

## Caring for Challenging Patients Workshop: Instructor Guide

### Included Resources

- How to Facilitate a Caring for Challenging Patients Workshop- Optional Slides
- Caring for Challenging Patients: Family Planning
  - Facilitator Guide
  - Learner Handout
- Caring for Challenging Patients: Incarcerated Patients
  - Facilitator Guide
  - Learner Handout
- Evaluation Instrument for Caring for Challenging Patients Workshop

### How to use these materials

Begin by reviewing the Train-the-trainers slide set which lays out the structure of the workshop. This module includes variations for a family planning setting and for use in a jail health clinic. Select the set of materials most relevant to the clinical setting in which the workshop will be held. The facilitator guide can be used to lead a group through the Caring for Challenging Patients Workshop. The learner handout is a supplement to enhance several of the exercises in the workshop; it can be handed out at the start of the session. The evaluation instrument can be used as a pre- and post-workshop comparison, and can be modified to fit the framework of the workshop and the intended audience.

### Conceptual background

The basis of professionalism is the recognition that patient-centered care is the foundation of positive health outcomes. Patient-centered care challenges doctors to be empathetic, respectful, and compassionate towards patients, particularly during challenging encounters. The ACGME lists professionalism as one of its core competencies.

Patient noncompliance, irrationality, differing cultural beliefs, and countless other difficult situations test a physician's ability to control his/her own emotions and provide patient-centered care. Studies have suggested that the unspoken emotions of physicians can lead to harmful behavior during patient-doctor interactions. While doctors are still taught to practice medicine objectively and to disregard personal feelings, it is unwise to assume that this is always possible or even preferable.

A variety of workshops and interventions have been developed to help learners and clinicians reflect about their own biases and feelings about patients and to increase empathy. These include reflection exercises, mindfulness training, perspective-taking exercises before patient interactions, and workshops to address unconscious stereotypes and challenging ethical scenarios. (Batt-Rawden, Chisolm, Anton, & Flickinger, 2013) (Krasner et al., 2009) (Adams, O'Reilly, Romm, & James, 2006) (Harris, Debbink, Martin, & Hassinger, 2011) (Learman, Autry, & O'Sullivan, 2008) (Blatt, LeLacheur, Galinsky, Simmens, & Greenberg, 2010) (Teal et al., 2010) (Lupi, Estes, Broome, & Schreiber, 2009) Some have been shown to increase empathy (Batt-Rawden et al., 2013) (Krasner et al., 2009), improve counseling with standardized patients (Blatt et al., 2010) (Lupi, Runyan, Schreiber, Steinauer, & Turk, 2012), and change learners' perspectives on strategies to work with unconscious bias and challenging feelings. (Teal et al., 2010) Our workshop is unique in that we ask learners to describe their own experiences and feelings of frustration with patients as the trigger to provoke reflection and then actively participate in the discussion. We then use a combination of their provided cases and theoretical cases to explore strategies for developing self-awareness and empathy.

#### **How this curriculum has been used**

This curriculum has been used to train clinicians, nursing and medical students, residents, fellows, and faculty in a variety of global settings. Over 40 faculty in the US have been trained to facilitate the workshop. Since 2008 the workshop has been integrated into the UCSF third-year student ob-gyn core clerkship to teach self-awareness, empathy, and compassion, with the ultimate goal of improving professionalism. During that time the students have consistently given it positive reviews in routine course evaluation. In addition, early in the development of the workshop a qualitative evaluation was done through interviews of 16 students. The students reported that the workshop met the intended objectives; they especially valued the opportunity for reflection and to strategize about ways to find empathy for patients. Additionally, in 2009, the workshop was modified for use in a UCSF-based longitudinal, integrated core clerkship at San Francisco General Hospital that includes rotations in Family Medicine, Internal Medicine, and either Pediatrics or Ob-Gyn and has since been modified for use in a jail setting.

## Overview

The Caring for Challenging Patients Workshop consists of two components:

### Part 1: General feelings of frustration with patients

In the first section, students are asked to describe specific patient interactions in which they felt “their buttons pushed” by patients. They are asked to focus on patient scenarios in which the patients’ behaviors made them feel anger, frustration, or annoyance, feelings that students are not often encouraged to discuss. After a discussion, the group reviews strategies for managing those reactions so they do not interfere with the patient-physician relationship. These strategies include describing and exploring their feelings (self-awareness), exploring why the patient might be behaving in a particular way (empathy), understanding that the patient is having a hard time (compassion), accepting that s/he is in their care, and exploring how they can care for him/her professionally while caring for themselves.

As part of the evaluation of the workshop, five small-groups of third-year students on an ob-gyn clerkship were asked to describe a case in which they felt frustrated or angry with a patient. Their responses are presented in Table 1 as examples of patients that students might find challenging, and can be used as examples in the workshop.

**TABLE 1: Content of workshop: patient scenarios brought up by students in sample of five small groups**

1. Family planning	a) A variety of family planning cases: <ol style="list-style-type: none"> <li>i. A woman who has had “too many abortions”</li> <li>ii. A woman who seems ambivalent about her abortion</li> <li>iii. A woman at a higher gestational duration who seeks an abortion</li> <li>iv. A woman who uses contraception inconsistently</li> </ol>
	b) A woman with unintended pregnancy who chooses to continue the pregnancy in specific situations: <ol style="list-style-type: none"> <li>i. a fetal anomaly</li> <li>ii. a woman who may seem to be an “unfit mother,” e.g. she is poor, young, or has children already</li> </ol>
2. Drug use (most common theme other than family planning)	a) A pre-op patient who does not want to stop smoking despite the clear benefit for post-op recovery
	b) A patient who uses drugs during pregnancy
	c) A patient who does not disclose drug use or who denies drug use and then is found to have positive urine toxicity results.
	d) A patient who tells the student he/she will stop using, and in whom the student has invested a significant amount of counseling time, who is then using again immediately after discharge
	e) A patient who has repeat admissions for medical problems caused or exacerbated by drug use (alcohol and pancreatitis; cocaine and stroke;

	cocaine and heart attack)
3. Chronic disease	a) A diabetic patient who does not take medication
	b) A pregnant woman who leaves against medical advice despite uncontrolled HTN (hypertension) at term
4. Intimate Partner Violence	a) A woman in active IPV (Intimate Partner Violence) relationship who wants her partner there for support during her admission
5. Pediatrics	a) A child who has significant trauma thought by the student to be secondary to parental inattentiveness
6. Difficult behavior	a) A patient who mistreats the students or other members of the team
	b) A patient who does not give enough respect to students
7. Religious beliefs	a) A Jehovah's witness patient who declines blood transfusion
8. Patients' inappropriate emotional display	a) A patient who does not express "appropriate" emotions
	i. abortion patient who does not seem sad
	ii. miscarrying patient who does not seem sad
	iii. patient post-delivery who does not seem happy

## Part 2: Topic-specific, case-based discussion of frustration with patients

In the second section, specific cases are reviewed that often cause students and physicians to react with strong feelings. While the included materials have been adapted to focus on either family planning-specific cases or cases in a jail setting, this workshop can be modified to include other subject areas.

### **Objectives**

1. To provide an opportunity for learners to reflect on their own feelings and values about challenging patients and discuss patient interactions that might make them 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 the provider 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

### **Practical implementation advice**

Ideally allow two hours to carry out the workshop. The workshop can also be repeated over several sessions to allow time to practice the techniques and discuss new scenarios. The only materials required are the learner handouts and the facilitator guide. Prior to the sessions, the objectives should be modified to reflect the particular needs of the target group.

Additionally, adjustments should be made to reflect the size of the group. Groups of 10 or fewer learners offer an opportunity to talk through each of the areas in detail. For larger groups, facilitators

may only be able to touch on the principles without going through details for each case. Consider breaking into pairs or trios to discuss the cases.

Discussing challenging patients can be difficult and can lead to feelings of judgment toward patients or toward participants who admit their feelings. Facilitators must be prepared to maintain a safe space and ensure that the discussion does not devolve into personal attacks. The facilitator can set the tone by disclosing his or her own conflicts around difficult patients and be willing to push learners who claim never to feel judgmental. Finally, facilitators should practice not reacting to students who say outrageous things; take a deep breath, and keep a calm expression even while thinking, “I cannot believe she just said that!”

### **Modification for use in a variety of educational settings**

This workshop was created for use in family planning training for medical students and residents; however, the framework can be modified for use in a wide range of settings. The evaluation instrument can also be modified to fit the framework of the workshop.

- Nursing Values Clarification – The Kenneth J. Ryan Residency Training Program in Abortion and Family Planning has modified this session for nurses to discuss feelings about abortions.
- Longitudinal integrated clerkship – The Caring for Challenging Patients Workshop has also been modified for integration into a longitudinal, integrated clerkship based at San Francisco General Hospital, an urban hospital affiliated with UCSF. Students participated in groups of 10-15 in three sessions of the workshop, held monthly over the course of their 6 month clerkship.
- Jail rotation – Dr. Carolyn Sufrin has modified the cases for use in a rotation for ob-gyn residents at the San Francisco County Jail to address their judgmental feelings about incarcerated women. Her module is included in the materials.

### **Common pitfalls and tips for success**

The main challenge in facilitating this workshop is to create an environment where learners feel comfortable discussing their own judgmental feelings and where the facilitator can challenge the participants into exploring those feelings without breaking trust. The facilitator can help create this environment by setting ground rules at the start of the workshop and disclosing their own points of discomfort to normalize the presence of judgment in some patient encounters. Additionally, it is important to consider modifying the objectives, cases, and materials to fit the specific needs of the target group for each workshop.

### Limitations for implementation

The workshop requires a skilled facilitator, sufficient time, and small enough groups of learners that the appropriate tone can be set. Any of these factors can make the workshop difficult to schedule and carry out within the crowded schedules of many learners. Additionally, learners may be reluctant to accept the principles presented in the workshop regarding the normality of judgment and the importance of patient-centered care, especially since the thrust of the workshop runs counter to the way doctor-patient interactions have traditionally been taught.

### Ideas for improvement/expansion

This curriculum presents modifications that have been made to the workshop based on the clinical rotation and types of learners. It is recommended that modifications be made to help meet the specific needs of the learners.

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