IHC Patient-Centered Communication Series:

"Difficult" Clinician-Patient Relationships Workshop

Overview

In the provision of healthcare services, many factors come into play in the strength and character of the provider-patient relationship. Clinician factors may include workload, communication skills, experience, familiarity with the patient and level of comfort with uncertainty (Haas 2005). What one clinician finds difficult, a colleague may find easy, and vice versa. Clinicians' expertise can influence their perceptions of patients, and their personalities, emotional responses and expectations can also play a role. Patients' medical conditions, appearance, demeanor, personalities, complaints and behaviors can be key factors, and patients bring their own feelings, expectations and unspoken assumptions to the medical encounter. Even experienced clinicians with awareness of and expertise in core communication skills (engage, empathize, educate, enlist) experience some patient interactions as difficult.

Some believe that there is an objective reality called "difficult patients." Historically, the professional literature supported this belief, and many articles describe and discuss the "difficult patient." One study estimated that more than 17 percent of patients in a primary care practice were perceived by clinicians as "difficult" (Hinchey 2011). An examination of the impact of "difficult patient encounters" in primary care on the quality of care did not find degradation of the quality of care, but did find higher rates of provider dissatisfaction and burnout (An 2013).

Researchers and educators have come to regard the idea of objectively "difficult patients" as a misperception. They are coming to realize that it is the relationship or the interaction that contributes to the difficulty. When difficult interactions persist, clinicians and patients both feel frustrated and victimized.

IHC's ***"Difficult" Clinician-Patient Relationships*** workshop presents an array of techniques to get difficult interactions back on track and to return interactions to a more productive mode. The workshop challenges clinicians to examine the patterns of interactions with patients that cause them the greatest difficulty and to move away from the construct that there is an objective "difficult patient." Through increased self-awareness and evidence-based skill practice during the workshop, clinicians are more likely to act effectively, leading to reduced frustration and increased satisfaction for themselves and their patients.

The ***"Difficult" Clinician-Patient Relationships*** workshop is typically conducted as a half-day program. It may be expanded to a full-day format to better meet the needs of an organization and its clinicians.

Audience

The ***"Difficult" Clinician-Patient Relationships*** workshop is targeted toward clinicians in all specialties and at all stages of their careers.

Workshops can accommodate 6 to 30 participants to ensure effective experiential learning in small and large groups.

Content

Two conceptual models are introduced to frame the problems of difficult relationships and the possibilities for repair. The first examines some of the factors that lead clinicians to apply the label "difficult" to a situation. The ***"Difficult" Clinician-Patient Relationships*** workshop is predicated on the understanding that "difficulty" arises from the interaction and is not an inherent property of an individual. The conceptual model recognizes that clinical relationships occur in the context of the patient, clinician, and illness, embedded in the larger family and healthcare system setting. Difficult interactions may arise when treatment is unsuccessful, patients' and clinicians' expectations are misaligned, or there is insufficient flexibility on the part of providers, families or the healthcare system.

The second model outlines communication strategies that clinicians can use to respond to situations they experience as difficult or challenging and is embodied in the "**ADOBE"** acronym, below. Clinicians can experience fewer "difficult" relationships using the following skills:

A: Be **Aware** and **Acknowledge** your own thoughts or feelings that generate impulses to behave in a certain way. For example, if feeling challenged by a patient, you may find yourself impulsively responding in a defensive tone. Being aware of internal messages that indicate "something is wrong" and acknowledging the difficulty within the relationship can keep a challenging interaction from escalating. An example of an acknowledging response is, *"Mr. Smith, I can see you're angry and I really would like to work this through with you."*

D: **Discover** meaning**.** When an interaction seems to be heading towards shaky ground, in addition to your own self-awareness, find out what the patient is experiencing. This means discovering the meaning for the patient. He may be experiencing something very different than you and only through asking will you find out. "*We both want your diabetes to improve and for you to feel better AND we may have different ideas about how to make that happen. I want to work with you to find a plan where we can consider both…"*

O: **Opportunity** for compassion. A common practice in patient interactions is focusing only on the stated positions or surface statements of the patient. Clients manifest their positions and ideas in many ways and often exhibit feelings along the way. This is apparent through tone of voice rising on the part of a patient who states, *"I feel like when I tell you I'm smoking, I feel guilty."* Commonly, clinicians may assume that a response such as *"I don't want you to feel guilty"* or explaining to the patient (perhaps repeatedly) the health risks of smoking, will be successful. Rather, consider a compassionate statement that conveys empathy and understanding such as, *"It's clear that you're having some difficulty with the plan to stop smoking and I'm glad you feel comfortable enough with me to tell me the truth."*

B: **Boundaries**. The boundaries you set, both verbally and nonverbally, implicitly and explicitly, tell your patients what you consider to be acceptable and unacceptable. This typically covers four areas: 1) time

(yours and theirs), 2) content of the visit (what can reasonably be expected), 3) rights and responsibilities of all parties involved, and 4) space and distance (physical boundaries). *"Mr. Smith, it's hard for me to help you when you raise your voice and use profanity. I'm going to step out for a moment. When I come back, if it happens again I will need to ask you to leave."*

E: **Extend** the system. Sometimes we need to reach outside the boundaries of our practice to heal a patient relationship. There are three questions to consider before reaching outside of the relationship for help: 1) What help is needed? (e.g., financial advice, social services, mental health services); 2) Who can help? (e.g., community resources with contact information); and 3) How will the client be involved in decisions to get help? (e.g., clear action steps).

The optional expanded full-day workshop includes more in-depth subject matter content and additional practice opportunities via small group exercises using VIDEO cases.

Expectations

Learners are expected to participate in all activities in the workshop. To minimize distraction, IHC recommends that learners be freed from additional work-related tasks for the duration of the training.

Learning Objectives

By the end of the workshop learners will be able to:

1. Identify previous patient encounters that cause the most difficulty and/or distress with patients,
2. Describe and practice techniques such as acknowledging the difficulty explicitly with the patient,
3. Recognize opportunities to show compassion during patient interactions,
4. Identify techniques to adjust boundaries with the patient, and
5. Commit to use two learned techniques to lower distress and improve satisfaction in patient interactions.

Methodology

The ***"Difficult" Clinician-Patient Relationships*** workshop is fast-paced and interactive. It is designed to provide learners with opportunities to practice skills and techniques. The format for the session combines brief presentations, video case studies with interactive exercises, active learning techniques and discussions. Learners are encouraged to develop and practice communication strategies with expert and peer feedback. Exercises are graduated and structured to ensure a safe and supportive learning environment.

The half-day workshop may be expanded to a full-day format to incorporate added skills practice, additional time for experiential learning activities and more in-depth subject matter presentation and discussion.

The materials for the workshop include a workbook with the text of the slides and exercises and an annotated bibliography. We encourage learners to use the bibliography after the workshop as a resource for further professional development on conflict and difficult patient interactions.

Faculty

The faculty for ***"Difficult" Clinician-Patient Relationships*** is drawn from the faculty of the Institute for Healthcare Communication. Most faculty members are clinicians with extensive experience as teachers and clinicians.

Faculty members who teach IHC's ***"Difficult" Clinician-Patient Relationships*** workshop have completed a comprehensive faculty development program sponsored by IHC. The faculty program includes individualized coaching conducted by IHC to prepare faculty to teach and facilitate the workshop, deepen their own communication skills, and to explore strategies to support and advocate for greater attention to relationship-building and communication skills at their home institutions.

CME

The Institute for Healthcare Communication (IHC) takes responsibility for the content, quality and scientific integrity of this CME/CE activity. IHC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Institute for Healthcare Communication designates the half-day ***"Difficult" Clinician-Patient Relationships workshop*** for a maximum of 3.5 *AMA PRA Category 1 Credits™* and the full-day ***"Difficult" Clinician-Patient Relationships workshop*** for a maximum of 5.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Institute for Healthcare Communication and the University of Pittsburgh School of Nursing are collaborating to jointly provide this program. Nurses completing the program requirements and submitting an evaluation tool will receive a maximum of 3.5 continuing nursing education contact hours. The University of Pittsburgh School of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Continuing education (CE) credit may be available to non-physician, non-nurse participants. IHC will provide a certificate of completion, which can be submitted to learners' respective accrediting organizations. IHC is pleased to provide any necessary documentation to help learners gain CE credits for completion of this activity.

Notes

An PG, Manwell LB, Williams ES, Laiteerapong N, Brown RL, Rabatin JS, Schwartz MD, Lally PJ, Linzer M. "Does a higher frequency of difficult patient encounters lead to lower quality care?" *J Fam Pract.* 62, no. 1 (Jan 2013): 24-9.

Haas LJ, Leiser JP, Magill MK, Sanyer ON. "Management of the Difficult Patient." *American Family Physician* 72, no. 10 (2005).

Hinchey SA and Jackson JL. "A cohort study assessing difficult patient encounters in a walk-in primary care clinic, predictors and outcomes." *Journal of General Internal Medicine* 26, no. 6 (2011): 588-94.

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