

PHYSIOTHERAPIST'S GUIDE TO MANAGING CHALLENGING SITUATIONS

Introduction

This paper discusses the expectations of physiotherapists when managing challenging situations which can arise while providing patient care. For this purpose, a challenging situation is defined as one which may interfere with a physiotherapist's ability to deliver quality care which achieves positive physiotherapy outcomes.

In health care, interpersonal issues arise from a variety of factors including availability of resources, personal expectations and environmental or contextual factors. Other contributing factors are the behaviour of the care providers and/or patients, the health care setting and the health care model.

Regardless of the cause, physiotherapists are expected to manage each situation in a manner which promotes safe and respectful patient-centered care.

Why Challenging Situations Arise

Often, situations arise from differences in assumptions and expectations about the care being delivered.

Different knowledge and experience leads to unequal responsibility and authority for the providers. Additionally, among providers themselves there are differences arising from each person's specific strengths, training and insights and which, when working well as a team should result in optimal patient outcomes. Sometimes an interested family member or other person is also involved, in which case, their view of their role might be inconsistent with the view of the physiotherapist.

No two situations will be the same given different personalities, competing values and varieties of experience.

Responsibilities and Expectations

It is the responsibility of the physiotherapist to:

- Identify any interpersonal situation that may interfere with the delivery of safe, quality care and desired physiotherapy outcomes
- Take into account the possible impacts on others (e.g. patients, health providers and support staff)
- Act in a timely manner and remain very thoughtful and purposeful
- When managing any challenging situation, the physiotherapist should:
 - 1) Treat the other party in a respectful and professional manner
 - 2) Exchange views, listen and try to find a consensus toward a new course of action
 - 3) Be prepared to compromise
 - 4) Avoid placing patients in the middle of a disagreement (e.g. by suggesting they choose a different provider or by making statements which undermine trust in another professional)
 - 5) Seek objective input from another professional if the team can not arrive at a consensus

In some situations a physiotherapist may decide to discharge a patient from active treatment when in the physiotherapist's view and despite repeated reasonable attempts to manage the situation over a reasonable period of time, there has not been sufficient change to achieve the desired physiotherapy outcomes or when there is an immediate risk of harm to the physiotherapist or other individuals. In such situations the physiotherapist must act in accordance with professional and regulatory obligations, code of ethics and other established rules or policies.

Strategies

I BE PROACTIVE

Lack of clarity can contribute to the development of a challenging situation

Try to prevent challenging situations from occurring by identifying as early as possible behaviours and expectations which could escalate or interfere with care.

Recognize that sometimes patients come with a range of expectations arising from such things as previous experiences, cultural differences or emotional states.

At the outset, learn more about the patient than just the specific problem for which they are receiving care.

Inform patients at the outset of organizational policies (written or unwritten) which may have impacts on achieving desired outcomes, examples of which are:

- Any monetary or continuity of care consequences (e.g. failure to attend appointments)
- Expectations regarding behaviour or decorum (e.g. use of language which is of a sexual or threatening nature, arriving for appointments while under the influence of drugs)

When you know a family or other person is involved in the care of the patient, it is wise to have the answers to the following questions:

- does the person have legal authority to make decisions on behalf of the patient?
- has the patient clarified disclosure parameters?

Responses to such questions help set the boundaries of involvement and health information disclosure.

If passively tolerating situations arising from inappropriate expectations or behaviours, hoping that the matter will resolve on its own then physiotherapists are not actively managing the situation.

II IMPLEMENT REFLECTIVE PRACTICE TO “KNOW YOURSELF”

Physiotherapists must remain as professional and calm as possible, regardless of what an individual says or does

Understand yourself and know your values to help identify emotional or “hot buttons” when handling adversity.

Be aware of and understand your own biases, limitations and personality:

- 1) Do you listen well or jump to conclusions?
- 2) Do you have a set agenda or are you willing to compromise?
- 3) How did you respond to a previous situation?
- 4) What assumptions do you have which might be influencing you?

Develop skills for having “learning conversations” which help you understand the other person’s point of view and explain yours rather than assuming you know all you need to know to explain things.

III DEVELOP A PLAN

A plan can be a single conversation with an involved party or have many components

Formulate the plan by considering such components as:

- Severity of the behaviour
- Reasonability of the plan for the specific situation
- Safety issues
- Time frame
- Ability to achieve desired outcomes

IV COMMUNICATE THE PLAN

The goal is to change or accommodate the behaviour to the extent possible

Engage in a discussion with the other party so that you clearly explain the issues, challenges, required changes and possible consequences if the changes are not made.

V DOCUMENT IT

Creating and maintaining accurate and complete health records is critical in general and can be just as important when managing challenging situations

Decide on the documentation based on inherent risk of the situation, impacts on your ability to provide quality care, likelihood of resolution and explaining one's actions if asked to account for them later on

Documentation should contain:

- Description of the behaviour observed or statements made including date and content
- Steps taken to address the behaviour including substance of conversations
- Plan description including dates
- Consequences if outcomes are not achieved and with whom these were addressed

Before documenting, review any requirements about health records so that the documentation is appropriate and clinically relevant. If not clinically relevant it might be recorded elsewhere.

<p>In all cases physiotherapists should document in a manner that demonstrates accountability for their professional conduct.</p>
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VI MONITOR THE SITUATION

Monitoring will vary but is important to manage and avoid a possible recurrence of the issue

Assess the risk or likelihood of recurrence for each situation to decide on the level of monitoring (e.g. a patient who is consistently late for appointments will not require the same kind of monitoring as one with a history of aggressive behaviour). In the first example, perhaps a single conversation will settle the matter. In the other example, perhaps changing the location or time of day for treatment could provide more safety.

VII END THE RELATIONSHIP

There are instances when, despite reasonable attempts to actively manage a challenging situation and provide quality care the only option is to discharge the patient from treatment.

Such situations often relate to, but are not limited to high and immediate risk of harm to the physiotherapist or other party or demonstrated inability on the patient's part to comply with the plan to address the situation.

Physiotherapists who discharge a patient or transfer care to another must do so in accordance with regulatory requirements and/or other relevant legislation. (Review Standards of Practice, Code of Ethics)

In general, PTs should provide information on where to obtain further services and provide reasonable notice of intent to discharge (if there are no safety or abuse issues).

One or more of the following criteria should apply for discontinuation of services:

- Patient requests discontinuation
- Alternative services are arranged
- Patient is given ample opportunity to arrange alternative care
- PT is unable to provide adequate care due to insufficient resources
- Patient fails to make payment within a reasonable time
- All reasonable attempts to facilitate payment have been unsuccessful
- PT has reasonable grounds to believe patient may verbally, physically or sexually abuse them
- Patient's lack of cooperation or compliance with treatment plan is such that services are not effective

Conclusion

Challenging situations are an inevitable part of working in health care and physiotherapists are expected to manage them in a methodical and professional manner and, when appropriate, document it in the patient's health record including actions taken to resolve the situation.

Physiotherapists should develop an awareness of their conflict management style and try to address personal, interpersonal and systemic factors which may have impacts on delivery of quality care.

Most cases can be managed with positive outcomes but even if not, they can be valuable learning experiences for physiotherapists, allowing them to develop new strategies for possible situations in the future.

ADDITIONAL INFORMATION

1. TYPES OF CONFLICTS WHICH CAN ARISE

Intra-personal

Involves having conflicting feelings about a personal course of action with a patient or colleague

Inter-professional

Differences of opinion on patient care are to be expected but if recurring, clarification of roles and interaction may be required by a third party

Intra-group

Different sub groups within a team may be in conflict with each other

Inter-group

Broader organizational pressures in a large organization may impose pressures which produce conflicts

2. DECISION TREE

Physiotherapist assesses the situation's urgency, determines if safety is an issue and if immediate action is required...AND,

If YES

Takes immediate action to create a safe environment or to remove oneself/others to a safe environment

Once safe, reassesses to identify desired behaviours to be addressed, or concludes the relationship.

If NO

Identifies the behaviour(s) leading to the situation

- Analyzes the factors contributing to the issues
- Develops a plan for resolving the situation
- Manages the situation proactively
- Documents all interactions in the appropriate record
- Re-evaluates the situation to determine if desired outcome was achieved...AND,

If YES continues the therapeutic relationship

If NOT re-evaluates, acts accordingly or concludes the relationship.

3. ESTABLISHING RAPPORT/ACTIVE LISTENING (FIBER CHECKLIST)

Following: *Are you attentive and following the other person?*

ICare: *Are you showing you care and are interested in what the other person is saying?*

Body Posture: *Does your body posture let the other person know you are alert and involved in the conversation?*

Eye Contact: *Do you make appropriate eye contact with them while they are talking?*

Response: *Are you responding with open-ended questions which generate discussion?*

4. STYLES OF CONFLICT MANAGEMENT

Physiotherapists should use appropriate strategies to voice concerns and manage conflicts. Generally, responses to conflict management fall into five categories:

Competing

Can be useful when quick action is needed but can be at the expense of other's needs

Accommodating

Can be useful for some routine issues but involves sacrifice or yielding

Avoiding

Could be appropriate for issues of low importance, as a cool-down tool to reduce tension or for use by a person of lower authority; repeated use of it may mean situations are never addressed.

Compromising

Could be practical for matters of moderate importance as long as parties feel equally served but overuse can lead to avoiding the root cause of issues

Collaborating

Can be very effective all but requires considerable time, effort and commitment by all involved; it is based on integrating solutions, learning, merging perspectives and improving relationships.

5. SAMPLE SCENARIOS

(A) Patient: "Coming here is frustrating because I have to wait so long to see you"

PT: "OK, so since you find it frustrating let's have you start your exercises before I see you for treatment."

(B) Receptionist to the PT: "*The patient may be intoxicated since they are slurring and have alcohol breath*"

PT: Remains objective and withholds a conclusion. If, while interacting with the patient the PT agrees with the receptionist, it is then reasonable to sensitively discuss the concern with the patient. Describe your observations objectively without labelling the cause, inform the patient of your expectations for full participation in treatment and behaviour for future appointments, and review relevant policies. Make a brief note in the patient's record to summarize the key points discussed.

(C) PT: After assessing a shoulder problem, gives the patient a note to provide to her physician recommending further diagnostic testing

Physician: Sends letter to PT stating the patient should have been referred to the physician initially

PT: Concludes it may have been prudent to have spoken with the MD directly rather than send a note, and that establishing respectful relationships also contributes to the best care of the patient. Such efforts may also open useful discussion about the patient and provide more understanding as to why the physician expects to see patients first. It is also reasonable to remind the physician and others that physiotherapists are trained professionals with a set of skills and knowledge.

(D) Patient's Daughter: After being attentive and involved in her father's care asks the PT to suggest a different mobility aide but says "*Don't tell him I called you about this since he doesn't like change*"

PT: Should advise the daughter that she can't agree to withhold information from the patient and, then work to clarify the daughters' role and the information-sharing parameters before things escalate to more challenging assumptions.

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