

How to Facilitate a *Caring for Challenging Patients* Workshop

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Overview

1. Identify target audience
2. Consider logistics such as time, size of group, and space
3. Create objectives and plan structure
4. Prepare for challenges
5. Facilitate session

Potential Audiences

1. Medical students – pre-clinical and clinical
2. Residents
3. Faculty
4. Nurses/Counselors/Staff

Workshop Objectives:

1. To provide an opportunity to reflect on your own feelings and values about challenging patients and discuss patient interactions that might make you feel uncomfortable.
2. To use this awareness to identify strategies for maintaining a therapeutic relationship with patients who make decisions about health care with which you may disagree.
 - a) To understand the potential for a judgmental reaction or tone to interfere with the patient-doctor relationship
 - b) To develop strategies for preventing this interference

Structure of Discussion

1. Small Group (<10) offers an opportunity to talk through each of areas in detail
2. Large Group (>=10) has special challenges
 - a) Consider breaking into pairs or trios to discuss
 - b) May only touch on the principles without going through details

Facilitator Notes: Setting the Tone

1. State your primary objective up front, as well as ground rules.

Example: We are going to talk about situations in which patients' behaviors have made us feel uncomfortable. It is natural for us to feel judgmental or to react to patients' behaviors that push our buttons. It is important for us to be aware of when we feel uncomfortable or judgmental and be prepared to handle it so that we can maintain a therapeutic relationship with the patient and provide patient-centered care.

2. Address confidentiality.
3. Openly share your own points of discomfort.
4. Practice so that you don't react to students who say things with which you don't agree.

I. Introduction: Challenging Cases

1. Tell us about an experience in which you felt frustrated with or angry at a patient. How did you handle it? Do you think it affected your care of the patient?

2. Tell us about a time when you observed a resident or attending react toward a patient in a way that negatively impacted their relationship with the patient.

Facilitator Notes: Challenging Cases

As each student presents their case it is important to emphasize the normalcy of reacting and feeling judgmental; even exclaim things like, “wow, that’s quite a reaction! Great!”

1. Frequently discussed scenarios include:
 - patients who don’t always tell us the truth or the full story
 - parents who they feel are putting their children at risk (for example, choosing to not vaccinate)
 - women who have had many abortions or don’t want to use birth control
 - patients who don’t do what we think is best (for example, surgery for endometrial cancer)
 - women who use substances while pregnant
 - patients who continue to use substances despite education
 - medication non-adherence
2. For each scenario we discuss strategies for dealing with our reactions.
 - What are our reactions? How does the scenario make us *feel*? [*mindfulness*]
 - How might our reactions and/or feelings come across to the patient?
 - Let’s explore the patient’s perspective. What kinds of questions could we ask the patient? What might be going on with the patient that would explain his/her behavior? [*empathy/compassion*]
 - What strategies can we come up with to maintain a healthy relationship with the patient? What could we do next time we interact with a similar patient?
 - What can we do when we feel that our reactions might have harmed the relationship?
 - Empathy → Compassion → Acceptance

Also, you are welcome to include your own teaching points about whatever misconceptions they may have, but try to focus on their reactions.

3. This exercise will allow us to confirm that our reactions can get in the way or harm a patient-doctor relationship and that we should not interpret these modeled behaviors as ideal behaviors. It also introduces the connection to professionalism.

II. Challenging Cases

Section II in the CCP Learner Handout

1. A 50 year-old man is admitted for his third GI bleed in the last month. As you take the history he admits that he has continued to drink heavily despite your efforts on the last two admissions to help him stop.
2. You are seeing a woman for a preoperative visit for newly diagnosed colon cancer. As you discuss treatment she refuses your recommendation of surgery and shows you documents she found on the internet supporting her preference. She then proceeds to ask dozens of questions.
3. You are taking care of a 19 year-old G1 P0 with Type 1 DM who is at 20 weeks. You’ve seen her for three weeks during which she has failed to keep track of her sugars and doesn’t seem to be taking

her insulin appropriately. She hasn't made an appointment to see the diabetes nurse or nutritionist. She doesn't seem to care about her pregnancy.

Facilitator Notes: Challenging Cases

1. Begin by asking participants what their reactions are? How does the scenario make us feel? How might our reactions and/or feelings come across to the patient?
2. For each scenario we discuss strategies for dealing with our reactions. Three strategies are useful to managing these reactions: **Empathy, Compassion** and **Acceptance**.
 - Empathy: Try to put yourself in the patient's shoes
 - Compassion: If you can't put yourself in his/her shoes, can you at least understand that they are suffering?
 - Acceptance: If these fail, can you simply accept their behavior?
 - If all of these fail, you may need to refer care.
3. Let's explore the patient's perspective. What kinds of questions could we ask the patient? What are the reasons in general that a patient might have behaved this way?
4. What strategies can we come up with to maintain a healthy relationship with the patient? What could we do next time you interact with a similar patient?
5. What can we do to recover from a judgmental moment with a patient?

As before, it is important to emphasize the normalcy of reacting and feeling judgmental.

III. Patient Expectations

Section III in the CCP Learner Handout

1. Let's consider a patient who comes to your clinic for a pregnancy test and it is positive. After reviewing her pregnancy options she desires an abortion and doesn't express any emotion about it. She does not appear sad, in fact, she asks you for a picture of the ultrasound.

Facilitator Notes: Patient Expectations

1. This is an opportunity to discuss our expectations of how patients will act.

Example: Women who continue a pregnancy should be happy. Women who have a desired pregnancy that miscarries should be sad. Women having an elective abortion should be somber, slightly sad, and certainly not happy.
2. I approach this discussion by asking what might be going on with this patient.
 - Why does she want an image? Why is this surprising to us?
 - How do we expect her and other women undergoing abortion to act?
 - How can we improve our comfort with women having a diversity of reactions and affects?

IV. Modeling Professionalism

Section IV in the CCPW Learner Handout

1. You are in an ob-gyn clinic seeing patients with a resident. A 17-year-old woman comes in for a pregnancy test that turns out to be positive. The teen is disappointed by the news, and despite asking about the possibility of abortion the resident congratulates her, shows her the 7-week fetus on ultrasound, and schedules her for a prenatal appointment in a few weeks.

Facilitator Notes: Modeling Professionalism

This is an opportunity again to talk about how students should interpret and manage a situation in which they see a resident or attending model unprofessional behavior because of their reactions or opinions.

For this example, remember that the Curlin article published in NEJM found that a substantial proportion (63%) of doctors think it's okay to share their own moral objections with patients.

Facilitator Notes: Strategies for Handling Difficult Discussions

1. *Isn't it amazing how judgmental we can be? It's fascinating!*
2. Direct questioning
 - *Thank you for sharing your opinions about why abortion is wrong. Now, I want to ask you to talk about how you will handle a patient telling you she wants an abortion. Or if you have a patient who is pregnant, how will you feel discussing her pregnancy options?*
3. Throw it back to the group
 - *What does everyone think?*
 - *This is a really important issue. If someone feels that abortion is wrong, what are their obligations to a patient in terms of counseling?*
 - *What are their choices about how to handle it?*
4. Take a deep breath and don't react (while you think, "I cannot believe she just said that.")
5. Usual facilitation techniques if someone is dominating:
 - *Can I hear what someone else thinks about that?*
 - *Thank you for sharing. I'm sorry, but we have limited time. We need to move on.*