

Our patient, AC, was admitted to our hospital due to recurrent breast cancer. She went through prior breast cancer treatment in Canada years ago has been in remission until this new diagnosis. She moved from Canada to Jacksonville, FL within the last year and has not had much time to orient to her new home or environment. Her husband moved here with her. She and her husband have no children. Her friends were present and very supportive through her prior breast cancer treatment and recovery. Her husband has only two friends locally and his primary support group is also still in Canada. It is important she and her husband maintain connection with their Canadian friends as much as possible.

She is expressing a sense of loss and isolation due to not having direct support locally and is sensitive to her husband being in the same situation. She wants to shield her husband from at least some of the realities of her diagnosis and prognosis to not burden him with her needs. She is also expressing fear and anxiety relating to not knowing the cost of potential inpatient treatment or how her treatment will be paid for as she is much more familiar with socialized medicine coverage in Canada. I recommended consultation with MSW to review her concerns and she is open to this, We also discussed potentially connecting her or her husband with a Canadian health coverage representative to help navigate her situation as she may receive coverage assistance through Canada. Advocacy will be essential here as to not increase her anxiety or stress having to consider her options.

The beach is very important to her; she enjoys the serenity and beauty of the beach and may want to bring some sand from her favorite local beach into her room. I will return to discuss ways we can enrich her environment with items/videos/experiences of the beach into her treatment room(s). I have suggested potentially facilitating her listening to audio recordings of the beach/waves and

she expresses interest in this, especially during any treatments she may be recommended to undergo to decrease her anxiety and induce more calm. Virtual Reality support from our contracted Palliative and Hospice VR/AR team may be able to assist here also if she is interested, and I will recommend facilitate a window view of the local beach during her stay.

I will review this synopsis with her at our next meeting to ensure I have covered her concerns accurately and completely so far. I encouraged her to continue to consider what she wants our team to know about her. I will continue to review her concerns and needs with her and I will update the team accordingly.

My notes:

- I find myself trying to problem-solve some of the concerns a patient relays (see how this synopsis turned into an action plan?). Sometimes this is good, especially if I can provide a quick and simple solution (need a blanket to be warmer or adjust the room thermostat, other comfort or environmental measures). There is a risk I will think more about fixing a problem or who to contact to assist rather than continuing to actively listen.

- I am a Physical Therapist working in acute therapy. During the breakout session, I found myself feeling anxiety, as I typically do when I ask similar questions, that I haven't yet started to get my patient moving (even through the Zoom screen!) to assess her physical ability. It takes a good deal of mental energy for me to attend to all the current mobility state considerations and discharge-planning considerations I am responsible to consider AND ensure I understand what is important to the patient. When my

anxiety increases, my active listening ability and mindfulness declines. I have found strategies that mostly work to incorporate at least some PDQ-type practice daily and I do try to review what I understand with the patient/caregivers if I am unclear to ensure I have the story straight. However, anxiety re: productivity and timeliness remains.

- How much do you use technology to capture a patient's story? I definitely see the benefit of 1-1 interaction to ask this question directly and receive a response.

Q: Would it ever be beneficial for a patient to write answers/record by audio/video, have someone review the answers, and then spend dedicated time reviewing with a patient 1-1?

- I feel the need to ask more specific questions rather than an open-ended question in the interest of (gasp) efficiency, but I don't want to sacrifice a therapeutic benefit of a patient formulating and relaying their story in their own way.

Q: Is there any benefit to isolating maybe a few aspects of understanding at a time (spiritual, social, familial, occupational, etc.) to ensure I am both 1) getting a more complete picture of personhood and 2) keeping a patient at least slightly more directed when formulating an answer?

- I spend a lot of time documenting. I am realizing I spent a good amount of time to write this synopsis to ensure accuracy and objective truth that would be required for a medical record. I am thinking of ways I could standardize a form of sorts, or even to help direct answers into categories of information for easier communication or to ensure someone would actually read what I document.