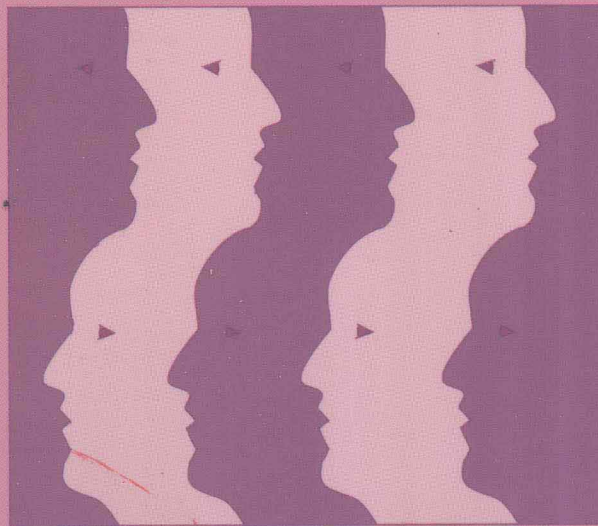


PATIENT
PRACTITIONER
interaction



AN EXPERIENTIAL MANUAL
FOR DEVELOPING THE ART
OF HEALTH CARE

SECOND EDITION

CAROL M. DAVIS

Patient Practitioner Interaction

An Experiential Manual for
Developing the Art of Health Care

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dedication

To Jamie

Managing Editor: Amy E. Drummond
Cover Design: Linda Baker
Publisher: John H. Bond

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A significant portion of the textual and graphic content of this book was previously published in various forms in another work entitled *Patient Practitioner Interaction: An Experiential Manual For Developing the Art of Health Care, First Edition*.

To order *Patient Practitioner Instructor's Manual* call SLACK Incorporated order department at 1-800-257-8290 or 1-609-848-1000.

Davis, Carol M.

Patient practitioner interaction: an experiential manual for developing the art of health care / Carol Davis. -- 2nd ed.

p. cm.

Includes bibliographical references and index.

ISBN 1-55642-232-6

1. Physical therapist and patient. I. Title.

RM705.D38 1994

610.69'6--dc20

93-42145

CIP

Printed in the United States of America

Published by: SLACK Incorporated
6900 Grove Road
Thorofare, NJ 08086-9447

Last digit is print number: 10 9 8 7 6 5 4 3 2

foreword

An individual's "socialization" into a profession has always been recognized as important, and indeed, inevitable. But only in recent years has the socialization process been viewed as ambipotent, that is, a process carrying the power to effect either positive or negative results for health professionals and society. Thus it is understandable that the idea of socialization is receiving new and careful attention.

Socialization is a joint venture embarked upon by a student, health professionals and society, each adding a unique contribution. Both the content and format of Carol Davis' book invite the student to understand that he/she is an agent in the venture, not an unwitting bystander. The book provides an opportunity for one to engage in and actively reflect upon the socialization process, beginning and ending with the key player, oneself. Correctly it emphasizes that as a student there is a privilege *and* a responsibility to create a role consistent with the health professions' highest ideals.

The health professions' highest ideals have roots in the larger society. The ideals make themselves available to the student; they are instruments whereby a student can prepare to participate *qua* health professional in the protection and fostering of a good society. But the high ideals are not automatically appropriated and fine-tuned by completing a course of professional preparation; the student must confront, reflect upon and choose what type of person he or she wants to be.

Never has a career in the health professions presented a more engaging opportunity for personal enrichment and meaningful societal contribution. Never have so many resources been available to patients who seek to maintain healthy lives or find healing, comfort or rehabilitation. At the same time this embarrassment of riches is held together in a fragile refractory network of competing values and loyalties. Historians tell us that in times

of great social upheaval the crystal chalice of a society's most basic values is raised to the sun's rays to see which hues in the spectrum will shine brightest. Our society is in such a period regarding health care, and the causes are multiple. For example, during the second half of the century the introduction of expensive and elaborate medical technology cast a shadow between hands-on clinical approaches of the past and high-technology methods of today. Of what unique value is the human—the health professional—in this interaction with buttons, electrical currents, invisible waves and ah, yes, another human—the patient? Many are asking such questions.

A cartoon in a popular magazine recently portrayed several health professionals, in various postures of consternation, each facing an elaborate apparatus of machines, lights and wires. One is saying, “I give up! Where's the patient?” One can imagine that the patient on the other side of the machinery who is undergoing chemotherapy, a CT scan, an EKG or EMG is asking, “I give up, where's my health professional?” And the health professional may ask additional questions as he or she goes about the day's activities:

“I give up: Why am I here doing all this administrative red tape? I thought I was going to be treating patients!”

“I give up: Where's the professional guideline that has helped health professionals in such situations as I'm in now?”

“I thought the ideals and values would be a clear beacon, but I'm in the dark on this one!”

While technology and other modern influences have raised new questions, there's no need to “give up.” The reader of this book will find a light to guide through the shadowy places of new situations. The author systematically, persistently and gracefully raises the chalice of values for the student to examine. The process of examination holds the key to self-understanding, and in the cultivation of self-understanding is the door through which one can walk with confidence into one's career in the health professions.

Ruth Purtilo, P.T., Ph.D.
Boston, Massachusetts

preface

SECOND EDITION

One of the nicest things that happens to you when you write a textbook is that people who know you only from your written work feel free to come up to you in a crowd and begin talking to you about what you've written, as if you were picking up a conversation you'd started long ago. What a pleasure it has been for me to receive feedback from many over the past four years in this and other ways. The nature of my approach has been to use many examples from my life, and so the material in the text really does give readers information with which to converse with me on a more personal basis. I have enjoyed this tremendously, and I thank all of you who have given me helpful suggestions about what worked for you from the first edition, and what didn't.

Chief among the changes in the second edition is the revision of the former Chapter 8, on resolving ethical dilemmas. With the help of detailed and pointed criticism solicited by SLACK, I was encouraged to write a more useful chapter on ethical dilemma resolution which focused on traditional teleological and deontological approaches. By themselves these approaches can be viewed as rather dry, but my pilot research on how clinicians actually go about successfully solving dilemmas helped me to make this chapter more clinically relevant, I believe. A look at the preliminary data from the research revealed the importance of one's moral autobiography which then introduced the use of stories as a way of enhancing one's self awareness regarding the deontological weighing of moral alternatives. The quality of discernment places dilemma resolution in a process that includes both thinking and feeling, the problem solving method which seems to be most successful for professional clinicians. And all of a sudden the material was no longer dry at all! Dilemma resolution with a heart. I expect to hear from the biomedical ethicists.

For help in working through the challenge of improving this part of the book, I am grateful to Harry Benson and Cheryl Willoughby at SLACK for soliciting the reviews of the former Chapter 8. Likewise thank you to the anonymous reviewers who greatly assisted my understanding of how the chapter fell short of doing what I intended it to do. I am most grateful to Herm Triezenberg and Elizabeth Mastrom for introducing the concept of

stories to me, and to Elsa Ramsden and Ernie Nalette for helping me expand my thoughts about the nature of resolving dilemmas.

One other substantive improvement to this edition, I believe, comes from my colleague, Kathy Curtis, who helped me to understand the critical importance of attribution theory to assertiveness. In order to use assertiveness skills, you must first believe that something that you say will indeed make a difference. And so this edition of the text encourages the reader to examine one more time the way his or her lenses are set and hopefully assists one to experience a positive outcome for one's self as well as for others.

I've been teaching since 1971, and more than ever I feel grateful for each of my students who helped me to refine this material for maximum usefulness and relevance to them in their professional careers. Every once in awhile I hear from them in serendipitous ways. They share important news with me about their growth and about their professional and personal lives. I feel humble to have walked the path with each of them for awhile, and am grateful when something I teach or have written makes their way easier or more effective.

One of the intentions of this book is to assist the reader in deciding the best thing to do for the patient when the system would insist otherwise. Since the publication of PPI, first edition, my mother died. Her death was an important moment for me in many ways because, along with my twin sister, Susan, I was able to be with her and hold her hand as we kept the 17 hour vigil. We were both tested by a series of events and by people who would have allowed her dying to be more traumatic and painful than it was. Because we persisted in fighting assertively for what we knew she wanted, and what we knew was right and humane to do, she died peacefully and with dignity.

I have come to see that writing this text has helped me to clarify and integrate principles that have resulted in a richer life for me as a health professional. I am grateful for my boss, Sherri Hayes, who encourages me to do the things that I most love to do, I am grateful to my colleagues at the University of Miami and in physical therapy for their collegial support, and for encouraging me to research and write about matters that are not circumscribed by pure thought alone. Most of all I am grateful to my kindred spirits around the world who are ready in a heartbeat to be present to me in all of my incompleteness. They are the ones who assist me with keeping my quadrants balanced. In their hearts, they know who they are, and I am there with them in that knowing. Thank you.

preface

FIRST EDITION

This book is a workbook designed for students and professionals who are willing to embark on a path of growth, specifically, the path of professional socialization. The professional socialization process is an induction into a professional role. When novices become health professionals, they are expected to learn how to act as professionals. Historically it was assumed that this learning how to act would take place automatically along with the incorporation of new knowledge and skill. Students were expected to develop a kind of sixth sense and, with careful observation, grasp the right things to say and do, and discern the right values and attitudes to embody as a professional. If one failed this process of osmosis, he or she stood out from the rest and became suspect.

We now understand the process of professional socialization more adequately, and realize that novices and young professionals can be assisted in learning the professional role. This text is designed to help this process.

How can a text/workbook assist you to grow, to change, to mature, to develop as a mature healing professional? This book represents one aspect of the socialization process that will offer you material to read, reflect upon, respond to, and, in general, experience. The goal is to help you, the reader, to think about various carefully chosen topics in such a way as to raise your consciousness about your “self,” about your self interacting with the goal of promoting healing, and about your self working with groups with a professional purpose. Using an interactive format, learning is designed to be personally meaningful and as intense as the reader allows. Hopefully, changes will occur in how well you know yourself, your attitudes will be invited to conform to those believed to promote healing, and your perceptions will become clearer and more global, less idiosyncratic and more in line with the norms and values of healing professions.

The text/workbook format is designed for individual interaction. Part I is devoted to helping you increase awareness of your “self.” One’s basic attitudes, beliefs and values are rarely examined and less often discussed. But those basic constructs are the framework upon which judgments are made and comprise the fundamental operating principles out of which our perceptions of ourselves and the world emerge. Each of us carries around a kind of voice which tells us things about the world, even when the opinion of that voice isn’t asked. What are your basic beliefs about yourself, about people in general, about men versus women, about old people and children, about rapists and murderers? What are your feelings about your body? What

perceptions do you have about your communication skills, your ability to be helpful? What right do people have to health care? What is stressful to you? How do you handle stress? What personal values do you consider to be most important? How do those values coincide with the values of compassionate and effective health care?

These beliefs and attitudes lead to a basic philosophy of life which may, in most instances, be quite in harmony with the healing process. But sometimes we find ourselves feeling anxious. Anxiety emerges both when we're not sure what the right thing to do is and when we know the right thing to do, but we don't want to do it. Part I concludes with a chapter that teaches you how to identify and resolve moral or ethical dilemmas.

Part II deals with interaction. The nature of effective helping is explored; a process of assertive therapeutic communication is taught and then expanded to instruction in patient interviewing. A closer look at caring for patients who are dying will assist you in clarifying your ideas about life and death and will give you useful ideas with which to interact in an emotion-laden circumstance. The workbook concludes with a close look at professional stress, or burnout.

These topics represent material I have been using for the last 20 years in my teaching of health professionals. They are offered with the hope that they will assist students and professionals alike in the important growth process on the path to becoming a mature healing professional. Each exercise is followed by an opportunity for you to journal, to write out specific reflections you have about the material just considered. I encourage you to take full opportunity to record your growth as it unfolds.

It is well established that the journaling process is an invaluable aid in the identification of one's feelings as well as one's thoughts. Until you are fully aware of what you feel, as well as think, you unwittingly will act in ways that sometimes don't make sense. A health professional not in full awareness of feelings invites disaster. An invaluable lesson in maturing is to realize that the work that we do will inevitably arouse strong feelings. Feelings happen. We can't block them except at great emotional cost. Alternatively, we can identify them and choose how and when to act on them. And assisting you to know how and when to act appropriately is one of the main goals of this text/workbook.

To assist you in the identification of your feelings, the *Feeling Wheel* (Figure 1) offers a framework that delineates the six basic feelings. The middle circle further refines the basic feelings, and the outer circle describes how one might appear to others while experiencing this emotion. As you journal, if you experience yourself struggling to identify a feeling, this figure might help. College students are overdeveloped in their abilities to intellectualize. Resist the urge to talk about your thoughts and the facts of the situation, and force yourself to journal about what feelings are aroused by the experience. And remember, feelings are one word. "I feel that" is the introduction to a thought, not a feeling. I feel ____ is the expression most useful to discover your emotions around a topic.

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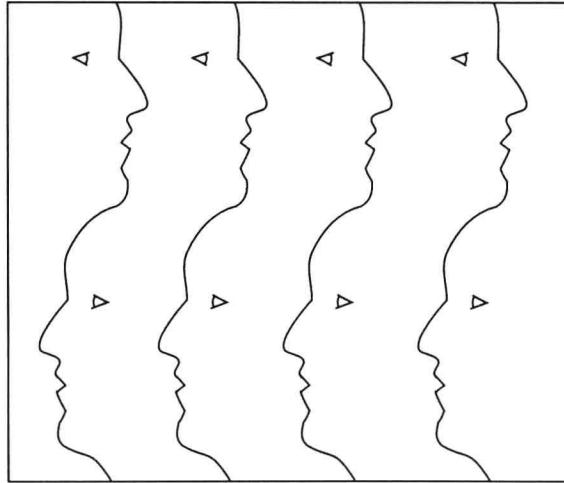
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section one



AWARENESS OF SELF

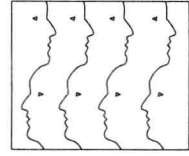
This first section is composed of four chapters: Basic Awareness of Self, Family History, Values as Determinants of Behavior, and Identifying and Resolving Moral Dilemmas. The process of professional maturation requires an in-depth look at who we are at any given time. Who we are includes awareness of our basic ideas, beliefs and feelings about the physical, intellectual, emotional and spiritual aspects of ourselves. These ideas, beliefs and feelings grow out of the sum total of all our experiences, some say even before birth. The first chapter examines some of our basic ideas about ourselves and the perceptions we hold at this particular time of who we are as individuals. The second chapter takes us back to our growing up years and to the memories we have of the influence our family members had on our current beliefs about the world and about ourselves. The third chapter brings us back to the current day, with an invitation to look at our current values, many of which will directly influence the behaviors we manifest in the therapeutic process. The fourth chapter examines how we develop our ideas about right and wrong behavior, based on personal values, and how those values can be compared to the values of a profession.

Each chapter begins with a set of objectives which is designed to point

out the goals for learning. In order to really learn about your self and your current values, ideas and communication patterns, it is necessary for you to interact with the content in these pages. Learning implies action, a change in behavior. The more senses involved in the learning process and the more reflection and consideration of thought that the learner expends, the more likely that change will take place in a deep and integrated way. Thus, at the conclusion of each chapter, experiential exercises are offered which are designed to help you achieve the goals for that chapter.

The aim of this book is to teach you how to learn about yourself, about others and about the world in which you interact with others. And so, in essence, this is a beginning for some, and for others a continuation of a lifelong learning that many assert is necessary for effective and compassionate health care. Let's begin!

chapter one



BASIC AWARENESS OF SELF

Objectives

1. To introduce the concept of the "self."
2. To emphasize the importance of self-knowledge in relation to the quality of one's life and the choices one makes.
3. To facilitate self-awareness through reading, completing exercises and journaling about oneself.

What is the "Self"?

How well do you know yourself? Why would anyone ever ask that question? Some would say that the better you know yourself, the more aware you are of your thoughts and feelings, your strengths and weaknesses, the more you feel in control of your life, then the less stressed and helpless you feel, the less surprised you are by your responses to life. Thus, it might be said that the quality of one's life is, in part, measured by the amount of personal control one feels over day-to-day happenings and choices.

People who are forced to live in institutions to be cared for by others especially feel the negative effect of powerlessness in being forced to succumb to the rules of the larger order, the system. For example, few personal choices are preserved in nursing homes and hospitals.

What is the "self"? How is the self different from the body? What are