

# Emotional Dialysis© a LiVE bedside procedure & teaching methodology

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## Introduction

- Emotional Dialysis (ED) is a teaching method developed for trainees to help their patients both physically and mentally.
- Often times when working in a general hospital setting, trainees are faced with patients with significant psychiatric comorbidity that affects recovery from their primary medical or surgical condition(1).
- These patients are sad, upset, refuse care, and are often described as 'difficult'.
- Patients may feel that they have hit a brick wall and that there is no light at the end of the tunnel.
- ED teaches skills to build a better doctor-patient relationship

## Emotional Dialysis

- The authors have developed a process called "Emotional Dialysis" to appeal to medical trainees and routinely use this method of teaching on daily basis.
- ED is "to dialyze the emotional burdens of the patient using 'LiVE' techniques".
- The consultation-liaison (CL) psychiatrist in our team spends approximately 30 minutes listening to patient with empathy and offering validation.
- Listening itself can break the impasse of treatment (2).
- Letting the patient 'think out loud' has a cathartic effect and helps them gain insight into their poor coping skills.
- As patients get motivated, they tend to be active in their ongoing medical care to achieve therapeutic goals.

## Methodology of the "LiVE" technique

The procedure involves the following skills:

- Listening with interest
- Validating the patient's suffering
- Empathy in communication

### Listening skills:

- Listening makes the patient and family feel that the provider is interested in their problems and is willing to spare time and effort. It helps with forming rapport and connecting with the patient.
- Maintaining good eye contact
- Asking and determining the patient's agenda and concerns
- Focusing and listening to the patient for 1 to 2 minutes without interruption
- Avoiding use of the phone and explaining 'why' if you have to use it

### Validation:

- Letting patients express their feelings of suffering, grief, and anger
- Acknowledging that the patient's feelings are important
- Displaying an understanding and acceptance of the patients' suffering
- Validation is not agreeing with the patient
- Validation is not approval of dysfunctional behavior

### Empathy in patient care

- Empathy is about compassionate communication
- Understanding patients' spoken and unspoken body language
- Expressing understanding of patients' situation and one's desire to help
- Standing in the patient's shoes, a skill that can be learned
- Listening skills are joined with counseling techniques predominantly using analogies and metaphors to offer insight to patients in to their mental and medical conditions.

## Trainee Feedback

- Trainees are residents from psychiatry, family medicine, podiatry, and medical/PA students in CL Psychiatry rotation.
- Over last five years trainees are routinely exposed to this therapeutic LiVE teaching method during rounds by the bedside.
- Immediate responses from trainees as well as their anonymous feedback in the MedHub portal about this approach was positive.
- 30% recorded their generic feedback feeling empowered in using this approach to develop rapport and connect with patients in a meaningful way.
- 1.6 % responded stating it was too time-consuming for busy clinical service environment.

## Conclusion

- Psychological and behavioral problems are common in medically-ill patients and can be challenging for trainees.
- In a learning environment like an acute hospital setting Emotional Dialysis can be a suitable teaching method to address behavioral issues.
- Emotional Dialysis techniques can be manualized with psychotherapeutic methods using analogies and metaphors to be used for training purposes.

## References

- 1.Rivelli SK, Shirey KG. Prevalence of psychiatric symptoms/syndromes in medical settings. In: Summergrad P, Kathol RG, editors. , editors. Integrated Care in Psychiatry: Redefining the Role of Mental Health Professionals in the Medical Setting. New York: Springer; (2014). p. 5-27.
- 2.Browning, Sharon, and Roberta Waite. "The gift of listening: JUST listening strategies." *Nursing forum*. Vol. 45. No. 3. Blackwell Publishing Inc, 2010.