



Being Present with Our Patients

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“Every situation, indeed every moment, is of infinite value.” - Goethe

When people ask why I enjoy working in cardiac and pulmonary rehab, I assume my answer is similar to your response: I like helping people.

In rehab, we see quite a variety of personalities. Our patients are our neighbors – new acquaintances striving to make it through life just like us. They appreciate what we do to help them deal with a sudden health issue or a chronic life-changing problem. And that’s why we work in rehab, isn’t it? We have expertise to help people with health problems that, worldwide, account for a large degree of human suffering.

Recently I had some reminders that the relationship with our patients is more complex than healer-patient. A young woman with severe peripartum cardiomyopathy really connected in one of my groups. The topic for the day was how to experience mindfulness. I think I was expertly explaining some thoughts and behaviors to teach the group about what mindfulness was. Taking that information in, this

patient related how, since her disease, her new focus was on the day-to-day joy of just being a wife and mother for that moment. She was hopeful about improving her ejection fraction, but her new physical condition changed her outlook – from looking ahead and striving to succeed to really appreciating what she had in the present. It was a real-life example of mindfulness, and she presented it so well for the other group members. Everyone was better for it. I was grateful that she was present and sharing with us – she was the healer at that moment.

Another patient encounter was on a one-to-one basis. His COPD appeared to be worsening as he was experiencing more severe dyspnea recently. It defied explanation to him and was creating a lot of psychological distress. As we talked, I gently probed (as we psychologists are prone to do), and he recounted some family issues that were troubling him. I made some suggestions for cognitive restructuring, but mostly I could see a change in him just by releasing his concerns aloud.

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News & Views

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News & Views is a digital newsletter distributed bimonthly to all AACVPR members. Each issue includes scientific content, reimbursement updates, research updates, Affiliate Society news, upcoming event reminders, and a leadership message highlighting current issues in cardiovascular and pulmonary rehabilitation. This is a great opportunity for you to gain exposure to our 3,000 members as well as our 42 regional Affiliates.





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It made a lasting change for him. He could see the connection between his psychological depression/anxiety and his breathing. And he was ready to change.

I'm confident that I had some professional influence on these people, at least indirectly. But who can say how much? There's

so much going on in people's lives, and we are just a piece of it. Like you, I have training, skills, and experience with respect to cardiopulmonary illnesses. I'm grateful to be present with these people and help any way I can.

We are a profession of varied skills and backgrounds. While we collectively make plans to

intervene in a patient's health, we never really know when our training, skills, and personalities will have an impact on others' lives – or when they may have an impact on ours. So be persistent. Think about the times you've touched a patient's life in a meaningful way. Be thankful that you were present when the time was right. ■

Pulmonary Disease Educator Course

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solutions to common barriers in promoting the highest quality of life for those with chronic pulmonary disease.

The AARC is fortunate to partner with AACVPR and improve providers' access to information that may improve patient outcomes and reduce healthcare

costs. Past collaborations between the AARC and AACVPR include a 2014 spring AARC webcast focusing on pulmonary rehabilitation outcomes (by Chris Garvey, FNP, MSN, MPA, FAACVPR) and a 2013 summer AARC webcast that focused on pulmonary rehabilitation Medicare

audits (by Gerilynn Connors, BS, RRT, MAACVPR, FAARC). On June 25, Trina Limberg, BS, RRT, FAARC, MAACVPR, will present an AARC webcast focusing on pulmonary rehabilitation as well. All AARC webcasts can be accessed at <http://www.aarc.org/upcoming-programs/>. ■

Delving into Sodium: Cutbacks and Setbacks

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end-all goal. Instead it should be stressed that merely decreasing sodium intake could have a positive effect as well.

When making recommendations to your patients, consider how much sodium they are currently consuming. If they haven't made any changes, encourage them to cut

back on sodium slowly – and remind them not to despair when they face cutback challenges. Emphasize that it can be difficult to cut back, but even small changes can add up. If they have already made some changes, counsel them on continuing to strive toward the 1,500 mg recommendation. ■

References

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