moves her arm in a questioning gesture)*.But...

Dr.: I'll give you a request for specific tests.

Daughter: More tests, Oh no!

Dr.: *(Hands the daughter a request for CT scan of the abdomen and pelvis, and PSA diagnostic blood level test)* A CT scan and some additional blood tests are needed. Let me see you once the results are out.

Daughter: Alright, what can I do?

Please stop and comment.

Are the lab tests justified and why?

Comment on the daughter's behavior.

Commentary

The physician has received the patient and his companion in a proper way. However, she adopted a biomedical approach. The doctor did not pick up on the nonverbal clues of this patient: his unshaved blunt face, his refusal to come to the clinic and his passive behavior during the interview. The doctor did not explore the social history. For instance, she did not ask the patient if he lives alone or if there is someone else at home. Later, she discovered that Mr. Jaber's wife died seven months ago, and he has been living alone since then although he spends the weekends with his daughter. His weight loss may be due to inadequate food intake that his wife used to prepare. As observed, the doctor did not ask questions to check for depression which is a common reason for weight loss in the elderly. Asking for low mood, appetite, insomnia, fatigue, social withdrawal and others are important in this scenario. Failure to do so leads to unnecessary workup.

Ordering an abdomen and pelvis CT scan as well as a CXR and a PSA are not necessary at this point. This scenario underscores the importance of taking a good bio-psycho-social history.

Scenario 2: Helping a patient with anxiety beyond clinic walls

Mr. Karl Labaki is a 20 year old university student.

Clip One

Dr.: Please come in Mr. Karl.

Patient: Hello doctor.

Dr.: Please have a seat... So tell me Karl, what brought you here today?

Patient: My problem is that I am not able to concentrate on my studies and my grades have become poor.

Dr.: Can you elaborate more? **{Directive open request}**

Patient: What do you mean by elaborate?

Dr.: What do you mean by "your grades are poor"?

Patient: I am failing two major courses; so far I got below 50% in both.

Dr.: Oh! Failing 2 major courses must have been really upsetting? I understand how you feel. *(Followed by silence)*. **{Building rapport by identifying patient's concerns and empathizing}**.

Patient: I am a junior student in computer science. I am failing my math tests. My average so far is around 68%. This average is too low to entitle me to continue my masters. My parents insist that I pursue graduate studies.

Dr.: I see. Do you have any idea why your grades are low? **{Exploring understanding/patient centered approach}**

Patient: I think the reason is the lack of sleep. I am not able to rest well. Another thing which might be affecting my performance is that I get nervous whenever I speak in front of others.

Dr.: When you say lack of sleep, what do you mean by that? **{Clarification}**

Patient: It takes me time to sleep, and if I were able to sleep, I can't sleep for a long stretch of hours. I wake up early in the morning and cannot sleep again.

Dr.: How do you spend your free time?

Patient: I used to be active in the scouts movement and I used to play Ping-Pong with my friends.

Dr.: Are you still doing that?

Patient: No, I am no longer interested in any of those activities.

Dr.: So tell me, how is your appetite?

Patient: It's good.

Dr.: How do you describe your mood? Do you consider yourself to be sad, happy, or anxious? **{Laundry list}**

Patient: I mostly feel sad and afraid as well.

Dr.: What are you afraid of?

Patient: I am mostly scared of the future to the extent that I sometimes get crying spells.

Dr.: When some people feel down, they wish they are not alive. Have you ever experienced that?

Patient: No, I don't think so.

Dr.: Ok, I have another question: did the idea of hurting yourself cross your mind?

Patient: In what way?

Dr.: Such as kill yourself?

Patient: *(adamant)* No, no.

Please stop and comment.

Clip Two

Dr.: Do you smoke or drink coffee?

Patient: Occasionally, I have a cup of coffee.

Dr.: Do you drink alcohol?

Patient: No, I don't.

Dr.: I'd like to confirm that whatever you discuss in here will remain confidential. I am obliged to breach confidentiality in case the information given to me jeopardizes the health of any person including yours. **{Assuring confidentiality which encourages patient to disclose information}**

Students at your age may like to experiment with drugs in order to improve their mood. Have you ever tried that?

Patient: No, I never did.

Dr.: I need to ask you another sensitive question about sex. *(Pause)* How is your sexual drive? **{Prepares patient for a possible embarrassing question}**

Patient: I have a problem in this respect, honestly.

Dr.: Have a problem? **{Facilitation}**.

Patient: I never had a close relation with any girl. I feel nervous whenever I encounter a girl. I also get a shaky voice and sweaty hands. I have a problem with this issue.

Dr.: Ahuh. Does this happen only when you meet a girl or in other situations as well?

Patient: I also get similar symptoms when I am asked to speak in front of other students or in front of people.

Dr.: I think I got a clear general overview of your problem. You have mixed feelings of worry and sadness. You have a lack of interest in activities you used to enjoy. You have a sleep problem as well as decreased concentration. You also feel uncomfortable when you meet a girl or when you are mingling with people in a social occasion. These symptoms have been going on for around 2 months. **{Summarizing}**. Would you like to add anything? **{Facilitation}**

Patient: No.

Please stop and comment

Clip Three

Dr.: Some people do not like to take medications; are you one of those? **{Exploring beliefs}**

Patient: I think no one likes to take medications, but I have no problem if it will make me feel better.

Dr.: You are right; I am going now to ask some questions related to your family. Whom do you live with?

Patient: I live with my parents, and I have a sister who works at a bank in London.

Dr.: How is your relation with them?

Patient: Acceptable with my sister. My father and I are on bad terms; things are worse with my mother.

Dr.: Worse with your mother? **{Facilitation}**

Patient: She keeps scolding me, stating that I am a failure. She is so authoritarian.

Dr.: Were you ever physically hurt?

Patient: My mother used to hit me.

Dr.: Does your mother have any health problems or any mental health problems? Is she on any medication? **{Multiple questions in one}**

Patient: As far as I know, she doesn't have any mental health problems. She takes a pill before going to bed to be able to sleep. And by the way, my father takes the same medicine to sleep.

Dr.: Do your parents work?

Patient: My mother used to teach; but she stopped working for around ten years now. My father has a firm that handles imported goods at the harbor.

Dr.: Ahuh. Before I explain my diagnosis and management plan, let me examine you; check your blood pressure, heart rate, and do a nervous system examination. **{Preparation for the physical exam}**

Patient: Ok.

Please stop and comment.

Clip Four

After the Physical Exam

Dr.: As you see, I carried out a detailed physical exam. The exam is normal. Let me explain to you what your problem is. First of all, all your complaints are real and bothersome.

caused, simply, by a chemical imbalance in your brain. **{Acknowledged that symptoms are genuine}**. This results in anxiety which in turn is leading to depression. I want to reassure you that this problem is very common and has an effective treatment. However, the management will not be restricted to medications. Medications are one part of the treatment. The other part consists of behavioral changes. I am also thinking about speaking with the math department chairman, if you have no problem with that, of course. **{Doctor thought beyond the clinic walls}**

Patient: *(Delighted)* What will you tell the chairman?

Dr.: I will tell him that your poor performance is due to a medical problem which we are currently treating, and we expect that it will get better within 3-6 weeks. I will see if he can postpone your exams for a period of 6 weeks. I hope by then that your concentration and performance will improve.

Patient: I would be grateful if you tell him so.

Dr.: Let's now discuss your treatment plan. I want to prescribe you two medications. The first will help you with sadness, decrease the anxiety and improve your sleep for sure. Yet, this medicine will take around 3-6 weeks to be effective. This is why I want to give you another medicine that allows you to sleep better and decreases the symptoms of discomfort that you get in class immediately. Do you have any questions? **{Checking for patient understanding}**

Patient: Are these nerve medications?

Dr.: Well, let me explain how these drugs work. Several diseases are caused by imbalances in the chemicals produced by our body. Diabetes is an example. Do you have an idea how diabetes develops? **{Checking patient starting level concerning prior knowledge}**

Patient: As far as I know, it is due to a decrease in a substance. I think it is called, *(thinking)* insulin?

Dr.: That is 100% correct. Diabetes is due to a decrease of insulin or lack of its effect. In your condition, what's happening is similar: *(doctor draws a brain, nerve, and shows the patient where the medicines act and what they affect. see figure page30)*. **{Visual aid}**

The brain sends out nerves that secrete chemicals that affect our whole body. If we have a decline in the concentration of these chemicals, we start having symptoms like the one you are experiencing: depression and anxiety.

Patient: The problem is that my parents will not approve these nerve medications.

Dr.: I am willing to talk to your parents if you want me to do that.

Patient: No, not now.

Dr.: No problem. These medications are not expensive; you may buy them out of your pocket money. **{Considering financial problems}** Like any other medicine, it may have side effects. You may get a dry mouth and constipation. You can manage this by drinking more water and by eating lots of fruits and vegetables. **{Preparing patient to side effects}** And of course, these side effects will improve with time. Do you have any questions?

Patient: No.

Dr.: Let me see you in two weeks. Till then, take Amitriptyline 25 mg half a tablet daily for four days before sleeping. If you find the tablet difficult to split in half by hand, use a knife. Afterwards start taking one whole tablet. At the same time, I would like you to start taking the other medicine: Alprazolam, which has a faster effect. I need you to take one tablet in the morning and another before going to bed. Do you have any further questions?

Patient: No.

Please stop and comment.

Clip Five

Two weeks later

Dr.: How are you doing today, Karl?

Patient: I am fine.

Dr.: Tell me, do you feel better after starting the medications?

Patient: Yes, but I started feeling little dryness in my mouth as you have told me. I managed the situation by drinking more water; I am now able to sleep better as well. I'm sleeping for 6 hours in a row.

Dr.: That's very good.

Patient: And I'm not having any insomnia. My feeling of fear decreased when speaking in public, and I was able to give a presentation without feeling scared.

Dr.: That's great!

Patient: However, I have a problem: the tremors are so obvious and this is terrible.

Dr.: Don't worry. We will be able to control those tremors in the future. Did you inform your parents?

Patient: No, not yet.

Dr.: Well, I talked to the chairman of your department, and he promised me to speak to your professors so that they will take your condition into consideration and put more weight on the coming exams and hopefully you'll be doing much better in around 3 weeks.

Patient: *(Delighted)* I'm very grateful doctor, how can I thank you?

Dr.: I hope you get better and your grades improve.

Patient: I hope so.

Dr.: Let's discuss further management. The Amitriptyline needs to be increased further to two tablets to be taken one hour before bed time, and we may have to increase it to three tablets later on. You will have to take this medicine for around six months while gradually decreasing the Alprazolam. Do you have any questions? **{Checking for understanding}**

Patient: *(Worried)* But, I am happy with the Alprazolam. Why should I stop taking it?

Dr.: I gave you Alprazolam as a start so you get relieved quickly. As we have previously said, Amitriptyline is expected to become effective after 3 weeks, and we can thus start tapering Alprazolam. Any person can develop tolerance and develop addiction to Alprazolam, and this is why you should not take it for long. That is, as time passes, you will need larger doses to feel the same effect.

Patient: It's your call, doctor. I will follow your instructions.

Dr.: Let me see you in two weeks. Next time, we will address the issue of fear while presenting.

Patient: Thank you so much.

Dr.: You are welcome. *(Doctor stands, smiles, and shakes hands with Mr. Labaki)*

Clip 6

Two weeks later

Dr.: Hello Karl, how are you doing?

Patient: I am ok.

Dr.: I am happy to see you again. How do you feel?

Patient: I am better but feeling a little sleepy in the morning.

Dr.: Can you describe the way you are taking your medications?

Patient: I take 2 tablets of Amitriptyline and one tablet of Alprazolam at bed time every night. In the morning and before going to the university, I take half a tablet of Alprazolam.

Dr.: Ok. Very good! As of today, you will decrease the Alprazolam to half a tablet at bedtime. This will hopefully decrease the problem of sleepiness. I now need to ask you something: when you say better can you give me a grade out of 100 where 0 is no improvement and 100 is complete improvement?

Patient: *(Taking few seconds thinking)* Umm. I think I am 60% better.

Dr.: That is very good. However, I'd like you to know that we may not be able to get 100% improvement. Our target is to make you function better so you graduate with an acceptable average. **{Setting realistic expectations}**. Tell me, in what sense have you improved?

Patient: Mostly, my sleep has improved. I am also concentrating more and I can study for a longer time.

Dr.: That's great!

Patient: I have an exam the day after tomorrow and I am well prepared for it. I am taking yoga classes which I think will help me relax. I also joined the Red Cross.

Dr.: That is excellent! Your active participation is important in managing your issues. **{Empowering the patient}** Physical activity would be of great benefit as well. Try brisk walking for half an hour and up to 45minutes five times a week. Walking will increase the levels of chemicals that improve your performance. Do you think this is possible?

Patient: I will give it a try.

Dr.: Excellent. I also have a suggestion that will help with the tremors. There is another inexpensive medicine, Propranolol, which you can take only as needed one to 3 hours before an exam or social event that requires public speaking. You can take one whole tablet or just half of it.

Patient: You mean I do not need to take it on daily basis?

Dr.: That is right. You take it only as needed. As we have said, one hour before an occasion.

Patient: Ok

Dr.: Here is a prescription for Propranolol (*writes the prescription*). Take half a tablet one hour before a presentation or any other social occasion. Do you have any question?

Patient: No.

Dr.: (*stands up, smiles, shakes hands*) Good luck on your exams, and I'll see you later, you are always welcome.

Patient: Thank you so much.

Mr. Labaki took 12 credits in the spring semester and 6 in the summer. During this period, he kept taking his medications. Mr. Labaki was accepted to continue his masters in France. It was not a reputable university, but he was happy with that.

Commentary

It is clear that Mr. Labaki was so cooperative and gave the doctor valuable personal information. This was accomplished by establishing a good rapport with the patient. The doctor explored the patient's perspective and beliefs. She also assured the patient that the information given is confidential. When the doctor asked the patient a sensitive question, she prepared the patient with an opening statement. The doctor here stressed on the psycho-social history and explored family issues.

The patient was found to have social phobia and depression. Though the diagnosis was reached based on history alone, the physician carried a detailed physical exam. This is important as it assures the patient and improves

the doctor-patient relationship. One should be aware of premature assurance or disclosure of diagnosis before obtaining adequate information.

This scenario also depicts the main principles for communicating with an adolescent. The physician explored several pertinent areas. She asked about issues pertaining to the home environment, activities, education, substance abuse, and sexual relations. She also asked screening questions about depression.

In terms of management, the doctor validated the patient's concerns and explained the value of the suggested treatment. She also notified the patient that full recovery may not be possible and that the main concern is to make him functional. The doctor anticipated possible side effects and specified the period needed for improvement. This helped improve adherence to treatment.

Another important issue in the management is flexibility and setting reasonable goals. The patient who had plans to complete his graduate studies in a good university in the UK accepted to pursue his education in a less reputable university in a different place. The student was also asked to consider taking a light load in the coming semester and make up for the lost courses in the summer.

Note how sensitive the doctor was to the financial status. She prescribed lower cost and effective medications which in general are better tolerated by younger patients.

Video clips from Wit: Addressing Emotions

Clip one (0:49:40-0:53:50)

An English professor who has end stage ovarian cancer tries to connect to the oncology fellow who is supervising the administration of the "strongest" experimental drugs. When she asks the fellow what he would say to frightened patients, he responds by posing a question: "of what?", and then he offers to run some tests for memory confusion. Even when his verbal response to the question (*if he misses people*) was yes, it was clear from his paralinguistic and body language that this is not true. This clip is a good example of an improper response to emotions.

Clip two (0:57:40-1:06:03)

The English professor at this point is losing control and is not sure of what needs to be done. The nurse names and acknowledges her quandary. The nurse confirms that this is not easy, hands her a tissue to wipe her tears, and brings the patient a fruit-flavored ice to ease her discomfort. To empower the patient, the nurse asked what the professor wants to do in case her heart stops. In this clip, one can review the proper skills needed when responding to emotions. To remember these skills, the acronym NURSE was developed to stand for naming the emotion, understanding, respecting, supporting and empathizing with the patient. It is very important to stay connected with the patient's feelings. When we are busy trying to cover a checklist, we tend to ignore the strong emotions that the patient expresses.

Scenario 3: Dealing with adjustment disorder

Dr. AK is a 48-year old university professor.

Clip One

On a Sunday morning (*day off*), the doctor received a call on his mobile.

Dr.: Hello

Patient: (*with an anxious voice*) Hello doctor. This is Dr. Karam. I am sorry I am disturbing you on a weekend. I am worried because of my chest pain. I am not sure if I should go to the emergency room.

Dr.: Why are you so worried? What are you afraid of? **{Patient centered approach}**.

Patient: I am afraid that this is a heart attack.

Dr.: OK. I understand that chest pain might be caused by heart attack. But let me ask you some questions before we jump into that conclusion. Can you describe the pain you are feeling? **{Open directive question}**

Patient: It is a pricking-like feeling over the entire chest.

Dr.: And when did it start? **{Closed question}**

Patient: Almost an hour ago.

Dr.: What were you doing when you first felt the pain?

Patient: I was watching TV.

Dr.: If I remember well, you do not smoke and you do not have diabetes, blood pressure problems, or elevated lipids. **{Clarification} {Too many questions-not good}**

Patient: You are right doctor.

Dr.: Did anyone of your close relatives die suddenly before the age of 50? **{Closed question}**

Patient: Not as far as I know.

Dr.: Well, it sounds like this pain is related to chest muscles and not a heart problem. Can you pass by my clinic at 3:00 pm tomorrow? Is that OK with you?

Patient: Sure; no problem.

Dr.: See you tomorrow at 3.

Patient: Excuse me doctor; do I need to take any medicine?

Dr.: If the pain is severe, you may take a simple pain killer for the time being.

Patient: Thank you!

Please stop and comment.

Clip Two

Appointment on the Following Day

Dr.: Are you still feeling the same today?

Patient: Right now I do not have any pain. Sorry for bothering you yesterday on a weekend. Honestly, I was so worried and you know how your fear increases when you are responsible for two kids.

Dr.: Your fear increases! **{Facilitation}**

Patient: Of course. If anything happens to me, I worry who will take care of my kids.

Dr.: This is a normal feeling. **{Legitimize concern}** When you felt the pain yesterday, you were watching TV.

Patient: Yes, I was watching TV.

Dr.: Were you eating then or did you have that feeling after a meal?

Patient: No, it was 11 am; and I had a light breakfast at around 8:30 am.

Dr.: Did the pain radiate to a specific place?

Patient: No, it was restricted to my chest.

Dr.: Are you having sleep problems?

Patient: Usually not, but recently I had some difficulty in initiating sleep.

Dr.: Do you feel dizzy?

Patient: Lately, I have been feeling dizzy, and I did feel dizzy half an hour after yesterday's pain symptoms.

Dr.: What do you mean by lately? **{Clarifying question}**

Patient: I mean for the past three weeks.

Dr.: How is your work?

Patient: I am able to go to my classes and advise my students. I go back home to see my children as soon as I finish.

Dr.: Have you recently experienced any change in your life? **{Background}**

Patient: My son was found to have a tumor in his spinal cord. Fortunately, this was a cyst but he is due for an operation.

Dr.: This must have been very hard for you and your wife. **{Empathy}** Other than the chest pain and the sleeping problem did you have other problems? **{Looking for other affect}**

Patient: May be I am more nervous than usual. I am also more at a rush, for instance I want to finish my work quickly so that I can get home as soon as possible.

Dr.: Let me examine you now. I will take your blood pressure and measure your pulse. I'll listen to your heart and lungs and we'll talk afterwards **{Prepared patient for physical exam}**

Please stop and comment.

Clip Three

After the physical exam

Dr.: Your exam is normal.

Patient: (interrupting doctor and speaking fast in a louder voice) What do you mean You mean I am just imagining that pain?

Dr.: NO, I did not say that. In fact your symptoms are real and genuine. Let me tell you what the source of this pain is. When the body needs to do any action, let's say if I want to move my finger, the order has to come from the brain via nerves that release certain chemicals. *(Dr. sketches an explanation model, see figure page 30)*

Under stress, the concentration of these chemicals becomes abnormal. This causes symptoms such as pain or shortness of breath. **{Visual aids may improve understanding and compliance}.**

Patient: How can I get rid of these symptoms?

Dr.: There is more than one solution. Right now I want to reassure you that you do not have a heart problem. Yet, I always prefer that men of your age do a few tests including cholesterol. We will check the results in three days and in our next interview, we will talk about what to do to relieve these symptoms. These are the tests you need to do (*hands the paper*), and let me see you in three days.

Patient: Thank you doctor.

Please stop and comment

Clip Four

Dr.: How are you doing today?

Patient: I am still getting this pain every now and then. After you told me that this pain is not related to my heart, the fear decreased.

Dr.: Today, we will be discussing possible ways to decrease these symptoms. Are you ready? **{Checking for readiness}**

Patient: Yes, go ahead.

Dr: Since you are able to carry your usual work, I am suggesting that there is no need for medications, and that we can resort to other solutions. Do you exercise on regular basis?

{Ask}

Patient: I used to jog, but I stopped several months ago.

Dr.: Why did you stop? **{Assess}**

Patient: I am lazy and the weather does not always help.

Dr.: I strongly recommend that you resume this activity. Brisk walking for 30 minutes five times a week may fix the chemical imbalance and relieve your symptoms. **{Advise}** You may also want to consider investing in a machine to exercise at home if the weather is not convenient.

Patient: I will try my best to resume working out.

Dr.: You also told me that you once got nervous and felt dizzy.

Patient: That's true. I have encountered that several times.

Dr.: I will teach you a breathing exercise that you can apply when you feel such symptoms. Take a deep and slow breath in over four-five seconds; keep it in for four-five seconds, and then get it out slowly. *(Doctor shows how the breathing exercise is carried out)*. **{Advise}** Is it clear? **{Checking for understanding}**

Patient: It is clear.

Dr.: Can you go ahead and demonstrate it? **{Application}**

Patient: *(demonstrates correctly)* I breathe in over five seconds, keep the breath in for five seconds, and then breathe out over five seconds.

Dr.: OK. There are other ways to help reduce those symptoms. Take this booklet. Please read it, and let us discuss it next time. *(Hands patient an educational booklet on stress)* **{Arrange}** Do you have any question?

Patient: No. Thank you.

Dr.: Then, I will see you in two weeks. *(Dr. shakes hands with the patient)*

Please stop and comment.

Clip Five

2 weeks later

Dr.: Good to see you! How is your child?

Patient: Jad is doing much better. He had the operation three days ago. He is now recovering and will be back to school soon.

Dr.: I am happy to hear that. Tell me about you.

Patient: I feel much better. I started exercising; I hope to keep it up.

Dr.: That is great! Did you have any chance to read the booklet I gave you?

Patient: No, not yet, I was so busy with my work and preparations for Jad's operation.

Dr.: That is fine. As expected, your symptoms were due to the stressful event you were experiencing. Following the recommendations in the booklet will help you relax from now on, and remember that exercise is very important. Do you have any question?

Patient: No, thank you!

Dr.: Then, I will see you at your regular annual checkup.

Patient: Thank you. *(Shakes hands with the patient)*

Commentary

To reach the diagnosis of adjustment disorder with anxiety symptoms, it is important to adopt a bio-psycho-social approach. It was a good thing when the doctor explored recent changes in the life of the patient. Even when it was clear to the physician that this patient has anxiety symptoms, he performed a thorough physical exam and explored for possible organic reasons. The physician did well by showing empathy and legitimizing the patient's concerns.

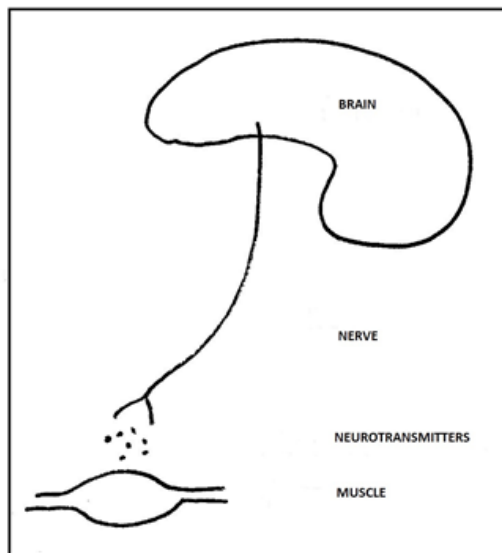
Note also that the doctor gave a physiological explanation for the symptoms in a clear and simple way. By drawing a sketch and giving a verbal explanation, the physician clarified the reason behind the symptoms.

Scheduling another appointment within a short period of time imparts the message that the doctor cares and takes the patient's symptoms seriously. An appointment within 1-2 weeks of the initial visit is also important to reinforce the information given and enhance the patient's adherence.

Try to avoid raising many topics when communicating with a psychologically distressed patient especially during the first interview. Patients with anxiety or depression have decreased concentration and find it difficult to absorb more than two concepts at a time. This is why the first visit dealt only with the cause behind the symptoms and the immediate steps needed to handle the situation.

The doctor realized that the symptoms did not affect the patient's routine activities, and based on that, he did not rush to give the patient a prescription for a tranquilizer. This is a behavior to be commended. By doing so, the doctor avoided irrational prescription and eliminated the possibility of drug dependence. In fact, he started non-pharmacologic therapy, and he used the 5As to encourage sports as a way to decrease stress.

Figure: Visual aid that explains the body mind relationship in mental health disorders.



Communicating with the Psychologically Distressed Patient

Script: Basem Saab, MD

Actresses/Actors:

Manar Chalak, MD
Joseph El Khoury MD
Ramzi Khaddaj, MD
Nisrine Makarem, MD

Fadila Najj, MD
Nour Sawwah
Karl Seif

Commentator: Mario Ghanem, MD

Film Director: Dina Mahmasani

Cover Design: Tania Araj

Music: Sami Hawat

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