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**Communicating Effectively When You Don't Want to: Practical Strategies for
Difficult Conversations with Patients, Staff, Administrators and Other Clinicians**

Faculty Information

Director:

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Clinical questions to be addressed:

1. How can you effectively anticipate and prepare for a difficult conversation in the clinical setting?
2. What is a systematic approach to effectively handle conflict or mismatched expectations in a clinical setting?
3. What are some tips for getting an emotionally charged or difficult conversation "back on track" so that those involved can find common ground?
4. How do you build on the common ground and keep the lines of communication open after your initial discussion?

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COMMUNICATING EFFECTIVELY WHEN YOU DON'T WANT TO: *PRACTICAL STRATEGIES FOR DIFFICULT CONVERSATIONS WITH PATIENTS, STAFF, ADMINISTRATORS AND OTHER CLINICIANS*

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1

Learning Objectives

- How can you effectively anticipate and prepare for a difficult conversation in the clinical setting?
- What is a systematic approach to effectively handle conflict or mismatched expectations in a clinical setting?
- What are some tips for getting an emotionally charged or difficult conversation “back on track” so that those involved can find common ground?
- How do you build on the common ground and keep the lines of communication open after your initial discussion?

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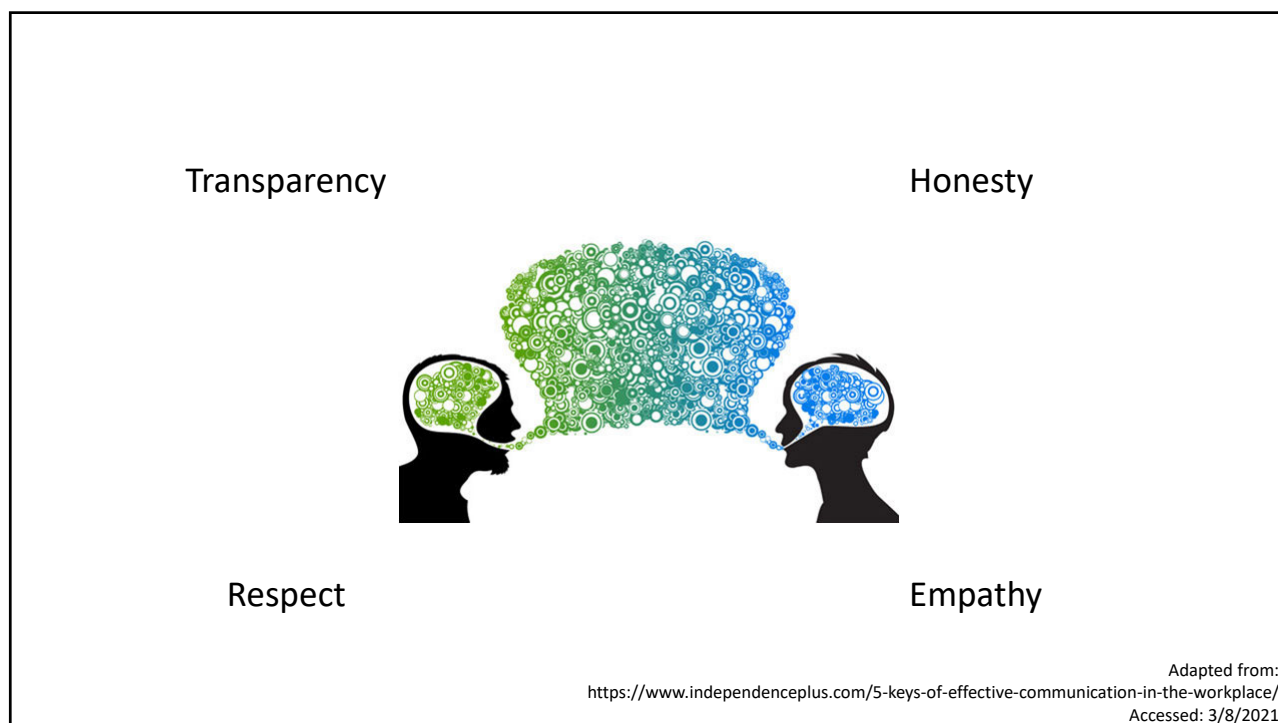
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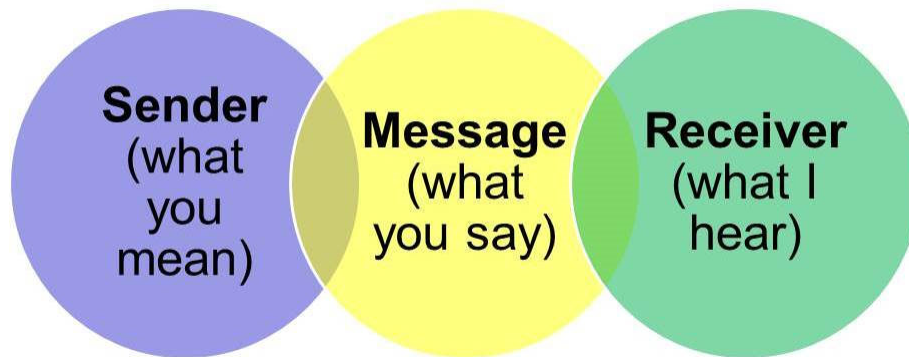


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Why Is Effective Communication So Difficult?

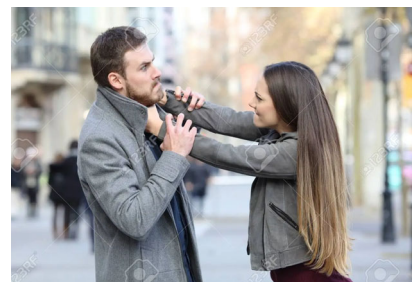


<https://www.alainhunkins.com/blog-posts/2015/06/why-is-effective-communication-so-difficult>
Accessed: 3/8/2021

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<https://youtu.be/d0UEAr8I9G8>



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Outside Factors that Can Make Anyone “Difficult”



Lack of sleep

Poor diet/eating habits

Long travel

Extreme fatigue

History of abuse

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- We like to help
 - Desire for our and patient goals to match
 - Am I hurting the patient?
- Confrontation phobia
 - Provider uncomfortable with conflict
 - “It’s easier to write than to fight.”

:; nfi; a) #7aj #Effl

- Time
 - Quicker NOT to have the conversation
- Fear of liability
 - Physician “abandonment”
- Financial pressure
 - Need for patients as revenue source

10




Patient Characteristics Associated With Being Labeled “Difficult”

Older	More often separated or divorced	• Were referred more often
More women	More acute and chronic problems	• More visits
More medications	More x-rays and tests	• More symptoms
		• Greater functional impairment
		• More likely to have a mental disorder
		• More likely to abuse drugs, alcohol

11


Physician Characteristics Associated With Experiencing More Patients As “Difficult”

Physicians with poorer psychosocial attitudes experienced more encounters as difficult (28% vs. 8%; $p < 0.001$)

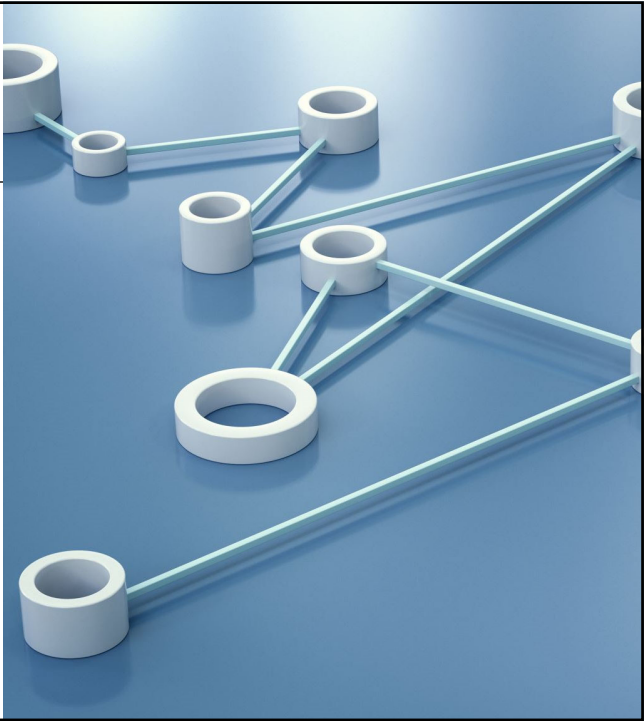
	Fewer years out of residency
	Higher perceived workload
	Lower job satisfaction
	Lack of communication skills training
	Unrecognized feelings
	Biomedical orientation

Jackson JL, Kroenke K. Arch Intern Med. 1999;159:1069-1075

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	<p>@2\Q\$E #T . . 2QQ#C \$9 2# 0 :77:. TAS#E . SEPĐ M%S :2CS#C . E TCS2P</p> <ul style="list-style-type: none"> • Awareness of self • Biopsychosocial factors • Use empathy • Awareness of personality traits • Awareness of mood disorders • Offer continued care even when hitting a roadblock 	
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Table 1. Summary of Grove's Difficult Patient Groups

Label	Identifying Features	Treatment Strategies
Dependent clinger	These patients have an escalating need for reassurance and over time become increasingly more helpless.	The clinician should set appropriate limits with realistic expectations, including the use of clear verbal and written instructions.
Entitled demanders	These patients initially present as needy but soon exhibit aggressive and intimidating behavior.	The clinician should not react to their anger but should instead acknowledge the situation and discuss realistic expectations.
Manipulative help-rejectors	These patients are generally ungrateful for any help that is offered and are often pessimistic about treatment outcome.	The clinician should paradoxically advocate adopting a skeptical attitude toward treatment and schedule regular appointments.
Self-destructive deniers	These patients tend to engage in behaviors that thwart attempts to improve their condition (e.g., excessive drinking and smoking).	The clinician should avoid vengeful feelings and punishment but should instead focus on and treat the underlying depression.

Wasan AD, Wooton J, Jamison R. Reg Anesth and Pain Med. 2005; 30:184-192.

15

4 options during conflict

01

Blame ourselves

02

Blame others

03

Sense our own feelings/needs

04

Sense others' feelings and needs

16

The Five Stages

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“The 5 Stages”: modified stages of grief

- Hopeless and helpless
- Demanding and indignant
- Bargaining
- Resignation
- Acceptance



18

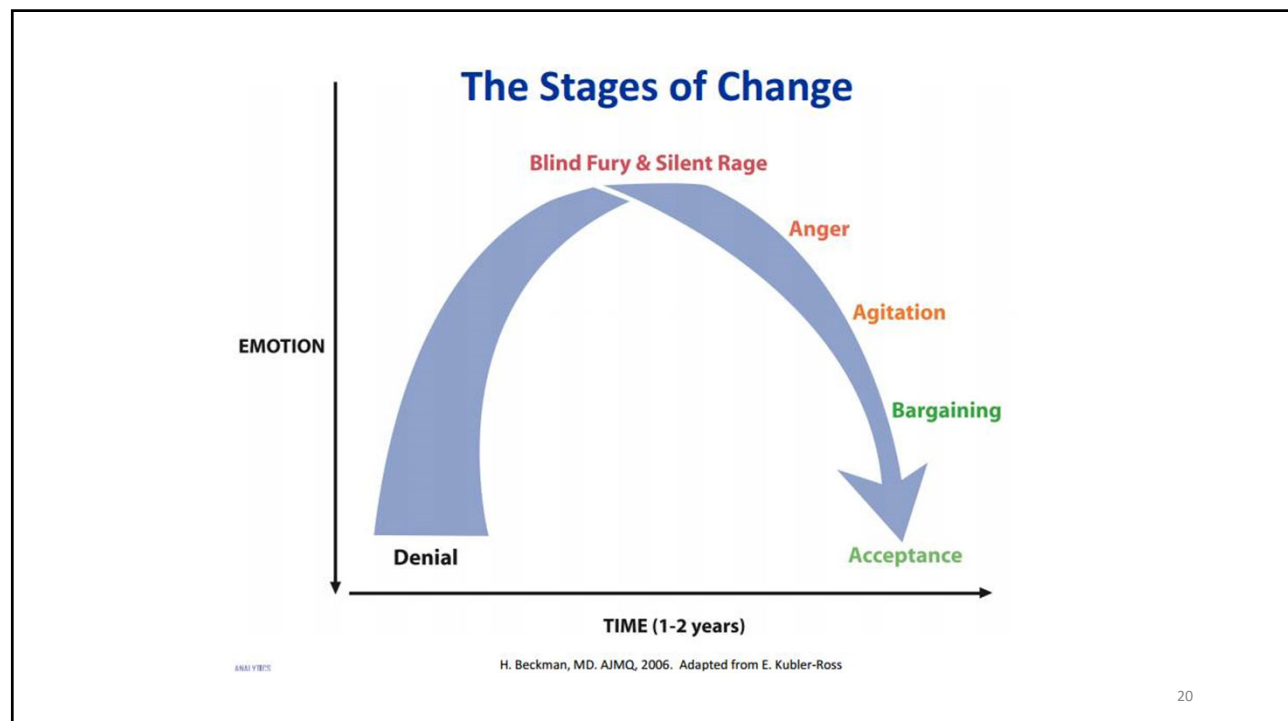
Patient: “I don’t understand why you would do this to me. You want me to be in pain. I didn’t do anything wrong.” (denial and anger)

Physician: “You feel worried about being in pain and you are upset that this is happening.”

Patient: “I promise it won’t happen again. I am not going to be able to handle this. No one will take care of me now.” (bargaining and depression)

Physician: “I understand that you are feeling upset about this. This is a lot to handle. I am here to support you in the process of tapering your medication.”

19



20

Patient-Centered Interviewing

21

Patient-Centered Communication Produces Better Outcomes

- Diabetes
- Pain management
- Adherence to medications
- Patient satisfaction with care experiences
- Clinician satisfaction



Safran et al, J Fam Pract 1998; Stewart et al, J Fam Pract 2000; Levinson et al, Health Affairs 2010; Dwamena et al, Cochrane Database Syst Rev 2012; Hojat et al, Acad Med 2013; Kennedy et al, Pat Experience J 2014

22

Patient-Centered Interviewing Tasks



Create rapport quickly



Set the agenda



Facilitate the patient telling his/her symptom story



Hear/elicite the personal context/perspective



Hear/elicite the emotional context



Respond to the emotion with empathy



Communicate information clearly (ask-tell-ask)

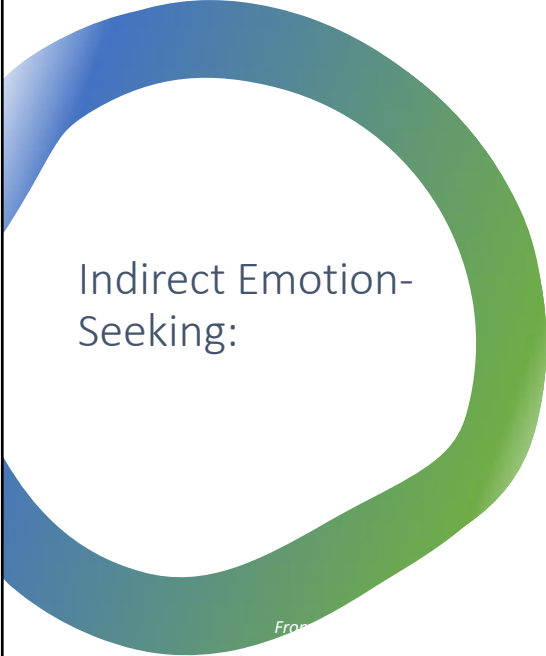
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Set the Agenda (1-2 min)

Indicate	Indicate time available
Forecast	Forecast what you would like to have happen in the interview
Obtain	Obtain list of all issues patient/parent wants to discuss; e.g., specific symptoms, requests, expectations, understanding <ul style="list-style-type: none"> • Exhaustive "What else?"
Summarize and finalize	Summarize and finalize the agenda; negotiate specifics if too many agenda items

From Fortin AH VI, Dwaamena FC, Frankel RM, Smith RC. Smith's Patient Centered Interviewing. 3rd ed. New York, McGraw-Hill, 2012

24



Indirect Emotion-Seeking:

- **Belief**— “What do you think is causing your problem?”
- **Impact**— “How has this (symptom/illness) affected your life/things at home/work?”
- **Triggers**— “What do you think made it begin when it did?” or “What made you decide to make an appointment/come to the emergency room now?” or “What else is going on in your life?”

From

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NURS

26

NURS: empathically address emotion

Name

Understand

Respect

Support

From Fortin AH VI, Dwamena FC, Frankel RM, Smith RC. Smith's Patient Centered Interviewing. 3rd ed. New York, McGraw-Hill, 2012.

27

Empathically Address Emotion: NURS

Name—

Rename the feeling the patient stated: "You're worried."

Name the emotion you are reading: "You seem worried."

Understand— "I can see how you could be feeling this way. Many people who have backaches are worried that it could be due to something serious."

Respect— "This is a lot to go through." or "You've really been through a lot." or "I appreciate how you have hung in there with all this."

Support— "Let's see what we can do together to get to the bottom of this", or "I want to support you in any way I can."

28



ADOBE

29

ADOBE: being effective in the face of strong emotion

Recognize and Assess the Source of Tension, then:

Acknowledge the Difficulty

Discover Meaning

Oppportunity for Empathy

Boundary-setting

Extend the System

Modified from Kemp White M, Keller V. JCOM.1998;5:5.

30

ADOBE NURS Skills Can Work Together

Acknowledge the Difficulty (To Yourself, Aloud)

Discover Meaning (“Help me understand”)

Oppportunity for Empathy (**N**ame, **U**nderstand, **R**espect, **S**upport)

Boundaries—set them as needed

Extend the System

Modified from Kemp White M, Keller V. JCOM.1998;5:5.
Fortin AH VI, et al. Smith’s Patient Centered Interviewing.
4th ed. New York, McGraw-Hill, 2019.

31



Ask-Tell-Ask

32

Communicate information clearly:
Ask, Tell, Ask

Ask for patient's perspective

Tell/Teach your perspective

Ask for patient's understanding

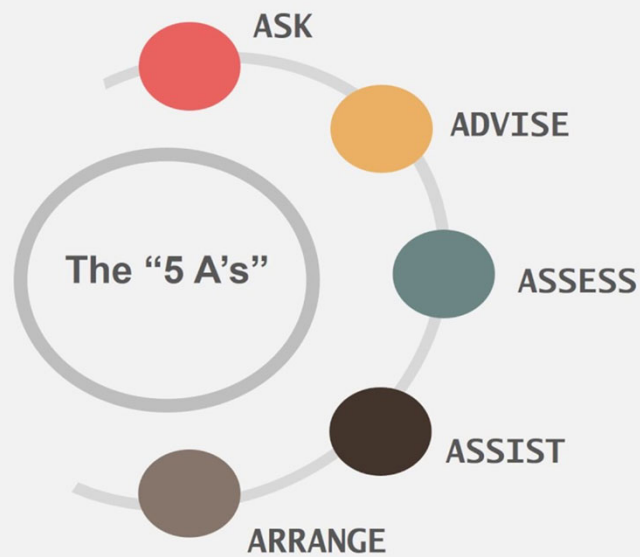


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The 5 A's

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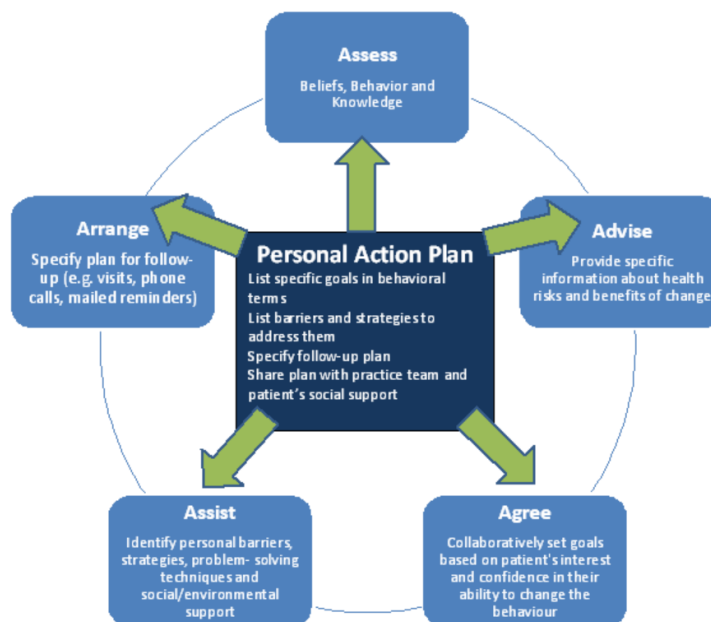
Five Steps to Intervention



www.youtube.com/watch?v=jMk-d_8uypp0
Accessed: Mar 1, 2021

35

Figure 2: The 5 A's of Behavioural Change⁶



RN Assoc of Ontario. Nursing Best Practice Guideline: Strategies to Support Self-Management in Chronic Conditions. 2010

36

5-A's Behavioral Change Model Adapted: improve empathic listening

Table 1 Summary of themes and sub-themes

Theme	Sub-theme	Example
(1) Difficult conversations	(a) Patient objections and complaints	"they beg, they plead, they think if they talk to you enough you'll change your mind... they go to the patient advocate and complain."
	(b) Clinician ambivalence	"...it's very hard to apply the new feelings on this to people who have been managing a different way for a very long time and I worry that it's a little unfair to patients to all of a sudden..."
(2) Clinician strategies: verbal heuristics for difficult interactions	(a) Safety heuristic	"Okay, it's clear to us that you are not following through with the guidelines of the contract. And if that's the case then... I do not feel comfortable prescribing for you anymore because you are using in a way that's unsafe."
	(b) Setting expectations heuristic	"I establish ground rules with them and now I am even saying no early refills even for legitimate reasons..."
	(c) Following orders heuristic	"I try to act as if this is just some kind of big cog in the government wheel and there's nothing I can do."
	(d) Standardization heuristic	"I make it a point to say that I do this for everybody so I that do not forget to do it on anybody...I do it for all my patients who are on prescription opioids whether they are 29 or 85..."

Wasan AD et al. Reg Anesth and Pain Med. 30:184, 2005

37

Non-Violent Communication

38

Three aspects of Non-violent communication:



SELF-EMPATHY

YOUR DEEP AND COMPASSIONATE
AWARENESS OF YOUR INNER EXPERIENCE



EMPATHY

YOUR ABILITY TO LISTEN TO ANOTHER
PERSON WITH DEEP COMPASSION

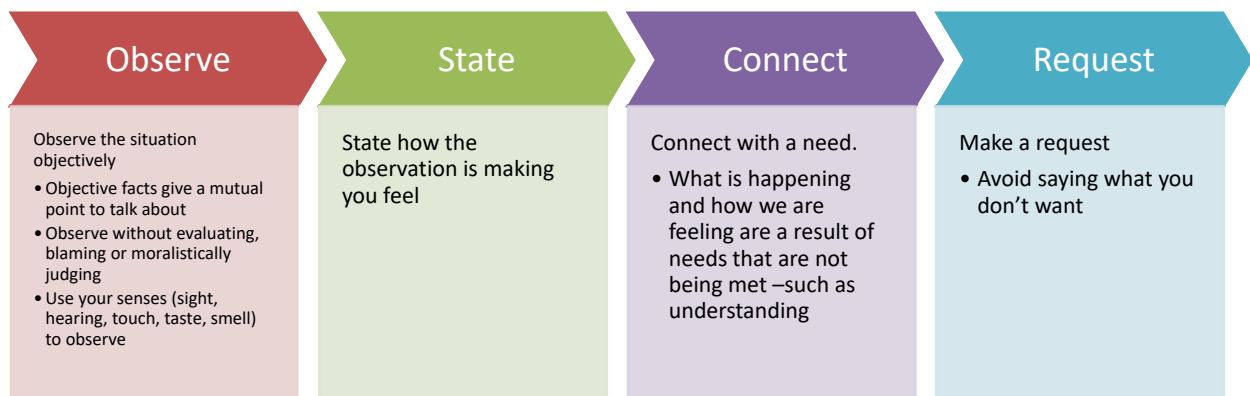


HONEST SELF-EXPRESSION

YOUR ABILITY TO EXPRESS YOURSELF
TRUTHFULLY IN A MANNER THAT CAN
INSPIRE COMPASSION IN OTHERS

39

The 4 Steps



40

NON-VIOLENT COMMUNICATION IN PRACTICE AT WORK

42 yo male patient insisting on screening for pancreatic cancer because his mom died of this last year

Warm opener Thank you for bringing your concerns in to me today.

Non-judgmental observation I can hear concern and worry in your voice. Part of my job is to make sure I order tests that can actually get answers and not add to our questions. There is no screening test for pancreatic cancer right now in current day medicine.

Statement of feeling I am uncomfortable **feeling** ordering tests that will not give us answers. Tests that we might use to try to work around that can make you anxious **feeling** if we see abnormalities in other areas that are not medically important.

Statement of need I need to consider the all these risks and benefits for you as an individual to chart a safe course for you.

Request What if we both keep our eyes on the news. If either of us sees a new test for pancreatic cancer screening, we will look into it together?

41

Non-Violent Communication: practice at home

- The scene:

walking in every day after work to sneakers, book bags, musical instruments on the floor blocking where the door opens

Warm opener "Hey guys, can we talk for a minute before I start dinner?"

Non-judgmental observation I have **noticed** that I come home after work and your school bags and belongings are placed in front of the door.

Statement of feeling I rush home from work **excited** to see you and get dinner started before sports or lessons and I feel **irritable** because I have to move them before I can come in.

Statement of need After a busy day at work, I **need** to transition to home so I can enjoy my time with you. I also know you **need** to relax a bit after school.

Request Do you think we can **find a space** that is not inconvenient for your belongings but also out of my way when I come home?"

42

Case Instructions – Choose Your Own Adventure

- We have 1 case with 3 conflict ‘stems’
- Each group will decide the stem they want to use
- Choose your roles quickly so there is time for discussion
 - 2 “actors”
 - 2 observers
 - 2 “tag out” saviors
- Person facing conflict – choose your communication technique (handout cheat sheet)
- Round 1 of discussion and technique trial – 7 minutes
- Debrief
- Round 2/3 will have branches from “stem” case choice

43

Communication Techniques Toolkit

Rebecca Andrews, Kevin Chamberlin and Jennifer Ozimek

The 5 Stages: Recognize the process many patients go through during a difficult conversation which can help guide discussion and manage your own expectations

- Hopeless and helpless
- Demanding and indignant
- Bargaining
- Resignation
- Acceptance

Pros/ Cons

☐
☐
☐
☐

Patient Centered Interviewing:

- Create rapport quickly
- Set the agenda
- Facilitate the patient telling his/her symptom story
- Practice active listening
 - not listening just to respond
- Respond with empathy
- Communicate clearly
 - (ask-tell-ask)

Pros/ Cons

☐
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☐
☐

NURS:

- Name
- Understand
- Respect
- Support

Pros/ Cons

☐
☐
☐
☐

Ask-Tell-Ask:

- Ask for patient's perspective
- Tell/ teach your perspective
- Ask for patient's understanding

Pros/ Cons

☐
☐
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ADOBE: recognize and assess the source of tension then

- Acknowledge the difficulty
- Discover meaning
- Oppportunity for empathy
- Boundary Setting
- Extend the system

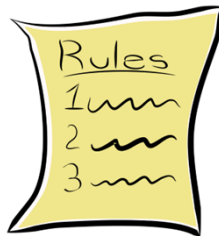
Pros/ Cons

☐
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Clinician Strategies: verbal heuristics for difficult interactions

- The Safety Heuristic
- The Setting Expectations Heuristic
- The Following Orders Heuristic
- Standardization Heuristic



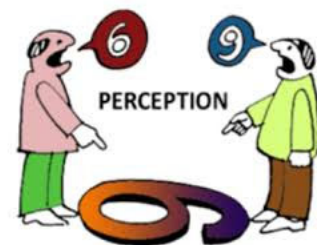
Wyse et al. Clinicians' strategies for guiding conversations about opioid prescribing. JGIM. 2019: 1200-1206.

45

Discussion

- What worked?
- What didn't?
- What did you learn?
- Any techniques work for you?

46



24

In the Heat of the Moment: de-escalate



Slow breathing



Avoid power struggles



Identify any judgmental thoughts

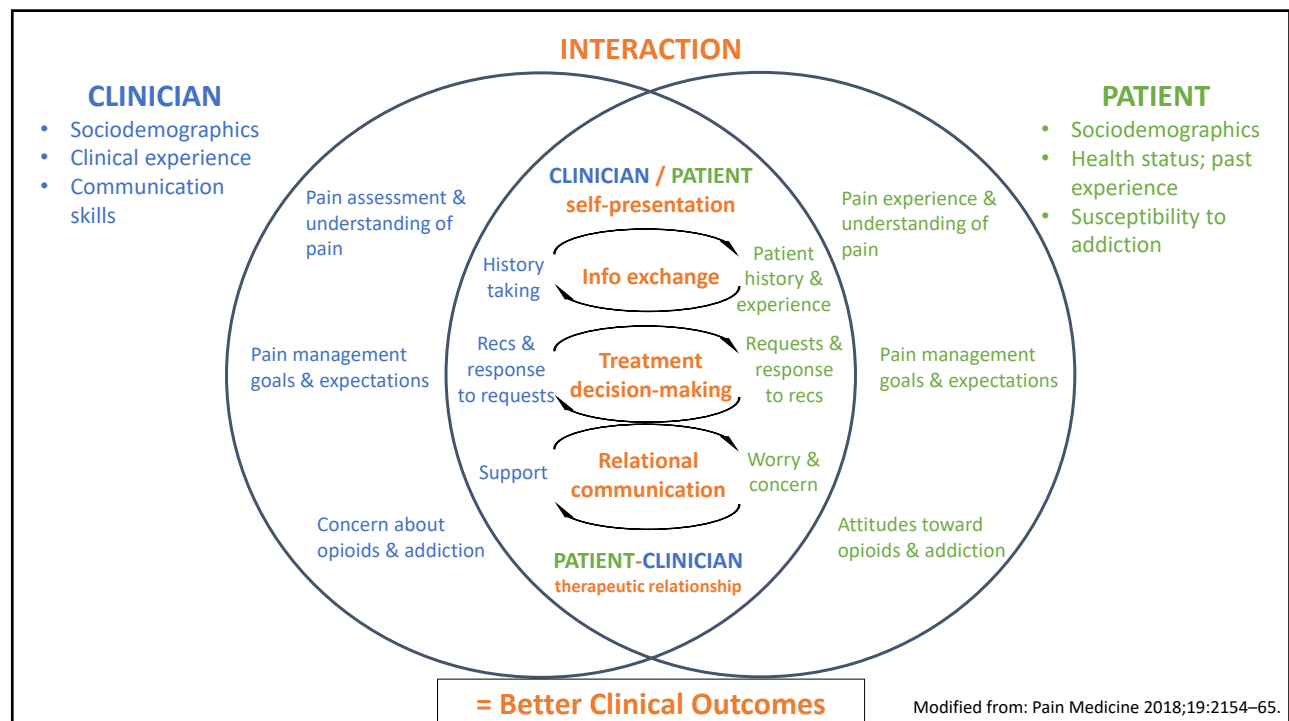


Connect with your own needs



Express your feelings and what is not being met

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- Remain calm
- Focus on behaviors and data, not character
- Avoid labels and power struggles
- Connect with your own needs
- Insist on respectful communication
- Leave the room if necessary for a break



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- John was angry for no reason
- My father is a good man
- You ask me to repeat myself all the time

E i f n f i " v t ⌘ ⌘ i { n j t v n } ⌘

- John was frustrated when no one offered an opinion
- My father volunteers, helps us with our homework, and asks how my mom's day was at dinner
- You asked me to repeat myself twice during this conversation

52

Effective Communication

Can you help me with this?
» Yes, I can.

- You asked if I had more time to spend with you. When were you thinking? It seems like I am not meeting something you need or want so let's talk
- I see you have not picked up your clothes from last week. Tell me about what your week has been like
- The patient is asking to be back running 2 weeks after knee replacement. We should talk about the healing time-frame....

Let me know what you need

- My partner always wants more affection – they are so needy
- My teenager is so lazy and disrespectful leaving clothes on the floor
- The patient is making unrealistic demands

53

Reset Expectations

Patients and providers frequently have unrealistic expectations for outcome of treatment.



"The bad news is that when pain has gone on this long, it's not likely to go away. [Patient education regarding diagnosis...] The good news is that there are things you can do to make pain more tolerable."



"What are some things pain keeps you from doing?"



Mutually-agreed upon, specific functional goals

54

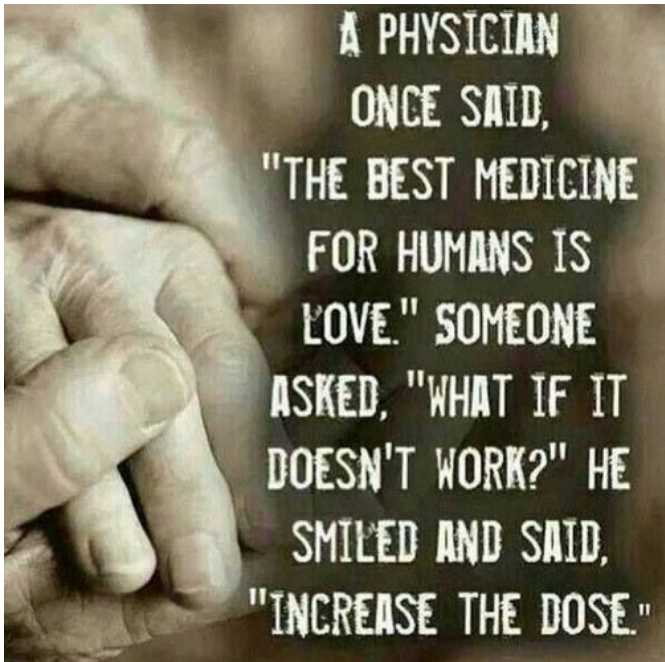
Teaching How to Talk When Two Agendas Collide

Frame	Frame statement in terms of risk/benefit
Review	Review initial discussion/decisions from the start of treatment
Use	Use empathy
Provide	Provide multi-disciplinary options



55

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