



It's Not Cool Being A "DR. MOM"...

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It's 3AM....."Oh no! What was that sound I heard?", I thought to myself as I suddenly awoke to a startling noise coming from the adjacent bedroom to mine. "Could it be coming from my daughter's room?", I wondered. My husband and I quickly went to our daughters' room and there she was, our 15-year-old daughter, curled up in a fetal position on her bed writhing in pain and groaning softly. "What's wrong?!", we both seemed to say at once. "I don't know, but my tummy hurts really bad", she said in a whisper. I asked if she ate or drank anything she was not used to eating and she said no. I rushed to the kitchen to get her some ginger ale as her groaning intensified. Being a Family Nurse Practitioner, I realized that my instinct to "protect and cure" was gradually kicking in and probably reached an overdrive as I thought of all the worst case clinical scenarios that initially present as abdominal pain. "Could this be an inflamed appendix (appendicitis)...?, a hernia...?, a twisted intestine...?, an obstruction.....?", I thought to myself as I returned to her room with a glass of ginger ale. She took a few sips and before I had the chance to ask how she felt, she literally started screaming that her pain had worsened after which she threw up all over her bed. "OK, we are going to the Emergency room!", I half screamed at my husband who then assisted her to get dressed as I also quickly got dressed and helped her into the car. It was close to 3:30 AM by this time.

I sped off to the nearest Emergency Department, and by the time we arrived, I was so anxious that I was barely concentrating as I responded to the staff at the registration center who verified our insurance coverage plan. "When will we see the doctor?", I asked the lady by the desk. She assured me that my daughter would be seen shortly. When my daughter was called in to the examination section, I assisted her as she slowly walked to the exam room. She lay on the bed as the nurse walked into the room and with a friendly smile, she looked at my daughter and said, "So, what seems to be the problem today?". Before my daughter could respond, I hurriedly said, "her tummy hurts really bad, she threw up once and I don't knowit may be her appendix.... when will the doctor

come in because she's really in a lot of pain.....maybe you should give her some pain medicine or do you think she needs an X-ray first...?" The nurse stared at me with a blank expression as I turned to my daughter, who appeared a bit more comfortable as she lay on the exam table. I observed my daughter's horrified facial expression as she quietly mouthed the words "mom please, stop!". "Oh my, I have turned into a Dr. Mom! I must stop and focus on reducing my anxieties in other ways," I thought to myself.

As a current or future healthcare provider, you may wonder how you can connect with your patients despite various patient attitudes (pleasant and unpleasant) during a consultation. How do you respond constructively to patients when different emotions as anxiety, impatience, fear, anger, suspicion, mistrust etc. are encountered during a consultation? How should the healthcare provider engage to maintain a positive pattern of interaction?

Recently published.. an online course that teaches "The Effective Use of Communication as a Vital tool for Trust Improvement in the clinical settings COMMUNICATION ACADEMY" An important educational course to improve the soft skills of communication in Nursing/Medical and other healthcare settings.

Well, getting back to the scenario of my daughter's Emergency Room visit, I said a silent prayer that the nurse would not hastily become defensive to my approach of history giving and that she would still show compassionate care. Obviously, I very quickly came to my senses when my daughter mouthed the words, "mom, please, stop!" and I apologized for my overly enthusiastic approach while letting the nurse know that being a mom and a Family Nurse Practitioner probably contributed to my heightened state of anxiety. She smiled and said that she's also a mom and could relate to how I felt. Further assessment proceeded without any undue interruptions and X-Ray report revealed that my daughter was severely constipated. She fully recovered following the administration of 2 enemas. I sure learned a valuable lesson on that day: Underlying anxieties can manifest as different attitudes and personalities

and as healthcare providers, we have the responsibility to recognize patients' behavioral traits/attitudes and communicate effectively to reduce patient's anxieties and develop more productive clinician-PATIENT and clinician-PARENT relationships [1-5].

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