 <p>Winnipeg Regional Health Authority    Office régional de la santé de Winnipeg Caring for Health    À l'écoute de notre santé</p> <p><b>PRIMARY HEALTH CARE OPERATIONAL GUIDELINES</b></p>	<p><b>Operational Guideline:</b> Therapeutic Patient Relationships</p>	<p><b>Guideline Number:</b> PCOG#15</p>
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**1. INTENT:**

- To facilitate the formation and maintenance of therapeutic patient relationships by communicating and supporting shared expectations and boundaries between a patient and any provider
- To provide options for teams to consider in therapeutic relationships that prioritizes the health of the patient and the safety of the provider/team while considering professional duties and regional values

**2. BACKGROUND:**

- Therapeutic relationships are a key component of patient-centered primary care
- The therapeutic relationship between the provider/team and patient is viewed by both parties as a long-term relationship built on empathy, equity, and respect
- Therapeutic relationships have benefits, professional legal and ethical implications, risks, and consequences for all parties

**3. DEFINITIONS:**


**Therapeutic Relationships:** Refers to the interpersonal process that occurs between a provider/team and a patient/family. Therapeutic relationship is a purposeful, goal directed relationship that is directed at advancing the best interest and outcome of the patient. Each relationship, although not linear, has a beginning, middle, and an end (RNAO, 2006).

**Patient-Centered Primary Care:** Primary care services that include the following attributes:

- Respect for patient's values, preferences and expressed needs which leads to shared decision making;
- Coordination and integration of care among the health care team;
- Information, communication and education to support both patients and providers;
- Physical comfort for the patient;
- Emotional Support including a holistic perspective;
- Appropriate Involvement of family and friends;
- Transition and continuity to provide caring transfers between different providers and phases of care.

**Home Clinic:** Is a patient-centred primary care clinic that serves as a patient's home base within the health-care system. Home Clinics provide patients with timely access to care, coordinate their health care within the health-care system and manage their health-care records. Having a home base helps support comprehensive and continuous care throughout a patient's life.

**Provider:** A healthcare professional working within Primary Health Care that provides comprehensive and continuous care, which address physical, psychological, and social factors. This healthcare professional is a member of the interdisciplinary team, which may include roles such as Physicians, Nurse Practitioners, Physician Assistants, Nurses, Midwives, Dietitians, Social Workers, Shared Care Counselors, Occupational Therapists, Physiotherapists, Speech Language Pathologists, Audiologists, Psychiatrists or Psychologists.

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#### 4. GUIDELINE:

##### 4.1 Requisites for Establishing Therapeutic Relationships

- **Self-Awareness:** the ability to reflect on one's practice, thoughts, feelings, and actions while having an understanding of equity principles and strategies
- **Self-Knowledge:** the ability to appreciate the unique perspective of the patient by recognizing that this knowledge is shaped by nationality, race, culture, health, socio-economic conditions, gender, education, early childhood experience and development as well as current relationships, accomplishments, beliefs, issues and concerns
- **Empathy:** the ability to enter the patient's relational world, to see and feel the world as the patient sees and feels it, and to explore the meaning it has for the patient
- **Awareness of ethics, boundaries and limits of professional role** as defined by each professional regulatory body
- **Communication:** constantly learning improved methods of communicating effectively with patients based on reflections of previous professional interactions


##### 4.2 Actions Associated with each Phase of the Therapeutic Relationship

###### 4.2.1 **Beginning Phase/Orientation:**

- Non-judgmental attitude and approach towards the patient and the patient situation
- Trust, respect, honesty and effective communication are key behaviors in establishing a relationship
- Accepting the patient is important for the evolvement of the relationship
- The expectations that the provider and the patient have of each other and of their relationship should be discussed and clarified. An explicit conversation between a provider and the patient is necessary to confirm the site as the patient's Home Clinic.

###### 4.2.2 **Middle or Working Phase:**


- Interventions typically occur in this phase. Problems and issues are identified and plans to address these are put into place. Strengths, resiliency, and protective factors are identified and utilized to assist the patient in managing their own health.
- Validating thoughts and advocacy can ensure that the patient's perspectives and priorities are reflected in the plan of care.
- If the patient requires or has multiple service involvement, the provider should consider whether Service Coordination meetings are conducted. To apply the principle of shared decision-making in the context of a clinical consultation it should:
  - Support patients to articulate their understanding of their condition and of what they hope treatment (or self-management support) will achieve
  - Inform patients about their condition, about the treatment or support options available, and about the benefits and risks of each

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- Ensure that patients and clinicians arrive at a decision based on mutual understanding of this information record and implement the decision reached

#### 4.2.3 **Ending or Resolution Phase:**


- Primary Care offers care to the patient across the lifespan; therefore, therapeutic relationships are usually enduring
- If the therapeutic nature of the relationship between the provider and the patient is impeded, steps should be taken to reconcile the relationship
- Factors that may hinder the therapeutic relationship may include drug seeking behavior, active disregard for the plan of care, abusive behavior, or withholding information
- If the relationship begins to break down, multiple steps will be followed, and factors will be considered before a provider is released from the responsibility to that patient. These steps include:
  - The provider and patient will attempt to work together to correct the problem at hand. Use appropriate interpersonal skills, with an understanding of the patient's values and expectations, to jointly outline and document expectations of the therapeutic relationship and each party's responsibilities within it.
  - The provider will consider the reasons for the unsafe, unhealthy, or disrespectful behavior of a patient. The provider will first consider whether the patient is able to participate constructively in their own care or if developmental, relational, emotional, or mental health distress related barriers exist.
  - If the provider suspects the patient is impaired, appropriate consultation or referrals will be made. This may include a referral to a mental health team for diagnosis, support, or treatment. Behavioral contracts and discussions regarding appropriate ways to get needs met may also be appropriate.
  - If the provider does not believe that the behavior is due to an impairment, the provider will consult with colleagues, other members of the interprofessional team and/or supervisors as necessary
- When the provider and team conclude that every alternative has been taken to repair the relationship between the provider and the patient, an alternative provider will be considered (where applicable)
- If the behaviors were severe, and the above steps were followed, termination of the services will be considered. In this circumstance, the provider will consult with the team, supervisor, mental health specialist, and appropriate regional resources. This action is a last resort, and all risks and consequences should be considered prior to taking this step.
- To terminate a relationship, a registered letter will be sent to the client outlining that:
  - Unless the provider believes that personal safety would be compromised if reasons were stated, the reasons for termination should be stated

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- The patient must be informed of any continuing care requirements
  - The patient must be provided with options and where possible, assisted in obtaining appropriate alternative primary care:
    - A resident of Manitoba requiring a family doctor can register by phone (204-786-7111 in Winnipeg or toll-free at 1-866-690-8260) or on-line with Family Doctor Finder to receive assistance in finding one. Once registered, Primary Care Connectors will work to find a provider that is accepting patients in a location that works for that individual.
  - In the event the most responsible provider is a Physician, Nurse Practitioner or Physician Assistant, the patient must be notified that the provider will provide emergency medical care for at least 30 days, including prescriptions for 30 days of refills of current medications, while the patient is making alternate arrangements for his/her medical care
  - The provider will transfer the patient's chart to the new care provider once written authorization is received from the patient. The patient will also need to be de-enrolled within the EMR as this site would no longer be the patient's Home Clinic.
  - A copy of this letter will be retained on the client's file, and a copy sent to College of Physicians and Surgeons of Manitoba if the most responsible provider is a Physician
- The WRHA [Regional Respectful Workplace Policy 20.10.040](#) states that all WRHA staff is entitled to a respectful environment that is free of disrespectful behavior including: discrimination, harassment, sexual harassment, personal harassment and workplace violence. If a patient is violent or makes serious threats toward any provider within the interprofessional team, the appropriate authorities, including law enforcement, may need to be contacted, and the relationship could be immediately terminated.

## 5. SOURCE/REFERENCES:

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- CMPA - Dealing with Conflict in the Doctor-Patient Relationship, published June 2013
- CRNM - Professional Boundaries for Therapeutic Relationships; Revised 09/2011  
[https://www.crnmb.ca/uploads/document/document\\_file\\_99.pdf?t=1442260483](https://www.crnmb.ca/uploads/document/document_file_99.pdf?t=1442260483)
- Consultation with Regional Primary Care Quality Team and Primary Care Service Area Leadership (February 2020)

**SCOPE:** Applicable to all WRHA Primary Care Direct Operation Clinics including Walk In Connected Care Clinics (McGregor, Access Fort Garry and Access Winnipeg West), Antenatal Home Care and Midwifery Services.

**NOTE:** While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable.

***\*Questions regarding this or any other Primary Care Operating guideline should be directed to Primary Care Service Area Leadership***