

MEMORY

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Memory:

Memory collects the countless phenomena of our existence into a single whole , considers conceptions , perception, thought and movement , it is memory that gives us the sense of continuity on which our very notion of a self depends.

Three stages of memory:

The encoding stage: entered the name.

The storage stage: stored the name.

The retrieved stage: recovered the name.

PET study: encoding involves areas in the left hemisphere, retrieval involve areas in the right hemisphere

Memory:

Working memory vs. long term memory:

The three stages of memory do not operate the same way in all situations, memory seems to differ between situations that require us to store material for a matter of seconds

(working memory) and those require us to store material for longer intervals (minutes-years).when we recall a name immediately after encountering it, retrieval seems effortless , as if the name was still active ,still in our consciousness ,but when we try to recall the same name hours later,retreival is often difficult because the name is no longer in our consciousness thus to be brought back

Memory :

Regions in the frontal cortex are involved in working memory while the hippocampus is critical in long term memory(in human hippocampus damage leads to medial temporal lobe amnesia , these patients have intact short term memory.

Recollection of an event in the past called explicit memory while memory of skills is referred to as implicit memory.

Memory:

Working memory :stored for few seconds encoding, storage and retrieval.

Encoding: selective attention color of the clerk eye.

Phonological coding:e.g. when you look up a phone no. and retain it until you have dialed it ,in what form do you represent it ,is it visual, a mental picture of the digit , or is it semantic (based on memory) or phonological. Research indicates that we can use any of these possibilities to encode information into working memory although we favor a phonological code when we are trying to keep the information active through rehearsal that is repeating an item over and over.

Memory:

Showing participants a list of 6 consonants (RLBKSJ) and to write it in order it took a second or two, participants occasionally made errors , the incorrect letter tended to be similar in sounds to the correct one as (RLTKSJ) replacing with similar sounding T.

Visual coding : we can use a visual code for verbal material, the code fades quickly ,when storing nonverbal item visual code become very important. the working memory is limited to about 7 items +/- 2 chunking help storage.

Memory:

Forgetting : due either to decay by time or displacement by new items.

Retrieval: research shown that the more items there are in working memory the slower retrieval becomes.

Importing memory:

Chunk, imagery, elaboration, context, organization, practicing retrieval.

PQRST method. P(preview), Q(question), R(read), S(self recitation), T(test)..

Breaking bad news:

Breaking bad news is one of a physician's most difficult duties, yet medical education typically offers little formal preparation for this daunting task. Without proper training, the discomfort and uncertainty associated with breaking bad news may lead physicians to emotionally disengage from patients. Numerous study results show that patients generally desire frank and empathetic disclosure of a terminal diagnosis or other bad news. Focused training in communication skills and techniques to facilitate breaking bad news has been demonstrated to improve patient satisfaction and physician comfort.

Breaking bad news:

The recommendations are as follows:

- 1-It is appropriate that the breaking of bad news will be as close as possible to the diagnosis.
- 2-During the process of delivering the bad news, it is recommended to incorporate a family member and a nurse.
- 3-The information delivered in the meeting should also include reference to treatments and side effects, and it is recommended that the patient be given written information.
- 4-The patients should be allowed room to express emotions (such as anger, and crying) and also support them with an empathetic silence and a comforting touch.

Breaking bad news:

- 5-The verbal communication should be based on participatory and encouraging sentences and be refrained from the use of sentences that try to encourage in a negative approach.
- 6-It should be considered that breaking bad news is more of a process than a single action, for the patient needs time to develop awareness to the situation and internalize the news.
- 7-Doctors and nurses should be prepared to a wide range of possible reactions from the receivers of the news and be patient and understanding even when the patient try to validate the situation with repetitive questions.
- 8-Because breaking bad news is a task that requires skill and planning, caregivers should be trained to perform it properly

Trying a different approach:

- 1-Put on a clean white coat (one with no blood, because it most likely will be interpreted as being from their loved one).
- 2-clearly introduce yourself when entering the room.
- 3-find out who is in the room and identify the next of kin.
- 4-get down to eye level with that person.
- 5-reach out and make some contact with that person, such as their hand or knee.
- 6-make eye contact.
- 7-state, "Your (husband, daughter, brother) has died."
- 8-allow up to 2 minutes of silence.
- 9-ask if they have any questions about what happened.
- 10-never leave the room before asking a personal question about the person who died or the life that person had with their family.

THANK YOU

