

The Humanism Pocket Tool

Finding the Joy in Treating Challenging Patients

Veterans Affairs Greater Los Angeles

Homeless Patient-Aligned Care Team (HPACT)



Disclaimer

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Learning Objectives

- 1) Explain how inborn automatic emotional responses, especially to underserved patient populations, can sneak up on clinicians.
- 2) List and describe seven techniques to help us adjust these responses and stay humanistic.
- 3) Create and use a brief vivid description of a patient.

Let's talk about driving to help us get into the framework of humanism

- Imagine driving to work on the freeway in moderate traffic.
 - In your rear-view mirror, you spot a car approaching rapidly before tailgating your car. Just as you are about to change lanes, the car zooms past on your right, then swerves back in front of you and repeats this with the cars in front of you until it is out of view.
- What are your immediate thoughts about the driver? (If you like, type your first thoughts in the chat window)
- Why do think he is driving this way?
- Did you wish a police officer had seen it?

Driving 2

- Your carpool partner, sitting next to you says:
 - “Guess he feels he’s more important than the rest of us”
- You start to imagine other stories about the driver and his or her circumstances that might explain the speeding and swerving.
 - What can you come up with now?
 - How does each different story affect your feelings toward the driver?

Driving 3

- Later that day, your car pool partner looks up from her phone and says:
- “Listen to this: ‘A malfunction aboard an experimental driverless vehicle sent it careening through rush hour traffic for several minutes until a technician on board managed to regain control.’ That has to be the same car we saw!”
- Now that you know there was no driver responsible for the speeding and swerving, how do feel about the event?
- What do you imagine engineers and technicians will do to keep this from happening again?

Driving 4

- When we first encounter a patient (or client, or simply a person) whose behavior angers us, our brains automatically invent stories about the patient that make him responsible and paint him in a bad light.
- Given time and further questioning, we often discover other explanations akin to the driver speeding to see her injured child.

Driving 5

- Taken still further:
 - When we see all of a patient's behavior as products of a very complex biological machine, we no longer have anyone to blame.
 - Instead, we have a suffering patient, mechanisms to understand and problems to solve.

Group Reflection

Click “yes” if, in the past month:

1. ...a patient was angry with you.
2. ...you were angry with a patient.
3. ...a patient who had been angry with you previously, or with whom you had been angry, gave you a hug, or some other expression of gratitude.

Exercise I

- 1) Think of patient or client who evoked anger, frustration, or disgust in you.
- 2) Jot down:
 - The emotion you felt and what provoked it.
 - How that emotion affected care.
 - What you did to manage that emotion.
 - How you described the patient to colleagues or in the ID section of progress notes.
- 3) Take three minutes. If you like, you can put your responses in the chat window.

Debrief Exercise I

- 1) We will briefly report the case our partners described/OR you described in the webinar "chat".
- 2) What was the emotion?
- 3) What provoked it?
- 4) How did the emotion affect care?

The Humanism Pocket Tool*

version 5.4

Techniques for Clinicians and Trainees



Concept: Your brain is equipped with inborn, automatic, emotional responses biased to protect you from people who *might* be dangerous, infectious or time-consuming. These emotions can sneak up on you. Use the following techniques to adjust your brain and stay humanistic.

1. Coach yourself toward a caring frame of mind

For example, tell yourself “You may be frustrated *AND* you can choose compassion.” Or, “Mr. Smith is not himself today.” Or, “You’ve got a strong and compassionate team.” (See 5, 6 and 7, on back of card).

2. Be warm

Use your non-verbal behavior—tone of voice, physical proximity, touch, and mirroring patient movements—to reassure a patient that you are not angry, frightened, or disgusted. Begin by comparing your behavior in warm, professional relationships with your behavior with challenging patients. Then, adjust your behavior with patients in the warm direction.

3. Listen actively and be curious

Begin with a question like “What brings you here today?” For 3-5 minutes, use only open-ended questions, brief encouragements to continue, restatement, and empathic remarks. Avoid yes/no questions.

4. Create a vivid vignette

Use active listening and questions such as “What matters to you?”, “What brings you joy?” and “What gets in the way?” to discover the patient’s aspirations and obstacles. Distill them into a vignette such as “35-year-old Marine Corps veteran studying to be a pastor but haunted by an Iraqi torture chamber.” Tell the patient how you will use the vignette (see below). Read the vignette to the patient and ask what changes you should make. The vignette reassures the patient that you see him or her as a person, not simply a diagnosis.

1. Use the vivid vignette to inspire and coordinate care.

Refer to the patient using the vivid vignette in discussions with colleagues and in the ID or summary section of progress notes. This helps you and your colleagues to see the patient more vividly as a person, and to see your interactions with the patient as part of an evolving story, one in which you may become an important character. As you get to know the patient and the story evolves, update the vignette.

2. During interprofessional meetings, listen actively and appreciate differences.

These two techniques help you understand others’ assessments and treatment proposals and thereby create overall treatment plans no one person could design or deliver. Knowing that your team is both willing and effective allows you to remain humanistic with complex patients who would otherwise seem overwhelming (see number 1).

3. Know your colleagues as people

The better you know your colleagues, the better you can see their points of view and the better you can understand their assessments and treatment proposals. Try this: On Monday mornings, check in with some of your team members by asking about their weekend. This will help you know them better.

Under continuous development by:

The VA Center of Excellence: Interprofessional Academic - Homeless Patient Aligned Care Team (COE-IA-HPACT) at the VA West Los Angeles Healthcare Center with support from the Arnold P. Gold Foundation.

Brief description available at: goo.gl/Bnc4cw

Full manual available at: goo.gl/kx3FfE

**For more cards to give to colleagues, send your physical address to: Andrew.Shaner@va.gov or Andrew.Shaner@gmail.com.*

Humanism Pocket Tool (HPT)

Concept:

- Your brain is equipped with inborn, automatic, emotional responses biased to protect you from people who might be dangerous, infectious or extremely time consuming.
- These emotions can sneak up on you.
- Use the following techniques to adjust your brain and stay humanistic.

Humanism Pocket Tool (HPT)

The HPT has 7 tools:

- (1) Coach yourself toward a caring frame of mind
- (2) Be warm
- (3) Listen actively
- (4) Create a vivid vignette
- (5) Use the vivid vignette w/ other professionals to inspire and coordinate care
- (6) During interprofessional meetings, listen actively and appreciate differences
- (7) Know your colleagues as people

(1) Coach yourself toward a caring frame of mind

For example, tell yourself:

- “I may be frustrated *AND* I can choose compassion.” Or,
- “Mr. Smith is not himself today.” Or,
- “I’ve got a strong and compassionate team.”
(See #5, 6, and 7, on back of card)

(2) Be warm

- Use your non-verbal behavior – tone of voice, physical proximity, touch, and mirroring patient movements – to reassure a patient that you are not angry, frightened, or disgusted.
- Begin by comparing your behavior in warm, professional relationships with your behavior with challenging patients. Then, adjust your behaviors with patients in the warm direction.

(3) Listen actively

- Begin with a question like “What brings you here today?”
- For 3-5 minutes, use only open-ended questions, minimal encouragements to continue, restatement, and empathic remarks.

(4) Create a vivid vignette

- To discover the patient's aspirations and obstacles, use active listening and questions such as:
 - For Aspirations: "What matters to you?", "What brings you joy?"
 - For Obstacles: "What gets in the way of you attaining your goals?"
- Distill this information into a vivid vignette such as "35-year old Marine Corps Veteran, studying to be a pastor but haunted by an Iraqi torture chamber, and struggling with PTSD, diabetes and amphetamine abuse."
- Tell the patient how you will use the vignette
- Read the vivid vignette to the patient and ask what changes you should make
- The vivid vignette reassures the patient that you see him or her as a person, not simply a diagnosis

(4) Create a vivid vignette, continued

- Another prompt to elicit patient's aspiration: "Suppose several months from now the pain is much better and you have your own apartment, what do you see yourself doing that you would find meaningful and enjoyable? What matters to you?"
- Follow-up using listening responses only. Use empathic remarks here too, but with respect to positive emotions. For example, a patient beams at the thought of returning to his artwork and you say, "You'd love to be known as the artist, not the addict." Use what you learn to identify important aspirations and obstacles.
- Get the patient's input on the vivid vignette you've created as follows:
 - "Our team will meet frequently to discuss how to help you. I want to make sure everybody knows who I am talking about when I bring up your name. I'm thinking of introducing you as follows. What do you think?"

(5) Create a vivid vignette, continued.

Examples

- 26-year-old aspiring actor who panics during social interactions.
- 29-year-old working to complete a bachelor's degree in business, but struggling with obstructive sleep apnea and prescription opiate dependence (now on methadone).
- 38-year-old who studied criminology, but is now convinced she is trapped in a fake version of America while being eaten alive by parasites.
- 55-year-old who dreams of fishing with a dog by his side, but struggles to care for his demented mother, while managing his own obesity, hypertension, and prescription opioid abuse.

**(5) Use the
vivid vignette
w/ other
professionals
to inspire and
coordinate
care**

- Refer to the patient using the vivid vignette in discussions with colleagues and in the ID or summary section of progress notes.
- This helps you and your colleagues to see the patient more vividly as a person, and to see your interactions with the patient as part of an evolving story, one in which you may become an important character.
- As you get to know the patient and the story evolves, update the vivid vignette.

(5) Use the vivid vignette, continued

- Inter-professional care requires frequent discussions about patients
 - Hard to tell which patient is under discussion; demographics and problem lists rarely unique
- Reminding others of a patient's key *aspiration* and *obstacle*
 - Solves problem of identification
 - Reminds team what we are working towards and what stands in the way
 - We can concern ourselves with what diseases the person has AND what person has the diseases
- Stating an aspiration and an obstacle sets up a dramatic tension that draws us into the story as participants. Will the patient achieve his or her aspiration? What will the treatment team do to help?

(6) During interprofessional meetings, listen actively and appreciate differences

- These two techniques - active listening and appreciating differences on your team - help you understand other team member's assessments and treatment proposals and thereby create overall treatment plans no one person could design or deliver.
- Knowing that your team is both willing and effective allows you to remain humanistic with complex patients who would otherwise seem overwhelming (see #1).

(7) Know your colleagues as people

- The better you know your colleagues, the better you can see their points of view and the better you can understand their assessments and treatment proposals.
- Try this: on Monday mornings, check in with some of your team members by asking about their weekend.
- This will help you know them better.

Exercise II

Go back to the patient you thought of in exercise I.

How would you use the HPT to manage the emotions you experienced?

In one sentence, describe your patient using a vivid vignette. If you like, type it in the chat window.

Take three minutes.

Wrap Up

- 1) More HPT cards, our paper and the manual are available (See bottom of backside of pocket card)
- 2) How can we make the HPT techniques even more time-efficient?
- 3) What other techniques do experienced clinicians use when they experience strong emotions in response to a patient?
- 4) What if the clinician works primarily alone without team members, how could they use the HPT?

Please collaborate with us!

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 - **HPT manual** available at: www.goo.gl/kx3FfE
 - Soh, M., Shaner, A., Gelberg, L., Kopelson, K., Stuber, M., Fessler, D., & Warde, C. (2018). Using the Humanism Pocket Tool for Patients With Challenging Behaviors. *Annals of Family Medicine*, 16(5), 467-467.