**Confronting Racial and Ethnic Disparities in Renal Disease: Strategies to Close and Eliminate the Gap - Video Vignette #1**

**VOICE OVER:** In this simulation, Ms. Sarah Brown, a single 32-year-old African American woman, is visiting her primary care physician, Dr. Lindsay Mead, to review the results of her annual physical examination. In order to get a better idea about Sarah's recent health history, Dr. Mead asks Sarah a few questions and looks over her lab work.

**Dr. Mead:** Good afternoon Ms. Brown. My name is Lindsay Mead.

**Sarah:** Hello.

**Dr. Mead:** Before we get started, may I ask you how you would like to be addressed -- Ms. Brown or Sarah?

**Sarah:** Sarah is fine.

**Dr. Mead:** How can I be of help today?

**Sarah:** Oh, I have been feeling really tired lately. I brought my lab results with me. I'm a bit concerned that some of the tests came back abnormal. Do you think that is why I haven't been feeling well?

**Dr. Mead:** There seems to be a connection. In looking at your lab work, your urine test shows that you have over 300 mg of protein in your urine. This usually means that your kidneys are having trouble processing the food that you eat. I also noticed that your blood pressure is high. Diet and daily exercise for as little as 30 minutes a day can help lower your blood pressure; however, medications are sometimes needed. When you don't take the medications that have been prescribed to you, your blood pressure can remain high and damage the small blood vessels in your kidneys, which makes it harder for them to work properly.

**Sarah:** Umm, yeah, I was on medications a few years ago but had to stop because I didn't have health insurance. But I have insurance now, and I'd like to take that medicine again.

**Dr. Mead:** Very good. Your blood work also shows that your red blood cells are low. People who have kidney disease are at an increased risk for developing low red blood cells, or anemia, which could explain why you have been feeling so tired lately.

**VOICE OVER:** For the next few minutes, Dr. Mead performs a physical examination of Sarah, which reveals mild arteriovenous nicking but no hemorrhages, exudates, or papilledema on her fundoscopic exam, no thyroid enlargement, nodules, or bruits, no pulmonary or cardiac abnormalities, no
abdominal or renal bruits; 2+ pedal edema was noted in both of her ankles. Dr. Mead continues to address Sarah’s concerns and feelings towards kidney disease by using the BATHE mnemonic questions. This is one strategy that can be used to help develop a therapeutic alliance and provide more culturally competent patient-centered care. Dr. Mead also explains Sarah’s diagnosis, including the different stages of chronic kidney disease.

[As voiceover plays, the BATHE procedure is shown]:

| (B) Background: | "What is going on in your life?" |
| (A) Affect:     | "How do you feel about that?"    |
| (T) Trouble:    | "What troubles you most about this?" |
| (H) Handling:   | "How are you handling that?"     |
| (E) Empathy:    | "That must be very difficult for you." |

Dr. Mead: Based on your recent laboratory testing, you show early signs of chronic kidney disease.

Sarah: Really?

Dr. Mead: Yes. There are 5 stages to kidney disease, and you are currently in stage 3. Have you ever had or known anyone, family, friends, colleagues, who have had or who currently have kidney disease?

Sarah: Yeah! My father has been on dialysis for 5 years now. But I'm confused, why is this happening to me?

Dr. Mead: Kidney disease seems to have a greater impact in certain racial and ethnic groups and may run in families. You also have high blood pressure that hasn’t been controlled with medications for a few years. Over time, high blood pressure can damage the kidneys. Sarah, as your physician, I know we can work together to help slow down the rate at which your kidneys worsen. It sounds like this situation may be frightening. How do you feel about all of what I have just told you?

Sarah: Well, it's a lot to take in. So, how much do I really need to know about kidney disease?

Dr. Mead: I'm glad you sound very eager to learn more about kidney disease. I have some brochures you can read, one from the National Kidney Foundation and this is from the National Kidney Disease Education Program. And you can also go on their Websites to learn more. I'll have my nurse write them down for you.

Sarah: Wow, I didn't know all of this was happening inside my body, but thanks for explaining it to me. I'll go home and read more about this.
**Dr. Mead:** Sarah, is there anything special about this diagnosis that worries or concerns you?

**Sarah:** Well, it's just very hard for me. I know I need to lose some weight and eat a more balanced diet. But I don't get to exercise much. I do try to walk my dog every day. I guess I'm afraid that I will be on dialysis like my dad. He comes back from his sessions tired and frustrated, and I don't like seeing him so unhappy. Do you think I will need to go on dialysis like my father?

**VOICE OVER:** By continuing to use the BATHE mnemonic to learn more about the psychosocial context for the visit, Dr. Mead quickly establishes a personal rapport with Sarah. Probing further by asking the patient how she feels about her disease elicits Sarah's emotional response. We just saw how Dr. Mead was able to get to the symbolic meaning of the situation for Sarah and uncovered what was really bothering her.

**Dr. Mead:** Sarah, it sounds like you have been going through a great deal of stress. The progression of kidney disease to kidney failure can be significantly delayed. You are very lucky that we were able to catch this early. Many people have kidney disease and don't even know it. And in your case, especially because your father has kidney disease, we will be monitoring you very closely from now on. I know this is tough on your father, but how are you handling that?

**Sarah:** I have dinner with my family every week and we tell each other everything. I guess this will be the topic of conversation this week, but you know, I think my dad is going to be very supportive.

**Dr. Mead:** I'm glad to hear that. Please remember that I will work very closely with you to make sure you are on the right medications, which will help decrease your risk for developing future problems. I would recommend that we start a diuretic and a small dose of an ACE inhibitor that will help protect your kidneys from further damage and also lower your blood pressure. Here is a fact sheet regarding high blood pressure and the medication that you will take every day.

**Sarah:** Thanks, Dr. Mead.

**Dr. Mead:** Sarah, I understand and see why you are very concerned about going on dialysis like your father. If you would like, I can refer you to a nephrologist for further evaluation. He or she will be able to give you more information. And if eventually, the nephrologist were to place you on dialysis, there are a couple of options. Kidney transplantation is another option. Do you know if your father is on hemodialysis or peritoneal dialysis?

**Sarah:** Ummm...I think it's hemodialysis. I try to take him when I can. As I said, we are a very close family. And because you mentioned it, maybe I will go see his nephrologist. My dad seems to like his doc.
Dr. Mead: That is an excellent idea. Sarah, this must be very difficult for you but it helps to have a support system. After you talk to your father, if you have any further questions, please feel free to contact me at any time. In the long run, this treatment plan will help improve your well-being and health. Let me write down a few more Websites and resources that you may find helpful.

Sarah: Thank you so much, Dr. Mead. I was very nervous coming in today, but you have been very kind. I understand a little more about my disease and now look forward to talking to my dad about it.

Dr. Mead: Sarah, thank you so much for sharing your symptoms and concerns with me because it will really help me take better care of you. I will see you in a couple of weeks. At that time, we will check your potassium, calcium, parathyroid hormone, and phosphate levels and also review your symptoms again to see how everything is going at that time. We will also have a repeat ultrasound done of your kidneys. Sarah, I would also like to refer you to our dietitian, who can help you with lifestyle changes like lowering your sodium and salt intake. And, I can also work together with your father's nephrologist to improve your care and understanding of kidney disease.

Sarah: Thanks again, Dr. Mead.

Dr. Mead: You're welcome. My pleasure, Sarah.