Talking to Change: An MI Podcast
Glenn Hinds and Sebastian Kaplan

Episode 52: MI in Primary Care Part 2, with Mats Hogmark, MD

Glenn Hinds:

Hello again, everybody, and welcome to Talking to Change: A Motivational Interviewing Podcast. My name is Glenn Hinds, and I'm based in Derry, Northern Ireland. And as always, I'm joined by my good friend, Sebastian Kaplan in Winston-Salem, North Carolina. Hi, Seb.

Sebastian Kaplan:

Hey, Glenn. How's it going?

Glenn Hinds:

Going the very best. So, in the last few episodes, we've been introducing the podcast after the recording of the podcast. And today, we've been joined by Mats Hogmark, a general practitioner based in Sweden. Before we get into talking about that episode, can you maybe just introduce people to the social media platforms and ways of contacting us?

Sebastian Kaplan:

Absolutely. So, on Twitter, our handle is @changetalking. On Facebook, you can find us on Talking to Change. And on Instagram, you can find us on Talking to Change Podcast. And any direct communication with Glenn and I, ideas about episodes, feedback just in general, you can email us at podcast@glennhinds.com.

Glenn Hinds:

So, like I was saying, we've just spoken to Mats. During it, what was fabulous was we had the opportunity to actually do a role play. So, this episode is a bit longer than many other episodes we've worked on. So, it's about an hour and a half including the role play. But Seb, what's your takeaway from today?

Sebastian Kaplan:

Well, Mats is somebody that we know and have gotten to know through our membership in the Network of Trainers organization. So, it was great to have him on. And we've had other physicians on. In particular, Damara Gutnick in one of our earlier episodes. Talked about MI in healthcare. And we felt Mats coming on would just add another layer of expertise and a different perspective on it. So, we hope people enjoy these two examples. Mats detailed a model of a healthcare encounter, really, or a primary care encounter, that you can see how easily he weaves MI throughout it. He breaks down each encounter into a patient section, a doctor section, and then a mutual section that is sort of a shared experience. And you all will hear more about that. So, I found that to be quite interesting and helpful.

Sebastian Kaplan:

And then, really, one of the wonderful things about having all the guests on and hearing, in particular, with Mats hearing him throughout the role play is just his own style, and how he embodies and articulates some of these concepts that, while not especially complex, still can remain quite conceptual. Right? So, the idea of supporting someone's autonomy. Or coming alongside, or the MI spirit. They might make sense to people. But oftentimes, we hear feedback of what does this sound like? What are examples? How do people do this? And Mats really gave a number of wonderful examples of that. So, those were the couple of takeaways for me. What about you Glenn?

Glenn Hinds:

Yeah. Like you say, it's just the way he communicates. And to take into account that when you listen to Mats talk to it's recognizing that English is not his first language, and just how eloquent and accomplished he is in describing these concepts to us. And it's also so significant, and we noticed this at the very beginning and throughout, that he is a medic. He is someone who practices in primary care, and who is particularly interested in communication in healthcare from the beginning of his career. It's a career long interest for him, even to the point where at the end of the episode he starts talking about, what's called relational competence. That is a model, or an approach that's been explored now in Sweden with other medics about how to marry the need to understand disease, the disease competence with the relational. How do you interact with a patient in a way that increases the likelihood that they'll do something about their health?

Glenn Hinds:

And like you say there, just so much of what Mats introduces the concepts of the model. But also, the ideas of Motivational Interviewing, and the way of speaking to patients, and how he models it throughout the role play with me as the patient. I take on the role of a 45-year-old man. And it's a great episode. And again, because the role play is in the middle of it, the episode itself is a bit longer than normal. And we really hope you enjoy it.

Sebastian Kaplan:

Well, Mats, welcome to you. Thank you for joining us. And we'd love to start us off, as we usually do, just to hear a little bit about yourself. What you do, and how you got into Motivational Interviewing.

Mats Hogmark:

Well, thank you, Seb. And thanks, Glenn, for having me on the podcast. I'm a fan. I've been listening to all your episodes. Some of them two or three, or four times actually. So, I'm really glad to be here. So, a little bit about myself. I'm Swedish. I live in a city called Falun. About two and a half northwest of Stockholm. And I work as a physician in primary healthcare. So, I'm a general practitioner, family doctor. That is my specialization. And in Sweden, that is a five-year residency program, just like any other specialties. If you want to become a surgeon, or a pediatrician, or a gynecologist, psychiatry, it's all five years. And so, that's the same for general practice, which is my specialty.

Mats Hogmark:

And I work in a primary healthcare center. Quite a small place in the countryside. About 25 kilometers outside of the city center where I live. I've been doing this work for about, what is it? 17 years or so. I've been a doctor since 2003. That is my profession and also somehow my passion. I'm 47 years old and have two daughters, 12 and 17. Apart from being a clinically active doctor, I'm also very interested in Motivational Interviewing, obviously. And I've been a member of MINT, the Motivational Interview Network of Trainers since 2012. And I've been an MI trainer since 2007, I think. So, a lot of trainings. Mainly for healthcare professionals, but also for people in different sectors. Social security sectors and most settings, actually.

Mats Hogmark:

And I also work a lot with person centered communication and doctor patient communication skills. So, I give specific courses in that for resident doctors here in the region where I work. So, a lot of communication for both clinically and as a trainer.

Glenn Hinds:

Yeah. That's wonderful to hear that. As a doctor, the communication part of what you do is very important to you. And imagine for a lot of people to hear that as a general practitioner that you have practicing Motivational Interviewing for this long. Certainly that Motivational Interviewing has traditionally been linked with addictions and psychiatry. So, I'm curious, Mats, what was it about MI that attracted you to move towards it, and then to learn to motivate and then develop your training?

Mats Hogmark:

Actually, when I was quite new as a resident doctor in family medicine, I think maybe it was my first or second year. I attended a one-and-a-half-hour seminar on, it was titled, Motivational Interviewing and Risky Drinking, because at that time in 2006, there was a big drive within the Swedish healthcare system for healthcare professionals to become better at talking with patients about risky alcohol consumption. Not necessarily addiction. But when you drink a little bit too much for what is actually healthy for you. So, I attended one of these seminars and I've always been very interested in communication skills and things like that. Both my parents are teachers. So, maybe there's something in the background of that. And immediately when I attended this seminar, I thought that wow, this is great stuff. This is something for me. And I tried to digest what I could, and I went back home to my healthcare center, and I told my colleagues, "Well, I attended this seminar. And if you want, I can tell you for 10 minutes what my take home message was." And then they said, "Yeah, sure."

Mats Hogmark:

So, I told them a little bit how you could communicate better and how you could give information and give advice without trying to correct someone and all these things that we talk about in MI. That's how it started actually, and I haven't looked back since. I can honestly say that I am practicing MI to a certain extent in all of my consultations every

day, ever since 2006. Sometimes more. Sometimes a little bit less. But it's always there with me. And it's been incredibly useful for me, and I hope for my patients as well.

Sebastian Kaplan:

Mats, that's really interesting. And we'll certain talk some today about your day-to-day use of MI, and how you find it helpful and applicable. I'd be quite curious though to go back to that time where you had that first seminar, and it seemed like it was an interesting time to be in training because there was this, it seemed like a new emphasis in Sweden on communication. You yourself are in training, and you hear this seminar about Motivational Interviewing, and it gets you really excited. And I wonder what it was like for you as an MI learner at that point, because many of the members of our audience might also be in a similar stage of learning. Like what it was like for you to both resonate so much with it, but also still maybe doing your training with people that weren't quite onboard, I guess, with MI, or maybe more used to doing more traditional forms of lecturing and telling people what to do with their drinking or other health behavior. So, what was that like?

Mats Hogmark:

Yeah. Yeah, that's right. If you, yourself feel very enthusiastic about something, it's very easy to become a little bit too enthusiastic when you talk to others about it. So, there's that righting reflex again. And surely, I've been a perpetrator in exerting my righting reflex over my colleagues. I have. But I've tried to resist it. So, basically in the beginning, I didn't know a lot about MI. But I was fortunate. Because of this project that was a national project about risky drinking, there was quite a lot of MI trainings, both basic and advanced and other types of trainings available for me and for others. So, I was fortunate to come in at the right time, basically. So, I got to learn step by step. And I also had the great opportunity to be able to learn from experienced people, also how to talk to others about MI. How to train MI.

Mats Hogmark:

So, there was an early training of trainers approach before MINT. But, in general, I would say my colleagues were quite enthusiastic about it as well. Although, there was some resistance as well because some people might have been in this job for 20, 30 years, and they have a way of working that was functional. It was working for them. It wasn't a bad way of communicating with patients. But I came with perhaps a slightly different way of communicating. And that always causes some concerns for people. Well, should I be changing the way I work now? But a lot of people are quite open. Some people are not so open. But most of them are curious because they want to deliver the best type of healthcare practice to their patients, and they want to be able to communicate their practices in a good way. And if many people see that, well here's something that I could actually make use of.

Mats Hogmark:

So, in general, it's been quite easy, I must say.

Glenn Hinds:

Yeah, you show a lovely understanding of why people behave the way they do. And in particular, the way you describe your colleagues as some of them were much more established in their practice. And even just recognizing, there was no judgment of the fact that they were doing it slightly differently, or differently from you. And understanding of why they may be reticent to change almost like a way of being with people. I'm curious but given the fact that you were so early in journey in medicine, I guess you had already been introduced to some form of communication that MI invited you to consider doing differently. And I'm just wondering, what did you notice that was different about MI, that existed previously?

Mats Hogmark:

I think the most different approach that I learned early on with MI was, I mentioned the righting reflex already. To actually not tell people, "You need to do this because it's the best thing for you." I've been doing that as well. But I learned early on that it's not the best approach. So, that's one of the things that I adapted quite early. Some of us in the MINT community, we talk about sitting on our hands. To not wave too much and then try to shape people into the shape we want them to be. But rather, sit on our hands and be a bit calm about things, and let people do their own thinking. And that is one thing that was contrasting to how I had been taught at medical school. And I think that is one of the absolutely most useful things that I learned early on. To actually realize that it doesn't matter how much I wave with my hands, and I want for people to change, I cannot change them. They can change themselves. And I could perhaps be an assistant in their change process.

Mats Hogmark:

So, that's probably the most important thing.

Sebastian Kaplan:

Yeah, the idea of an assistant is quite a contrast from what I imagine many people think of a healthcare provider broadly speaking. Physician, psychologist, social worker, whatever. An assistant is not someone who's in charge. It is the person who is assisting the person who is in charge. And in the case of what we're talking about, obviously, is the patient. And so, this idea of sitting on your hands, of not, I think you described it as letting the patient discover and think for themselves with you, as you said, in this sort of assistant role. So, this was an early lesson for you, but also one that really resonated with you anyway. It seems like you kind of brought that with you somehow.

Mats Hogmark:

That's a good summary, Seb. And you used the word, healthcare provider. And I think there is something in that expression that is a bit flawed. You're supposed to provide something for your patient. I mean, of course, we have to do that as well. They come to me because they have a need. Perhaps they lack some knowledge that they want me to provide. But in general, if we go on thinking that we are healthcare providers, that we're going to give something to our patients that they cannot get anywhere else, I think that is one of the things that lead us down the wrong path, because I'd rather see us as we have

something to offer. And if you want to have it, then please go ahead, and take it. And we'll work with it together, you and I, as a doctor and a patient. So, there is something in that word.

Sebastian Kaplan:

Right. It's not that we have some sort of magic that is only ours to give. And if only you're a good boy or a good girl, do what we tell you, we'll give it to you. Right?

Mats Hogmark:

Yeah.

Sebastian Kaplan:

Of course, we're being a bit loose with our words here. But that kind of spirit is behind a lot of healthcare. And an expectation that the patients do what we say because if they don't, well guess what, they get labels like resistant or non-compliant. Right? I've not heard anyone take the word provider and shed a different beam of light on it as something that we might want to think differently about. So, that's a pretty cool invitation for us. Thank you for that.

Mats Hogmark:

And I think for me, I didn't put these things into words at that time. But with the spirit of the motivational interviewing approach, I sort of understood these things. But I couldn't articulate them myself. But now I've learned. This something that we talk about. All the MI trainers, we constantly talk about how do we express these things in a comprehensible way so people can understand it. So, there's this ongoing dialogue about how to have a dialogue with your patients, and I like that. To keep the conversation going about the conversations we have.

Glenn Hinds:

What I'm hearing you describing, Mats, is that you've been thinking about what it is you're doing ever since you've been introduced to Motivational Interviewing, and the spirit of Motivational Interviewing, particularly where we tried to level the ground between the individual who's seeking help, and the individual who's here to offer the help. And even what you said there to Seb, just about the idea of the word provider. I guess, for a lot of people that will be quite challenging, potentially in a very useful way. Because again, it's just that how do we describe what it is we do? And what are the words we're choosing? And what expectation does that create of ourselves? And what expectations does that create for the people we're here to help? And how does that then impact on the balance and the dynamic and the relationship? And it sounds like you've been working really hard to try and clarify that for yourself and who you are, being the assistant. Be there to help. Almost like being the servant towards the patient. That your goal is to be helpful.

Glenn Hinds:

And so, it's almost like you lower yourself to help someone rise up. And I guess a lot of us will be curious. You mentioned there about exploring the words. What other ways have you been able to help assist yourself develop that spirit in mind and heart, and in practice?

Mats Hogmark:

There are so many things. But one of the things that I noticed quite early on, actually; I went on quite a long paternity leave after about a year of residency. And then when I came back, I noticed that I was doing something differently. And it took me a couple of weeks before I realized that I wasn't taking notes when I spoke to my patients. Usually, I had a pen and paper in my hand to take notes about what they said so I would make sure that I didn't miss anything. And all of a sudden, I realized I wasn't taking notes anymore. But still, I remembered everything they said. So, when I had sat down at the computer to write the charts and everything, the documentation after the consultation, I had no problems remembering. And that was a revelation. Then I realized, why is that? Well, I'm better at listening. And one of the things that made me better at listening is the fact that we use reflections.

Mats Hogmark:

I mean, we use reflections so that the patient will hear, again, what they already said. Hopefully, we will reflect their change talk more than their sustained talk. And one of the reasons we do that is because we want them to hear the same thing again because then it lands better with them. And I realized it goes both ways, actually, because when I reflect what you say, Glenn, then I will remember your statements better. And then I make a summary of what you said, and then I will remember that even better. And then, I can actually be more present in our conversation, and I don't have to look down on my piece of paper and make notes. So, that was one very tangible thing that I noticed early on. And it's been very helpful to me, actually.

Sebastian Kaplan:

So, as an American over here, we hear the term paternity leave, and we kind of scratch our heads. You mean you have the weekend off after the baby's born? No. So, that's wonderful to hear. Especially a very long paternity leave, as you described it. It just struck me like, I imagine as someone in paternity leave, you're spending a lot of time with a young child. So, how did that context ... I'm sure you were doing other things too. But how did that context lead to this exposure or experience of reflections that then led to this change when you returned to work?

Mats Hogmark:

Yeah. Well, actually, I don't know if there is a direct correlation between nine months of paternity leave and becoming a better listener. Maybe. But maybe I was just becoming more mature as a person. But my MI journey had started before that. And maybe things just sort of sunk in better. I don't know. It's just a coincidence, maybe in time. But that's one thing that I noticed. May I just add, piggyback on what you said, Glenn, before. You said about being a servant. So, taking a lower position in comparison to the patient. And that is one thing that I think MI does so well. Especially in healthcare, where patients are

often in a lower position compared to the healthcare provider, regardless of who that is. If it's a psychologist or a physiotherapist or a doctor because they come with symptoms, some kind of problem. Maybe they are very worried about something. And they are looking up to us hoping that we have the answers and that we have a cure perhaps.

Mats Hogmark:

So, that is by default, definition, there is an imbalance, a power imbalance. And I think what makes MI so important is that you actually try to diminish that power and balance. Even actually going to be a servant, to look up to the patient. And say that you're the expert on your life. You're the expert on what you've tried before and what you can think about doing. And I'm here to give you some alternatives. But you are the one to make that decision. To my experience, that is a very good thing for patients to feel that they're in charge. They're in control of their own health. And I'm there to help them, to assist them, as we said before. And this was up for discussion in one of your previous episodes when you had the psychologist, Bill Neto I think, talking about taking the lower place. And I think that's something that I've understood quite recently. And it's very, very helpful.

Glenn Hinds:

There is quite a challenge to it because the invitation very often as 'professionals' is that we get our status from being the expert. And what it is your describing is my status may not be of any benefit to this person in their journey of recovery or healing. And if I want to be helpful towards them, what if I was to make this transition and understand myself. And very importantly, take into account all that we know about human beings and why human beings are prepared to change in the company of other human beings and as the doctor, your instinct is to want to be helpful. And through this journey you've realized, there's so much I can do less of to get so much more out of this encounter for this other person. And what struck me when you were describing what happened when you came back after paternity leave was just that idea of you being present. And the more that you reflectively listen, the more that you offer summaries, as a direct consequence of being present in the conversation was that you didn't have to write it down because you were part of the experience. This wasn't happening to someone else. This is happening with you.

Glenn Hinds:

And that in itself is really powerful because again, from talking to others and our experiences of MI practitioners, or more particularly, person centered practitioners, is that being with someone else in itself is a very powerful curative experience for them. That they have this connection. And I guess, as we think about our listeners, and perhaps who are new on this journey or again, still exploring it, what other ways have you used to build up this expertise to feel comfortable and confident within yourself to look up ... I can't remember if it was one of the podcasts. I remember, maybe Steve Rollnick talking about that idea of looking up to someone and seeing what you can admire, and there's the opportunity for affirmations to arise. So, when you look up at this person who's struggling, you can pay attention to what's wrong with them. But you can also admire them. What can you admire? And I'm just wondering what other ways you have learned to embody this knowledge and this wisdom of helping?

Mats Hogmark:

Yeah, I think a very good summary, Glenn, that you just made. And I think, if I may correct you, I think it was Allan Zuckoff who said looking up to someone-

Glenn Hinds:

Right. Lovely. Thank you.

Mats Hogmark:

Well, it doesn't matter. But one of the things that Steve Rollnick actually has said that I take with me is that MI is about coming up alongside your patient and looking towards the future together. I think that's how it translates to English. And that is one thing that I've learned is very, very, very powerful. To actually come up alongside with your clients or your patient, and asking them, "So, where do you want to go? And how do you want to get there? I can give you some guidance along the way. I can tell you what we can offer you here at the healthcare center. What types of treatments or supports. But which one of those would you like to take?" And once we decide that together, the patient decides first and then I will support that. We can look to the future together and we'll walk there as companions, as partners. And to me, it sounds perhaps, very grand. But it's something that I really feel with my clients and with my patients.

Mats Hogmark:

We often have the urge to help so much. Sometimes we cannot stop ourselves from wanting to help. And in doing that, we just let that righting reflex out. And I think we need to stop that. And if we see our patients as the prime experts on their lives, then it becomes more easy to remember that. I don't know if that answered your questions.

Sebastian Kaplan:

Yeah. Yeah. I think you're inviting us to be compassionate towards those of us, i.e., all of us who exhibit the righting reflex from time to time. And it comes from the part of us that wants to be helpful. While it's something that we want to dampen down and lower and diminish, or eliminate, or whatever. But also, it's helpful to recognize that we do want to be helpful. That's why we went into one of these professions, probably in the first place. And so, Mats, I'm wondering about this coming alongside idea, and just thinking about the world of a busy general practitioner. I'm sure it's no different in Sweden than it is here in the States. You got a handful of minutes, in and out. Busy practice. Nurses coming in and out and other people. I don't know that there's a profession with less time. All of our professions claim that we have not enough time, right? And I think yours is probably the one that can truly say, "We really don't have that much time."

Sebastian Kaplan:

So, how do you go about efficiently doing the process of coming alongside when you might have somebody coming in with multiple concerns and lab values and MRIs, and all this information to distill. How do you do that without taking the reins and just getting the information that you need and telling the patient what to do? How do you do that?

Mats Hogmark:

Yeah, and that is a challenge indeed. And just like you said, everyone is pressed for time. So, we can all sign to that. But one of the things that I use, and I know a lot of doctors use, is a particular model where we try to identify what is most important to the patient, and what is it that they want me to help them with. And to get that very early on in the consultation. In MI, we talk about the four processes. The first one being engaging with the patient. Making connection. Building a rapport. Creating that relationship, that working relationship. And the second one being focusing, to actually identify what is it that's the most important thing for you to talk about. And maybe I as a doctor also have something that I feel is important to talk about. So, engaging and focusing are the two first processes. And in this model that I'm using, maybe this is a good time to talk about it.

Mats Hogmark:

We engage and we focus more or less in parallel. Those are the things that happen immediately when we meet the patient. And it is a very good way of getting down to business, so to speak, immediately, and make sure that you talk about the right thing in the right time. And that you leave everything else out because sometimes the patient might have five or six different complaints that they would like to talk about. But you'll realize that I'm not going to have time for that. And you can then maybe narrow it down to one or two things that are really on top of their priority list, and make an agreement that, "So, this is what we're going to talk about. Is that all right with you?" So, I do that. And once you've established that agenda and you've established the relationship, the connection with the patient, then it's quite easy to do it in quite a limited timeframe.

Glenn Hinds:

So, I guess that I'm now experienced and what people listening to this will be is I'm intrigued to know how that might sound. And if it's okay, can I maybe volunteer to be someone coming into your practice to witness what it might sound like to hear engage and focus running simultaneously?

Mats Hogmark:

Absolutely. Absolutely. I think that's a good idea, to make some kind of illustration of this model. May I just first briefly talk about the model?

Glenn Hinds:

Sure, of course.

Mats Hogmark:

And we can analyze it again after the interaction between the two of us. Just to make it very, very basic is we divide the consultation. And the consultation might be 10 minutes, might be 15, or even 30 minutes if that's what you have. Whatever the time you have, you divide the consultation into three parts. The first one being the patient's part. The second one being the doctor's part, or the healthcare professional, regardless of your profession. But for me, it's the doctor's part. The third part being the mutual part where you work together. So, the first part, patient part is where the patient is the expert. And then the

doctor's part, well, I'm the expert. And then in the mutual part, we're two experts working together, collaborating on making a plan and finding neutral ground. That is the model. The most important thing that in the patient's heart, I as a doctor, I'm not the lead character. The patient is the lead character. He or she is the one who's there to shine and to act out everything.

Mats Hogmark:

And my job is to find what the patient is really there for. So, three main things. The ideas, concerns, and expectations, I-C-E. So, the ideas are what do you think about the symptoms that you're presenting with? Someone who has this pain in their knee, I will ask them, "So, do you have any idea what caused this pain for you?" And maybe the patient will say, "Well, I think I fell a couple of weeks ago and I hit my knee on the ground. Or I played basketball, and I twisted my knee. Maybe something's broken." And then I asked about your concerns. Is there anything that worries you now with your hurting knee? And the patient might say, "Well, I'm worried that I won't be able to make it to play basketball, the basketball game on Saturday. I'm worried that I might miss the game. Or someone might worry that, I'm worried that some kind of a ligament has been torn, and that I will never be able to run again.

Mats Hogmark:

Or someone will say, "Well, I'm worried. Maybe, could it be cancer in my knee? I mean, I've heard about that. It's just for me to find out." And then I will ask, "What are your expectations? What do you hope for me to make with this consultation with you?" And the patient might say, "Well, I just want you to exam my knee really thoroughly and say if you think something's broken or not." And maybe the patient will say, "I want you to make an X-ray." Or someone will say, "In case I won't be able to play that basketball game, I need you to write some kind of a letter that I can show to my coach, so they know that I'm actually hurt for real." So, ideas, concerns, and expectations. That's what I'm to find out in the patient's part. No asking doctor questions. I can do that in the doctor's part. Then I can ask about what happened. Did you take any pain medications? Et cetera, et cetera. I can exam my patients and all those things.

Mats Hogmark:

And then in the mutual part, we'll come up with a diagnosis together, and we'll work out a plan for how to proceed and all that. In brief.

Glenn Hinds:

Yeah. And what was lovely about that is as you described that, I can see how the engage and focus run parallel in that first part of exploring where the client or the patient is the expert. And you're simply paying attention and being curious about them. What's their ideas, what their concerns, what their expectations are. So, it's all over there. And so, they are the lead partner in this dance. And if it is okay, can we enact this then? And if I come into you as ... I'll make myself a wee bit younger than I am. I'll make myself about 45.

Mats Hogmark:

Sounds good.

Glenn Hinds:

Right. So, if I say to you, thanks doctor. I've been having headaches for four or five weeks. And I wasn't going to do anything about it, but Lisa said to make sure.

Mats Hogmark:

Oh, well that sounds hard. Headaches for such a long time. That must be quite tough for you, Glenn.

Glenn Hinds:

Yeah. You know what it is? It's getting more and more difficult for me to sleep. And I think that that then is now starting to make me a wee bit ratty and edgy with the kids as well. And I'm not sure what it is.

Mats Hogmark:

No, no. So, this headache is really affecting your life and your private life with your kids. You're not being the same old good happy Glenn that you usually are, and this concerns you.

Glenn Hinds:

Yeah. Yeah.

Mats Hogmark:

And you're not sure what to make of it.

Glenn Hinds:

Actually, to be honest, part of me is thinking, "Is this a brain tumor?" And it frightens me to say that to be honest.

Mats Hogmark:

Yeah.

Glenn Hinds:

I would rather discover that I hurt my neck. But it's just been so long. It's there most of the time.

Mats Hogmark:

So, one of the most troubling worries that you have is that if this was a brain tumor. That's one thing that's been on your mind. That sounds hard to imagine such a difficult diagnosis.

Glenn Hinds:

Yeah. The kids are young, and I'm relatively young.

Mats Hogmark:

It really frightens you.

Glenn Hinds:

Yeah. And I guess that's why it's been a big deal enough coming in here, to be honest. I don't want you to tell me that's what it is.

Mats Hogmark:

No. And I think that it's great that you're here. I can hear that you have been worrying about your symptoms. These are new things for you, and one of the worst-case scenarios would be a tumor. And I think it's great that you're here so we can talk about it and see what we come up with. Is there anything else that ... I mean, obviously a tumor sounds frightening enough. But is there anything else that you've been worrying about? Do you have any other, less bad ideas about what this could be?

Glenn Hinds:

When it started, I just thought it was work. We've had a couple of big deadlines recently at work. And I've been staying at work a bit longer. And I just put it down to stress.

Mats Hogmark:

Yeah.

Glenn Hinds:

So, that's what I prepare it to be.

Mats Hogmark:

The work life has been quite stressful, and that could be one of the reasons for your headache. That's how you're thinking.

Glenn Hinds:

Yeah. The fact that it's gone on for this long is what the main concern is. My dad had a stroke when he was 52.

Mats Hogmark:

Yeah. And of course, that's one thing that's been on your mind as well. Could this be some kind of a stroke? Any other ideas that you've had? Some people come here, they've been looking at Google, or they talk to friends and colleagues. Maybe you found out something there.

Glenn Hinds:

You know what? I didn't really want to look. The only person I've really talked to is my wife. She's been trying to reassure me that everything's okay. Like I say, it was her that said to go and see Mats because this has gone on too long. When I thought it was stress, I got massages and that sort of helped a bit. But it just stayed, and I've been taking Panadol and Ibuprofen and everything like it's going out of fashion.

Mats Hogmark:

Yeah. Okay, good. I mean, it's always good that you tell me. Massages has been helping you a little bit, but not enough. So, that's some information that we can think about as well. What are your expectations or hopes for this meeting today? Is there anything in particular that you would like me to help you with or do with you?

Glenn Hinds:

Yeah, I guess what I want, I want you to do whatever is necessary to say, "Look, this is a minor issue, and here's the thing." So, I don't know. Whatever it is you need to do. A check, or a full body check up, or give me a scan or something. I really don't know, Doctor, what it is. But I just want some reassurance.

Mats Hogmark:

Yeah. Okay. So, of course, I will exam you and then see what comes up. And if that's enough, then you're happy. But you're also thinking maybe a brain scan would be something needed. That's one of the things you've been talking about with your wife as well. Yeah?

Glenn Hinds:

Yeah. Yeah.

Mats Hogmark:

Okay. So, if I may summarize so far what you've said and make sure that I got you right. So, you've been experiencing headaches for five weeks, and that is something new for you. You're not used to this. You have been thinking about perhaps it could be because of stress at work. You've been a bit tense in your muscles. And when your wife has given you a massage, it has felt a little bit better, but not good enough. It's been affecting your sleep, and it's been affecting your mood. You're not the person that you want to be. One of the things that you've been worrying about is whether this could be a brain tumor. And also, your father had a stroke when he was just slightly older than you are. And that is one thing that concerns you as well. And you hope that I will be able to give you some reassurance by just examining you. Or if it's needed, also make a brain scan.

Glenn Hinds:

Yeah.

Mats Hogmark:

Did I get it right?

Glenn Hinds:
Absolutely. Yeah. Yeah.

Mats Hogmark:
Yeah.

Glenn Hinds:
Yeah.

Mats Hogmark:
Is there anything else that you would like us to talk about, given that we have the time?

Glenn Hinds:
That's really the thing. I'm putting the sleeplessness down to this, rather than anything else. It's almost like everything feels like it's all wrapped up together.

Mats Hogmark:
Okay, fine. So, what I'm going to do now is I'm going to ask you some more fact-finding questions, and I'm going to exam you of course. And then we will see what we come up with. If we need to take any blood tests or make any other examinations. So, I will do that now. So, one of the things that I, just to continue asking you some things is, are you healthy otherwise in terms of medications, or anything like that?

Glenn Hinds:
Yeah, yeah.

Mats Hogmark:
Any other ailments?

Glenn Hinds:
No, nothing.

Mats Hogmark:
Yeah, nothing.

Glenn Hinds:
No. I can't remember the last time I've been to see a doctor.

Mats Hogmark:
Oh, okay. Well, that's good.

Glenn Hinds:
I think I was a kid the last time I saw a doctor.

Mats Hogmark:

Okay. So, yeah. Well, that sounds fantastic. Tell me a little bit about those headaches. You've had them for four or five weeks. Are they more prevalent in the mornings or in the afternoons or in the evenings? What is that like?

Glenn Hinds:

Yeah, it's funny that you say that. I've probably become more aware of them late morning for the rest of the day. You know what? I haven't thought of that until you just ... When I wake up in the morning, they're probably not there.

Mats Hogmark:

Okay. So, they come in the late morning, and they sort of grow on you during the day. Maybe more towards the evening. Yeah, okay. Have you then experienced any strange symptoms, neurological symptoms in your hands or arms, or in your face or anything like that?

Glenn Hinds:

Sometimes it feels like it affects my vision. It's not so much a blurring. But it's me squinting because the pain is very often in the front of my head. And sometimes across my whole head. But there comes this shooting pain at the front.

Mats Hogmark:

Okay. Yeah. Yeah. All right. So, some problems with your eyes. But nothing in particular apart from that.

Glenn Hinds:

Yeah.

Mats Hogmark:

Okay. And no nausea or vomiting or anything like that? Problems with your balance?

Glenn Hinds:

I've never actually gone and thrown up. I'm probably not eating as much as I would've particularly around teatime. I'm not eating as big a dinner.

Mats Hogmark:

Yeah, okay. Some of the things that might ... And you were talking about stress at work. And you mentioned that it's been quite a stressful time for you. And some of the things that might sometimes affect headaches as well could be lifestyle things like physical activity, exercise. What does that look like for you?

Glenn Hinds:

I used to play a lot of soccer, but not so much anymore. Actually, you just asking me that just made me think that the reason why I stopped playing so much, I hurt my back, just my spine. But it hasn't been hurting me at all. So, I don't know if it's connected to that as well.

Mats Hogmark:

No. Okay, yeah. So, you used to be quite active, but nowadays, maybe not so much.

Glenn Hinds:

No.

Mats Hogmark:

If I understand you correctly. Yeah.

Glenn Hinds:

I'm not busy at work.

Mats Hogmark:

Other things that might affect your health in general would be use of tobacco or alcohol. How does that look like for you?

Glenn Hinds:

I used to smoke. A used to be a 20 a day person. But not since the kids were born.

Mats Hogmark:

Wow.

Glenn Hinds:

I would drink at social dues and things like that. But neither of us at home would be drinking.

Mats Hogmark:

Okay. Well, that's good. So, you're an ex-smoker. I must congratulate you on being able to quit. A lot of people find that to be very difficult, but you managed.

Glenn Hinds:

Yeah, it was hard. Yeah, yeah. It took me a couple times.

Mats Hogmark:

Yeah. Okay. Did you check your blood pressure? Because sometimes that can also affect your headaches.

Glenn Hinds:

I wouldn't know how to, Doc.

Mats Hogmark:

Okay. Okay. So, now I'm going to exam you and see what we find. And let's make a brief pause there in this interaction, and I just tell you what I found. I make an examination and I make a full neurological examination. Nothing in particular. It looks just fine. There are no particular findings at all. And I will listen to your heart. I will listen to your lungs. Nothing there. I'll measure your blood pressure and it's a bit high. It's a bit elevated, which in my head makes me think, well maybe this could be a contributing factor. I also feel around your temples and your shoulders, and I can sense that your muscles are very tense, and they hurt. When I massage you, it hurts. And I also have a look at ... I check your eye vision and nothing in particular there. It looks fine. So, that is what I find. And shall we move on?

Glenn Hinds:

Yes, please. Yeah.

Mats Hogmark:

Okay. So, now we're in the neutral part. Okay, Glenn. So, you came to me with your headache. Four or five weeks of headache. And you're particularly worried that it might be something bad. Like, could it be a stroke? Could it be a brain tumor? You were thinking as well, maybe it's about stress at work and my tense muscles. Your wife had given you a massage and that hadn't been helpful. I have been examining to you, I've been listening to your story. And first of all, the way you described your headache does not sound like a brain tumor at all to me. And when I exam you, I find nothing that gives me that suspicion either. I would say this is not a headache of any grave importance. This did not come from a stroke. You are not having a brain tumor.

Glenn Hinds:

Well, that's a huge relief.

Mats Hogmark:

Yeah. I would just like to reassure you about your main concerns. One of your ideas was perhaps this could be due to stress and to tension. And I would actually say that I think you're on to something here because your muscles are very tense and they're quite tender when I exam you. And also, one of the things I find is your blood pressure is a bit high and that can contribute as well. So, those are the two things that I would say affects your headaches mostly. And what do you think of that?

Glenn Hinds:

Well, first thing is if you're saying these headaches are not symptoms for me dying early, that's great. I just want something to happen because it really is starting to interfere with my sense of self and well-being.

Mats Hogmark:

Mm-hmm (affirmative). This is really affecting you. But it feels good for you to hear that we're not looking at anything dangerous here. So, what my suggestion would be, we do not need to make a brain scan. I feel confident looking at your body and examining you and hearing your story that we don't need to make a brain scan. But what I do suggest is we do something about this tension of yours. And I think we need to look into your elevated blood pressure as well to see if maybe this is just a coincidence. Now you're a bit stressed here. But we need to check that blood pressure again. So, what I suggest is that you come back here next week, and we measure your blood pressure again to see if it's better then. And if it's not, we might consider actually doing something about that. Physical exercise, like you said, you're not being so active right now. That could contribute to a lower a blood pressure, which might make it better for you with your headaches. So, that is one thing.

Mats Hogmark:

And the other thing is I think you need to see a physiotherapist who can help you with some exercises that you can use for your shoulders and for your neck and to make sure that you find a better balance in your body.

Glenn Hinds:

So, do you think that will help me do more physical things like even swimming or doing some activity?

Mats Hogmark:

Yeah. So, you're open to becoming more physically active I can hear?

Glenn Hinds:

Well, if it takes this head away, I'm prepared to do anything, Doctor.

Mats Hogmark:

Yeah. Okay, wow. Good. Absolutely. And whatever you do, if you want to go swimming, you want to go to the gym, or you're going to go running, or start playing soccer again, I think many of these things will be good for you. However, I think one of the first things that would be most helpful for you would be to see a physiotherapist who can give you some guidance on how to train best. And things that you need to work more on. Some things that perhaps you need to avoid. How does that sound to you? Would that be something you can consider doing?

Glenn Hinds:

Absolutely. How quickly can I see this physio because I'm looking for something quick?

Mats Hogmark:

Yeah. Actually, I can make an appointment for you in a couple of days with our physiotherapist for a first assessment. And then the two of you will have to work out together what would be best for you to do, and what you should not do because there

might be some things that you should avoid as well. So, if you want, I can make an appointment in a couple of days for you.

Glenn Hinds:

Yeah, that would be really good. And can I get some tablets because my head?

Mats Hogmark:

Yeah, absolutely. Yeah, I can give you some tablets that might help you as well. Some muscle relaxants that can help you be a little bit more relaxed and make it easier for you to transition into physical activity, physiotherapy.

Glenn Hinds:

So, you think it is more of my muscles that's causing this than anything else?

Mats Hogmark:

Yes. Yes. Yes.

Glenn Hinds:

Great.

Mats Hogmark:

And as I said, we also need to pay attention to that blood pressure. Maybe it's just a coincidence today. But we'll follow up. And what I suggest is that you come here next week. Take your blood pressure. And then when I see the results of that, I will give you a phone call and we can talk about that. If it's fine, then it's fine. But if it's elevated, we might talk about what to do next. And then, I can also follow-up and hear what's happened with you and medications, and the physiotherapy.

Glenn Hinds:

Yeah. Thank you.

Mats Hogmark:

Do you have any questions or anything else?

Glenn Hinds:

It's just the idea that maybe it's the sitting down, hunched over the desk. And its strange to think. But I suppose it makes some sense that it's gone all the way up into my head and maybe I'll straighten myself out.

Mats Hogmark:

Yeah. And I can tell you, Glenn, that the problems you're experiencing are very common. Getting a headache from muscle tension is very, very common. And almost everyone with

proper physiotherapy will become symptom free. So, I think that will happen for you as well.

Glenn Hinds:

Well, that's great news, doctor.

Mats Hogmark:

So, when you come back home to your wife, and she asks what we did today, what will you tell her? Just to make sure that we got each other right.

Glenn Hinds:

Well, I'll tell her that she's not getting a new house when I die, because I won't be dying in the near future.

Mats Hogmark:

No. That's right.

Glenn Hinds:

But yeah. It's just that it's not as serious as we, at the worst-case scenario. That it is that tense, and just about relaxing a bit more, and that you've offered me an opportunity to see a physio who's going to offer me advice on what type of exercise to do that will help with the tension. And that you'll check my blood pressure, and then check it again so that I have to come back, and you're going to keep an eye on things.

Mats Hogmark:

Excellent. I think we understood each other well, Glenn. And I look forward to talking to you in about a week again to follow-up and see what has happened.

Glenn Hinds:

Yeah, thank you, Doctor. That was really helpful.

Mats Hogmark:

Thank you. All right.

Sebastian Kaplan:

All right. Awesome. Well, thank you both for doing that. We've done these role plays, a couple of these before. It's nice to debrief them a bit. So, maybe Glenn, we could start with you as the patient role. What was that like for you?

Glenn Hinds:

What was so nice with that was just how gentle you were, Mats. Just the space and when I started talking about the brain tumor, you just created space for that. And it was almost like as I heard myself talk about it, I began to hear myself saying, "It's not that." At some

level, I as the patient knew it's probably not that. But you giving me the space to go to that extreme and for you to be very tolerant of that was really helpful. And I didn't feel under pressure to go one way or the other with anything. And I could hear myself being able to talk about the fears and even just the fact that I was at the doctors at all. It was a big thing. You were lighthearted. There was a couple times you laughed. It just normalized the conversation for me. I don't know how long we were talking. Maybe 10 minutes before you started to become a doctor in the traditional terms, which was started to get into the what's going on? What are you doing? How's that going? And then you didn't put hands on me until after that again.

Sebastian Kaplan:

Yeah, I was taking some notes as you guys were doing that. And yeah, when you brought up the concern about the brain tumor, Glenn, I imagine ... And again, in a very well-intentioned way, a doctor might just start going after that with questions that would help clarify and maybe answer that question without the brain scan. And Mats, you didn't respond really to the content there. It was a response to what that must be like for Glenn to worry about that. It was sort of irrelevant in that moment whether or not he actually had a brain tumor. He was fearful that he did. And that was what's most important. In just a reflection or two in that moment, as you said, Glenn, it just created some space and some sort of freedom to express that.

Mats Hogmark:

Yeah, that's a good observation, Seb. And I think that is what we talked about before, the righting reflex, and the will to fix people immediately. It would be very easy to jump on that brain tumor bit and say, "Well, no, no, no. You don't have a brain tumor. Definitely not." Or ask about these things. Do you have morning headaches? Which might be a symptom. Or do you vomit? And do you have any neurological symptoms? Just immediately go there. But rather, like I did here, is just to reflect on the feelings, the emotions that Glenn is expressing. He says that "Well, I have kids." He doesn't say it. But he says it under the words. What's going to happen if I die? What's going to happen with my kids? And just let him be in those thoughts because he's had these thoughts before coming to see me. He and his wife have been talking around this issue. And before he told his wife about this, this has been on his mind for quite some time. Worst case scenarios. And maybe he's been imagining his own funeral and all these things. Who knows?

Mats Hogmark:

And what does that sound like to me? Well, that sounds horrible, doesn't it? I mean, being 45 years old and started thinking about your own funeral. So, rather than jumping in that, just reflecting on it. Say, "Well, that sounds horrible. Really frightening.

Glenn Hinds:

I think you captured it lovely there, that idea that you are being in those thoughts with me.

Mats Hogmark:

Yes.

Glenn Hinds:

That you came alongside of me. And when you were reflecting my experience with that, that's when the space, it was a shared space. You were there with me. It wasn't that you were telling me not to think like this. And then, hearing your rationale behind that was recognizing this guy's thought about this before he's come here.

Mats Hogmark:

Yes.

Glenn Hinds:

And what was that like for him? And what might his imagination have gone?

Mats Hogmark:

Yeah, because that's the whole point of thinking about these things with the patient's part. Because the patient's part is what the patient has already been thinking about for quite some time before coming to see me. And if I don't find those things out, the ideas, the concerns, the expectations. If I don't find them out and somehow address them at the end of the consultation, then the patient will carry those things with him away from this consultation. And they will continue to circle around in your head. And you won't feel satisfied. You will still be thinking, "Do I have a brain tumor?" Because you didn't get the chance to talk about your fears. And what will happen then? Probably are going to come back again.

Glenn Hinds:

Or look for a different doctor.

Mats Hogmark:

Or look for a different doctor. Or you will go to the emergency room some time, which is not the place for you to be. The place for you to be is at your GP's office, like you are now. And another thing, if I were to jump on the brain tumor, I would miss your, maybe not so strong, but still fear of this being a stroke. So, if I were to answer that this is not a brain tumor and send you off, then maybe you would still be thinking, "Well, but could it be a stroke? I never got the chance to talk about my fear of this being a stroke." So, this is why we need to try to as best as possible, exhaust the ideas, concerns, and expectations.

Glenn Hinds:

Yeah, sounds like partly what you're exploring there is that the likelihood is at some levels, I'm going to leave and I'm not going to have a stroke, and I'm not going to have a brain tumor.

Mats Hogmark:

Yeah.

Glenn Hinds:

But my emotional well-being has been impacted because I'm still worrying until the headaches go away. And what you're doing is supporting me with that internal experience of what is this? And am I okay knowing that I'm being looked after? And you took that into account when you created that space.

Mats Hogmark:

Yep. And it could be that you are perfectly content with the visit and feel like, "Well, I don't have a brain tumor. I don't have a stroke." But if you didn't really get to talk about it, when you come home, perhaps your partner, your wife will say, "Well, how can you even be sure that it's not a brain tumor? Did you talk about it?" No, we didn't. We didn't address it. So then, maybe she will say, "Well, you should go back again." So, for me this is also a difficult thing. For me as a doctor, I need to consider that there is someone who is not in the room who might also have ideas, concerns, and expectations. So, this is not easy.

Sebastian Kaplan:

Yeah. It's making me think of the idea of the encounter itself being therapeutic, within the conversation. As opposed to, all the other things being what's therapeutic, which hopefully they will be also. The physiotherapy, the tablets, the exercise, and all that. But the opportunity exists for there to be some therapeutic movement, not in the context of formal therapy with the therapist. You're a physician. You're doing physician's work, and you are being therapeutic by attending to his emotional concerns. And also, not for a whole hour. That was maybe two to three minutes of the whole encounter where you were responding to his concerns about the brain tumor. And by doing that, it really enhanced the rest of the conversation and everything that would come after that.

Mats Hogmark:

And it makes it easier for me to focus on the right things. And to let go of other things. I mean, it could be that Glenn said, "Well, I want you to write a letter to my employer saying that I need to be on sick leave for two weeks to really relax." He didn't want that, so I didn't need to talk about that. I didn't need to ask him, "Do you need a sick leave note?" Because it wasn't up for discussion. So, sometimes we as doctors, we presume that the patient wants certain things. But maybe they don't. And it's good for us to find out in the beginning what they want and what they're not so interested in. So, maybe we don't need to talk about the other stuff. It can actually save us some time.

Sebastian Kaplan:

Yeah. Yeah, you were really quite persistent in making sure you asked what else are you looking for until Glenn said, "No, that's it." You just went to that point. A couple other observations, just subtle things that I think are examples of how you might level the playing field, or engage, or all these other things that we talk about. Well, actually, as you were describing, before the role playing, you were describing the mutual part of the encounter. And you described it as a process of coming up with a diagnosis together, and

that really stood out to me. I mean, that's the doctor's job. That's one of those things that the doctor has the answers for and gets to unveil after they draw out all the stuff from the patient. But the idea of having it be something that you do together is really quite ... I would go as far as to call it quite radical in some respects.

Sebastian Kaplan:

And then, even fast forwarding to the actual mutual part in the role play. Because you had drawn out from Glenn his ideas about what might be going on, after your exam you went back to his idea and you said, "You're really on to something." Right? It was just a subtle, quick comment. But again, it's an example of how we can, in practical terms, level the playing field, two experts in the room. And you as a doctor are saying, "Actually, you're the one who's on to something." Along with repeated offerings of, "Here's an idea that I have. What do you think of that?" that sort of Elicit Provide Elicit sequence that we talk about so much. And if I could just do one more thing that kind of made me chuckle a little bit. This is more so earlier in the role play. You actually asked Glenn in a very genuine way if he had been looking on Google for information.

Mats Hogmark:

Yeah.

Sebastian Kaplan:

Which how often are the providers kind of rolling their eyes or saying, "Oh, yeah. You're on the internet." And here you ask it in a way that there's no judgment behind it. And I would imagine if Glenn said that he was, you would be curious about what he found. And it wouldn't be a source of contention. Or like, "Oh, you have to listen to me. Not Google." So, a number of wonderful nuggets there, Mats, throughout.

Mats Hogmark:

Yeah. Well, thank you. And the Google part is actually something that I often say to my patients because I know that people Google stuff. And if they don't Google, they will have asked a friend or a colleague or someone in the village next to them who had similar symptoms. And if I don't try to find out what they know already, or what they think they know already, I won't be able to address those things. I mean, looking at the spirit of MI, and the acceptance part, some patients actually feel a bit ashamed for admitting that they have been Googling because the general perception is that you should never Google your symptoms. But we know that many people do. So, I might as well take the cap off that and I'll just say, "Some people, the Google their symptoms. And well, that's good because then they might know some stuff. Did you do that? And if so, what did you find?"

Mats Hogmark:

So, it's a way of expressing acceptance. So, thanks for noticing.

Glenn Hinds:

Yeah. And I can imagine, again, just recognizing the potential concern is that if I told you I'm Googling, I'm going to get told off. And the way you approach it is, "What have you

discovered? And what has that taught you?" And again, that's back to that recognizing, this person was probably trying to help themselves before they came to me. In this instance, I've had a headache for five weeks, and it's taken me this long to come and see you. And what you're saying is you're taking into account, "Well, what has he tried before he asked me for help?" And one of the opportunities is to ask Google. Again, it's that space. It's the space to go, "Well, of course you did. Let's just see what you found out because maybe there's something in it."

Mats Hogmark:

And by acknowledging that, that might be a good thing because I think in general, a well-informed patient, I don't see that that would be a bad thing. I don't feel threatened as a doctor when my patient knows things. It can be challenging, indeed. Sometimes patients actually know more about rare diseases than I do, because they've been Googling, and they've been studying. Sometimes I just tell them, "Well, that's great. You really know a lot of things." And what I aim to do with that is also empower the patients. If we talk about two experts working together, I would take any chance I can to support that. I mean, we talk about supporting the patient's autonomy in MI. And I think empowering a person by saying, "Well, you know a lot of things about this. You are a resourceful person who knows how to find the information about this, and also do something with it." I think that is a way of supporting the autonomy.

Mats Hogmark:

That is very useful when you come to the neutral part. When you try to come up with a plan together, because like you said, Sebastian, the typical approach is that the doctor comes with a top-down approach saying that I have this plan for you, and I suggest you do as I said because it's going to be the best for you. But here, it's not like that. It's not a top-down approach. It's a bottom to up approach that we talked about before. And I want to empower the patient because the patient is the one who's going to do these things later on. It's not me. I'm not the one that's going to go see the physiotherapist and hopefully follow the recommendations that you get. It's actually the patient that's going to do that. And that is also in line with the spirit of MI.

Mats Hogmark:

So, to me, this is not MI. But it's also in line with the spirit. And I don't know if you noticed, but I tried to, at the mutual part ... This is where I think the MI in practice more comes to show. I offer some advice and I think what do you think of it? Would that be something that could work for you? And now, you Glenn, as a patient, you were quite easy. You didn't have a lot of resistance to my suggestions. So, I could just encourage that. But it could also be that you said, "Well, I don't know. Physiotherapy, I don't know if I have the time for that." So, then I would perhaps switch on my MI gear a little bit higher and then try to work with you and try to find your change talk for actually going to that physiotherapist.

Glenn Hinds:

Again, it's that working with whatever's in front of you without adding to it. You mentioned early on that you didn't offer me a sick line because I didn't raise it. And you're not making assumptions about me. You're clarifying with me all of the time. And you're clarifying with me what it is, I think. And then, when you share your ideas and thoughts and diagnosis, you're then exploring with me, "What do you think about what I'm saying?" And lots and lots of affirmations. Even just that idea. What struck me again about the Google was that idea, when you described somebody searching Google, "You've been looking under this. This is something that you're keen to find out more about." And there's that affirmation. Not just the autonomy, but the sense of efficacy potentially for this person is to engage in whatever comes next. They've already engaged in their own treatment. And you can now say, "Let's take this energy and place it over here where you're going to see physio."

Mats Hogmark:

Yeah. Another good thing about this approach, I think, is with the spirit of MI as the foundation. And again, going back to the Steve Rollnick quote of coming alongside with your patient and looking to the future together is, in a week from now when you and I have that phone conversation as a follow-up, if you are then still worried about brain tumor or something, that's another opportunity for us to talk about it. But if you're fine with the decisions we've made and the conclusions we've come to, perhaps that blood pressure of yours will still be high, and then we might enter into a discussion about, "So, what could be the causes for your blood pressure? Could it be because your father also had a blood pressure? Or could it be because of lack of physical activity? Or could it be ... I mean, you were not smoking. You said that you managed to quit before, which I tried to affirm as well. Could it be that you're actually drinking a little bit too much? You didn't say that you were, but sometimes people don't like to admit to that."

Mats Hogmark:

But now we have made a good connection and we've established a relationship where maybe if that were the case, you would feel more comfortable saying, "Well, maybe it's been a bit more alcohol than before because I've been feeling so stressed at work." And then we could have the conversation about how alcohol could affect your blood pressure and et cetera. And we could have an MI conversation about that.

Glenn Hinds:

Well Mats, now that I'm in a much better position. I'm feeling much more physically, emotionally, and psychologically reassured that I'm going to survive at least for the next couple of years. If I can come back into my role as the co-host with Seb in today's podcast. It seems like maybe it's a good place maybe to begin to explore with you too, two questions that we ask our guests. The first is, what's going on for you at the minute that may or may not be motivational interviewing related, that is capturing your attention that we could talk to you about for a few minutes?

Mats Hogmark:

Yeah, thanks for that question. In my personal life, one of the things that I have been very interested in, which is related to MI. It's the concept of compassion and self compassion.

And I've been particularly influenced by our friend and colleague, Stan Steindl in Australia of course, who's written a book about this. So, that is one thing that I'm trying to work more on. Understanding the parts of what compassion is and what it means for the different free flows of compassion. And particularly, also thinking about being compassionate towards myself. Sometimes just to pat myself on the back and say, "Well, you did all right. You tried your best, and it was okay." So, I think we all need that actually, to be compassionate towards others, and towards ourselves. So, that's one thing.

Mats Hogmark:

And in terms of more professional work, at the moment, I'm involved in a working group within ... There's an organization for Swedish family doctors, and I've been, for the past couple of months, involved in a working group that is trying to look at something that we call relational competence. It's the competence of building a relationship with your patients. And there are many things involved in that competence. It's not just being able to listen. Not just communication skills. But also know a little bit of self-awareness. Who am I as a doctor? Who am I as a person? And how do I react and respond to my patients? That is one thing. And also, experience. I mean, all the patients that I've met throughout the years, they build an experience that I bring with me into my meetings with new patients. And also looking at responsibility. How do I demonstrate taking responsibility in terms of being a doctor, and in terms of also letting go of responsibility. That sometimes the patient has their responsibility.

Mats Hogmark:

So, that is one of the things I'm working with, relational competence. As opposed to the other competence, which is the disease competence, which is uneasy to understand. We, as doctors, need to have competencies and knowledge about the disease. How to diagnose, how to treat, how to ... Well, all these things. But we also need the relational competence in order to actually understand what type of disease are we even looking for. What do these symptoms mean? What do they mean for me? What do they mean for the patient? And the things that we just role played actually. So, this is an exciting scene that we're looking into. I mean, it's nothing new. But we're trying to put words into what this relational competence is, and how we can work more with it as physicians in primary healthcare. And I would say also physicians in any setting. This is nothing that is exclusive to a general practitioner. This should be something for everyone. Yeah.

Mats Hogmark:

So, those are some of the things.

Sebastian Kaplan:

Yeah. Really interesting to hear you talk about relational competence and disease competence and how they can, sometimes might feel like they're competing for your attention, or for a physician's attention. I work at a medical school here in the States, and this idea of when is it the right time to begin to teach maybe more relational skills in medical school, as opposed to the traditional, kind of front loading them with information about diagnostics and physiology and anatomy and these sorts of things. It's probably an

impossible question to have one right answer to. But just the idea that this is a tension that you're trying to sort out well into your career, and really focusing on the relational parts here. Also, the piece about compassion and our friend, Stan, our listeners might be interested in knowing a bit more about Stan. He was actually our very first guest on the podcast way back when. Glenn, if you can remember that. And he has his own podcast, which we can put a link on in our episodes page. And Mats, you were a recent guest of his.

Sebastian Kaplan:

So, if anyone wants to hear you and Stan discuss compassion in the world of a general practitioner, that'd be a great resource for people. So, Mats, if our listeners had any questions for you, or just wanted to reach out and contact you, would you be open to that? And if so, how could they contact you?

Mats Hogmark:

Absolutely. I would be happy to communicate with people about these things if they want to reach me. I'm very active on Twitter, although 99% of my Tweets are in Swedish. But anyone could reach out to me on @matshogmark. My name, @matshogmark. And send me a direct message on Twitter. I will see that within minutes, probably. And I'm also on LinkedIn. You can just find my name. If people want to email me, it's mats@hogmark.com. Those would be the three main contact routes.

Glenn Hinds:

Fantastic. And just to remind people, if you're looking to stay in touch with myself and Seb, our Twitter handle is @changetalking. Our Facebook is Talking to Change. Our Instagram is Talking to Change Podcast. For questions, for future guests, or feedback on existing guests, including Mats, or information about training, you can email us at podcast@glennhinds.com.

Sebastian Kaplan:

Well, Mats, we really, really appreciate this. This was wonderful. Your time and wisdom and even your doctorly expertise as you were taking care of Glenn's headache.

Mats Hogmark:

Thank you.

Sebastian Kaplan:

So, we appreciate it.

Glenn Hinds:

Absolutely. Thanks, Mats.

Mats Hogmark:

Thank you.

Glenn Hinds:
Thank you.

Mats Hogmark:
Yeah, it's been a pleasure.

Sebastian Kaplan:
All right. Thanks again everybody. We'll see you next time.

Glenn Hinds:
Thanks, everybody.