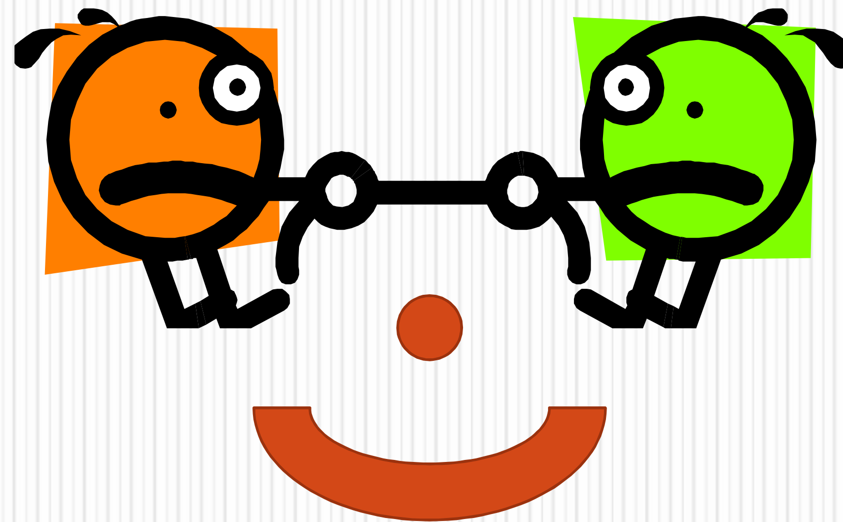
Managing Difficult Patient Interactions



Compiled by Walter Clark, MD, MSHCM

Objectives

- Understanding why patients are difficult and may become angry or hostile
- Identifying strategies for dealing with difficult patients
- Identifying strategies for diffusing patient anger or hostility
- What to do if all else fails and things get or stay out of hand

What kind of Provider Behaviors upset patients?

- Too rushed
- Hard to reach
- Can’t understand -- too technical
- Arrogant
- Not professional
- Doesn’t care about me

What kind of Patient Behaviors upset providers?

- Hostile, angry, and confrontational
- Non-compliant
- Too demanding or need (attention-seeking)
- Ask too many questions
- Poor historian
- Has unrealistic expectation

Reasons why patients become difficult…

- Frightened about what's happening to them
- Frustrated because they are not getting better
- Challenged by age, mental illness, co-morbidities, no insurance, cultural barriers
- Have unrealistic expectations

Why true Pain patients become difficult…

- They are in physical pain or discomfort
- Feelings of being out of control or feeling helpless
- Heightened anxiety about their current condition
- Feelings of dependency given their physical limitations

How to Counter hostility

- Maintain a neutral countenance
- Do not argue
- Establish realistic expectations
- Reiterate the profession’s standards of care
- Set boundaries and define consequences for patient and provider (*e.g., I can lose my license*)

Effective Communication matters a lot…

- Improved clinical outcomes
  - Enhanced diagnostic accuracy
  - Patient agreement on treatment plan
  - Patient adherence to treatment
- Improvement in social outcomes
  - Mutual satisfaction (patient/provider)
  - Reduction in malpractice risk

Problems with Labeling patients as difficult

- The label may be very subjective
- The label is not necessarily solely due to the patient (*maybe the provider is contributing*)
- The label may be unfair particularly if the patient has good reason to be 'difficult' (e.g., suffering in pain, complex medical needs)
- The label could be based on our own discomfort with what the patient needs

Reactions to difficult patient Encounters…

- Acquiescence
  - "just give him what he wants so he will leave…"
- Silent anger
  - "even though the patient just cursed me out, they tell me the patient comes first…"
- Disrespect
- Not taking the patient's issues seriously

Recognize how our Feelings contribute to the problem we are having dealing with the difficult patient

- May draw out our own feelings of personal or professional inadequacy
- May remind us of someone we don’t or didn’t particularly like
- May frighten, alarm or cause us to feel uncomfortable and/or out of control

Know Yourself…

- Know what you can and cannot control
- Be aware of your own feelings
- Ask yourself how these feelings may affect the relationship with the patient
- Don't take the patient's behavior personally
- Psych yourself: Ask what you can tell yourself about this interaction that can alter your thoughts, feelings, and reactions to the patient

The Four Habits Model

To get the most out of the clinical encounter:

- Habit 1: ***Invest in the beginning***
- Habit 2: ***Elicit the patient's perspective***
- Habit 3: ***Demonstrate empathy***
- Habit 4: ***Invest in the end***

Frankel et al J Med Pract Mgmt 2001; 16:184-191

Habit 1: ***Invest in the beginning***

- Invest energy in getting things started right
- Demonstrate active listening and understanding
- SMILE! *A gesture this simple goes a long way.*
- TOUCH! *No visit should start without it.*

Active Listening

- Avoid beginning statements with “You”
- Maintain as much eye contact and heading nodding as possible
- Offer regular, brief summaries of what you are hearing beginning with “I see” or “I understand”

Habit 2: ***Elicit the patient's perspective***

- Ask for the patient's ideas
  - ✓"what do you think might be going on?"
  - ✓"what worries you?"
- Elicit a specific request from the patient
  - ✓"how were you hoping I could help you?"
- Explore impact of patient's life
  - ✓"how has this affected you/work/family?"

Habit 3: ***Demonstrate empathy***

Our failure to carefully listen, show empathy, or establish trust may result in inadequate understanding of the patient's history and medical issues.

Empathy is not Sympathy…

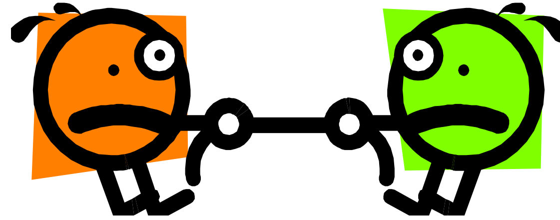
- Empathy is ‘engaged detachment’
  - Involves mental energy (fatiguing)
- Sympathy is ‘shared suffering’
  - Involves emotional energy (exhausting)

Empathy in Action…

- I show I care for my patient
- I make outstanding efforts on my patient's behalf that make her smile
- I respect and validate my patient's medical experience
- I try to see (*not feel*) things from my patient's perspective
- I actively advocate for my patients

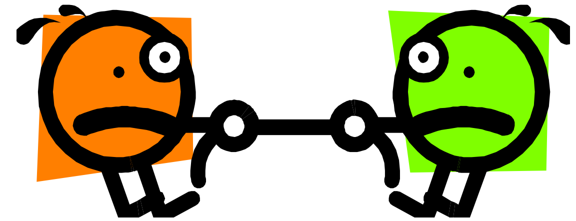
Habit 4: ***Invest in the end***

- Summarize the patient's chief concerns
- Ask the patient to summarize what you have conveyed.
- TOUCH! *No visit should end without it*

Tug-of-War  Drop the Rope!

- Escalating situations can quickly become a power struggle – like a rope tug-of-war
- Remain *calm, cool, and collected*
  - Do NOT take the patient's emotional reactions personally
- Don't argue or 'pull' the rope back
  - **DROP THE ROPE!**

Hostile/Angry patients…



- While the patient is ranting patiently wait for a pause or when they ask you, *‘are you listening?’* before you venture to speak
- Avoid the urge to jump in while they are ranting
- Be calm and cool and don’t allow yourself to be baited into grabbing the rope
- Try as best you can to validate the patient’s feeling

What to do if all else fails and things get or stay out of hand…

- Document all your efforts
  - ➢ *If it isn't documented, it didn’t happen.*
- Enlist the help of an objective third party like the Medical Director or Administration
- Contact Security/Police (whichever is applicable)
- Last Resort – **TERMINATION** –
  - ➢ *This must be handled carefully so as to not be viewed as patient abandonment.*

Summary

- Invest in the beginning
- Elicit the patient's perspective
- Demonstrate empathy
- Invest in the end
- If all fails, punt.