



Communicating with patients in challenging situations

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Land Acknowledgement

We would like to acknowledge that the UBC Vancouver Point Grey campus is situated on the unceded, traditional and ancestral territories of the x^wməθk^wəyəm (Musqueam), Skwxwú7mesh (Squamish) & Tsleil-Waututh Nations.



Presentation Outline



- Learning Objectives
- **ICDEP** Linkages
- Challenging **patient vs. situation**
- Patients rights to safety and **autonomy** and establishing **boundaries**
- Effective strategies to build **rapport** in challenging situations
- **Counselling** theory techniques
 - Motivational Interviewing
 - Solution-focused therapy
 - Emotional-focused therapy (from EFT)
- Therapeutic **Communication Techniques**
- **Case Study**
- Summary
- Q&A and Feedback

Learning Objectives

01

Describe challenging situations we may encounter in our dietetic practice

02

Describe patients rights to safety and autonomy and establishing boundaries

03

Utilize effective strategies to build rapport in challenging situations



04

Identify techniques from counselling theories that can be utilized for challenging situations

05

Apply techniques learned to a case study



ICDEP Linkages

Section 3: Communication and Collaboration

- 3.01: Select appropriate communication approaches
- 3.02, 3.03c: Speak and write in a manner responsive to audience
- 3.04 : Use effective interpersonal skills
- 3.05b: Use and interpret non-verbal communication
- 3.05c: Act with empathy
- 3.05d: Establish rapport
- 3.05e: Employ principles of negotiation and conflict management
- 3.05f: Seek and respond to feedback



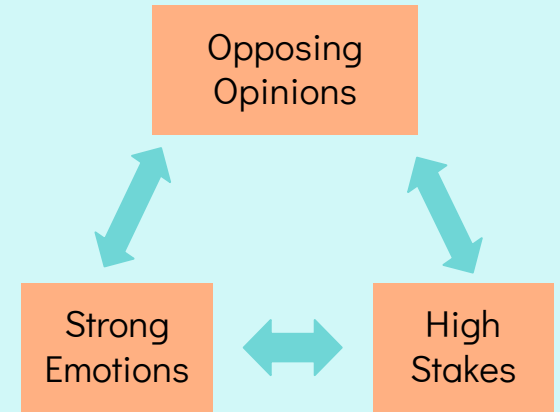
Challenging Situations



Challenging Situations vs. Patients



- What can make situations feel challenging?
 - When **high stakes, strong emotions, and opposing opinions** are involved → conversation becomes more difficult to manage when any of these increase in importance
- Patients can **become** challenging but we do not want to label themselves as challenging
 - may introduce negative biases/attitudes towards a patient
- Consider **context** as to why a challenging situation might arise
 - Ex. Healthcare- time (waiting, constraints), patient condition, energy/stress levels
 - Personal triggers



Challenging Situation Examples

- **Patient..**

- Disagreement
 - with nutritional care plan
 - adamant about losing weight
- Unengaged in care
- Frustration



- **Communication/Language barriers**

- Ineffective communication with pt and/or pt family; could be difficult to discuss nutrition

- **Clinically challenging situations**

- Multiple comorbidities
- Complex/unfamiliar case/condition
- Disagreement with **doctors POV** or other healthcare providers
- Someone **questioning** your way of doing things, competence

What are some strategies you know of to communicate in challenging situations?



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02

Patient Rights & Boundaries

Rights & Autonomy



Patient rights = basic rules of conduct between patients and medical caregivers

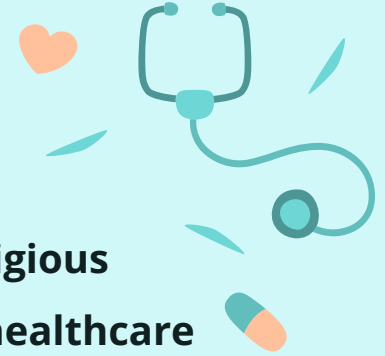
Autonomy is the right to choose. It's the capacity to make an informed, uncoerced decision. If the patient is *capable* and *communication* is possible, autonomy can be exercised.

*“recognize that informed, capable clients have the right to be independent, **make choices that put their health at risk, and direct their own care.** Regardless of this right, ... do not comply with client wishes when doing so would require.... to act against the law or [go against] Standards of Practice.”*

How can we ensure patients/clients make informed decisions?

1. When providing healthcare, you must provide specific information:
 - **Diagnosis**
 - **Proposed treatment**
 - **Benefits**
 - **Risks**
 - **Alternatives**
2. The health care provider must also **allow you to ask questions and get answers.**

Establishing Boundaries



- **Individual personalities, ethnic and cultural mannerisms, religious beliefs, history of trauma and previous experience with the healthcare system** can all contribute to how the patient feels about the boundary they have with their clinician (Warren, 2013)
- Establish respectful boundaries through **language, nonverbal behaviour, and demeanor** (e.g., not using jargon, physical space, eye contact, smile)
- When in doubt, remember: **consent - respect - report**



03

Building Rapport



Advisors' Insights on Building Rapport



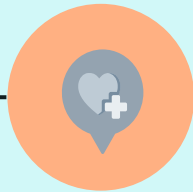
Use check-ins to build relationship

Take extra time to build rapport & trust before discussing nutrition. Ask questions!



Roll with resistance

Stay calm. Don't take it personally. Under anger is fear, overwhelm. Come back later.



Treat it like customer service +

Ask for permission. See the person, not the task. Rapport doesn't end when you leave the room.

Thank you to our advisors Jaylene Mah, Jess Pirnak, Seamus Damstrom, and Nisha Takhar



Counselling Techniques

A small decorative graphic consisting of a teal leaf-like shape and an orange pill with a white diagonal line.

Motivational Interviewing (MI)



- An evidenced- based, **client-centered** approach
- A **collaborative** process that aims to uncover a **client's beliefs and values** for making a positive behavioural change
 - Client's autonomy in decision making
 - Client's right to decide on a change
- Effective for disease management, lifestyle changes, addiction/substance use & undesired behaviour

MI: Basic Skills (OARS)



- Ask **open-ended questions** to understand client's perspective, values and goals
 - *Are you in pain? → How do you feel?*
- Use **affirmative language** to validate and support client's strengths and abilities
 - *You were successful in changing*
- **Listen reflectively** to help client think deeply and consider a change
 - *Sounds like, What I'm hearing is, From your point of view*
- **Summarizing the discussion** to organise what was covered

Processes of MI

1. Engaging

- establish mutual relationship - use OARS skills

2. Focusing

- clarify client's priorities, target specific changes

3. Evoking

- elicit client's own motivation/reason for change
- explore client's "Change talk " & readiness for change

4. Planning

- help client establish a SMART goal





Solution-focused Therapy

- Future- and solution-focused
- Evidence-based approach
- Effective for managing behavioral issues related to health issues, and conflict management

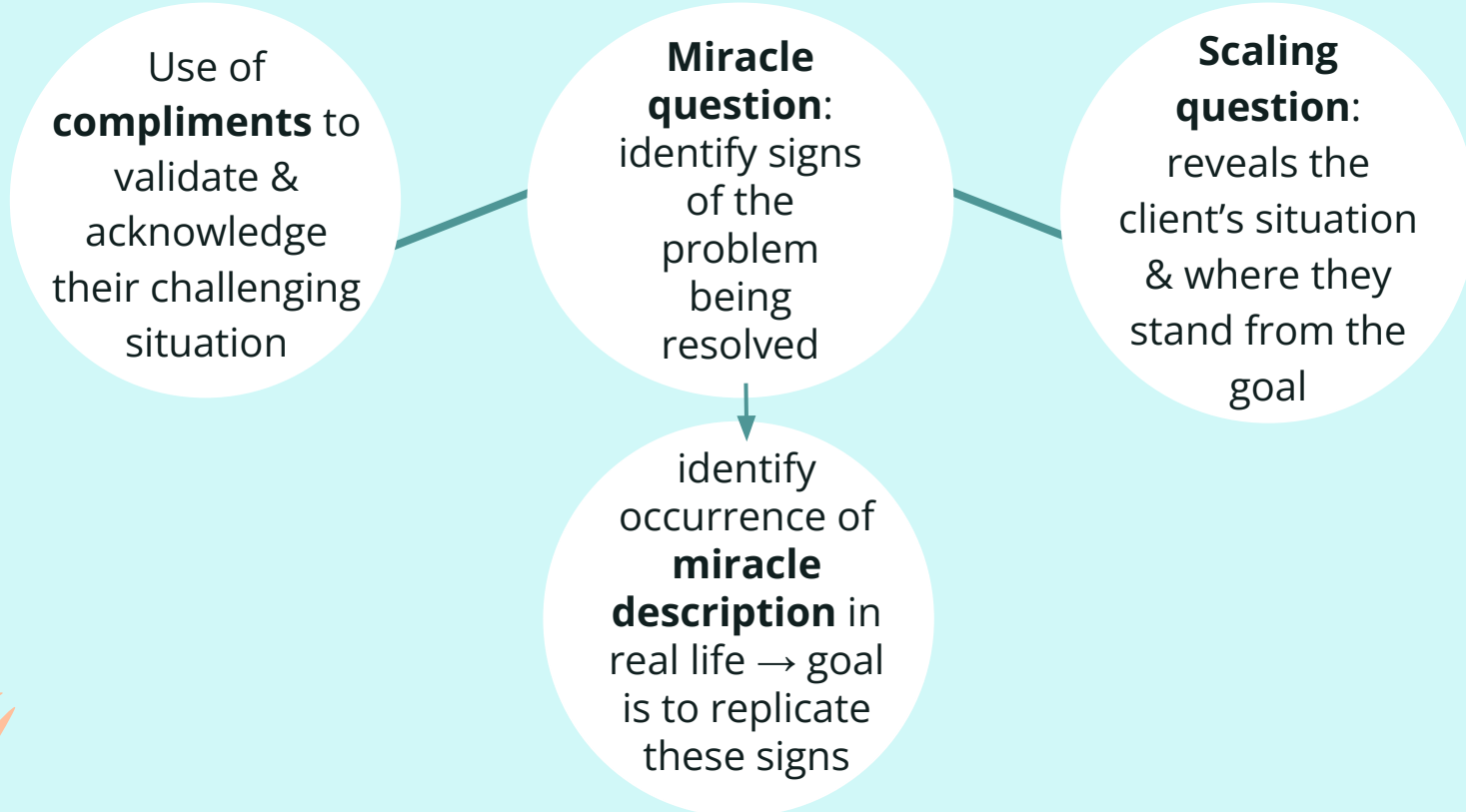
Solution-focused Therapy



3 steps:

1. **Goal development questions:** describe how their life will be different or improved when the goal has been achieved
2. Counselor works with client to recall any of the client's life experiences and 'behavioral repertoire' for times when in at least some parts of the goal have already happened
 - *"Are there times when this has been less of a problem?"*
 - *"What did you (or others) do that was helpful?"*
3. Counselor works with the client to compile resources needed to create a realistic and sustainable solution

Solution-focused Therapy - cont'd



Emotion-focused Therapy



- Emotion-focused therapy (EFT) is a therapeutic approach based on the premise that emotions are key to identity
 - Emotions are a guide to individual choice and decision making
- Evidence-based approach

Emotion Focused Therapy



- **Why are emotions so powerful?**
 - Emotions can be experienced physically
 - They can cause physiological change
 - Influence thinking
 - Guide future actions
- **Centered around development of 2 key skills:**
 - 1. Arriving at one's emotions through **increased acceptance and awareness**
 - 2. Learn to **transform emotions**, use the information it gives us to avoid negative or harmful behaviour
- **Outcome:** Help clients better **cope** with and decrease negative effects of maladaptive emotions

Stages in Emotion-Focused Therapy



➤ Stage 1: Awareness & De-escalation of Distress

- Assessment of client's presenting issues: including stressors, coping, social support, & safety
- Expand awareness of unacknowledged emotions - **identify stuck patterns**
- **Reframe the problem** in terms of cycles & underlying emotion

➤ Stage 2: Reconnecting/Restructuring

- Promote **validation and acceptance of emotions**
- Facilitate the **expression of needs** - with you, self

➤ Stage 3: Consolidation of Change

- Facilitate the emergence of **new solutions** to presenting/ problematic issues

Therapeutic Communication



6 Therapeutic Communication Techniques



Using Silence

Offer time and space for processing difficult emotions

Give recognition

Recognizing positive behavior and actions without direct compliment

Active listening

Provide eye contact, nod, summarize what the patient is saying

Acknowledge & accept

Acknowledge what the patient/ client is feeling

Offer your time & attention

To reduce feelings of isolation and loneliness associated with hospitalization

Keep it open-ended

Allow the patient to share freely



Case Study 



Case Study



You are a new dietitian on a cardiovascular care team. Your team meets to discuss Mr. E., who arrived at the hospital after his first episode of **angina**. He also has **hypertension, dislipidemia**, and a **family history** of heart attack. The MD has prescribed several medications, and has already suggested weight loss to Mr. E. The MD asks you to discuss nutrition therapy with Mr. E. From his chart, you can see he is **54 years** old and has a **BMI of 32**.

When you approach Mr. E., you notice he has an **android** (apple-shaped) weight distribution, and is **pacing** in his hospital room. With big gestures, he says that **“stupid doctors”** have told him to lose weight before, that he has **tried and failed**, and now he **refuses** to give up his steak dinners and red wine.





What stands out to you
about this situation?

What stands out to you about this situation?



- **Power dynamics:** between doctors and Mr.E (not patient-centered)
- **Preconceptions:** that a dietitian will forbid his favourite foods/drinks
- **Emotions:** frustration, anger, hopelessness, guilt, shock, resentment
- **Point-of-care risk assessment:** emotional crisis? History of violence?
- **Weight loss history:** weight cycling? Restricting? Patient's goals?
- **Stage of change:** Precontemplation, doesn't want to make changes





What would your
priorities be during this
consultation?

What would your priorities be during this consultation?



- **Point-of-care risk assessment:** emotional crisis?
history of violence?
- Can you **diffuse** the situation? If not, can you come back later?
- **Build rapport:** take time before discussing nutrition, acknowledge that his difficulty with weight loss is normal



Small Group/Breakout Questions



#1.

How could you approach this situation using
Solution-focused therapy?



#2.

How could you approach this situation using
Emotion-focused therapy?



1. How could you approach this situation using Solution-focused therapy?



After de-escalation of emotions...

- **Validate & acknowledge** his challenging situation (i.e. having been given advice that doesn't work for him, trying and failing at an often unrealistic task)
- **Ask questions:** what is something that he did/does that works for him?
→ “subbing fries for a salad with my steak”, “
- **Develop a goal:** find the miracle description/signs of resolution from his own experiences, and build that into a goal → eat at least 1 vegetable at every meal, or salad with half of his steak dinners
- **Scaling question:** From 1-10, how confident does he feel he can make changes?
- **Offer:** What other supports does he need to reach his new goal?



2. How could you approach this situation using Emotion-focused therapy?



Recall the stages of Emotion-focused therapy:

1. **Create awareness, de-escalate & re-frame:** acknowledge his emotions & patterns (i.e. the problem is not the steak, it's how he feels about & responds to advice that doesn't suit him)
2. **Reconnecting/restructuring:**
 - **Validate** his emotions: frustration is a normal response
 - **Facilitate** his expression of his needs → to his doctors, to yourself, and to other professionals in his support network
3. **Facilitate new solutions:** use a patient-centered approach, work to find a care plan that works for Mr. E. Emphasize open communication & empathy for himself when he faces setbacks



Other Questions to Consider...



- What other **questions** would you want to ask Mr. E.?
- How would you maintain a **patient-centered approach**?
- How would you incorporate a **weight-inclusive approach** into your care for Mr. E.?
- What other practical considerations would influence your approach this situation? (**time, resources, referrals, etc.**)

Key Takeaway points

- Avoid labelling patients as being challenging; reframe the conversation as a challenging situation
- Considering patient's right and autonomy, also recognizing professional and personal boundaries are important in managing challenging situations.
- Counselling techniques to use in a challenging situation include: motivational interviewing, solution-focused therapy, and emotion-focused therapy.
- Therapeutic communication techniques include: active listening, using silence, using open-ended questions, accepting, giving recognition, offering time & attention





Thank You!

Any questions?

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Resources

[Google Document Resource list](#)

