

## CASE VIGNETTES IN THE EXTENDED CONSULTATION

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## ABSTRACT

**Case vignettes help us recognise situations, understand concepts, and achieve mastery in formulation of reasons for encounter and integrative interventions in the medical consultation. In this paper, we present 6 case vignettes based on real consultations to illustrate concepts in the extended consultation. The aim is to provide the reader with opportunities to share real world experience, albeit summarised, of incidents encountered in practice. The reader will recognise situations that can be linked back to concepts of the extended consultation, and also in the processes to achieve the beginning steps towards mastery in formulation of the patients' reasons for encounter and integrative interventions in the medical consultation.**

**Keywords: Reasons for encounter; integrative interventions; reflective communication; extended inquiry; problem work; pattern work; presence work; existentialism crisis; disruptive communication; Columbo.**

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## INTRODUCTION

Case vignettes provide real world albeit summarised contents of incidents encountered in practice. They help us recognise situations, understand concepts, and achieve mastery in formulation of reasons for encounter and integrative interventions in the medical consultation. In this paper, we present 6 case vignettes based on real consultations to illustrate concepts in the extended consultation. Table 1 provides a framework of extended consultation concepts to guide the reader.

I-INTERACTIVE ROLES IN THE EXTENDED HISTORY<sup>1</sup>Case 1 — Consultation Roles in the Internet Epoch<sup>2</sup>

A sixty-year-old man's chief complaint was that he could have leukaemia. He arrived at this conclusion as a result of information picked up from the Internet as he had had loss of

Table 1: Framework of the Extended Consultation Model		
EXTENDED CLINICAL METHODS		
Extended History	Extended Examination	Extended Investigation
Interactive Roles tool-set	Extended Communication tool-set	CAR-ACE tool-set
<b>ICE-ICE Interactions</b>	Modes, phases, channels	Clarifications
Ideas	Unusual grammatical forms	Assumptions
Concerns	Discrepancies & disruptions	Reasons
Expectations		
<b>Therapeutic Roles</b>	<b>Extended Reflections tool-set</b>	
Comforting - Challenging	Validation, Tracking, Pacing	Alternatives
Detached - Engaged	Affirmation, Empathy, Sympathy	Consequences
Expert - Collaborative	Mirroring, Modelling, Metaphors	Experiencing
FORMULATION STRATEGIES		
Assessment tool-set	4Ps Formulation tool-set	SBAR Formulation tool-set
Timeline of salient events	Predisposing	Situation
Genogram	Precipitating	Background
R.O.A.D.S.	Perpetuating	Assessment
Readiness to Change	Protective	Recommendation
4 Ps PSYCHOSOCIAL WORK		
Problem Work on Situations	Pattern Work on Stories	Presence Work on States
Cognitive Behavioural work	E.A.R. to past	Now in Time
Problem solving work	E.A.R. to future	H.E.R.E. in Space
Positive Work on psychosocial Stances		
Pleasant, Engaged & Meaningful life; Positive spin to Pattern, Problem & Presence work; Positive hygiene		

weight and fatigue for some months. When clarification of his symptoms and the basis of his assumptions were sought, he cited Dr Oz, host of a popular US talk show, as his authority. Abdominal examination was normal. What was significant, though, was that he was a diabetic who had defaulted treatment for months!

He had been started on metformin following diagnosis 6 months earlier. However, as he had complained of gastric irritation after reading on the Internet that it was a common side-effect, another doctor switched from metformin to acarbose. He subsequently defaulted on treatment as he did not want to pay for the later more expensive drug. The history was extended to understand the ideas, concerns, and expectations (ICE) of both doctor and patient in the previous encounter when metformin was replaced, to the present encounter when not taking any diabetic medicine and poor control were identified as the cause of the reason for the encounter. The therapeutic relationship in the present encounter was engaged, collaborative, and empathically challenging as opposed to the detached, expert, and comforting stance taken in the first consultation. Extending the history by paying attention to the interactive roles was thus therapeutic. The patient agreed to be put back on a trial of metformin. He tolerated it well on review a week later and regained some weight when reviewed 3 months later.

## Discussion

The patient came with the idea that his symptoms were due to "leukaemia", citing Dr Oz as his authority. His concern was that we would do the blood tests that Dr Oz had counselled and his expectation was that we would comply. Our idea, however, was that he had uncontrolled diabetes that needed to be treated; our concern was that he should take the appropriate anti-diabetic medication, and our expectation was that he should comply. But then there was the stumbling issue of cost.

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We thus went out of the box to confirm that the allergy to metformin was not valid. The outcome was therapeutic as the patient accepted the challenging, engaged, and expert roles we (the doctors) assumed. The previous doctor who replaced metformin with acarbose had assumed a comforting stance to assuage the patient's fears that had resulted from his Internet searches, but that proved counter-therapeutic — his comforting stance was defeated by the cost of the new medication.

Table 2: ICE-ICE Interactions		
Previous consultation	Patient's worldview	Therapeutic stance of the doctor/action
Idea	Metformin may cause gastric problem	Comforting
Concern		Assuage patient's anxiety
Expectation		Changed medication
Present consultation	Patient's worldview	Therapeutic stance of the doctor/action
Idea	May have leukaemia	Challenged misconception
Concern		Uncontrolled DM
Expectation		Took expert role

## 2-REFLECTIVE COMMUNICATION IN THE EXTENDED EXAMINATION<sup>3</sup>

### Case 2 — The Non-compliant Boat Captain's Epiphany

Osman, a 55-year-old Malay man who has poorly controlled diabetes mellitus has a lackadaisical attitude towards medicine compliance. Dr Tan, on noting that he is a boat captain, chose to engage him in a conversation on his occupation instead.

*Dr Tan: Incheh (Malay for uncle), I see in your medical records that you are a boat captain. What does a boat captain do?*

*Patient:* I am in charge of a bum-boat ferrying people from Clifford Pier to Pulau Bukom.

*Dr Tan: Wow, that is a responsible job. Tell me more?*

*Patient:* I am responsible for my passengers' safety, for example, my passengers must know where to find and how to put on life vests if I sound the emergency siren.

*Dr Tan: What else?*

*Patient:* And yes, making sure that the boat is in tip top condition. I have to check the boat every morning before I start — checking the diesel tank is full, the batteries are charged and the engine is running smoothly.

*Dr Tan: That's a lot you have to do.*

*Patient:* That's not all. Every month, I have to get the engine serviced, the propellers and side of the boat cleared of shells (barnacles).

*Dr Tan: How about licenses?*

*Patient:* Very troublesome, the port authority people, boat must go for check-ups and get certificates, otherwise gantung (take away) licences.

*Dr: Yes, so troublesome — so don't do, can or not?*

*Patient:* Cannot, one of my friend's boat stalled in the middle

of the sea and when it was found that he did not do proper checks. He was fined and then fired.

*Dr Tan: (Silent but stayed connected with patient. After about a minute, the doctor flashed an enigmatic smile at the patient.)*

*Patient:* (Returning the smile) Ok, doctor, I know what you mean. I take care of diabetes. I take my medicine, control my diet and come back for checks.

## Discussion

Epiphany may be defined as “a moment of sudden and great revelation or realization”. Such experiences can occur through skillful conversation using questions to elicit answers towards a revelation. This consultation with a Malay boat captain, who was non-compliant with his diabetes treatment illustrates how the doctor may surreptitiously pace and then lead the patient by the use of **metaphor** to segue into his intuitive channel. The patient's buy-in was achieved by his description of how he proudly maintained his boat and the admonishment of his friend, who lost his bum-boat licence through neglect. In an epiphany, the patient realizes that the conversation is about what he must do for himself.

This therapeutic conversation by-passed the rational defences of the tidak apa (Malay for lackadaisical) attitude he initially put up to communicate with his intuitive mind. The “**Columbo**” **technique of disruptive communication** was used to engage the patient. This technique consists of friendly banter about a related topic of interest, in this case the patient's job. The strategy is to create a disruption suddenly (such as silence or a question) and catch the patient off guard to respond in what is the truth. In this case just as he was revelling in the doctor's attention, the epiphany was sprung on him when the doctor suddenly stopped talking and kept a prolonged silence to evoke therapeutic insight.

## 3-CAR-ACE INQUIRY IN EXTENDED INQUIRY & PROBLEM WORK<sup>4</sup>

### Case 3 — Old Man in Chinatown

Dorothy, a second-year undergraduate, went to her family doctor for help as she was too distraught emotionally to take her final examinations. The family doctor knew her family well. Dorothy's father physically abused her mum for years. The violence increased after dad withdrew his CPF monies a year earlier and acquired a mistress, a young woman from China. Dorothy and mum obtained a PPO (personal protection order) and moved away. Dad attempted suicide after his mistress also dumped him. The family was then reconciled but Dorothy became dysfunctional in her attempt to keep peace at home as the “parental child”.

Dorothy became hysterical when her dad asked her to accompany him to Chinatown to see an old man there as she suspected that her dad must be involved with the Chinese mistress again. However, using the extended CAR-ACE inquiry, her family doctor clarified with her that she has no evidence to prove her assumption and that there may be an alternative explanation.

Subsequently, Dorothy, her father and her mother (who asked to go along) visited the old man in Chinatown. The story of how her father had met the old man on a rainy day turned out to be true and the trip was to return a borrowed umbrella. This was related during her next consultation with the family doctor. It was clear to Dorothy the thought of the Chinese mistress was a negative automatic thought arising from the cognition distortion about her father, his Chinese mistress, and Chinatown.

### Discussion

The CAR-ACE extended investigation tool was used to clarify how Dorothy knew that the old man in Chinatown was a friend of the Chinese mistress (see Table 1). The use of in-vivo experimentation, for Dorothy to go along with her father, allowed her to discover her cognitive distortion.

## 4-FORMULATION OF FACTORS IN THE EXTENDED CONSULTATION<sup>5</sup>

### Case 4 — Steroid-fearing Mum of Child with Eczema

Mrs Sng brought her three-year-old daughter Ann for a second visit, three weeks after Dr Tan had diagnosed atopic eczema and prescribed a moisturiser and a steroid cream. The eczema was worse than before, with scratch marks and secondary infection as Mrs Sng had not applied the steroid cream after reading on the Internet the many side effects of topical steroid creams. Further, Ann was scratching incessantly, especially in the evenings if Mrs Sng came back late from work.

Based on the formulations of the issues, behavioural work was done — firstly on stimulus control of the itch at nightfall by getting Mrs Sng to pre-emptively call Ann whenever she was late and, secondly, contingency management by not rewarding Ann's attention-seeking behaviour. Reflective communication tools were also used to dispel Mrs Sng's unwarranted fear of applying the steroid cream.

### Discussion

The 4P formulation tool set of Predisposing, Precipitating, Perpetuating, and Protective factors was used to understand and provide the explanation of the daughter's behaviour. Mrs Sng accepted the doctor's explanation and this was the basis for her acceptance of the recommendations given to her (see Table 3).

Table 3: Formulation Strategies	
Formulation	Recommendation given to Mrs Sng
Predisposing	Not applying steroid cream as instructed
Precipitating	Ann anxiety triggered as mum late in coming home
Perpetuating	Scratch itch cycle and reward for scratching
Protective	Mrs Sng agreed to take advice

## 5-PATTERN WORK<sup>6</sup>

### Case 5 — Never-good-enough Salesman

Jim, a 26-year-old salesman consulted his family doctor because of work stress. He said that he was able to cope with his own work, but as his department's sales were poor, he worked extra hard on behalf of his colleagues to bring in the sales. Jim had a similar situation while a recruit in the army as he even dug trenches on behalf of his platoon mates after quickly completing his own chores. Despite that, he was not chosen for the officer cadet course.

As Jim had symptoms suggestive of a panic attack, Dr Tan recommended medical leave which Jim refused, saying that all he needed was some medicine. He felt the need to work harder than others, citing the example that his two elder brothers went to university while he could barely qualify for the polytechnic. When Dr Tan asked Jim why he felt so, he broke down and revealed that he felt he was never good enough. Jim revealed that as a young boy, he overheard his mum telling his aunt that he was not as clever as his older brothers and mum would not expect much from him. As a result, he believed that he got by because of his hard work.

Dr Tan told Jim that this story of himself as being never good enough was not necessarily true and pointed out to him his many positive attributes. As this never-good-enough story of Jim's was creating issues of self-esteem and maladaptive behaviour, Dr Tan gave him a day's leave and an appointment to come back for counselling.

### Discussion

In this 5th case vignette of Jim, the "never-good-enough" salesman, the family physician who had the advantage of knowing the patient through salient situations such as his experience while serving national service, extended the consultation by reflective communication and "CAR-ACE" inquiry.

By extending the examination and investigation to the mind. Dr Tan elicited the pattern of further situations of Jim feeling not validated in spite of doing his utmost best. This led to a catharsis when Jim revealed the traumatic moment in his childhood when he overheard mum denigrating his worth. He unconsciously aligned disparate subsequent salient events as a continual problematic story of being "never good enough". He internalized the recent work stresses with the same theme and thus developed panic attacks.

With this formulation and insight in an extended consultation over subsequent encounters, Dr. Tan did presence and problem work to address the panic attack before commencing on pattern work. The tools of "EAR" in pattern work can be used to address the problem-saturated story of the past, viz. eliciting the salient problematic situations, aligning them to show a pattern of the problematic story of 'never good enough', deconstructing the story before realigning the story using the tools of the 4 Rs of reconstruction viz Re-Membering, Re-framing, Re-authoring and Re-telling.

## 6-PRESENCE WORK IN EXISTENTIAL CRISIS<sup>7</sup>

### Case 6 – Panic Attacks and Depression

A 70-year-old Chinese man, the boss of a hardware business set up about 30 years ago, presented with symptoms suggestive of panic attacks 6 months earlier and with recent symptoms suggestive of major depressive disorder. He had consulted a psychiatrist who prescribed medications for him but he did not improve.

He consulted his family doctor about his ailment and admitted that the distress was because his 30-year-old son who was in the business until 6 months before, had left to fulfil his aspiration to be a teacher. With extended consultation, he realised that even though his son was not taking over, they still had a very good relationship and he could work towards winding down the business. With this epiphany, he recovered his composure.

### Discussion

In this 6th vignette, the extended tools of interactive roles, reflective communication, and CAR-ACE inquiry provided an understanding of the patient's life crisis.

In the formulation based on the psychosocial data elicited, the assessment tools of genogram and timeline were crucial. His life story of successfully building up the business, his hope that his only son would take over and his dejection on realising that his dream was dashed led to the existential distress. Presence work using the humanistic tool of unconditional positive regard by his family doctor with whom a relationship had been developed through time, provided the backdrop upon which the tool of "ROADS" was used to provide therapeutic insight.

Mr Tay realised that the father-son **relationship** was still good. The son joined his company for some years after graduating despite being passionate about teaching and not business. The **order** of his family and life was healthy — his relationship with wife and son was nurturing. There was **agency** as the business was still thriving and he was in control of its direction — whether to down-size the business or to sell it when he felt the strain of age. The givens of life **development**, the inevitability of being less involved in the business he had successfully built up was broached using the metaphor of sunrise followed each day by sunset. In the extended consultations of subsequent encounters, Mr Tay thus realised that his sense of **self- and family identity** was intact and need not be disrupted. The true meaning of the son not willing to take over his business was thus accepted. As Irvin Yalom wrote in *When Nietzsche Wept*, "Every person must choose how much truth he can stand."<sup>8</sup>

## CONCLUSIONS

The six case vignettes presented in this paper aim to provide the reader with opportunities to share real-world experience, albeit summarised, of incidents encountered in practice. Hopefully, doing so in these pages has helped the reader recognise situations that can be linked back to concepts of the extended consultation and, in the process, achieve beginning steps towards mastery in formulation of the patients' reasons for encounter and integrative interventions in the medical consultation. The journey through this paper is nicely summarised in a quote from Oliver Sacks: "In examining disease, we gain wisdom about anatomy and physiology and biology. In examining the person with disease, we gain wisdom about life."<sup>9</sup>

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