

How to Facilitate a *Caring for Challenging Patients* Workshop

Focus on Family Planning

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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 abortion and discuss patient interactions that might make you feel uncomfortable
 - a) To become familiar with situations in which a woman might want an abortion
 - b) To develop compassion for women who face challenges in using birth control
 - c) To help decide about the extent to which you will participate in abortion training
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 not reacting 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. General Feelings about Pregnancy Options

Section I in the CCPW Learner Handout

Adapted from Obtaining Abortion Training: a Guide for Informed Decision-Making. National Abortion Federation, 1998.

1. I am generally comfortable with a patient choosing to have an abortion in the following circumstances:
 - If the pregnancy threatens her life.
 - If the pregnancy threatens her physical or mental health.
 - If the pregnancy involves significant fetal abnormalities.
 - If the pregnancy resulted from rape.
 - If she does not want any more children.
 - If she is financially unable to support a child.
 - If the baby would interfere with education or career goals.
 - If the pregnancy resulted from a birth control failure.

2. I am generally comfortable with a patient giving the baby for adoption in the following circumstances:
 - If the pregnancy threatens her life.
 - If the pregnancy threatens her physical or mental health.
 - If the pregnancy involves significant fetal abnormalities.
 - If the pregnancy resulted from rape.
 - If she does not want any more children.
 - If she is financially unable to support a child.
 - If the baby would interfere with education or career goals.
 - If the pregnancy resulted from a birth control failure.

3. I am generally comfortable with a patient choosing parenthood in the following circumstances:
 - If the pregnancy threatens her life.
 - If the pregnancy threatens her physical or mental health.
 - If the pregnancy involves significant fetal abnormalities.
 - If the pregnancy resulted from rape.
 - If she does not want any more children.
 - If she is financially unable to support a child.
 - If the baby would interfere with education or career goals.
 - If the pregnancy resulted from a birth control failure.

Facilitator Notes: General Feelings about Pregnancy Options

1. Was anyone surprised by their reactions to this question?
2. Were there any discrepancies? Did you find yourself more comfortable in the setting of a birth control failure than others? What about interference with education?
3. It's okay to challenge students.
 - If a student says she thinks it's selfish to have an abortion just because it interferes with education, I ask: "Okay, what about if it interferes with their ability to finish high school? College? Medical School?"
4. Repeat the discussion for the next two scenarios—adoption and parenthood.
5. If there are interesting discrepancies with some students being judgmental about continuing a pregnancy, discuss.

III. Challenging Family Planning Cases

Section II in the CCPW Learner Handout

1. A 24 year-old woman who has been pregnant three times and has had three abortions comes to you for pregnancy options counseling and desires an abortion.
2. You are counseling a woman who desires an abortion. After you explain what to expect during the abortion you move on to discuss contraception. She tells you that she is not planning to use any contraception.
3. You are a medical student rotating at an abortion clinic and a 23 year-old woman comes in for termination of pregnancy.
 - a. Gestational age is 8w1d
 - b. Gestational age is 23w0d (the last day for a termination at your clinic)

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.

IV. Patient Expectations

Section III in the CCPW 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. And women having an elective abortion should be somber, slightly sad, and certainly not happy.

2. 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?

V. 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.*