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**Title:** A Reflective Case Study: Complex Presentation of a Veteran Patient with Cardiomyopathy and a History of Facial Reconstruction

**Article type:** Experience

**Author names:**

1. Zainab AL-Rubaiy

**Degrees and Affiliations:**

1. Second-year Medical Student. University of Sharjah, Sharjah, United Arab Emirates.

**ORCID (Open Researcher and Contributor Identifier):**

1. <https://orcid.org/0009-0006-9148-3205>

**About the author:** Zainab AL-Rubaiy is currently a second-year medical student at University of Sharjah, Sharjah, United Arab Emirates, enrolled in a 5-year MBBS program. She was awarded Excellence with Honors in her first year of study.

**Corresponding author email:** [alrubaiy.zainab@gmail.com](mailto:alrubaiy.zainab@gmail.com)

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  - Affiliation: <https://www.instagram.com/usharjah?igsh=bmFvYmc4NWJnNDlr>
- **LinkedIn:**

- 1 - Author: [https://www.linkedin.com/in/zainab-a-](https://www.linkedin.com/in/zainab-a-a976bb366?utm_source=share&utm_campaign=share_via&utm_content=profile&utm_medium=ios_app)  
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4 - Affiliation: <https://www.linkedin.com/school/university-of-sharjah/>  
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1 **ABSTRACT.**

2 Trauma-informed care (TIC) reframes complex patient encounters by recognizing the lasting impact of trauma  
3 on health behaviors. I describe the case of a male veteran in his sixties who presented with apparent  
4 gastrointestinal illness, yet further evaluation revealed untreated cardiomyopathy and a history of combat-  
5 related facial reconstruction. Despite clear evidence, the patient denied his cardiac condition, reflecting mistrust  
6 of healthcare and the psychological burden of trauma. This denial complicated diagnostic reasoning and care  
7 planning but underscored the critical role of TIC in uncovering hidden narratives behind clinical presentations.  
8 By shifting focus from symptoms to context, this case highlights how trauma, resilience, and denial intersect in  
9 medical practice. It calls for reflective approaches that integrate psychosocial insight into clinical decision-  
10 making, particularly when caring for veterans and patients with complex life histories.

11  
12 **Key Words:** Cardiomyopathies; Cardiomyopathy, Hypertrophic; Cardiovascular Diseases; Surgery, Plastic;  
13 Surgical Procedures, Operative; Veterans Health; Denial, Psychological; War-Related Injuries

1 **THE EXPERIENCE**

2

3 During a clinical shadowing placement in a family medicine clinic, I encountered a veteran patient whose  
4 seemingly routine gastrointestinal complaint concealed a complex history of cardiomyopathy and prior facial  
5 trauma sustained during military service. His initial denial of past treatment, coupled with trauma-related coping  
6 behaviors, demonstrated how unspoken histories can shape patient engagement and adherence. This case  
7 provided a valuable opportunity to reflect on trauma-informed care, the role of electronic health records in  
8 clarifying hidden histories, and the importance of integrating psychosocial awareness into clinical reasoning and  
9 medical education.

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1 **REFLECTION**

2

3 This experience highlighted how hidden patient histories and trauma-related behaviors can profoundly  
4 influence clinical encounters. The veteran patient's denial of prior cardiology treatment and subtle coping  
5 mechanisms stemming from combat-related facial trauma illustrated how unspoken histories may obscure  
6 critical health information. Reflecting on this case, it became clear that understanding patients' psychological  
7 and social context is as important as recognizing biomedical signs, particularly when past trauma may affect  
8 adherence and engagement.

9

10 The encounter also emphasized the value of electronic health records in reconciling discrepancies between  
11 patient-reported and documented histories, providing a more complete clinical picture. Integrating trauma-  
12 informed care principles—such as recognizing avoidance behaviors, building trust, and avoiding re-  
13 traumatization—proved essential in understanding the patient's perspective. For medical students, this case  
14 reinforces the importance of curiosity, empathy, and reflective practice in bridging clinical knowledge with human  
15 experience, preparing future clinicians to deliver patient-centered and context-sensitive care.

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Manuscript

1 **LEARNING POINTS**

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3 Trauma history may present through denial, avoidance, or non-adherence to treatment.

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5 Electronic health records are invaluable for resolving discrepancies in patient-reported histories.

6

7 Facial and combat-related trauma can have long-term psychological and behavioral effects.

8

9 Trauma-informed care improves communication, engagement, and trust with vulnerable patients.

10

11 Reflective practice enables medical students to integrate psychosocial context into clinical reasoning.

12

13 Experiences with complex patients, such as veterans, provide lessons transferable across diverse healthcare  
14 settings.

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## 1 SUMMARY - ACCELERATING TRANSLATION

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3 العنوان:

4 دراسة حالة تأملية: عرض معقد لمريض من المحاربين القدامى يعاني من اعتلال عضلة القلب وتاريخ من جراحة ترميم الوجه

5

6 المشكلة الرئيسية:

7 غالبًا ما يقدم المحاربون القدامى الذين لديهم تاريخ من الصدمات القتالية تاريخًا طبيًا معقدًا أو مخفيًا. في هذه الحالة، بدأ شكوى المريض الأولية بسيطة، لكن  
8 حالته الصحية وتاريخ الصدمات النفسية جعلت فهم وضعه الصحي تحديًا.

9

10 هدف الدراسة:

11 تهدف هذه الدراسة إلى توضيح كيف يمكن للصدمات النفسية، والإنكار، والتاريخ الطبي المخفي أن تؤثر على اللقاءات الطبية، وتسلط الضوء على أهمية  
12 الرعاية المبنية على معرفة الصدمات والتأمل في الممارسة الطبية في تعليم الطلاب.

13

14 المنهجية:

15 تعتمد هذه الدراسة على سرد تأملي لتجربة ظليلة سريرية في عيادة الطب الأسري. لاحظت الطالبة المحارب القديم، وراجعت سجلاته الصحية الإلكترونية  
16 تحت إشراف الطبيب المشرف، وسجلت التناقضات بين ما أبلغه المريض وما هو موثق في سجلاته. ركز التأمل على الجوانب السريرية والنفسية والتعليمية  
17 لهذا اللقاء.

18

19 النتائج:

20 بدأ المريض بعرض أعراض معدية معوية، لكن المراجعة التفصيلية كشفت عن تاريخ من اعتلال عضلة القلب، وتوقف عن تناول الأدوية القلبية، وإصابات  
21 وجعية سابقة تطلبت جراحة ترميمية. أظهر إنكار المريض لعلاج السابق وآليات التكيف النفسية الخفية كيف يمكن أن تؤثر الصدمات على سلوك المريض،  
22 والالتزام بالعلاج، والإفصاح عن التاريخ الطبي. أبرز اللقاء أيضًا أهمية سجلات المرضى الإلكترونية في توضيح التاريخ الطبي، وقيمة تعليمية لملاحظة  
23 ممارسات الرعاية المبنية على معرفة الصدمات.

24

25 الخلاصة:

26 توضح هذه الحالة أن اللقاءات الطبية تتشكل ليس فقط من الأعراض الظاهرة، بل أيضًا من تجارب المرضى السابقة والدفاعات النفسية. بالنسبة لطلاب الطب،  
27 الدروس الرئيسية تشمل أهمية أخذ التاريخ الطبي بعناية، والوعي بسلوكيات مرتبطة بالصدمات النفسية، وفوائد الرعاية المبنية على معرفة الصدمات، وأهمية  
28 التأمل في الممارسة الطبية. فهم هذه العناصر يمكن أن يحسن تفاعل المرضى، والالتزام بالعلاج، والتفكير السريري، ويعد المهنيين الصحيين المستقبليين لتقديم  
29 رعاية حساسة وسياقية ومتعاطفة.

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1 **REFERENCES**

- 2
- 3 1. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, et al. 2013 ACCF/AHA  
4 guideline for the management of heart failure. *J Am Coll Cardiol*. 2013. Available from:  
5 [https://www.acc.org/Latest-in-Cardiology/Journal-Scans/2013/06/06/16/29/2013-ACCF-AHA-](https://www.acc.org/Latest-in-Cardiology/Journal-Scans/2013/06/06/16/29/2013-ACCF-AHA-Guideline-for-the-Management-of-Heart-Failure)  
6 [Guideline-for-the-Management-of-Heart-Failure](https://www.acc.org/Latest-in-Cardiology/Journal-Scans/2013/06/06/16/29/2013-ACCF-AHA-Guideline-for-the-Management-of-Heart-Failure). Cited 2025 Aug 19.
- 7 2. Moser DK, Watkins JF. Conceptualizing self-care in heart failure: a life course model of patient  
8 characteristics. *J Cardiovasc Nurs*. 2008 Available from: <https://pubmed.ncbi.nlm.nih.gov/18437061/>.  
9 Cited 2025 Aug 19.
- 10 3. Glaesmer H, Brähler E, Gündel H, Riedel-Heller SG. The association of traumatic experiences and  
11 posttraumatic stress disorder with physical morbidity in older age. *Psychol Med*. 2011. Available from:  
12 <https://pubmed.ncbi.nlm.nih.gov/21636658/>. Cited 2025 Aug 19.
- 13 4. Lew TA, Walker JA, Wenke JC, Blackburne LH, Hale RG. Characterization of craniomaxillofacial  
14 battle injuries sustained by United States service members in the current conflicts of Iraq and  
15 Afghanistan. *J Oral Maxillofac Surg*. 2010. Available from:  
16 <https://pubmed.ncbi.nlm.nih.gov/20006147/>. Cited 2025 Aug 19.
- 17 5. Kaufman MR, Bell TM, Hunsberger JB, O'Rourke PP. Psychological effects of facial trauma:  
18 implications for acute care. *J Trauma Nurs*. 2013. Available from:  
19 [https://journals.lww.com/jtraumanurs/Abstract/2013/05000/Psychological\\_Effects\\_of\\_Facial\\_Trauma](https://journals.lww.com/jtraumanurs/Abstract/2013/05000/Psychological_Effects_of_Facial_Trauma_Implications.6.aspx)  
20 [\\_Implications.6.aspx](https://journals.lww.com/jtraumanurs/Abstract/2013/05000/Psychological_Effects_of_Facial_Trauma_Implications.6.aspx). Cited 2025 Aug 19.
- 21 6. Seal KH, Bertenthal D, Miner CR, Sen S, Marmar C. Bringing the war back home: mental health  
22 disorders among 103,788 US veterans returning from Iraq and Afghanistan seen at Department of  
23 Veterans Affairs facilities. *Arch Intern Med*. 2007. Available from:  
24 <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/769661>. Cited 2025 Aug 19.
- 25 7. Substance Abuse and Mental Health Services Administration. Trauma-informed care in behavioral  
26 health services. Treatment Improvement Protocol (TIP) Series 57. Rockville (MD): SAMHSA; 2014.  
27 Available from: [https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-](https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA13-4801)  
28 [Services/SMA13-4801](https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA13-4801). Cited 2025 Aug 19.
- 29 8. DiMatteo MR. Variations in patients' adherence to medical recommendations: a quantitative review of  
30 50 years of research. *Med Care*. 2004; from: <https://pubmed.ncbi.nlm.nih.gov/15076819/>. Cited 2025  
31 Aug 19.
- 32 9. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed.  
33 Arlington (VA): American Psychiatric Association; 2013. Available from:  
34 <https://www.psychiatry.org/psychiatrists/practice/dsm>. Cited 2025 Aug 19.



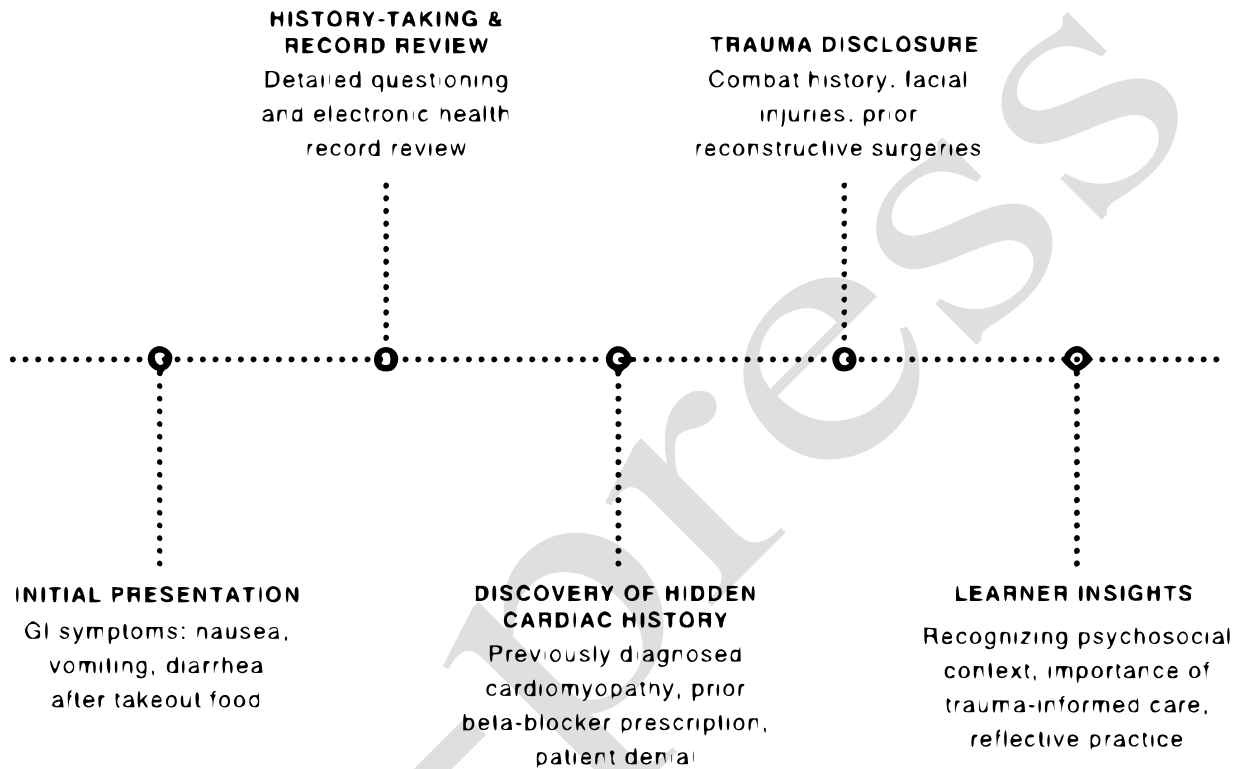
1 **FIGURES AND TABLES**

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3 **Figure 1.** Timeline of Clinical Events and Medical Interventions in a Veteran Patient With Cardiomyopathy and

4 Facial Reconstruction, UAE, 2025

**Figure 1. Clinical timeline of events in the veteran patient case.**



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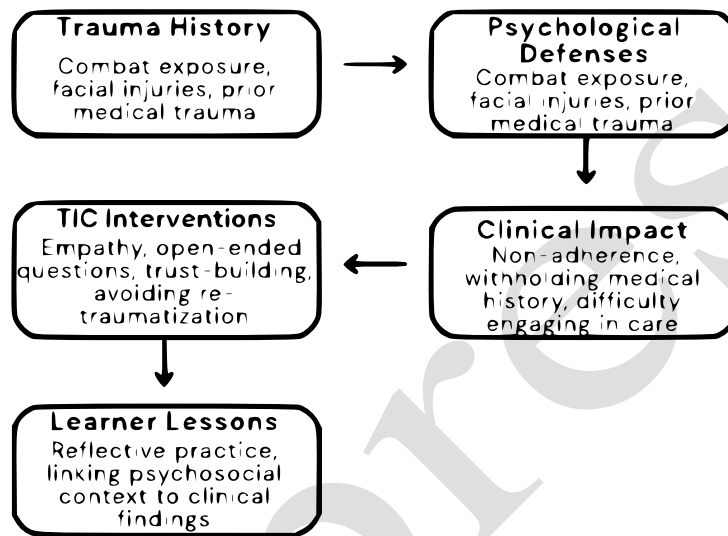
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1 **Figure 2.** Conceptual Framework Linking Trauma History, Psychological Defenses, and Trauma-Informed Care  
2 to Educational Lessons, UAE, 2025  
3

**FIGURE 2. CONCEPTUAL FRAMEWORK  
LINKING TRAUMA HISTORY,  
PSYCHOLOGICAL DEFENSES, AND  
TRAUMA-INFORMED CARE TO  
EDUCATIONAL LESSONS.**



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