

Phrases/questions and tips to use when managing difficult situations

Intervening when a patient is being inappropriate

1. Mild situation: "What do you mean by that?/I don't follow, could you explain?"
 - i. If it is unclear what is being said and there is something possibly disrespectful being expressed, this can be useful.
 - ii. Asking simple questions forces people to either clarify, back off what they were saying, or 'dig their own grave' if they meant something offensive.
1. Moderate: "Sir/ma'am, I'd like for us to focus on the care we want to provide for you. Can we get back to the questions we were asking?"
 - i. Simple, subtle re-direction is often appropriate in very mild situations. A more obvious re-direction such as this may be necessary at times
2. Severe/blatant: "I'm sorry but that's not appropriate to say/I am uncomfortable with what language. _____ is a critical member of our care team and it's best we focus on your medical care."
 - i. After checking in with the targeted individual, further conversation with the patient may be warranted. Use your judgment - this may be less appropriate for an Emergency Department patient than for a patient who is a long-term admission to the hospital. It may be necessary to speak to the patient about what was said, what the impact is on the therapeutic relationship, and what appropriate expectations for the therapeutic relationship are going forward
3. Notes:
 - i. Judgment must be used as to how effective intervening with a patient is. If the behavior is going to impede upon the care team's ability to provide care, then intervention is necessary. Checking in with the offended individual is also necessary, and if they agree, it may be most appropriate to re-assign the patient to someone else if the behavior is intractable.
1. Checking in with harmed individual:
 1. Mild: "Hey I noticed that may have been an uncomfortable situation, how are you feeling about it?"
 2. Moderate: "That situation earlier made me uncomfortable, are you okay?"
 3. Severe: "I'm sorry that happened, that was really inappropriate."
 4. "Is there anything in particular you'd like to see happen to address this behavior?"
 - i. You may not be able to guarantee what they want will be followed, but it's good to know what they want. They may want you to do nothing, and you may feel something should be done. They may want a level of action that is unwarranted and you may not be able to adhere to that. Bringing in colleagues/trusted supervisors to help you navigate such situations is helpful.
 5. "Here's what I plan to do. How does that sound to you?"
 - i. Don't be too abstract, but don't be too specific either. It may not be appropriate to make promises to the individual, and you may not have the full story yet until you speak to the other party.

Checking in with harmer/offender:

1. "I wanted to talk to you about that situation earlier. What you said/did made me feel uncomfortable as an observer. I wanted to talk to you about it and hear your thoughts about it."
 - i. It can help to make it about *you* (the confronter) because all people, including managers and colleagues, have the right to be in a safe and comfortable work environment free of harassing/inappropriate behavior even if the behavior is not directed at you. This means not hiding behind the excuse of not wanting the person harmed to be retaliated against. Retaliation should never be expected, and appropriate steps must be taken to prevent or mitigate the impacts of retaliation.
2. "I wonder if you could clarify what you meant or didn't mean, and if we could talk about how that language can be interpreted."
 - i. We want people to feel free to express themselves, but also to be aware of the possible impacts of their language.
 - ii. Respectful disagreement and conversation is one thing. Unnecessarily polemical speech in the workplace is not always justified, especially when it does not serve a constructive purpose.
3. If you weren't there for the behavior: "I wanted to talk to you about a situation that came to my attention (*be specific about what happened*). I wasn't there but I care a lot about making sure everybody feels comfortable and was wondering what happened from your perspective."
 - i. If the harmed/offended is concerned about their anonymity, you can keep the focus off of them as much as is appropriate during the conversation. But speaking about specific behaviors is critical and you may need to prime the person who raised the concern that it may not be possible to maintain their anonymity to ensure an effective intervention; however you will take steps to mitigate any harm from retaliation.
4. Notes
 - i. If what occurred is egregious, creating deliberate distance between the harmer and the harmed may be necessary. It may be necessary to re-assign the harmer to a different team or ensure there is no contact between the two individuals. Higher level superiors or trusted colleagues must be brought in to make sure such situations are handled appropriately and are not swept under the rug. Such situations should be tracked by the Professionalism Committee and a 'paper trail' of some kind.
 - ii. Depending on the feelings of the harmed/offended, it may also be important to communicate that after this conversation, the most appropriate thing is to resume normalcy and not bring up the situation to the harmed person again. Facilitating an apology is not always appropriate - often apologies are more for the self-image/conscience of the harmer/offender than for the benefit of the harmed/offended. On the other hand, if you feel the individual in question may value an apology and the harmer/offender wants to give it, that may be appropriate.
 - iii. Substantive disagreements or differing political positions in the workplace may occur. Not all people who report behavior have the right to dictate exactly what is/isn't said to them because nobody can fully control that. However, the goal here is mediation and conversation. Healthcare is often an environment of high turnover with often very brief working relationships. In that setting, striving for mutual respect and comfort is important.
 - iv. This is not about punitive action but about mediation (*unless punitive action is warranted - consult trusted colleagues/supervisors/the Professionalism Committee to make this judgment*)
 - v. In certain situations, it may be appropriate to bring both parties (harmed and harmer) together for mediation. Please consult with supervisors to ensure this is the appropriate action to take.

Follow up with harmed individual:

1. "I want you to know that I spoke with _____. We discussed what happened, what the impact was, and explored possibilities for how to prevent the situation next time."
2. "How are you feeling now that some time has passed?"
3. "Do you have any questions or other concerns?"
4. Notes
 - i. Make sure to address any concerns for retaliation. If there are concerns about how evaluations may be impacted by a situation, convey specifics to the clerkship director so evaluations can be screened accordingly and hypercritical evaluations from offending individuals are not considered.
 - ii. It may also be appropriate to have a conversation about what is/isn't okay to expect in the workplace. Perhaps an individual would benefit from a conversation about tools for how to better advocate for themselves or deal with difficult situations themselves going forward - do this if you feel confident in your ability to empower the individual.

Escalating urgent situations

1. Examples of urgent situations include sexual assault or harassment (quid pro quo vs hostile work environment), physical or verbal intimidation/threats, or a feeling of physical unsafety reported by a team member. It is critical that you not handle these situations alone, but it is also critical that you take action immediately to protect any targeted team members