



# Dealing with Difficult Patient Encounters

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# Presenter Disclosure

I have no personal relationships with commercial interests





# Objectives

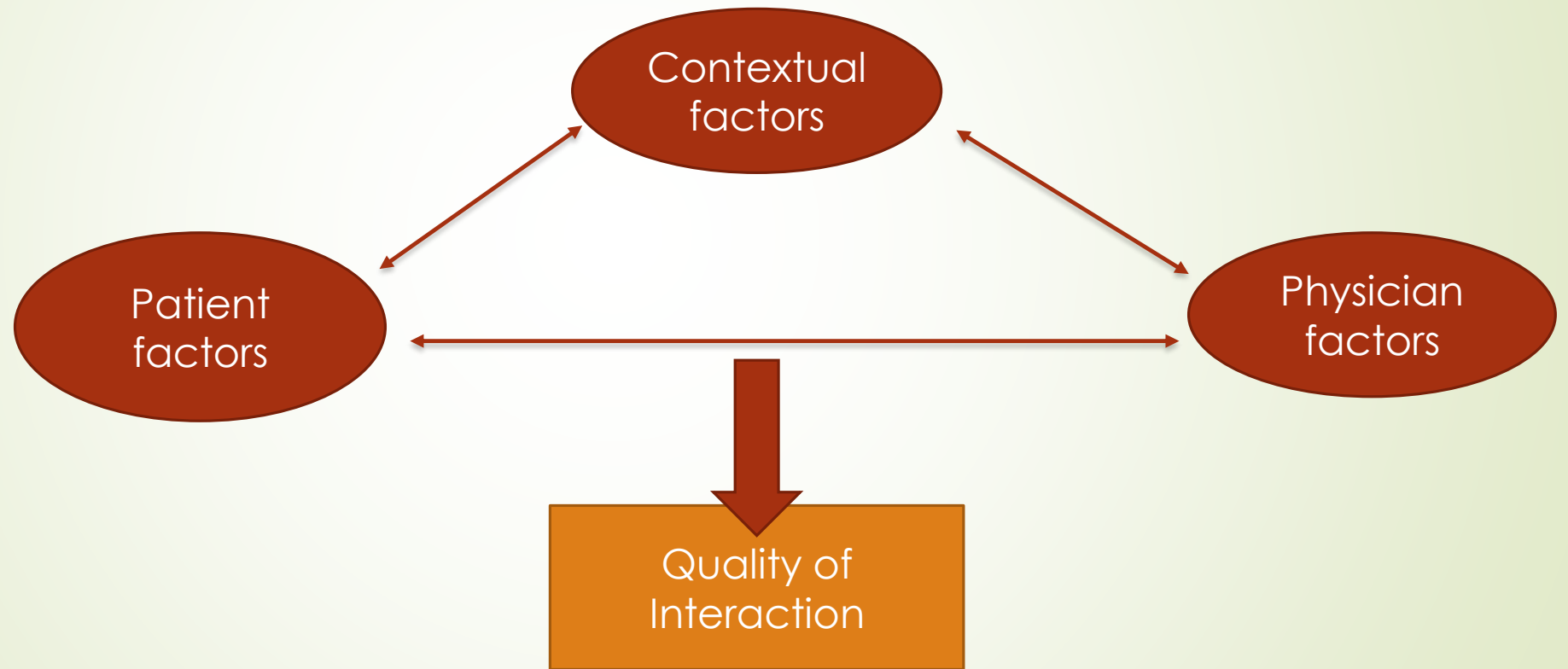
- By the end of the session participants will:
  - Understand the factors contributing to difficult encounters
  - Be aware of general strategies for promoting more positive encounters



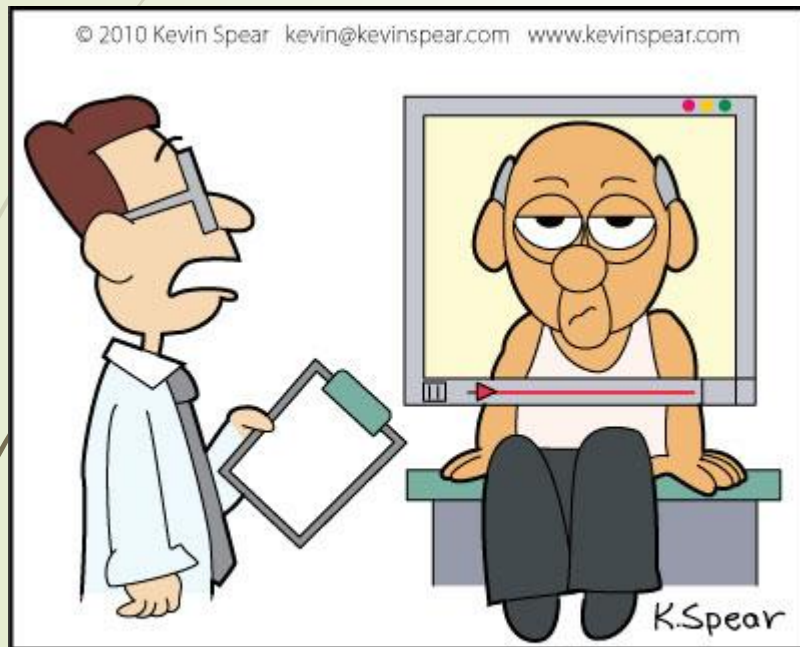
# Overview

- ▶ Percentage of patient encounters described by physicians as “difficult” <sup>(1-5)</sup>
  - ▶ 15 to 30%
- ▶ Relative to their colleagues, physicians reporting the most difficulty with patient encounters also report <sup>(1)</sup>
  - ▶ Lower job satisfaction
  - ▶ Higher professional burnout

# Factors Impacting Doctor-Patient Interactions



# Contextual Factors



"You've come down with a viral video."

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"The doctor will see you now."

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# Contextual Factors (6-8)

## Broader Context

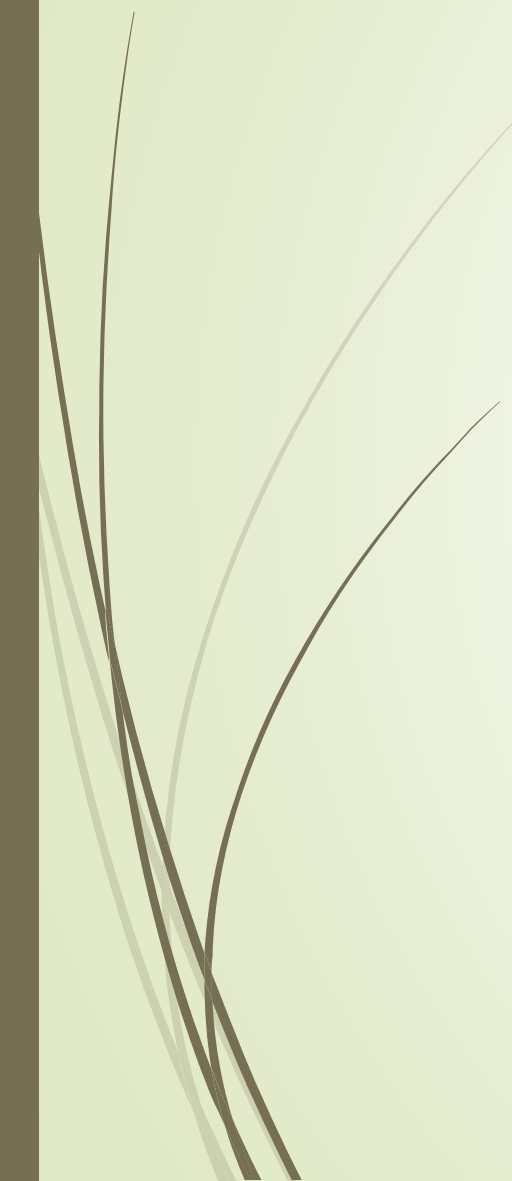
- Increased access to “medical knowledge”
- Health care system challenges
- Language and culture

## 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."

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**"I have metal fillings in my teeth. My refrigerator magnets keep pulling me into the kitchen. That's why I can't lose weight!"**

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# Patient Factors (see 8 for review)

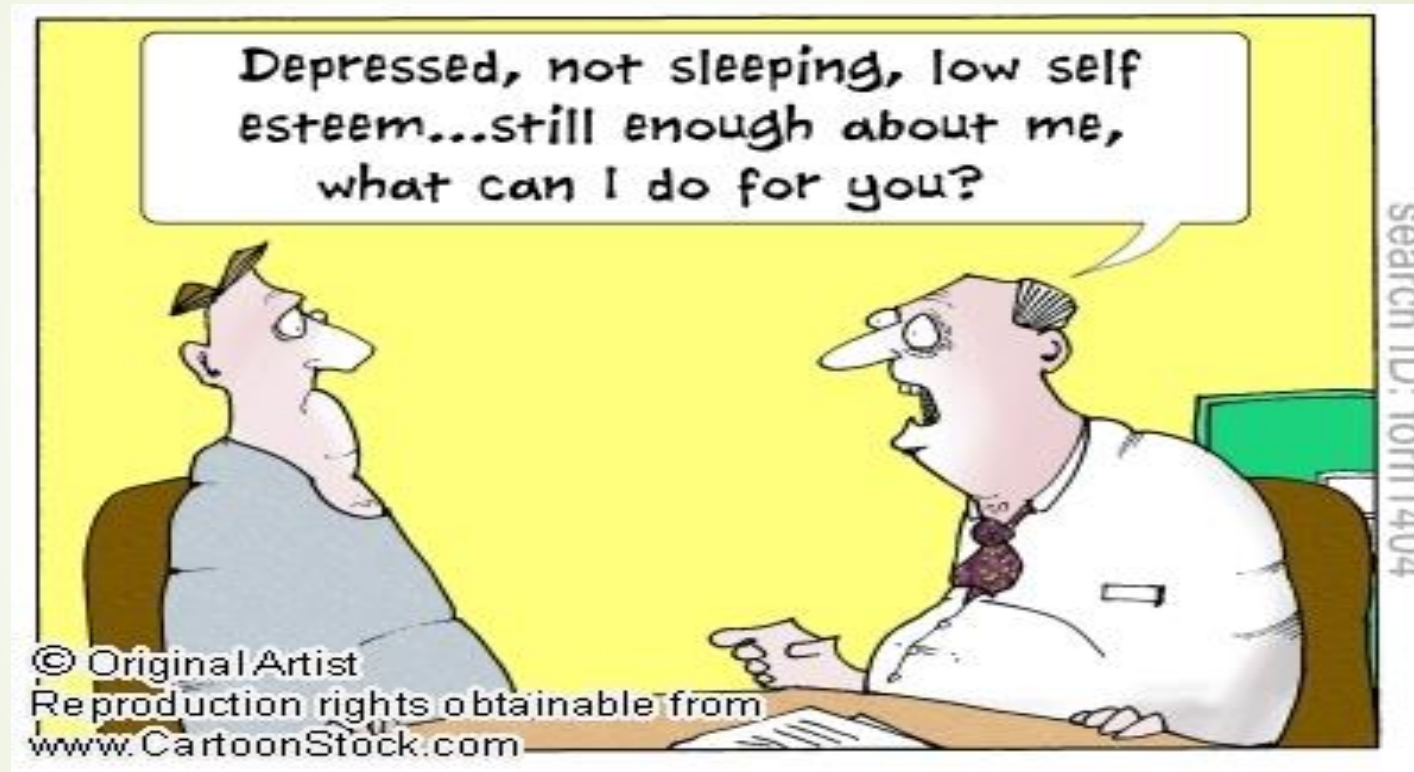
## Behaviors

- 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 <sup>(8)</sup>

## 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 <sup>(8)</sup>

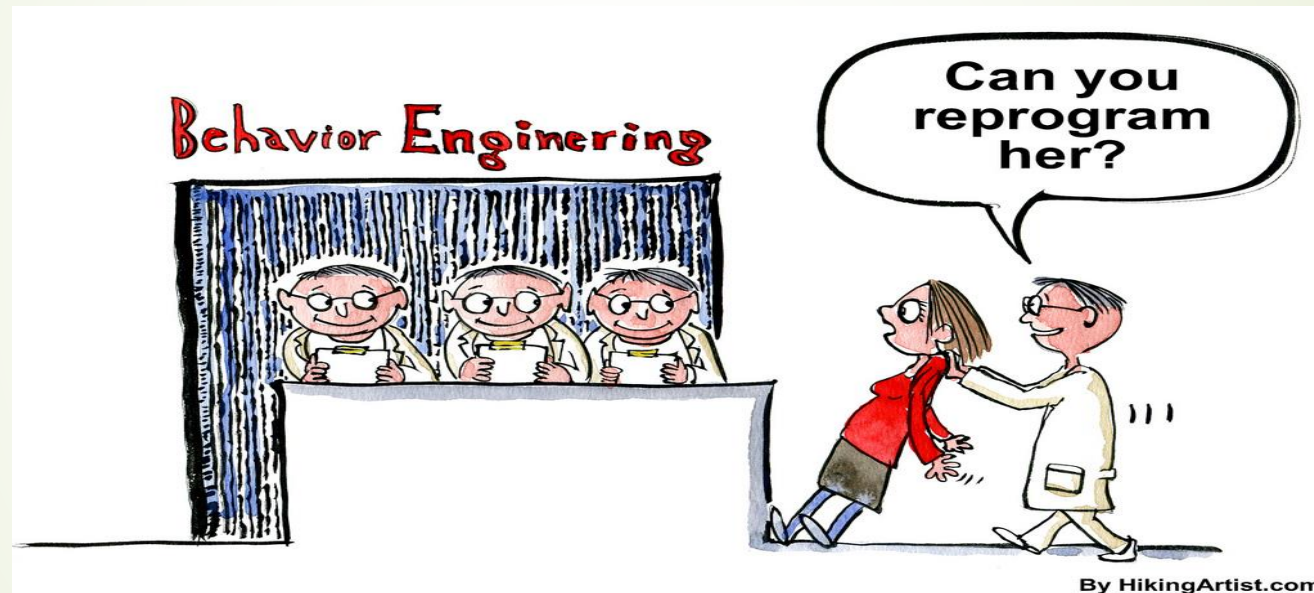
## Knowledge

- Inadequate training in psychosocial medicine
- Limited knowledge of patient's health condition

## Skills

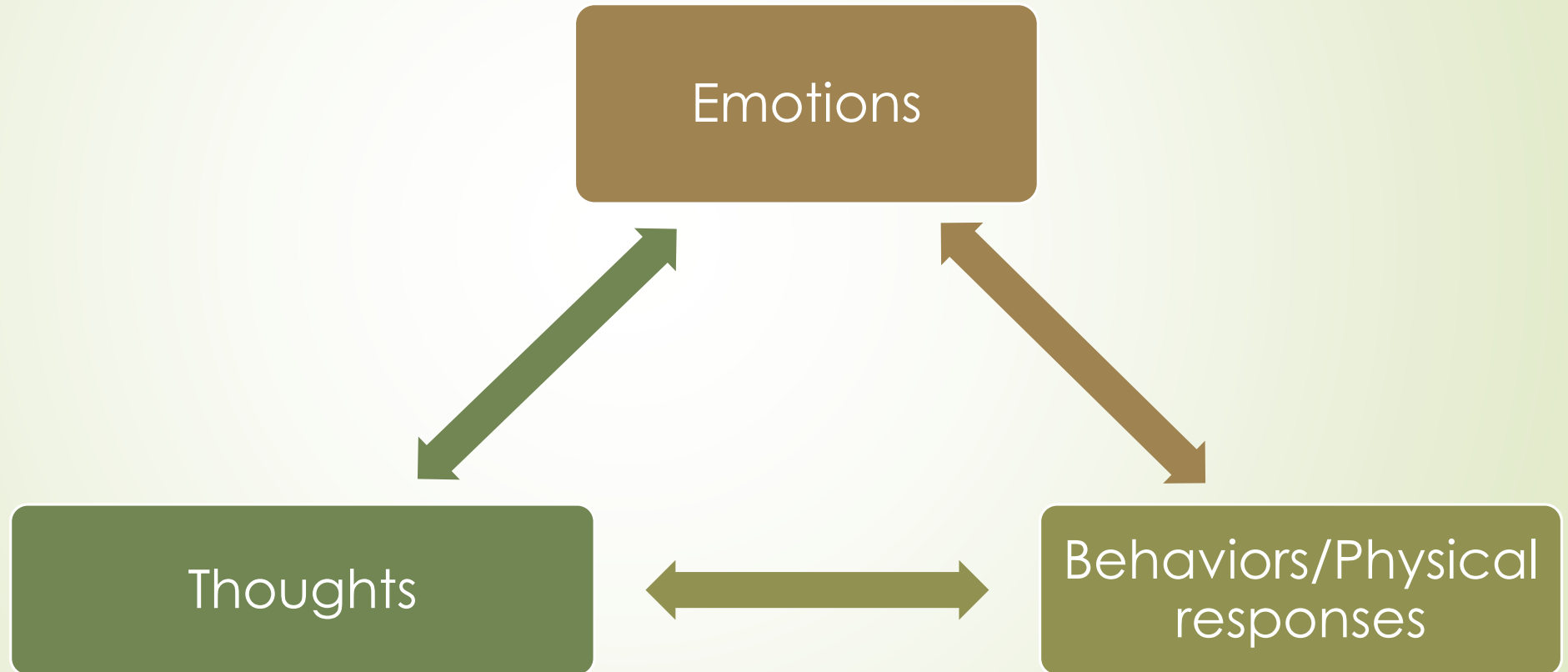
- Difficulty expressing empathy
- Easily frustrated
- Poor communication skills

# Positive Patient Encounters: First Mind Set Then Skill Set



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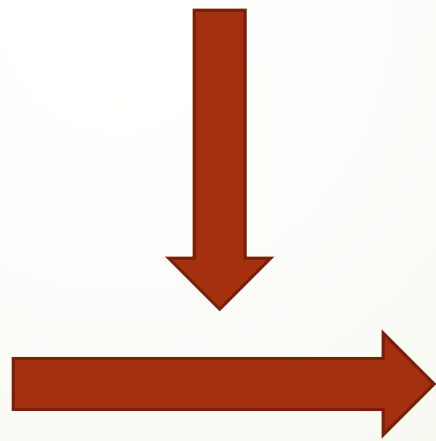
# Cognitive Behavior Theory





Patient  
Encounter

Thoughts



Emotions  
Behaviors  
Physiological  
Responses





When we change the way we look at  
things the things we look at change

Wayne Dyer

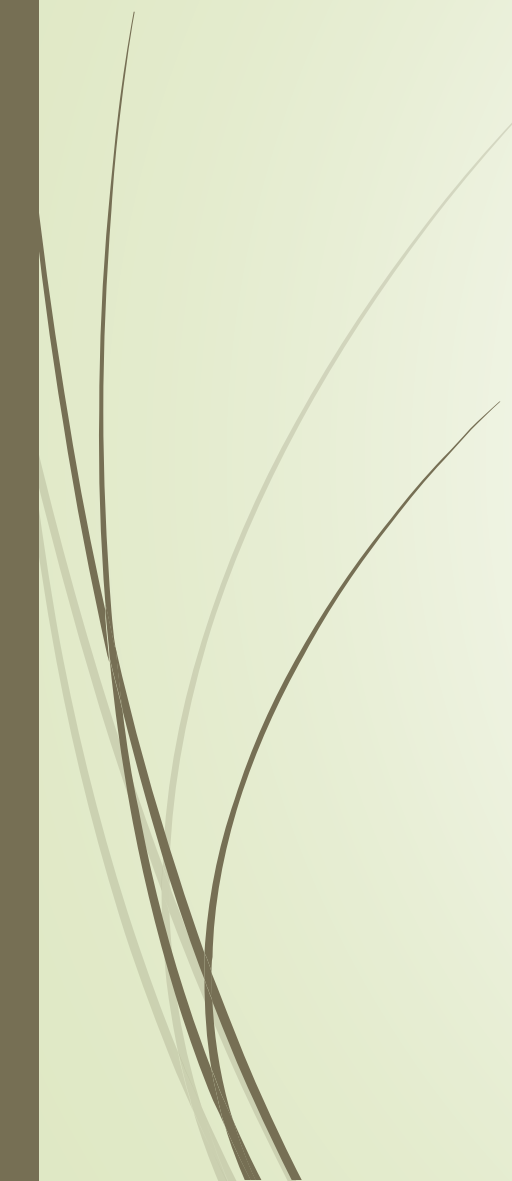


# Creating the Right Mindset

- 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 (10)


- 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 Communicating Effectively

- 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 <sup>(12)</sup>
- Example: Patients who are angry, hostile, demanding

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- Inquiry: You ask gentle probing questions to learn more about the person's thoughts and feelings <sup>(12)</sup>
    - 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 <sup>(12)</sup>


➤ 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 <sup>(11)</sup>
    - Feeling empathy: You acknowledge how the person is probably feeling given what they've said
      - It sounds like you're feeling.....


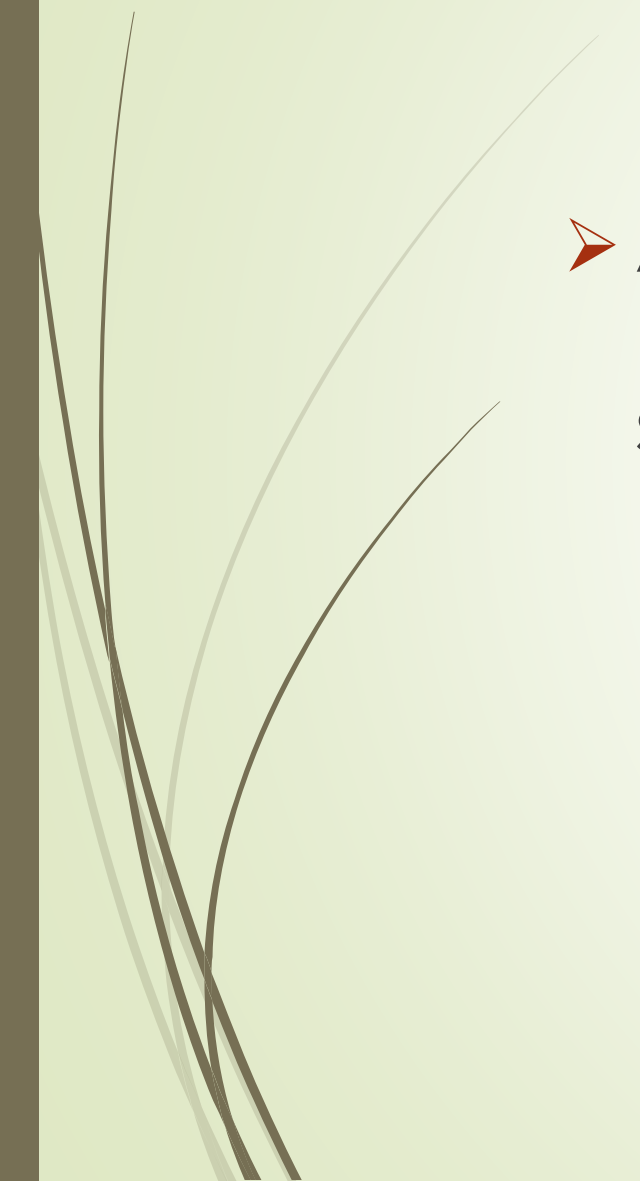
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- Validation: The recognition and acceptance of another person's thoughts, feelings, sensations, and behaviors as understandable <sup>(14)</sup>
  - Example: Patients frustrated with long wait times, patients demanding more tests







➤ Apologizing/Accepting Responsibility (11)


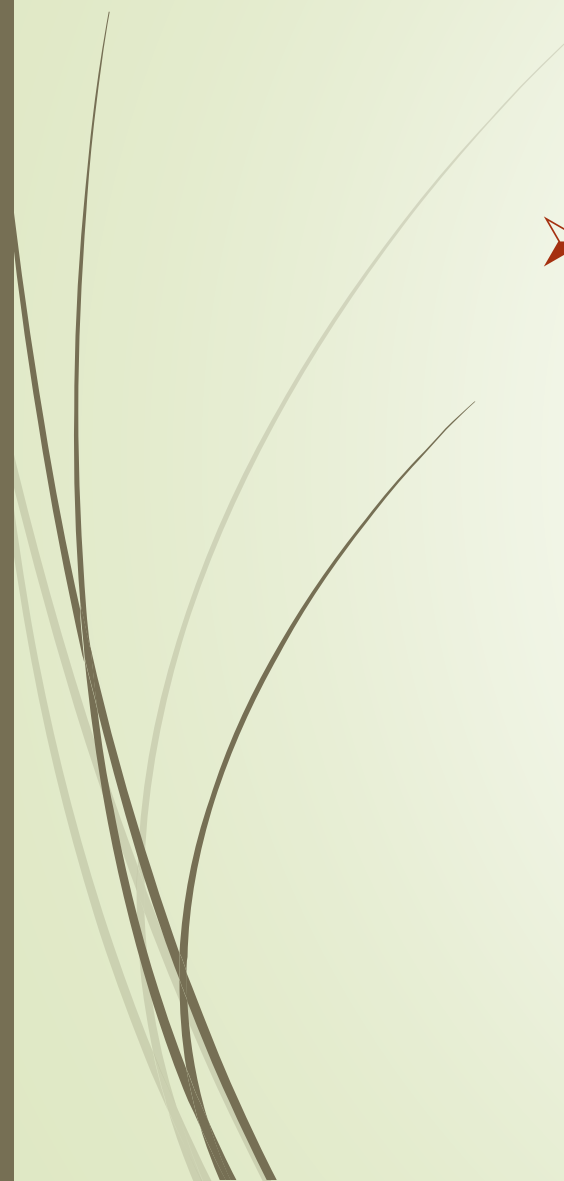


**"Ok, how about this motto: 'If you are unhappy for any reason, we will feel really bad'."**

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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

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- “I” Statements: Less likely to convey blame, criticism, or judgement. Crucial when you’re feeling defensive or argumentative <sup>(12)</sup>
    - Avoid accusatory statements
    - Example: Patients who don’t adhere to treatment

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- 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

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- Encouraging Collaboration/Becoming a Team: Interacting in a manner that fosters a collaborative relationship <sup>(15)</sup>
    - 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

Canadian Medical Protective Association (2013). Dealing with conflict in the doctor-patient relationship. Article available at: <https://cmpa-acpm.ca/en/advice-publications/browse-articles/2013/dealing-with-conflict-in-the-doctor-patient-relationship>



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