

Caring for Challenging Patients Workshop: Instructor Guide

Included Resources

- Train-the-trainers slide set
- Caring for Challenging Patients: General
 - Facilitator Guide
 - Learner Handout
- Caring for Challenging Patients: Family Planning
 - Facilitator Guide
 - Learner Handout
- Caring for Challenging Patients: Incarcerated Patients
 - Learner Handout

How to use these materials:

Begin by reviewing the Train-the-trainers slide set which lays out the structure of the workshop. The facilitator guide can be followed 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. This module includes variations for a general clinical setting, 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.

Conceptual Background

At the core 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.

Noncompliance, irrationality, differing cultural beliefs, and countless other difficult situations, test the 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.

How this curriculum has been used:

This curriculum has been used to train clinicians, students, and residents in a variety of settings. Over 40 faculty in the US have been trained to facilitate the workshop. Since 2007 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. The workshop was evaluated using student interviews, and students felt that it positively affected their self-awareness and ability to find empathy for patients. (Manuscript in preparation 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.

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 had 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. The group chooses one or two of the introduced cases to discuss together and to practice strategies for managing their feelings 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 that way (empathy), understanding the patient is having a hard time (compassion), and accepting that s/he is in their care and exploring how they can care for him/her professionally while caring for themselves.

When students in five small groups were asked to describe a case in which they felt frustrated or angry with a patient, third-year students on an ob-gyn clerkship cited the cases presented in Table 1. These are provided to give examples of patients that students find challenging and that can be used in the workshop.

TABLE 1: Content of workshop: patient scenarios brought up by students

1. Family planning	a) A variety of family planning cases: <ul style="list-style-type: none"> i. A woman who has had too many abortions ii. A woman who seems ambivalent about her abortion iii. A woman at a higher gestational duration who seeks an abortion iv. A woman who uses contraception inconsistently
	b) A woman with unintended pregnancy who chooses to continue the pregnancy in specific situations: <ul style="list-style-type: none"> i. a fetal anomaly ii. a woman who may seem to be an unfit mother (in assessment of student) e.g. she is poor, young, or has children already
2. Drug use – this was the most common theme other than family planning	a) A pre-op patient who does not want to stop smoking despite the clear benefit for postop recovery
	b) Drug use during pregnancy
	c) A patients who does not disclose drug use or who denies drug use and then is found to have utox positive
	d) A patient who tells the student he will stop using, and in whom the student had invested a significant amount of counseling time, who is then using again immediately after discharge
	e) A patients who has repeat admissions for medical problems caused or exacerbated by drug use (EtOH and pancreatitis; cocaine and stroke; cocaine and MI)
3. Chronic disease	a) A diabetic patient who does not take medication
	b) A pregnant woman who leaves against medical advice despite uncontrolled HTN at term
4. Intimate Partner Violence	a) A woman in active IPV 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 mistreat the students or other members of the team
	b) A patients 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 patients who does not express appropriate emotions <ul style="list-style-type: none"> 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, we review specific cases that often cause students and physicians to react with strong feelings. The included materials have been adapted to focus on either family planning-specific

cases, internal medicine cases, or cases in a jail setting; but this workshop can be modified to include other subject areas.

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

Practical Implementation Advice:

Allow at least 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 learners' 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 the 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 expression calm even if you're thinking, "I cannot believe she just said that!"

Modification for use in a variety of educational settings

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

- 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, every other month for 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 press 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 modify 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 scheduled of many learners. Additionally, learners may be reluctant to accept the principles laid out 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

We are presenting modifications that have been made to the workshop based on the clinical rotation and types of learners. We recommend modifying it to meet the needs of your learners in any way that you would like.