**ROLE PLAYING SCENARIOS**

**CONSTRUCTIVE-DESTRUCTIVE COMMUNICATION**

The scenarios that follow present two different ways of communication between a carer and a doctor. In both scenarios the carer visits the neurologist for the memory issues of her husband. The first scenario shows a constructive communication example. Τhe second is a destructive communication scenario. At the end of each scenario you can find a section that presents the carer’s stance that made the communication between her and the doctor either constructive or destructive.

**Case: Elen is caring for her husband Albert. Albert is 80-year-old. His memory problems started 2 years ago and are gradually getting worse. In the beginning he was forgetting where his personal objects (glasses, keys) were and the names of famous actors. This is the first time they visit a neurologist. Albert is also followed by a cardiologist for his arrhythmias and recently he was hospitalized due to a fall that provoked him a hip fracture.**

**SCENARIO 1CONSTRUCTIVE COMMUNICATION**

Doctor: Good morning. Please take a sit.

Carer: Good morning doctor. (she sits opposite of him and looks at him).

D: So, tell me, what bring you here?

C: Well, doctor... my husband is 80 years old and for two years now we have noticed some changes in his memory.

D: Can you tell me a little bit more about these changes?

C: Yes, of course. For example, he started to forget wherehis keys were.He would often seek for his glasses, and sometimes he couldn’t remember the names of the actors he would see starring in movies on T.V.

D: Is this situation still going on? Has anything changed?

C: Well…is getting worse day by day.The other day, we had been searching for the keys of the house for 2 hours. Finally, we found them. They were inside a supermarket bag in the fridge. I have also noticed that when I tell him to bring me something from the market, he usually forgets it unless he writes it down.

D: So, there are problems in his short-term memory.

C: Forgive me doctor. I don't understand what you mean. Can you explain it to me?

D: Yes of course. By saying problems in his short-term memory, I mean that he forgets the recent events.

C: Oh, this is what you mean. Yes, he forgets the recent events, but he can tell stories from the old days with every detail.

D: I see... So, does your husband have other health problems?

C: Yes. He is followed by a cardiologist for his arrhythmias. 6 months ago, he fell in the bathroom that caused a hip fracture and he had to be hospitalized for 4 days. Here are his medication and the exams that he did recently.

D: Very nice. Who consulted you to visit neurologist?

C: We have noticed that the first two days that he was in the hospital he was disoriented. We discussed that with the doctor and he told us that we might need to come to you. A month ago, we had an appointment with the cardiologist and he told us that during the conversation he had with my husband he noticed that Albert was forgetting some things and that we should examine his memory. So, we have decided to come to you.

D: Is there something else that you have noticed and that you would like to tell me?

C: To tell you the truth doctor, a week ago we were returning home from a walk and as soon as we arrived, he asked me “where are we?” and “where are we going”. At first, I was shocked and I was trying to explain to him…Thankfully, he recovered quickly but I have to say that this worried me a lot. I'm scared doctor, because my mother-in-law had begun to forget a lot and shortly before she died, she couldn’t recognize her own children. I'm afraid that this will happen to him too…

D: Don't worry, I will exam him and we will see then how we will proceed.

C: Doctor I would also like to ask you; how can I find you if I need anything? Can I call you on your personal number?

D: Of course. I will give you my card at the end of our appointment. I would like now to speak with your husband.

C: Thank you very much!

CHARACTERISTICS OF COMMUNICATION: pencil and paper, non-stop notes on symptoms/ history, medication informed, appointment / time consistent, polite, makes eye contact, has structured speech, reports when something is difficult, requests clarification, looks for ways of contacting the doctor, reports other doctors she visits, had already prepared possible questions.

**SCENARIO 2 DESTRUCTIVE COMMUNICATION**

Doctor: Good morning. Please take a sit.

Carer: Hello doctor…well, my husband is generally okay but a neighbor of us told me that one day Albert was telling him strange things. I don't think he has something but the kids were insisting.

D: One minute… let's start from the beginning... (she interrupts him)

C: …yes, this is what I'm telling you.

D: One-minute madam. Try to explain me what symptoms your husband has?

(Her cell phone is ringing)

C: Oh! One-minute doctor, (answers the phone without waiting for the doctor's response)

(After a while…)

C: What we were saying doctor? Oh yes! Well, sometimes my husband forgets but nothing really important. For example, he sometimes confuses the shopping. The other time I told him to bring me bread and potatoes and he brought me bread and onions. But okay, that's nothing really important, it can happen to everyone.

D: Yes… What have your children noticed and insisted that you should visit a neurologist?

C: My children are very worried, but they always worry. They exaggerate… you know how kids are these days! They adore their father and they see things worse than they are.

D: Does your husband have other health problems?

C: Yes, something with his heart, arithmes I think. Oh…don’t know how you doctors call it?

D.: Arrhythmias, yes. I understood. Do you know the medication that your husband takes?

C: Oh, I didn't know you would need it. I don’t know them by heart. Anyway, he takes something for the heart and a medicine that was prescribed at the hospital he was for his leg.

D: What exactly happened to his leg?

C: He fell in the bathroom some time ago and he had a hip fracture. We went to the hospital for 4 days.

D: Do you have any recent exams?

C: They did some tests in the hospital, but I have them at home. I told myself that I should take them with me today but I forgot them.

D: I see... Well, you will need to wait in the reception for a while to… (she interrupts him)

C: But tell me doctor, has my husband anything serious? It's not serious, right?

D: I will need to examine him to answer you that. He may also need to do some exams to we can say that.

C: No, I'm just saying that because his mother was also forgetting. But okay she was old. I don't think that this has nothing to do, right?

D: Madam, I have first to examine your husband.

C: (irritated that the doctor didn't give her the answer she wanted...)

Anyway, I’ll call him to come.

CHARACTERISTICS OF COMMUNICATION: interrupts her interlocutor, arrives late / cancels appointments frequently, has no clear answers to the doctor, is unaware of the patient's medication, is not receptive to the doctor's recommendations.