Navigation Strategies for Compassion-Based Patient Interactions
Laura Heesacker, LCSW (Reference: Courtesy of Barry Egener, MD)
OregonPainGuidance.Org 10-9-16

Five Step Process for Navigating Challenging Patient Conversations:

1. **Navigating the emotional landscape**
2. **Elicit the Patients Perspective**
3. **Present your perspective**
4. **Agree on common goals**
5. **Set Limits**

Step 1: Navigating the Emotional Landscape:

A. **Awareness of Common Traps and Negotiation Strategies**
Become familiar with common traps or negotiation strategies patients use to get their needs met. It is helpful to consider these "negotiation strategies" as fine-tuned survival skills that often feel like manipulation to providers (see hand out on "Traps and Negotiation Strategies-OregonPainGuidance.org)

B. Deal with Emotions

1) Model Willingness to Feel Uncomfortable:
"I recognize this is an uncomfortable conversation"
Keep breath slow and steady and hands relaxed in spite of discomfort in the exam room

2) **Reflection**:
- "You seem X (upset, anxious, fearful, scared), by what I have said."
- "I notice you are tearing up"
- "You seem pretty X"
- "Your body language looks tense to me"

3) **Validation**:
- "It is understandable that you feel X in regards to me not prescribing narcotics when that is the main reason you came in".
- This is a lot of information; it would be understandable if you were experiencing X (anger, fear, betrayal, anxiety, hopelessness), and as your provider it is important for me to practice within safe guidelines, therefore some treatment adjustments need to be made.
- "I hear that you are in real pain and you have every right to X (find a new provider, go to the ER, get your RX from the streets, neighbor, etc.) **and** I hope that you will continue to let us care for you".

YOU DON'T HAVE TO AGREE TO EXPRESS UNDERSTANDING

4) **Support**:
- "I'm sure it has ben difficult to keep going to your provider and repeatedly have these tug-o-wars about a prescription"
- "I am certain I do not want you to suffer, I care about your health very much, I am confidant that you are capable of making the adjustments I have outlined."
- Or for example, instead of speaking, hand the crying patient a tissue.

Source: Team-Based Opioid Management www.improvingopioidcare.org

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B. **Drop Defensiveness**
   a) **Defensiveness Escalates Emotion**
   b) **Instead, make a statement about the patient's experience**
   c) **"I am sorry for your loss"**

C. **Share Control when Safety Allows**
   a. **Model Collaboration**
   b. **Avoid Backing Patient into Corner**
   c. **Empower the Patient to Make Changes**
   d. **Higher risk lower shared decision making**

D. **Focus on Function, not Pain-It's About Quality of Life**
   a. **Permits progress despite ongoing pain**
   b. **What can the patient do?**
   c. **What do the symptoms prevent?**

F. Agree to Disagree

1) Identify the Impasse

- "It seems like we have reached an impasse."

- "You and I have very different views on how to best manage your pain"

- "At this point maybe we can agree to disagree, whey don't you take some time to consider the three options we have discussed and next week when you come in we will start with the adjustments."

2) Clarify boundaries

- **What you will do:**

"I'd like to be your provider and continue to help you with your pain, despite our disagreement"

"I certainly do not want you to X (stay in bed, not go to work, neglect children), and due to the safety reasons I have outlined, it is important for us move forward with treatment adjustments."

- **What you won't do:**

"Prescribing more of this medicine is something that is not in your best, long term interest. It is something I feel uncomfortable with and cannot do"

"Unfortunately I will not be able to X (raise the dose, give you an RX, etc), I would like you to consider the non-narcotic treatment options we discussed, I hear you have tried them in the past with no success, I am asking you to consider trying them again.

3) Manage your reactions:

When you say "no", you may:

- Question your judgment and if you are doing the right thing
- Feel you have failed as a provider
- Feel you behavior is unethical

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- Feel, mean, unsupportive, and uncaring

Consider looking at your patient's behavior through the lens of "dependence":

- It is normal for patients to have heightened emotional reactions, fear of the pain as well as withdrawal.
- It is the role of the provider to take charge and safely guide the patients treatment

Providers have unspoken beliefs about what makes a "good" pain patent, they are often not realistic and can increase provider stress, for example:

- Reported symptoms should match imaging or other diagnostics
- Patient does not challenge the treatment plan
- Patient is emotionally controlled and grateful

4) Learn to Soothe Yourself

Breathe, Self-talk, talk to a colleague who shares your philosophy of pain management. Gather strength from your core beliefs

Let your values and core principals of practicing good and safe medicine guide your practice, this will ease your way as you embark on these challenging conversations with your patients.

Step 2: Elicit the Patient's Perspective:

Help the patient describe:

- **The nature of the problem and how the problem has affected him/her**
- **Beliefs about causation**
- **Concerns about consequences of pain/ the future**
- **Expectations: <u>Exactly</u> what help the patient wants**

(<u>DON'T ASSUME YOU KNOW!</u>)

Step 3: Present Your Perspective:

- **Create an Empathic Bridge**
- **Present Your Perspective (e.g. 2 Min. Elevator Speech- Ask Patient What They Heard You Say)**
- **Conflict resolution in the face of anger:**

Assent
Consolation
Apology

Step 4: Agree on Common Goals

- **Allows Collaboration Despite Disagreement**
- **First agree on goals, then methods**
- **Positions vs. Interests**

Step 5: Set Limits

- **Frame limits professionally, not personally**

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- **Concentrate on what you <u>are</u> willing to do, rather than on what you refuse to do**

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