

# COMMUNICATION CHALLENGES: OUTLINE

## 1. PRE-READING

- A. Approach to difficult patient and family – *Pediatrics* – 2011
- B. Managing difficult encounters – *American Family Physician* – 2013
- C. Dealing with difficult medical colleagues – *Psychotherapy and Psychosomatics* – 2018
- D. Communication Strategies – 2018 (Erin Woods document)

## 2. LARGE GROUP DISCUSSION

1. Discuss experiences in difficult encounters with patients and/or families

Discuss experiences in difficult encounters with colleagues/other health professionals

2. What does it mean for a patient and/or family to be “difficult”? What kinds of encounters have you found difficult and why?

What does it mean for a colleague/health provider to be “difficult”? What kinds of encounters have you found difficult and why?

3. Discuss approaches one could take in engaging in encounters with difficult patients and/or families.

Discuss approaches one could take in engaging with challenging colleagues.

4. Discuss core responsibilities a physician has in engaging in a difficult encounter (around responsibilities to patients and families; around communication; around documentation)

## 3. SMALL GROUP CASE DISCUSSION

### **Patients/Families**

1. You have a patient in your practice who is followed by you as well as multiple other specialists. Although the child is complex, his medical status is stable. You have ordered

some non-urgent tests to follow up on his condition, and estimated that the results would be available within a few days. The results did not return as expected, and mum is calling your admin support daily to get the results. As each day passes, she is getting more irate, and is upset that you have not called her to tell her that the results are not yet available. She is demanding you call her, and has told your admin staff that she will drive to the clinic to see you to discuss.

2. You admit a patient who is a recent immigrant from Nigeria. He was admitted with fever, and found to have malaria. Along with this, he is lethargic, tachycardic and tachypnic, as well as pale. His hemoglobin is found to be 50. You discuss with the parents that you feel he needs a transfusion, but they adamantly refuse, stating that in their country, malaria is treated with an oral medication and patients don't even stay in the hospital.

3. A child is brought into the emergency room after falling and hitting his head. His vital signs are stable, and he does not meet PECARN criteria for head imaging. You discuss with the parents that he does not need imaging, but they demand to have a CT scan, as you cannot guarantee 100% that he does not have a head injury requiring intervention.

4. You are on a very busy shift. Running from patient to patient, no breaks, As you are writing up one patient the nurse mentions a song you both heard and you smile, stand up and tap out the song for one line and start to go to the next patient. A father sees this and immediately grabs his child, starts walking out the door saying, I've waited 3 hours and you are singing.

5. You are assessing a child with a rash in the busy emergency department. To keep flow, you ask mum to undress the child and go see another patient. When you come back, she has not undressed the child. You ask again, and go to see another patient. While you are in the next room, you and everyone around you hear them say: 'we're ready now XXX.'

\*Facilitators will bring other examples for discussion and simulation

## **Colleagues**

1. You are the physician on call in the ICU/gen peds ward, and have a patient that is well known to a subspecialty colleague. The patient is admitted for a reason unrelated to the system your colleague specializes in. The colleague comes into the unit and begins to tell your team what he/she thinks you should do with the patient. When you remind him/her that he isn't consulted as you have no question for him/her at this time, he asks you for a consult. When you say no, he asks the junior resident to do this. How do you proceed?

2. You are the senior resident on Orange team. You have been working really hard to ensure there is teaching every morning, and organizing jeopardy on Fridays. You are coming in early to ensure you have seen your patients, and staying late to ensure notes are done. Your co-senior on Purple team has not prepared any of the teaching sessions, and is leaving right after handover. Often this leaves you to try and sort out some of the Purple team questions before leaving in the evening. What do you do?

3. You are the general pediatrician on Purple team. You admit a baby with

bronchiolitis who's care needs are escalating on the ward, beyond where you feel it is appropriate to have this patient on the ward. You have already started high flow, and feel the baby is failing the trial and needs non-invasive ventilation. You consult PICU, and the PICU team disagrees, and feels the baby is ok on the ward. You feel strongly the patient is clinically worsening and merits transfer to PICU for more acute care. What do you do?

\*Facilitators will bring other examples for discussion and simulation