Dealing with Difficult Patient Encounters

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Presented at the Brandon Primary Care Fall Conference November 18, 2017
Presenter Disclosure

I have no personal relationships with commercial interests
Objectives

- By the end of the session participants will:
  - Understand the factors contributing to difficult encounters
  - Be aware of general strategies for promoting more positive encounters
Overview

- Percentage of patient encounters described by physicians as “difficult” (1-5)
  - 15 to 30%

- Relative to their colleagues, physicians reporting the most difficulty with patient encounters also report (1)
  - Lower job satisfaction
  - Higher professional burnout
Factors Impacting Doctor-Patient Interactions

- Contextual factors
  - Patient factors
  - Physician factors

Quality of Interaction
Contextual Factors
Contextual Factors (6-8)

**Broader Context**
- Increased access to “medical knowledge”
- Health care system challenges
- Language and culture

**Office**
- Waiting area
- Office staff
- Wait time
- Time of day
- Time allotment
- Type of appt/goals
Creating a Positive Setting

- Create a comfortable and relaxing office environment
- Ensure staff are interpersonally effective and able to diffuse/de-escalate difficult situations
- Schedule accordingly
- Provide patients with reputable websites and information sources
- Strive towards culturally sensitive practice
- Ensure similar agenda/goals for the appointment
- Match your language with perceived level of literacy
Patient Factors

“I hate cats! I want a dog scan.”

“I have metal fillings in my teeth. My refrigerator magnets keep pulling me into the kitchen. That’s why I can’t lose weight!”
Patient Factors (see 8 for review)

Behaviors
- Angry/argumentative
- Demanding
- Drug-seeking
- Highly anxious/worried well
- Hypervigilant to body sensations
- Nonadherence
- Difficulty taking responsibility for health
- Difficulty controlling negative emotions

Conditions
- Addictions
- Chronic pain
- Functional somatic disorders
- Multiple medical issues/problems
- Financial constraints
- Low literacy
- Abuse history
- Psychiatric diagnosis
Physician Factors

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Physician Factors (8)

Attitudes
- Emotional burnout
- Insecurity
- Intolerance of diagnostic uncertainty
- Perceived time pressure
- Negative bias towards certain health conditions

Conditions
- Anxiety/depression
- Exhaustion/overworked
- Personal health issues
- Situational stressors
- Sleep deprivation
Physician Factors Cont’d

**Knowledge**
- Inadequate training in psychosocial medicine
- Limited knowledge of patient’s health condition

**Skills**
- Difficulty expressing empathy
- Easily frustrated
- Poor communication skills
Positive Patient Encounters: First Mind Set Then Skill Set
Cognitive Behavior Theory

- Emotions
  - Thoughts
  - Behaviors/Physical responses
Thoughts

Patient Encounter

Emotions
Behaviors
Physiological Responses
When we change the way we look at things the things we look at change

Wayne Dyer
Creating the Right Mindset

- Be aware of your triggers
- Be aware of your thoughts and how these are impacting your emotions and behavior
- Strive towards developing more helpful ways of thinking that promote less intense emotion and more effective responses
- Resist making judgements about a patient based on their behavior
- Be aware of how your assumptions about a patient can influence your own behaviors and contribute to the self-fulfilling prophecy
Setting The Tone

- Gain personal emotional control. Slow down your breathing and relax your body (unclench your jaw, open your clenched fists). Take a moment to identify unhelpful thoughts and replace them with more helpful ones.
- Sit at eye level or lower.
- Maintain an open posture (hands at side, palms facing up).
- Speak slowly and quietly and lower your tone.
The Skill Set: Listening and CommunicatingEffectively

- Thank Them
- The Disarming Technique: Find some truth in what the person is saying even when you’re convinced that what they’re saying is completely wrong, unreasonable, irrational or unfair (12)

- Example: Patients who are angry, hostile, demanding
Inquiry: You ask gentle probing questions to learn more about the person’s thoughts and feelings (12)

- Avoid accusatory statements ("Why are you so angry?")
- Questions should convey desire to better understand the person and generally include reflection or summarizing what the person has said

Example: Patient who schedules frequent visits
Empathy: Put yourself in the other person's situation in order to see things through his/her eyes \(^{(12)}\)

- Thought empathy: Paraphrase the other person’s words/thoughts
  - It sounds like……
  - I take it that you think…..
  - What you seem to be saying………
  - If I'm understanding you correctly, and please correct me if I'm wrong, you……….
Empathy: Put yourself in the other person’s situation in order to see things through his/her eyes. 

Feeling empathy: You acknowledge how the person is probably feeling given what they’ve said.

It sounds like you’re feeling.......
Validation: The recognition and acceptance of another person’s thoughts, feelings, sensations, and behaviors as understandable (14)

Example: Patients frustrated with long wait times, patients demanding more tests
Apologizing/Accepting Responsibility

"Ok, how about this motto: 'If you are unhappy for any reason, we will feel really bad'."

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Asking Permission: You ask the patient for permission to move onto another topic, offer solution, etc.

Example: Patients who are demanding more tests/involvement of specialists
“I” Statements: Less likely to convey blame, criticism, or judgement. Crucial when you’re feeling defensive or argumentative. Avoid accusatory statements.

Example: Patients who don’t adhere to treatment
Positive Reframing/Identifying Strengths: Finding ways to think about the person's seemingly negative/challenging behavior in more positive ways.

Examples: Patients who frequently bring internet information to appointments, patients who demand additional tests/involvement of specialists.
Encouraging Collaboration/Becoming a Team: Interacting in a manner that fosters a collaborative relationship

- Encourage input and feedback from patients
- Use phrases that indicate a team approach

Examples: Patients who are not adherent to treatment, patients demanding more tests/specialist involvement
Putting it all Together: A Case Example

References


