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## **Communication between health care staff with difficult patient and cooperative family**

### **Case Study**

Jackson is a 13 year-old patient who has HIV and oppositional defiant disorder, and has been at CHOP for less than 30 days. Jackson has been admitted to the unit with an infection that requires IV antibiotics. Jackson has a history of being non-adherent with his anti-viral medications. Jackson is an angry kid and when he doesn't get his way (e.g. being asked to stay in his room due to the contagious nature of the infection) he threatens to spit at staff and/or infect them with his HIV. He has been placed in the hospital for almost a month due to his antibiotic therapy and his foster parents are unable to manage his IV care at home. His foster parents are lovely people, but are overwhelmed with Jackson's care and behavior. They are willing to do whatever it takes to make him better and are appreciative of any resources they are offered. They are always apologetic to the staff for Jackson's behavior. In your role as the nurse assigned to the patient, which of the following would you likely perform?

Choose one of four responses (labeled as 'not at all likely', 'somewhat likely', 'likely', 'very likely').

- a. Use conversation to ease the patient's and/or family's intense emotions and pain
- b. Call a family meeting to review/address medical care and/or psychosocial issues
- c. Talk with a colleague about how to work with the patient/family's emotional response
- d. Make a referral to a professional who is specifically trained to manage the psychosocial aspects of pediatric specialty care
- e. Avoid directly addressing the family's emotional distress because it is a situation you are unlikely to change
- f. Attend to the patient's medical care during times that limit interactions within the family (e.g., meal time, family is not present, or rounds when you'll be called away)
- g. (RN version) Remove self from active care (e.g., calling in sick, requesting a "break," or delegating to another team member (MD version) Other than your required duties as attending/fellow of record, remove yourself from active care because you no longer want to be involved with the family



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