Immediate Application of Knowledge Gained: From Journal Article to Improved Patient Care—Important Patient Clues Trainees May Be Missing

One of my patients canceled, and I had a few minutes to spare before the next appointment. As an interventional pain medicine fellow, I thought I would use this time to read. I looked up a popular pain journal, and the first article was "What's in a Name? The Case of Emotional Disclosure of Pain-Related Distress."[1] Just as I was about to start reading I was informed that my next patient was ready.

The patient's appointment was a follow-up visit, but I was seeing her for the first time. She was a young, stay-at-home mother of 2 children who was following up for low back pain that continued to persist and flare up every time she lifted her infant child. I had read the prior note, which mentioned she was an avid runner.

A magnetic resonance imaging of her lumbar spine completed a month ago showed a pristine lower back with no obvious pathology. Based on her story, coupled with my physical examination, it was clear she was dealing with a muscle-overuse issue, either a strain or myofascial-like pain. As she was telling me about how her pain had significantly affected her ability to run, she suddenly burst into tears, saying, "I'm so sad that I cannot run every day anymore because of my pain, and it's so frustrating because running is what makes me feel good about myself." I sat there and listened, doing my best to showing empathy for her situation. After a few minutes she stopped crying, and we ended the visit with a plan of action on a positive note.

When I returned to my office, I finally had time to read the article I had selected earlier. It is rare to have a direct correlation between a journal article and a patient, but the reading increased my knowledge about the relationship of pain behavior and emotional disclosure and pain-related distress. I had not initially known that I had been on the receiving end of such a disclosure with my patient.

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Emotional disclosures of pain-related distress may be identified by language, emotional content, facial expression, tone, and/or body language.[2] My patient had verbalized an emotional disclosure by using the words "sad" and "frustrated" to describe her pain-related distress. The article noted: "In the case of pain, the inability to engage in valued activities because of pain and the loss of reinforcement from activities due to pain may elicit a variety of reactions including emotional distress and behaviors such as emotional disclosures of pain-related distress."[1(p884)] For my patient, her inability to run, and the subsequent loss of positive reinforcement, resulted in an emotional disclosure of pain-related distress.

Being on the receiving end of my patients' emotional disclosure, I have learned that the most beneficial responses are those that include emotional *validation* of patients' pain-related distress and reinforcement of the valued activity.[1] It is imperative that, as a provider, I need to be cognizant that I am receiving my patient's emotional disclosure, and I must also choose my response carefully. In this specific case it entailed validating the disclosure, along with providing encouragement and reinforcement of her running.

Residents and fellows are at a unique point in their professional development, in which they have the opportunity to interact with patients in a variety of environments, such as the clinic, the inpatient floor, the operating room, and other areas. Most of the time, it is trainees who have more time and a more personal relationship with patients. As such, patients may provide them with clues about their current state, including emotional disclosures. It is imperative that we as trainees are cognizant of these disclosures in order to be able to recognize them and respond in an appropriate and effective way.

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References

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