Patient Diversity

Tessa Roy, CRGS, CRCS, RDMS, RDCS

An Insight into the Potential Challenges and Solutions to Scanning Patients Suffering from Mental Illnesses

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About the Author

Tessa Roy is a recent SAIT graduate working as a cardiac sonographer.

Correspondence may be directed to tessa.roy@edu.sait.ca

Abstract

Mental illness encompasses an array of conditions that affect a large population; This essay aims to identify various sonography-related challenges posed by patients suffering from mental illnesses and offers insight into potential solutions. By identifying realistic interpersonal and intrapersonal barriers, one can become educated in potential skills and techniques to relieve such challenges. In doing so, sonographers can aim to improve the overall health care experience of these individuals by improving patient interactions, reducing grievances, and establishing continuity of care.

Introduction

Professionals in the health care field will come across a variety of patient types on a regular basis. Given the uniqueness of individuals and the array of medical conditions, each patient can pose potential challenges; whether interpersonal, physical, or psychological. Individuals suffering from a mental illness are a common patient type whose condition has the potential to introduce these difficulties. They may present a plethora of signs or behaviours that can affect the ultrasound process in regards to communicating effectively, scanning successfully, maintaining emotional composure, and ensuring continuity of care.

The World Health Organization reports that a total of 64% of patients frequenting health centres in examined cities had some degree of mental illness; including well-defined disorders (depression, dysthymia, generalized anxiety disorder, agoraphobia, panic, somatization disorder, neurasthenia, and harmful use), sub-threshold disorders, and patients with few symptoms.[1] From this information, it is ascertainable that the likelihood of a sonographer scanning a patient who has a form of mental illness, likely unrelated to the ordered exam, is very high.

There is limited research and literature in regards to the implications and barriers associated with mentally ill patients in the field of diagnostic medical sonography. While a vast amount of literature has been published on mental illness in general health care, a gap exists pertaining to medical ultrasound examinations. This information would be valuable while working in the field. All healthcare professions should prepare students; as well as practitioners on common types of mental disease and

approaches to diffuse, prevent, and remedy interpersonal conflicts, improve scanning resourcefulness, and ultimately enhance patient care.

Communication

Communication Barriers

Effective interactions and understanding between patient and sonographer are critical to patient care. Excellent communicating ensures understanding of the procedure, consent to perform it, and comprehension of follow up instructions; additionally, the sonographer builds rapport and the patient's gains trust. Further, it is particularly important for developing successful relationships that assist in obtaining patient details and delivering information.[2] However, confusion, misinterpretation, and inadequate communication may occur, affecting the patient's health care experience and the ease of the exam. More than one-third of American adults (approximately 89 million individuals) lack a sufficient level of health literacy to effectively comprehend and complete necessary medical treatments,[3] leaving them uninvolved in their own health care. Factoring in the prevalence of mental illness and its effect on effective communication, health care professionals should be concerned about whether their patients are receiving the highest quality of care possible.

Patients suffering from a mental illness can present symptoms that may significantly impede communication; for example, those suffering from certain psychoses can experience disorganized speech, catatonic behaviour, and hallucinations.[4] The patient's condition may impede his or her ability to be fully present or interact effectively. The patient may be unpredictable, overly reactive, or distracted. Miscommunication or lack of adaptive skills can result in heightened anxiety for both the practitioner and patient, ineffective information retrieval and the potential for less accurate diagnoses.

Communication between the patient and sonographer is not solely verbal; nonverbal communication plays a vital role in the message one is conveying and its understanding. It is less easy to interpret compared to verbal interaction, as it is continuous in silence, operates at a less conscious level, and effectively channels attitudes and emotions.[3] Thus, body language, proxemics, and facial expressions can have a vast impact on interactions, portrayed both from the patient and the sonographer. The sonographer must be consistently paying attention to the various nonverbal cues presented by the patient; for example, a patient may be responding verbally to questions and offering consent, but his or her facial expressions, composure, and movements may suggest high levels anxiety or distress. A patient may also respond better to nonverbal cues such as gesturing, eye contact, and kinesics as opposed to solely verbal communication. Moreover, nonverbal cues from the sonographer can portray him or her as uninterested, lacking care and compassion, and can be confusing. Studies have shown that tone of voice, eye contact, and other cues are related to patient satisfaction, understanding, and detection of emotional distress.[3]

Approaches to Communication Challenges

Adaptation is a key skill to possess; the ability to read a situation and alter one's behaviour to respond effectively can aid in mending a difficult situation or prevent it from happening. Before interacting with a patient, it is recommended to first "read the situation" and "tread carefully"[5] to determine the level of distraction by hallucinations, mood, or other symptoms. The sonographer must be able to alter his or her communication style to suit the patient's needs, whether this includes slowing his or her speech, using empathetic phrases, or repeating important information.

A successful type of patient education is the "Teach-Back Method," in which the professional explains important information in a manner comprehensible by the patient or family member, and the patient, in turn, restates it in his or her own words.[6] By employing this method in addition to lay-language, especially with patients experiencing high levels of anxiety or who have difficulty understanding, the sonographer is able to verify that the patient understands the exam and is offering informed consent. This creates a quality care experience and ensures patient safety; it also ensures awareness of follow-up instructions.

Active listening is another key skill that sonographers should employ; while this should be practiced for all patients, it may be imperative with those suffering from mental illness. It involves the use of nonverbal cues and question-asking while listening to another individual, in order to ensure all information is gathered correctly. Concentrating on the speaker, with the use of proxemics and eye contact[7] conveys that the listener is interested and attentive; further, it allows the listener to recognize the speaker's body language and respective implications. Eliminating distractions, such as time constraints and

pressure,[7] can also improve interactions. A patient experiencing high levels of anxiety may have their symptoms unnecessarily heightened by a sonographer who is rushed with little regard to the patient's needs. Finally, respect[7] is imperative; the sonographer must not ridicule or pass off the illness. To dismiss the patients' symptoms is in effect dismissing his or her reality, which creates conflict and leaves the patient feeling as though the sonographer is not listening. Respect is not being condescending, demeaning, or treating the patient like a child.[5] The sonographer's behaviour should be patient, encouraging, and gentle.

Performing the Exam

Physical Challenges

While effective communication and meaningful interactions are vital to quality patient care, the sonographer ultimately must be able to assess the anatomy and obtain the required images to ensure an accurate diagnosis. A patient experiencing delusion or hallucinations may have difficulty understanding the sonographer's explanation of equipment use and purpose. Further, a patient experiencing catatonia or stupor may not be able to follow directions regarding breathing techniques or body positions required to obtain accurate images. Stress and anxiety could also impede the sonographer's ability to scan a patient. Therefore, the exam may take longer than usual and require more patience and repetition by the sonographer.

An uncooperative patient suffering from a mental illness may also be irritable and react in unpredictable ways. Due to one's symptoms, they may become angry or agitated easily[5] and could react physically. A patient who is reacting physically or abusively may require the assistance of coworkers to calm the patient and get him or her the necessary help.

To perform the exam, the sonographer must obtain informed consent from the patient; if the patient's condition is causing irritability, uncooperativeness, or the inability to comprehend, the sonographer may experience a challenge obtaining consent. Further, the patient may refuse to be scanned altogether. While a sonographer may only stress the importance of an exam, under no conditions may one force an individual to be scanned against their will. Not employing skills and techniques to alleviate patient anxiety, fully inform, and create a safe healthcare environment could result in a patient refusing consent; in effect, influencing his or her well-being and likelihood of continuing care.

Adapting One's Scanning Techniques

While introducing themselves and the procedure, sonographers must clearly explain their role and what the patient can expect from their services[5]. This can prevent triggering situations of anxiety or anger, as well as clear up misunderstandings. Throughout the exam, the sonographer should continuously check in with the patient, ensuring they are comfortable, not anxious, or in pain. While doing so, the sonographer can assess potential nonverbal cues, therefore continuously adapting his or her behaviour to maintain a calm experience. This technique may also reduce the risk of a symptomatic patient reacting physically and aggressively. Further, the sonographer should give continuous positive feedback,[5] such as recognizing the patient's ability to follow breathing and positioning instructions, leading to the retrieval of useful images.

In addition to checking in on the patient, the sonographer could vocalize his or her every action; for example, rather than quickly reaching across a patient to scan in a new window, vocalizing the intended movement beforehand ensures awareness. This allows the patient to interject and gives them the opportunity to ask to stop or take a break. This could prevent a reactive situation, should the patient be taken off guard. Another technique is to use a model or diagram to show the patient exactly where the transducer will be placed and what movements will be required of both individuals. Finally, clearly informing the patient of the use and purpose of the transducer, gel, and other equipment beforehand can prevent overly reactive situations; for example, placing gel on the patient's hand to prove its harmlessness.

The sonographer must perform at a pace suited to the patient's needs. If the sonographer is stressed and hurried, it could have a negative impact on the patient. The individual may not be as responsive or quick to understand, therefore the sonographer must assume a pace that caters to the patient's abilities; this may mean extending the exam length; altering scheduling protocols; scheduling known mentally ill patients for longer appointments may help With these alterations the patient will have sufficient time to be educated on their exam and have a diagnostic exam; the sonographer will be able to provide a non-stressful environment with safe and compassionate patient care

Emotional Stability

The Patient

A patient with a "major mental illness" is potentially suffering from a mood, psychotic, or other disorder[4] that can have an effect on one's emotional state. This can

result in ranging emotions throughout an encounter; a patient could arrive seemingly calm and regular, yet go through emotions of anxiety, anger, violence, or depression throughout the exam. This instability and unpredictability can pose difficulties for the sonographer, but it is important to recognize the patient's perspective. This patient is facing symptoms that may not be relatable to the sonographer; therefore the sonographer should be mindful of his or her behaviour so as to not intensify the patient's emotional stress. It is important to remember the potential vulnerability of this population and recognize stigmatizing factors.[4]

The Sonographer

A study involving medical students found that many students admitted to feeling scared, anxious, and concerned for their own physical safety when around individuals with a presumed major mental illness.[4] Worries of harassment, uncomfortable situations, or physical threats[4] are common. These emotions, in addition to those experienced throughout an interaction with one experiencing hallucinations or paranoia, can increase the level of stress felt by a sonographer. The sonographer is also the front-line for the patient to channel negative energy. Consistently exhausting oneself mentally to adjust one's behaviour and conduct, and emotionally to engage with individuals suffering from unsteady behaviour, can take its toll on a sonographer.

Further, it is possible that the patient may share his or her emotions, experiences, or other personal information with the sonographer; this can present emotional difficulties. While the sonographer must maintain the confidentiality and privacy of the patient, he or she should not rob the patient of the opportunity to express him or herself. It is proven that social interactions and support have a positive impact on mental health outcomes.[8] While the sonographer's exam room is not the ideal atmosphere for such interactions, one must take into account the possibility that this is the first interpersonal interaction this individual has experienced in some time. The sonographer can be calm, listen, and offer words of empathy and support[5]; further, he or she can offer information on services available to the patient, if deemed appropriate.

Regulating and Diffusing Emotions

Some medical students admitted to being unaware of the impact of their emotional state on that of their patient, as well as how their own fears and anxieties influence their care for patients.[4] It is important that the sonographer does not go into an exam feeling frightened by the patient or expressions of psychotic symptoms; being calm and relaxed is vital in the face of agitation or over-activity, as these could be worsened by tension or anxiety.[5] Further, the sonographer should not take negative patient emotions or behaviour personally and should feel comfortable asking for assistance with a patient who is insulting or behaving unacceptably.

Regulating and diffusing difficult emotions does not solely apply to those expressed by the patient; at the end of the day, sonographers may find themselves stressed and in need of emotional relief as well. Numerous studies indicate that social support is essential for maintaining physical and psychological health.[8] A solid support group; defined as a network of family, friends, and community members available in times of psychological, physical, and financial need[8] can have a positive impact on an individual and aid in easing psychological stress. Sonographers can experience emotional burden and exhaustion from interacting with any challenging patient. The elevated emotional strain could lead to heightened stress affecting one's work and personal life; low social support has been associated with heightened stress reactivity.[8] Therefore, self-care is vital in ensuring one's personal well-being, as well as the quality of health care he or she is providing.

Conclusion

Sonographers are not solely "picture-takers," but go far beyond this to ensure the highest quality health care for all patients; therefore, they must be educated in ways in which to improve the delivery of this care and provide a safe and comfortable medical experience for all. The patient with some mental health challenges is both common and diverse and can pose a variety of difficulties that may not be predictable. The communicative, physical, and emotional challenges associated with some mentally ill patients cannot be avoided or eradicated; however, with education and experience sonographers can learn skills to better predict, prevent, and diffuse difficult situations. This, in turn, will improve the overall health care experience for these patients and establish continuity of care; all patients deserve the highest quality of care possible.

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