

Managing Challenging Inter- personal Situations When Providing Patient Care

*Guide to the Standards
for Professional Practice*

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This document is the result of a collaborative effort between the College of Physical Therapists of Alberta (CPTA) and the College of Physiotherapists of Ontario.

Note: This Guide to the Standard for Managing Challenging Interpersonal Situations when Providing Patient Care is intended to assist registrants in understanding the expectations of the College as defined in the Standard for Professional Practice: Managing Challenging Interpersonal Situations when Providing Patient Care and in conjunction with other practice standards for the profession, including those defined in the Standards for Practice for Physiotherapists.

Introduction

When caring for a patient, registrants are required to be thoughtful and purposeful in how they manage challenging interpersonal situations that may interfere with their ability to deliver quality care culminating in positive physiotherapy outcomes. The performance expectations registrants are required to meet when dealing with challenging interpersonal situations are described in the College's Standard for Professional Practice: Managing Challenging Interpersonal Situations When Providing Patient Care.

This Guide is a supplement to the Standard. It provides a more detailed resource including tools registrants may choose to assist them in meeting professional and College expectations as set out in the Standard for Professional Practice.

Registrants are reminded that the Standard applies only to those situations that occur during the provision of patient care. In addition to the patient or his or her substitute decision maker who are at the centre of a therapeutic relationship, registrants will interact with a variety of individuals during the course of providing a patient with physiotherapy care. Registrants may interact with a patient's partner or a family member, other health practitioners involved in the patient's care, personnel employed by agencies or organizations funding the care, or other professionals such as a lawyer. The common element in all of these interactions is to deliver quality patient care and meet the desired patient-centred goals.

Challenging interpersonal situations may interfere with a registrant's ability to accomplish these outcomes. Therefore, they require appropriate and timely management. At minimum, active management is a discussion with the individuals involved which includes feedback, an explanation and clarification of expectations, and in extreme situations, discharge of the patient from active treatment.

The decision to discharge a patient from active treatment often occurs in situations where, despite repeated reasonable attempts on the part of the registrant to manage the challenging situation over a reasonable period of time, the situation has not changed sufficiently and the registrant has deemed that he or she will not be able to achieve the desired physiotherapy outcomes. The other situation is when there is an immediate risk of harm to the registrant or other individuals. In both of these situations discharge is the appropriate recourse.

When registrants decide to discharge a patient from active care, they must do so in accordance with their professional and regulatory obligations, including the professional misconduct regulations, the Code of Ethics and any other applicable rule or policy.

Identifying Challenging Behaviors

Within a Therapeutic Relationship with a Patient

Very early in the establishment of a therapeutic relationship, it is prudent for registrants to attempt to gain a broader understanding of their patients beyond the specific problems for which they are receiving physiotherapy services. Often patients come to see a physiotherapist with expectations around how treatment will be provided, the types of services they will be receiving and who will be providing them. Some of these expectations may arise out of previous experiences with other providers of physiotherapy

services, cultural differences or emotional state¹. Patient expectations can range anywhere from very reasonable and appropriate to unreasonable and inappropriate.

Early identification² and proactive management of behaviors or expectations that could escalate or interfere with achieving the desired physiotherapy treatment outcomes is the responsible approach. (See Appendix A: Stages of Change.)

Registrants who passively tolerate situations that arise out of inappropriate patient expectations or behavior hoping that the behavior will cease on its own, or that the patient will stop coming for treatment or will eventually be discharged, are not actively managing the situation.

Prior to initiating treatment, registrants are obligated to have a dialogue with each of their patients to obtain informed consent for a proposed treatment plan. It is wise for registrants to include a discussion of relevant organizational policies or personal expectations with respect to patient behavior that may impact on achieving desired physiotherapy outcomes. Examples of such behavior include but are not limited to:

1. Any expectations/policies (written or unwritten) that have monetary or continuity of treatment consequences to the patient. Examples include policies relating to failure to attend an appointment without providing adequate notice or repeated cancellations.
2. Any expectations/policies (written or unwritten) that deal with appropriate behavior or decorum in the treatment environment. Examples of these are policies related to arriving for an appointment under the influence of drugs or alcohol, or the use of language that is offensive, threatening or of a sexual nature.

It is always the registrant's responsibility to identify any interpersonal situation with a patient that may interfere with the delivery of safe, quality care and the desired physiotherapy outcomes. Registrants also need to consider other people in the environment who may be impacted. These include but are not limited to other patients and administrative staff.

Example: Identifying a Challenging Situation within a therapeutic relationship with a Patient

A new patient arrives for her physiotherapy appointment and checks in with the receptionist. The receptionist comes to you and tells you that she suspects that the patient may be intoxicated. She is "slurring" and has "alcohol breath".

Discussion:

Since the receptionist at the clinic has already alerted you to the fact that the patient may be intoxicated, it is important for you to remain objective before you conclude that this is the case. There may be a medical reason why the patient is slurring and the smell on her breath may be from something other than alcohol. However, if during the course of your interaction with the patient you are inclined to agree with the receptionist's assessment of her condition, it is reasonable for you to sensitively discuss

1 Stone, Douglas; Patton, Bruce; Heen, Sheila. *Difficult Conversations*. Penguin Books 2000, p. 8

2 Wasan, Ajay D, MD, MSc.; Wooton, Joshua, MDiv, PhD.; Jamieson, Robert N, PhD. *Dealing with Difficult Patients in Your Pain Practice*. Reg. Anesth. Pain Med. 2005: 184-192

your concern with the patient. Describing your observations provides the patient with objective feedback without labeling the cause. Informing the patient about your expectations with respect to her demeanor and ability to fully participate while she is attending future appointments and reviewing any relevant organizational policies help ground your expectations. It is helpful to include a brief note in the patient's record that summarizes the key points covered in the discussion.

Within an interprofessional relationship

Registrants frequently collaborate with other professionals to provide patient care. The most obvious example is found in institutional settings such as a hospital or long-term care facility. However, even in the community through home-based services, private practice or in industry, physiotherapists rarely work in isolation.

Ethically, every member of a "team" has separate obligations or duties, toward patients. These are based on the provider's profession, scope of practice and individual skills. Team members also have ethical obligations to treat each other in a respectful and professional manner.

Relationships between professionals are often, by their nature, unequal. Different knowledge and experience in specific issues, both ethically and legally, imparts unequal responsibility and authority to those care providers with the most relevant knowledge and experience. Sometimes the role of members on the team (e.g., supervisor, team leader) contributes to the inequality. Because of differences in training and experience, each member of the team brings different strengths. Team members need to work together to best utilize the expertise and insights of each member for optimal outcomes.

Do physiotherapists have to do whatever they are told by another professional, even if they disagree with their plans?

Professional relationships exist between different professions and between individuals within the same profession. Whenever a physiotherapist disagrees with another professional, he or she should seek input from that professional. A respectful exchange of views may provide both parties with new information, and leads to further learning or a better understanding of the situation.

What is meant by "respectful" exchange of views?

Because of the inequality of authority and responsibility in interprofessional relationships, mutual respect is particularly important when many individuals are involved in a patient's care.

Disagreements between professionals are common and expected due to different knowledge, experience, values and perspectives of the various team members. While disagreements might be settled in a number of ways using a variety of communication techniques, mutually respectful behavior is a key feature of professionalism. (See Appendix A: Stages of Change.) Thus, while members of the patient care team will disagree at times, disagreements should be verbalized in a professional manner.

Respectful behavior begins with listening to and considering the input of other professionals. Ask yourself whether your perception of whether you are respected depends more upon whether the other party agrees with you, or whether, despite disagreeing, they listened and acknowledged your point of view.

Respect is demonstrated through language, gestures and actions. Disagreement can and should be voiced without detrimental statements about other members of the team, and without gestures or words that impart disdain. Both actions and language should send the message: “I acknowledge and respect your perspective in this matter, but for the following reasons, I disagree with your conclusions, and believe I should do something else...”

In addition, disrespectful behavior from a colleague does not justify disrespectful behavior in return.

How can disagreements with another member of a “team” be handled?

In the best situations, disagreement leads to a more complete discussion of the patient’s care, resulting in a new consensus about the best course of action. The new consensus may require compromises from each individual. Physiotherapists should always have their patient’s needs as their primary concern and avoid placing the patient in the middle of a disagreement by suggesting that he or she “makes a choice” about which provider he or she prefers or by making statements that may diminish his or her trust in another professional.

When members of a team cannot arrive at a consensus around what should be done, other measures may have to be adopted. Consultation with other professionals who are not directly involved in the patient’s care team for objective input may be helpful. If the disagreement still cannot be resolved, physiotherapists may choose to refer the patient to another provider or, if appropriate, seek input from other resources such as an ethics committee, a professional association or a regulating body.

Example: Interprofessional Relationships

A physiotherapist assesses a patient for a shoulder problem. The clinical examination leads the physiotherapist to suspect there may be a labral tear that requires further diagnostic testing to confirm the clinical impression. The physiotherapist gives the patient a note for his physician that suggests further diagnostic testing would be helpful in establishing an accurate diagnosis of the shoulder problem. The physician writes the physiotherapist a letter stating that the patient should have been initially directed to him for an assessment and it was the physiotherapist’s duty to direct the patient to the physician prior to seeing the patient.

Discussion:

The physiotherapist is faced with a challenging situation that, if managed appropriately, is an opportunity to establish a respectful relationship with the physician and ensure that the patient receives the additional diagnostic testing required.

Upon reflection, the physiotherapist may conclude that it would have been more prudent to have spoken with the physician directly rather than send a note with the patient. A conversation between both parties provides an opportunity to immediately address any issues that may arise out of individual assumptions around the other person’s behavior or agenda. In this situation, the physiotherapist would gain an understanding of why the physician expects his patients to see him before they access physiotherapy services.

Once this is understood by the physiotherapist, he or she can develop a plan to manage the situation in order to achieve the desired outcomes of ensuring the best care for the patient and the establishment of a respectful relationship with the physician.

With a Patient's Partner or a Family Member

Generally, partners or family members are interested in being an advocate for the patient. However, in some instances, their view of their role in the patient's health care and/or in their relationship with the physiotherapist(s) providing the care is not consistent with the physiotherapist's view. The factors that can provide challenges between a physiotherapist and a family member or partner are similar to those that arise between physiotherapists and their patients. Given different personalities, competing values, and varieties of experience, no two situations will be exactly alike. Nevertheless, there are two issues which arise most frequently. One is communication and the other is decision-making.

When physiotherapists are aware that a family member or partner is actively involved in the care of a patient, it is prudent to determine the answers to the following questions prior to establishing a relationship with the family member or partner:

1. Does the family member or partner have legal authority to make decisions on behalf of the patient?
2. If the patient is capable of giving consent and making his or her own healthcare decisions, has the patient consented to the release of his or her confidential health information to his or her partner or family member?

The responses to these questions determine the boundaries or extent of the family member's or partner's involvement in the patient's health care and the level of disclosure of health information a physiotherapist can provide. Early communication between the physiotherapist and the parties involved to clarify the role and responsibilities of the physiotherapist in the patient's care is helpful in developing a common understanding.

When a partner or family member exhibits behaviour that presents a challenge to providing quality care to the patient, it is recommended that registrants manage the situation by taking the same steps and employing the same strategies as they would in a situation with a patient. The limits of what registrants can discuss about the patient will be determined by the answers to the two questions posed above. Whenever possible, it is reasonable to establish parameters around those matters that the patient is comfortable having you discuss with his or her partner or family member. A lack of clarity among all the parties regarding information that is discussed and exchanged between the physiotherapist and the partner or family member can contribute to the development of a challenging situation.

Prior to communicating with a partner or a family member, registrants are prudent to ensure that consent is given by the patient or legal authority permits the partner or family member to participate in decisions surrounding patient care and that this consent is documented.

Example: Identifying a Challenging Situation with a Patient's Partner or Family Member

A physiotherapist working in the community is treating an elderly gentleman who lives with his daughter. The gentleman is capable of making all of his decisions with respect to his physiotherapy treatment

and personal care. The daughter is very attentive to her father and is often present during her father's physiotherapy treatment sessions. The father freely speaks about his condition in front of his daughter and he often includes her in discussions he has with you. He has told you that he is very comfortable discussing anything with his daughter present.

You receive a call from the daughter who tells you that she would like her father to be evaluated for a mobility aide different from what he is currently using because she believes it would be better for her father. She is calling you to discuss this with you privately because she does not think her father will be receptive to this because "he doesn't like change."

Discussion:

On the surface, this situation may not present itself as being challenging. However, it should prompt a registrant to consider whether or not he or she has clarified with the patient what the daughter's role is in her father's care. This includes an understanding of the limits to and the type of information that can be shared between the physiotherapist and his daughter. Discussions with all parties present where there is "free exchange" of information does not necessarily imply that private conversations between the daughter and the physiotherapist are sanctioned by the patient. However well meaning the daughter may be, she may be making assumptions about her role that need to be actively managed by the physiotherapist. For example, the physiotherapist cannot agree to withhold information from the patient. This situation could escalate into something more challenging if assumptions are not discussed openly and a common understanding among all parties is not achieved.

Managing the Challenging Behaviors

Implement Reflective Practice/Self Awareness

Know yourself

One of the best ways of managing challenging situations is to try to prevent them in the first place. An awareness of one's values, emotional "hot buttons" and thinking style is a good way of choosing how we will respond to a certain situation.



One way to influencing your response to a challenging situation is to understand how you handle adversity in general. Do you listen well or jump to conclusions, do you have a set agenda or are you willing to discuss and compromise? Tools such as an RQ (Resilience Quotient) Test³, along with strategies to prevent and handle adversity (ABCs: Adversity-Beliefs-Consequences) are techniques to learn how to:

- "listen" to your thoughts
- identify what you say to yourself when faced with a challenge
- understand how your thoughts affect feelings and behaviors

3 Reivich, Karen; Shatté, Andrew. The Resilience Factor. Broadway Books. 2002. p. 13.

When considering your response to potentially challenging situations, it may also be helpful to be mindful of a number of things:

- How have you responded to previous challenging situations and conflicts, and past experiences which may have contributed to those responses?
- What assumptions do you bring to situations of conflict that may color your responses?
- How secure do you feel about dealing with challenging and conflicting situations?

Some authors suggest that during conversations with other people “we assume we know all we need to know to understand and explain things.”⁴ They suggest the benefits of a “learning conversation” in which “...you want to understand what has happened from the other person’s point of view, explain your point of view, share and understand feelings, and work together to figure out a way to manage the problem going forward.”⁵

In addition to the need to be aware of, and prepare for, the potential effects of emotions and thoughts in advance of challenging situations, it is equally important to do so after concluding difficult situations. Emotions such as anger, guilt, shame and embarrassment may result after terminating a challenging situation⁶ and go on to cloud professional judgment and the ability to function as professionals.

It is important for registrants to be aware of and understand their own biases, limitations and personality while managing their emotional responses to the behavior. It is important for registrants to be as professional and calm as possible, regardless of what the individual says or does.

This isn’t to suggest that emotion is bad; however, registrants need to avoid emotion that clouds their judgment and over-personalizes the interaction. This takes practice. All challenging situations demand significant time and energy from physiotherapists. But if you know yourself, know your patient, focus on the big picture, are compassionate, and always set limits, the next challenging situation may not be so demanding.

Develop and Follow a Plan

Formulation and implementation of a plan to address a challenging interpersonal situation are essential steps in actively managing the situation. A plan may have many components or may involve a single conversation with the party involved. When registrants develop a plan, they should consider the following:

- the severity of the behavior
- the reasonability of the plan in relation to the challenging behaviors to be addressed
- safety issues
- time frame

4 Stone, Douglas; Patton, Bruce; Heen, Sheila. *Difficult Conversations*. Penguin Books. 2000. p. 8

5 Ibid. p. 16

6 Reivich, Karen; Shatté, Andrew. *The Resilience Factor*. Broadway Books. 2002.

- ability to achieve the desired outcomes

The goal is to alter or accommodate the behavior to the extent possible in order to provide quality patient care and achieve the desired outcomes.

Communicate the Plan

Once a plan has been formulated, the next reasonable step is to engage in a focused and thorough discussion with the party involved that provides the following information:

- identification of the issue(s)
- an explanation as to why it is presenting a challenge
- the changes or modifications that need to occur
- the possible consequences associated with a failure to make the necessary changes or modifications

While it is important for registrants to acknowledge their partnership with the party involved, it is also reasonable to remind the other party that they are a trained professional with a set of skills and knowledge.

Monitoring the Situation

Monitoring the situation is important in order to identify and actively manage a possible recurrence of the issue(s). The level of monitoring and the strategies employed to monitor each situation will vary. For each situation, it is prudent for registrants to assess the “risk” or likelihood that the issue(s) will recur prior to deciding how they will monitor the situation.

For example, if a physiotherapist has a patient with an acquired brain injury where the patient has a history of episodes of aggressive or violent behavior, the physiotherapist will develop monitoring and intervention strategies that are reasonable for these types of behaviors.

In contrast, another patient who is consistently late for his or her scheduled physiotherapy appointments will not require the same level of monitoring and strategy development.

In the first instance, the physiotherapist may decide to treat the patient in a location and at a time of day that provides the greatest amount of safety for all parties concerned. This plan could include developing a signal to cue staff for assistance.

In the case where the patient is always late, a physiotherapist may have a discussion with the patient explaining why he or she should be on time for scheduled appointments and the consequences if the patient is unable to comply with this requirement.

Whatever the case, the monitoring is a fluid and continuous process that is adjusted according to the observed changes in behavior and the “risk” assigned to the situation at any given point in time.

Documentation

Registrants understand the importance of creating and maintaining accurate and complete health records with respect to the physiotherapy care they provide to their patients. In some instances, it is also very prudent for registrants to have accurate and complete documentation relating to any challenging situation that arises during a patient's episode of care.

The decision to document in the health record should be based on the consideration of a number of factors. For example:

- the inherent risk in the situation
- the impact on the registrant's ability to provide quality patient care and achieve optimal physiotherapy outcomes
- the likelihood that the situation can be resolved in a collegial and respectful manner
- being in a position to explain one's actions if asked to account for them later on

The documentation should contain the following information:

- a description of the behavior(s) observed or statements made including date and context
- the steps taken to address the behaviors including the substance of any conversations
- if applicable, a description of a plan including the expected outcomes and dates by which they need to be achieved
- the consequences if the outcomes are not achieved and with whom these were discussed

Prior to documenting information about a challenging situation in a patient's health record, it is prudent for registrants to review and understand their professional and regulatory obligations with respect to the health record, as well as any other requirements described in other relevant statutes that apply to their physiotherapy practice.

Generally if the issue is related to a specific patient, the notation will likely be made in their health record. If the issue is with a third party, the entry would usually be recorded in the patient's health record if it was clinically relevant. If it is not clinically relevant it might be recorded elsewhere.

In all of these situations, it is prudent for physiotherapists to document in a manner that demonstrates accountability for their professional conduct.

Concluding a Challenging Situation With a Patient

There are instances when, despite reasonable attempts by a physiotherapist to actively manage a challenging situation and provide quality care to achieve the desired physiotherapy outcomes, the only option is to conclude the situation by discharging the patient from treatment.

These situations often relate to but are not limited to the following:

- a high and immediate risk of emotional or physical harm to the physiotherapist or any other party

- a demonstrated inability on the part of the patient to comply with the plan to address the challenging situation such that the services provided by the registrant are not effective.

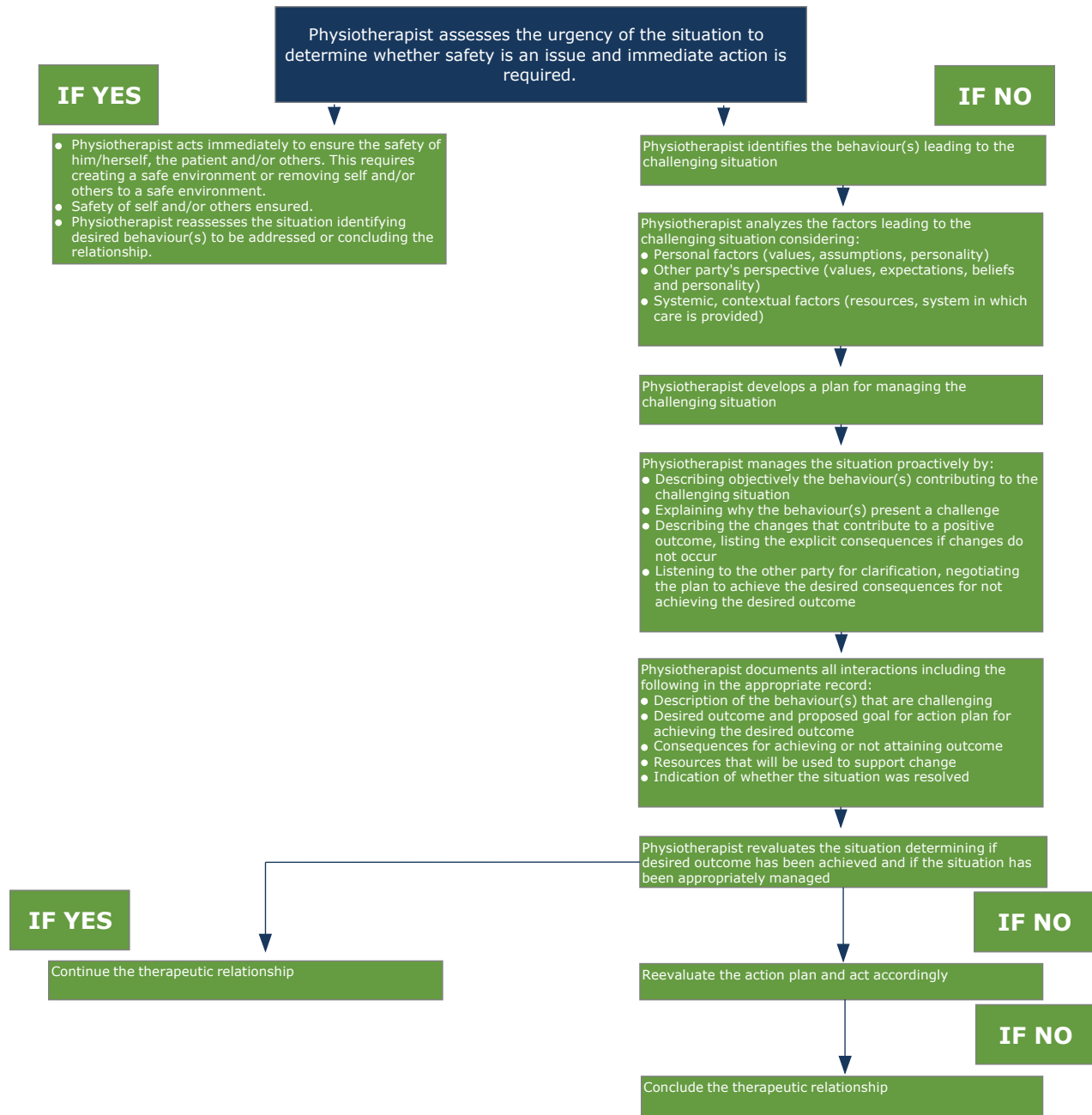
Registrants who decide to discharge a patient from treatment or transfer a patient to another health care provider, are required to do so in accordance with standards of practice and any professional and regulatory obligations that define their conduct or actions with respect to these matters. Failure to do so may, in some instances, constitute professional misconduct. For example, in most circumstances the physiotherapist should provide the patient with information as to where he or she might be able to obtain further services if they are needed. Also, in cases where immediate discharge is not warranted (e.g., where safety or abuse is not in issue) and the patient needs ongoing care, a reasonable period of notice to the patient of the discharge date may be indicated⁷.

Most physiotherapists are able to manage challenging situations and complete treatment with positive outcomes. Whether or not treatment can be completed, a challenging situation can be a valuable learning experience. Registrants can use it as an opportunity to reflect on their practice and develop new strategies to meet their responsibilities in situations that may arise in the future.

7 Where the patient is receiving “needed services” one or more of the following criteria must apply for discontinuation of services to occur (as specified in the professional misconduct regulation):

- i. the patient requests the discontinuation
- ii. alternative services are arranged
- iii. the patient is given a reasonable opportunity to arrange alternative services
- iv. the member is unable to provide adequate physiotherapy services because there are insufficient resources available
- v. the patient has failed to make payment within a reasonable time for physiotherapy services received and all reasonable attempts on the part of the member to facilitate such payment have been unsuccessful
- vi. the member has reasonable grounds to believe that the patient may abuse the member verbally, physically or sexually
- vii. the patient’s lack of cooperation or compliance with his/her treatment plan is such that the services are not effective

Decision Tree/Algorithm



Appendix: Stages Of Change

Also known as the Transtheoretical Model of Change, this model views behavior change as a process that can be supported with stage-matched interventions. This model is applicable to health behaviors related to exercise, weightreduction, smoking cessation. It is not clear if there is applicability to populations with pain.

Stage	Characteristics	Matched Intervention	Potential for Conflict
Pre Contemplation	The patient is not aware they have a problem nor do they intend to take action in the foreseeable future, usually defined as the next 6 months. Another possibility is that the patient has tried to make changes a number of times and has become demoralized about their ability to change.	Increase patient awareness of the need for change, to personalize the information on risks and benefits, while promoting the benefits of changing.	Patients are often characterized as being resistant or unmotivated to change.
Contemplation	The patient is thinking about changing in the near future and intends to take action within the next 6 months. There is an awareness of the pros of changing but also the cons. The balance between the costs and benefits of changing is not great. Simply put, the cons outweigh the pros.	Motivate the patient, encourage specific plans and decrease the person's cons of changing.	Ambivalence about the behaviour change keeps one in this stage for a prolonged period. Patients may be perceived as chronic contemplators or procrastinators.
Preparation & Commitment	The patient is making plans to change, intends to take action within the next 30 days. Some significant behavioral steps in the desired direction have occurred.	Assist the patient in developing an action plan and setting goals.	At this point, decisional balance is paramount. The pros and benefits must be perceived as outweighing the cons such as costs and risks behavior. Generally, patients can be engaged.
Action	The patient has implemented an action plan and is or has changed their behavior for less than 6 months. For the adoption of healthy behaviors such as exercise, the pros outweigh the cons.	Provide feedback, reinforcements to help with the problem solving.	There is usually a criterion level of behavior change that is required for a positive health benefit to have a sufficiently positive change in health and reduction of risk.
Maintenance	The patient has changed their overt behavior for more than 6 months.	Help patients prepare for, avoid or handle relapse, help with coping, reminders, finding alternatives when faced with challenges and continue matching interventions.	Generally patients self efficacy to maintain the behavior change is high. The patient can be motivated and challenged.
Termination	The patient has adopted the new behavior and can hardly remember having done the old behavior.	Continue providing as necessary maintenancematched interventions.	
Regression & Relapse	Can occur anywhere in the continuum.	Patients rarely regress to pre contemplation but often regress to the Contemplation or Preparation Stage.	

References

- Covey, Stephen. *The 8th Habit: From Effectiveness to Greatness*. Free Press. 2004
- Davis, Carol. *Patient Practitioner Interaction*. Fourth ed. Thorofare, NJ USA: SLACK Incorporated; 2006
- Keyserlingk, Edward W, LLM, PhD. Talking About “Futility” to Families of Dying Patients: The Scope and Limits of Medical Judgment. *Health Ethics Today* Volume 11, Number 1. February 2000
- Prochaska, J. O.; DiClemente, C. C.; Norcross, J. C. (1992). In search of how people change. *American Psychologist*, 47, 1102-1114.
- Prochaska, J. O.; Velicer, W. F.; Rossi, J. S.; Goldstein, M. G.; Marcus, B. H.; Rakowski, W.; Fiore, C.; Harlow, L. L.; Redding, C. A.; Rosenbloom, D.; Rossi, S. R. (1994). Stages of Change and Decisional Balance for Twelve Problem Behaviors. *Health Psychology*, 13, 39-46.
- Purtilo, Ruth; Amy Haddad. *Health Professional and Patient Interaction*. 6th ed. Philadelphia, Pennsylvania: WB Saunders Company, 2002.
- Van Norman, Gail, MD. *Medical History and Ethics*. 1998.
- Wasan, Ajay D, MD, MSc.; Wooton, Joshua , MDiv, PhD.; Jamieson, Robert N, PhD. Dealing with Difficult Patients in Your Pain Practice. *Reg. Anesth. Pain Med*. 2005: 184-192

Resources

- Cancer Prevention Research Center Transtheoretical Model
www.uri.edu/research/cprc/TTM/detailedoverview/htm
- Daneve McAffer. *Conflict Resolution Workshop CPTA*. 2004 Apr.