Objectives

- To quickly diagnose the causes of difficult interactions
- To learn and implement at least 2 strategies for turning around difficult interactions
- To practice a model for saying "no" when needed that reduces risk of conflict

Premises

- Two people
- How they interact

Relationship difficulties develop when:

- Success is frustrated
- Expectations are misaligned
- Flexibility is insufficient

Tie into 4 Habits

- Elicit patient and family perspective
  - Self diagnosis/casual theory
  - Specific expectations for how to treat
  - Impact on function
  - Degree of worry and distress
  - Impact on roles (family, work, identity)
Use ADOBE to build cooperation
- Acknowledge and Assess
- Discover Meaning
- Opportunities for Compassion
- Boundaries – Set/Adjust/Negotiate
- Extend the System to include others

Techniques
- Acknowledge
  - "I can see this is frustrating."
  - "I know we are seeing this differently."
- Assess
  - What is each of your picture of success?
  - What are patient’s specific expectations for this interaction? (in person, on phone, email)
  - Explore flexibility: theirs and yours

Patient has self diagnosis and expectations
Ask about:
- Ideas
  - "What do you think is going on?"
    - "I think I may have cancer."
- Expectations
  - "Did you have specific things you wanted me to consider doing about this today?"
    - "I was hoping for an antibiotic."

The interaction has meaning for the patient and family
Ask about:
- Thoughts
  - "What is going through your mind?"
- Feelings
  - "You seem very discouraged. Tell me more."
- Impact on function
  - "How has this affected your day to day life?"
- Context of personal and family history
  - "How is your family reacting to all this?"

Compassion is Empathy + It allows care with kindness
Patient and family often have a real dilemma
- Drug addiction is a tough but solvable problem
- Making decisions in the face of uncertainty
- Cost of care can be daunting
- Hearing different opinions shakes confidence
- Lifestyle change is hard (e.g., weight loss)
- A chaotic life makes adherence difficult
- Enduring aspects of patient’s lives can make participating in healthcare complicated
  - Personality, culture, disability, psychiatric issues etc.

Clinician’s perception of role
Clarify your roles and preferences:
"I see myself working with you to make a diagnosis and lay out treatment options. My goal is to agree on a plan that we both feel is safe and effective."
We are out of time for today so let’s summarize what we have agreed upon and be sure we are clear about next steps.

Advocacy

“I will put in that referral for you because I can see that you are still quite worried. The referral may be rejected since they will use the same criteria that I described, but let's try. OK?”

Goals/Objectives/Recommendations

“Tell me what is most important to you and I will be able to give you a clearer picture of what we are usually able to accomplish in difficult situations like this.”

Here in the office it works best if you call me Dr. O’Connell, since that is the staff and other doctors refer to each other.

The staff have told me that they sometimes feel disrespected and even threatened when you call or come to the desk very upset. I hope we can agree that we don’t want that, can’t we?

You deserve a doctor with whom you feel comfortable and whose advice you are willing to follow and I am wondering if we are just not a good fit. Can we talk about that?

Responding to difficult requests

The clinician must reach conclusion

Safety Concerns?

Yes/No

More harm than good?

Effectiveness?

What help is needed?

Involve the patient in getting the help

Including in vs. sending out

What are the sources of help?

Family members

Friends and co-workers

Other health care professionals

Spiritual advisors

Support groups

Referral or collaboration?

When will the patient hear from or see you again?

Are you including others in your care of the patient or sending the patient out for others to care for?

What can patients expect from you now?
**SUMMARY**

Relationship “difficulties” develop when...

- Success is frustrated
- Expectations are misaligned
- Flexibility is insufficient

**Quick Reads**


- Platt FW and Gordon GH (1999) Field guide to the difficult patient interview. Lippincott: Balt, MD