



Dr. A.Al-Sagheir  
Difficult Consultation

السَّلَامُ عَلَيْكُمْ وَرَحْمَةُ اللَّهِ وَبَرَكَاتُهُ



# CONSULTATION SKILLS

## Dealing With Difficult Consultations



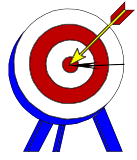
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# Objectives

**At the end of the session, the participants will be able to:**

- ❖ Define the consultation.**
- ❖ To know why all this talk about consultation?**
- ❖ Define difficult patients**
- ❖ List types of difficult patients**
- ❖ Define causes for difficult patients**
- ❖ Describe the strategies to cope with difficult patients.**

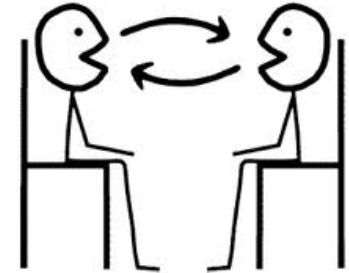
# What is a Consultant?

Client: What time is it?

Consultant: Give me your watch and I will tell you



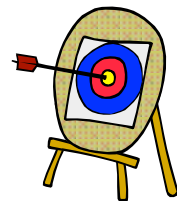
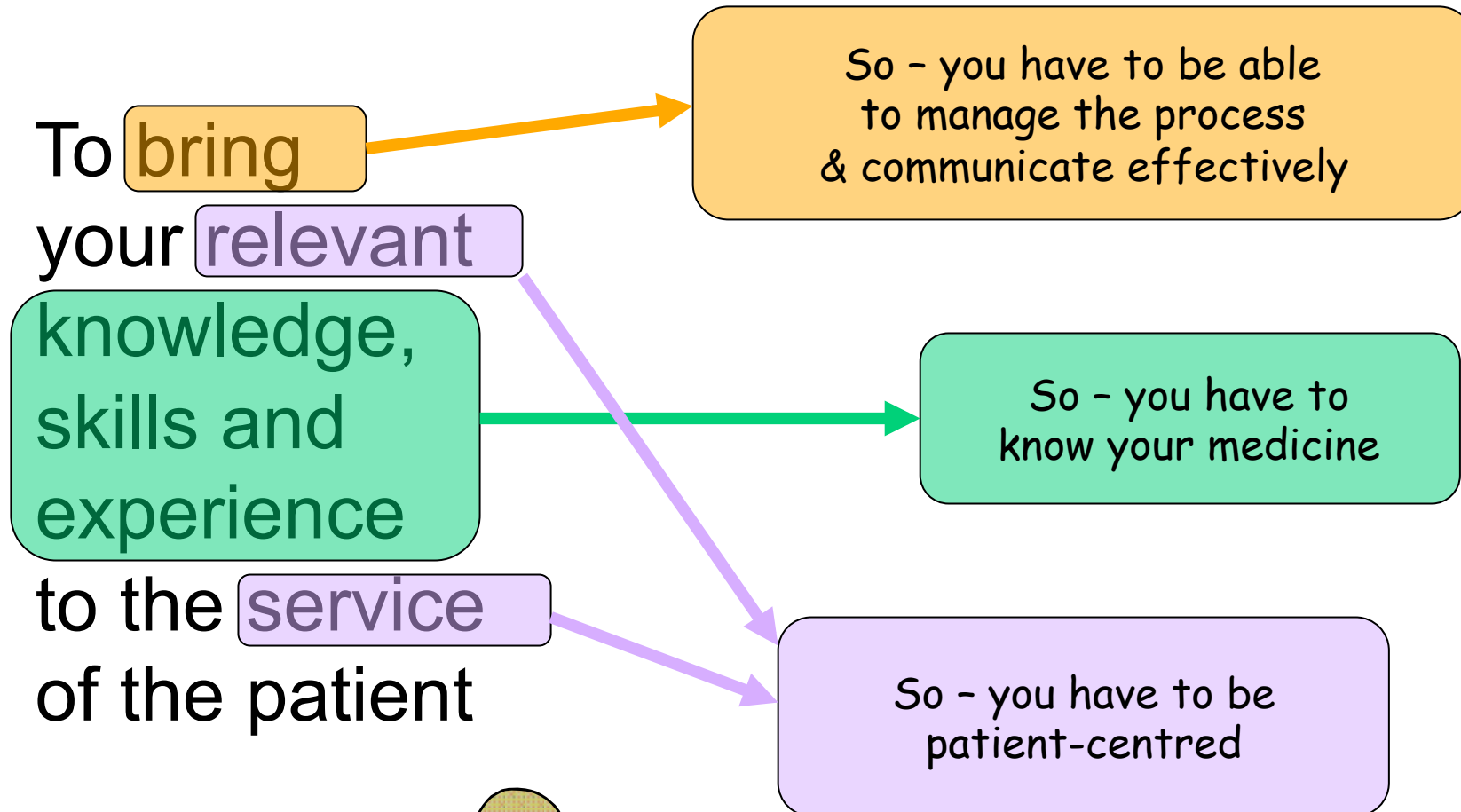
# What is consultation?



**Essential unit** of medical practice is the occasion when in the **INTIMACY** of the consulting room the **person who is ill or believes himself (herself) to be ill**, seek the advice of a doctor whom he (she) trusts

**ALL ELSE IN THE PRACTICE OF  
MEDICINE DERIVES FROM IT**

# What is the purpose of the consultation?



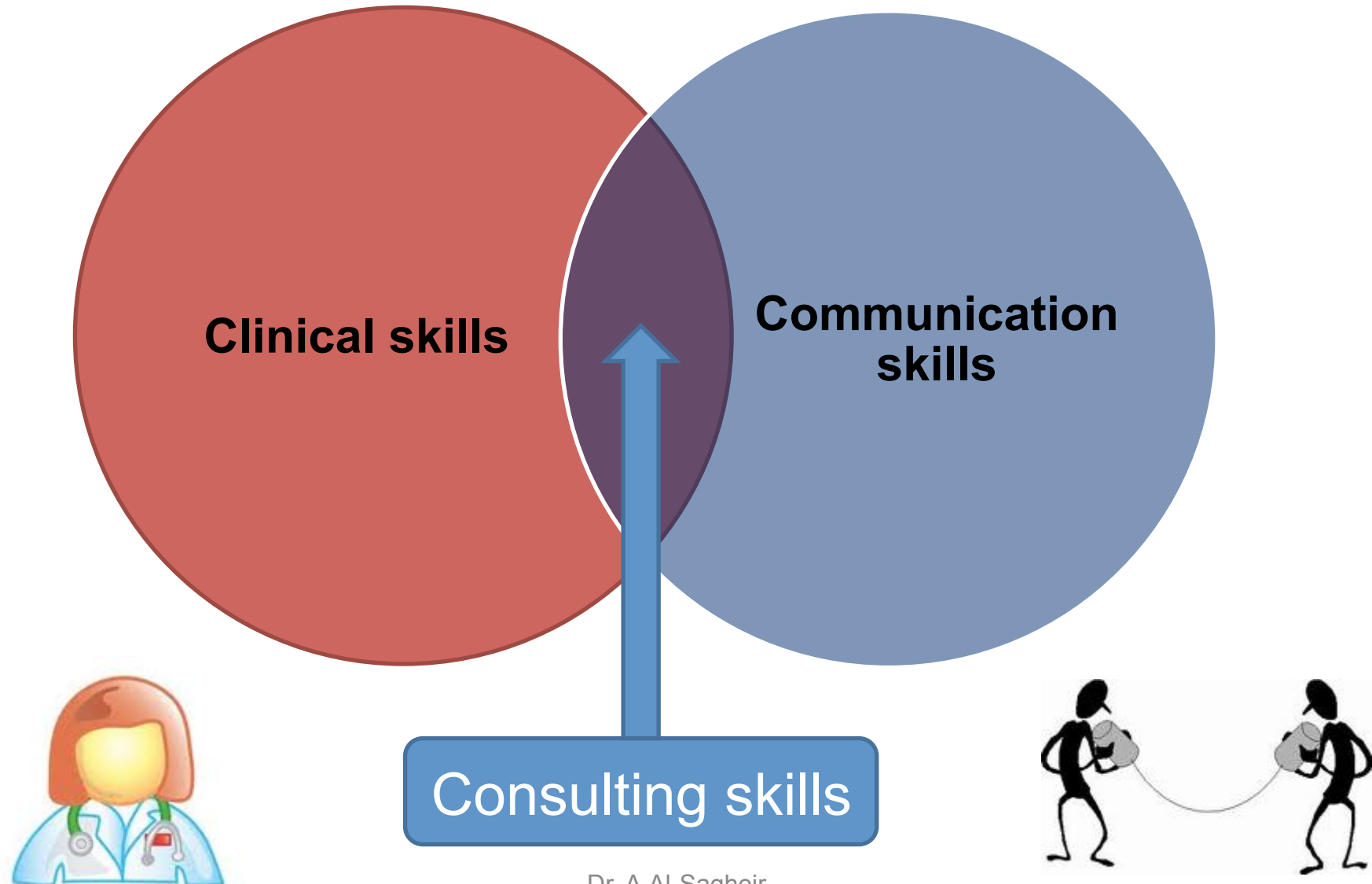
# What are consultation skills?



**Think of some of the doctors whose consultations you have witnessed:**

- Have some of them seemed more effective than others at managing the consultation?
- What points of difference have you noticed?
- What seems to make for an effective consultation?

# What are 'consulting skills'?



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# What is necessary for a successful consultation?

- ✓ Relevant **clinical knowledge & skills**
- ✓ **General strategy** for managing the consultation
- ✓ **Specific skills**, particularly:
  - finding out **what the problem really is**
  - getting the **patient's 'buy-in' to a management plan**
- ✓ **Process awareness:**
  - **Recognising & dealing with, what's going in you and the patient**



# What is a 'consultation model'?

- A skilled consuler's attempt to answer the question, "**How do you do that?**"
- A way of analysing complex performance
- An educational tool for learners
- Half-way stage between
  - Unconscious ignorance
  - **Conscious ignorance**
  - **Conscious skill**
  - Unconscious skill (expertise)



**MODEL**

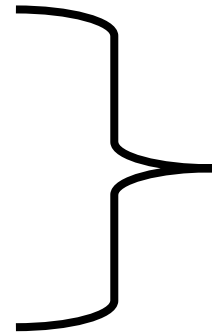
- a structured way of developing a skill you know you would like to master, but haven't yet got the hang of.

# Purpose of ALL models

## They make sense of sensation

They help people to

- ✓ Understand
- ✓ Predict
- ✓ Control

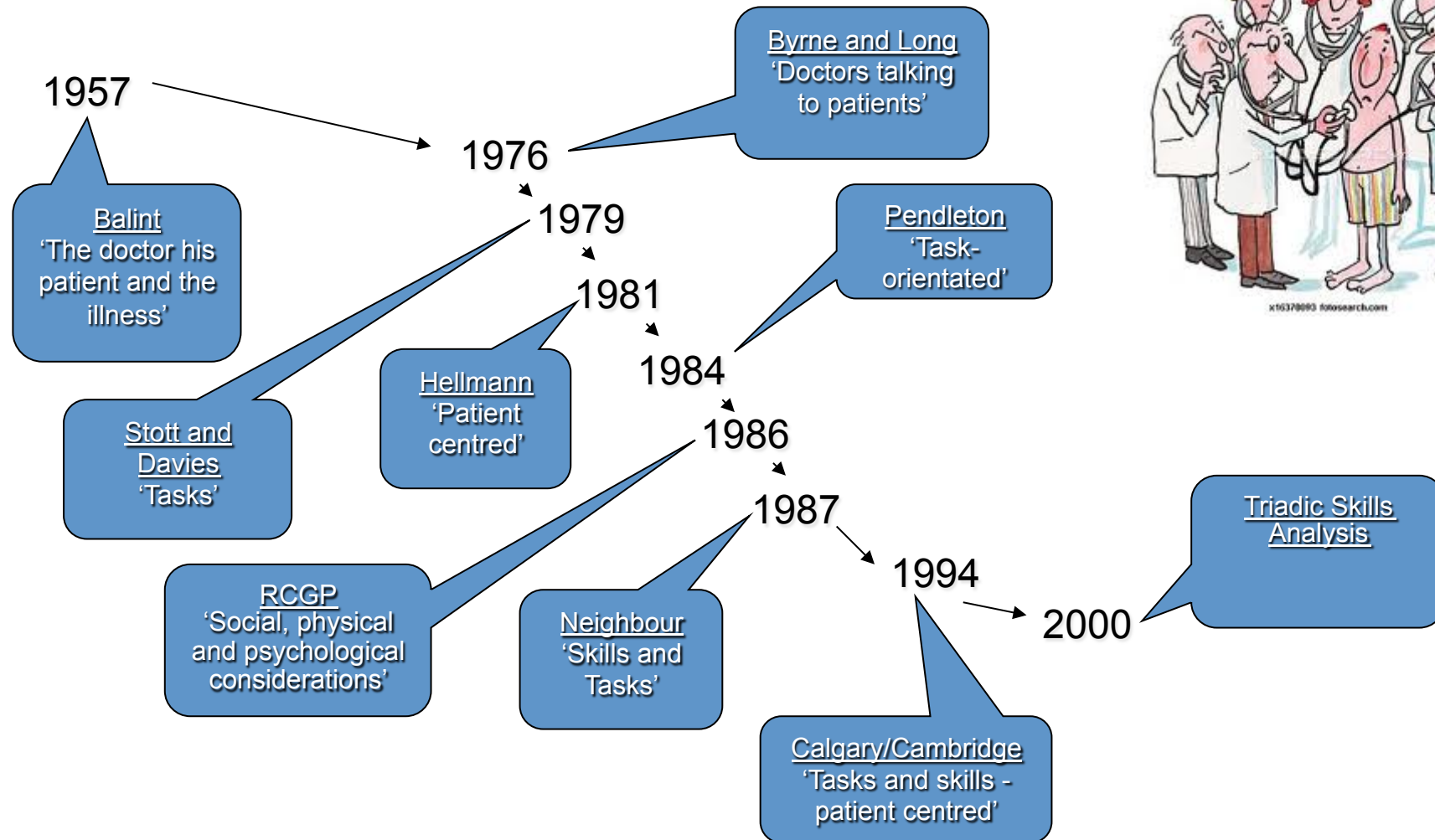


**what happens to them**

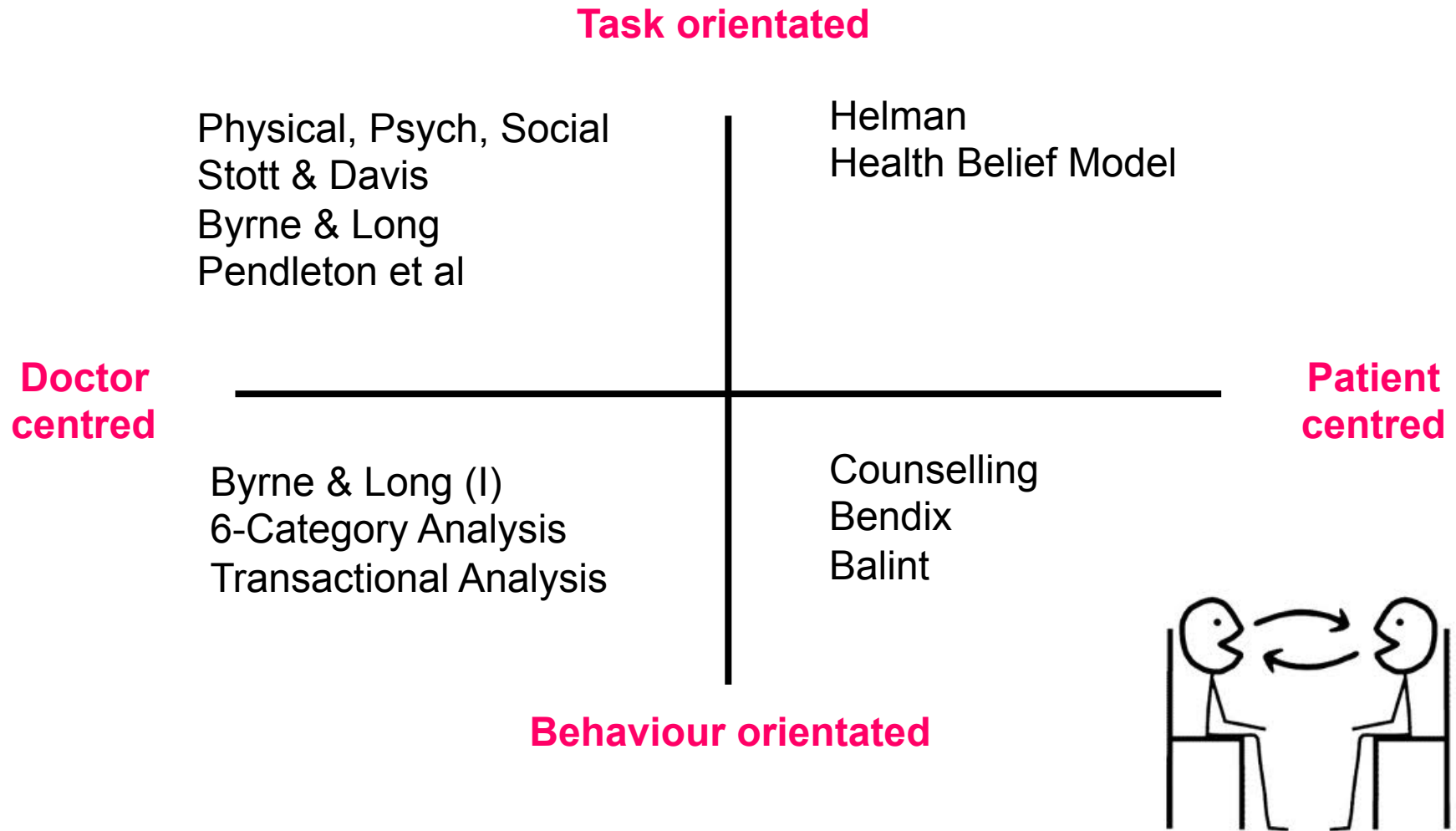
- ✓ **Essential for mastering consultation skills**



# History of Consultation Skills & Analysis



# Classification of Models



# Stott & Davies (1979)

## *The potential of each primary care consultation*

1. The management of the presenting problem
2. Modification of help seeking behaviour
3. Management of continuing problems
4. Opportunistic health promotion



# The Disease - Illness Model (1984)

McWhinney & colleagues have proposed a “transformed clinical method”:

- Also called “patient-centred clinical interviewing” to differentiate it from “doctor-centred” method that attempts to **interpret patient’s illness only** from the doctor’s perspective of disease & pathology.



"His last words were: Tell Martha to pay the doctors first."

*Patient presents problem*  
*Gathering information*  
*Parallel search of two frameworks*

Disease framework

Illness framework

The biomedical perspective

The patient's perspective

Symptoms

Ideas

Signs

Concerns

Investigations

Expectations

Underlying pathology

Feelings and thoughts

Effects on life

Differential diagnosis

Understanding the patient's

Unique experience of the  
illness

Integration of the two frameworks

Explanation and planning

Shared understanding and decision-making



# Pendleton, Schofield, Tate and Havelock (1984 , 2003)

- Describe 7 tasks which taken together form comprehensive & coherent aims for any consultation

## (1) To define the **reason for patient's attendance:**

- i) Nature & history of the problems
- ii) Aetiology
- iii) patient's Ideas, Concerns & Expectations
- iv) Effects of the problems

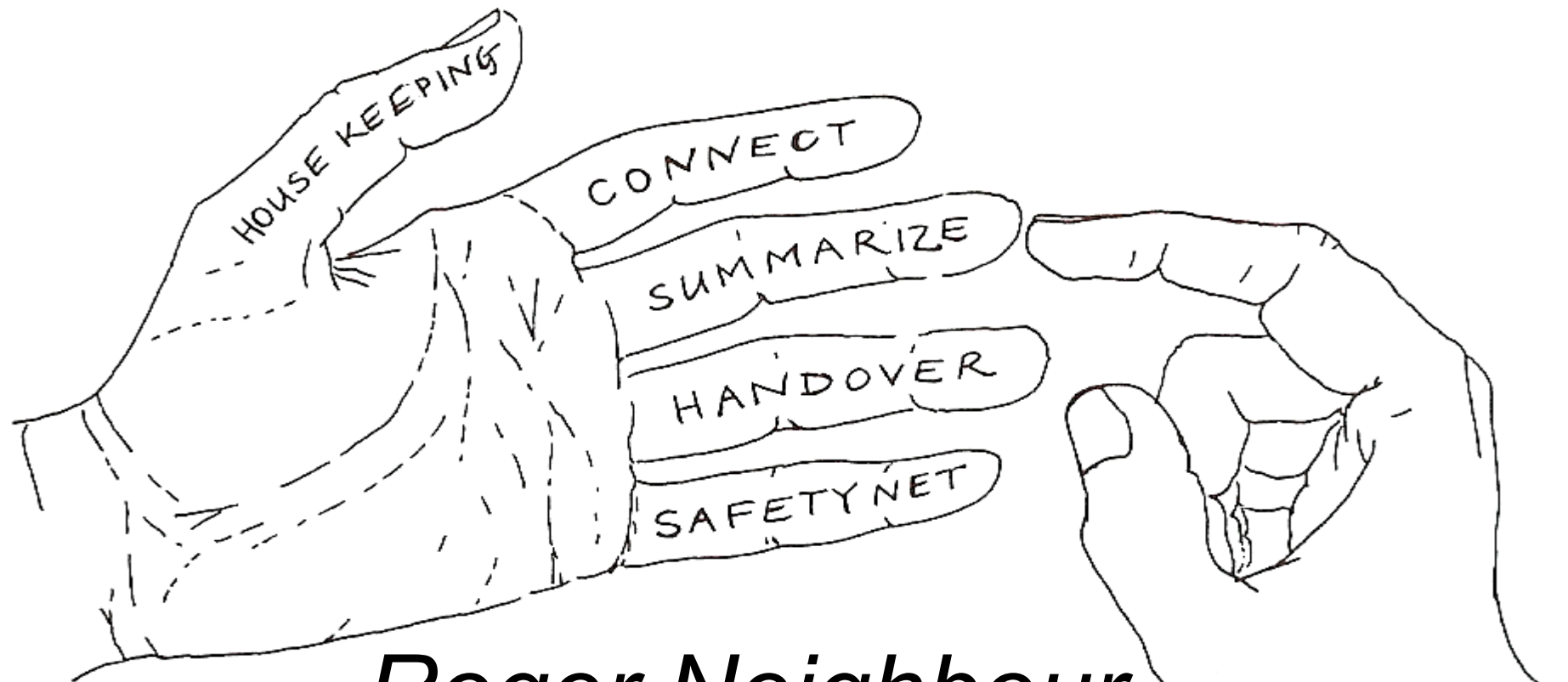
## (2) To consider **other problems:**

- i) Continuing problems
- ii) Risk factors

# Pendleton, Schofield, Tate & Havelock (1984) cont.

- (3) Choose an appropriate action for each problem with the patient
- (4) Achieve a shared understanding of the problems with the patient
- (5) Involve the patient in the management and encourage him to accept appropriate responsibility
- (6) Use time and resources appropriately:
  - i) in the consultation
  - ii) in the long term
- (7) Establish or maintain a relationship with the patient which helps to achieve the other tasks.

# THE INNER CONSULTATION: 5 checkpoints for effective consulting (1987)

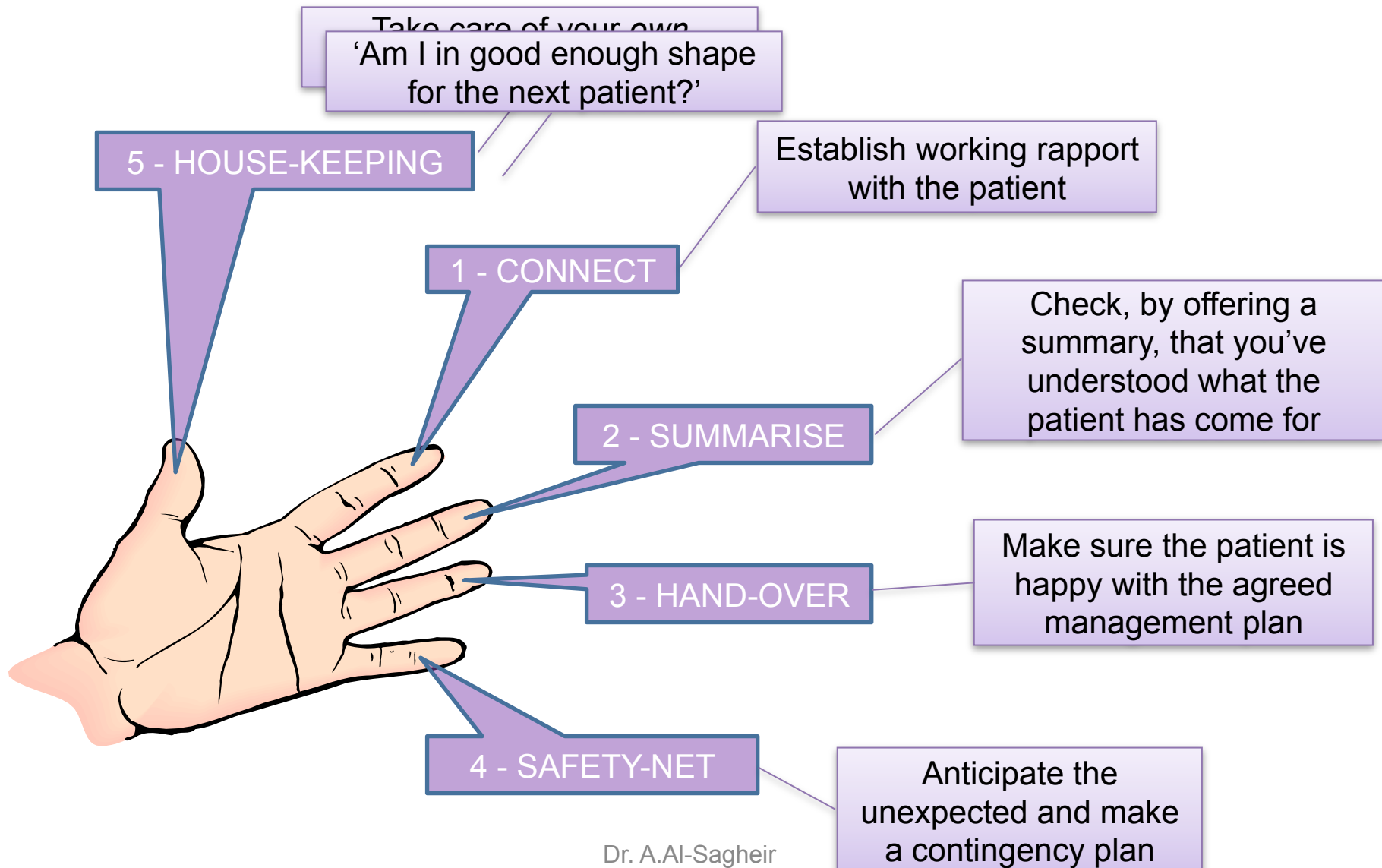


*Roger Neighbour*

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# Neighbour's *'Inner Consultation'* model: 'the consultation as a journey with 5 checkpoints'



# Dealing With Difficult Consultations



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# What is Difficult Patient?

Difficult patients resolved..



**Think of some of the difficult consultation you have witnessed:**

- What points make it difficult consultations?
- How can you manage this consultation?

# Difficult patient

## Definition

Is the one with whom the physician has trouble forming an effective working relationship



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# Types of Difficult Patients



- **Somatic fixation**

Patients who express personal distress in the form of somatic symptoms.

- **Dependent Patient**

Dependent on prescription drugs.

- **Demanding Patient**

Frequent visit for minor things; requesting medications, tests, & referrals .



# Types of Difficult Patients

Cont.....

- **Manipulative help rejecter**

Do not follow doctor instructions

- **Self destructive patients**

Diabetic patients who induce frequent attacks of keto-acidosis



# Types of Difficult Patients

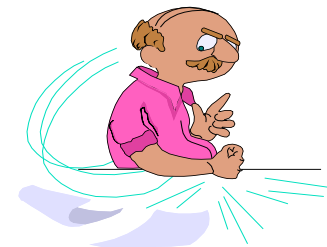
Cont.....

- **Angry patients**

patient who is in pain and has been waiting for an hour

- **Doctor-shopping Patients**

Patients who are shopping from one doctor to another for the same problem



# Difficult Consultation

- ❖ **Patient with Hidden Agenda**

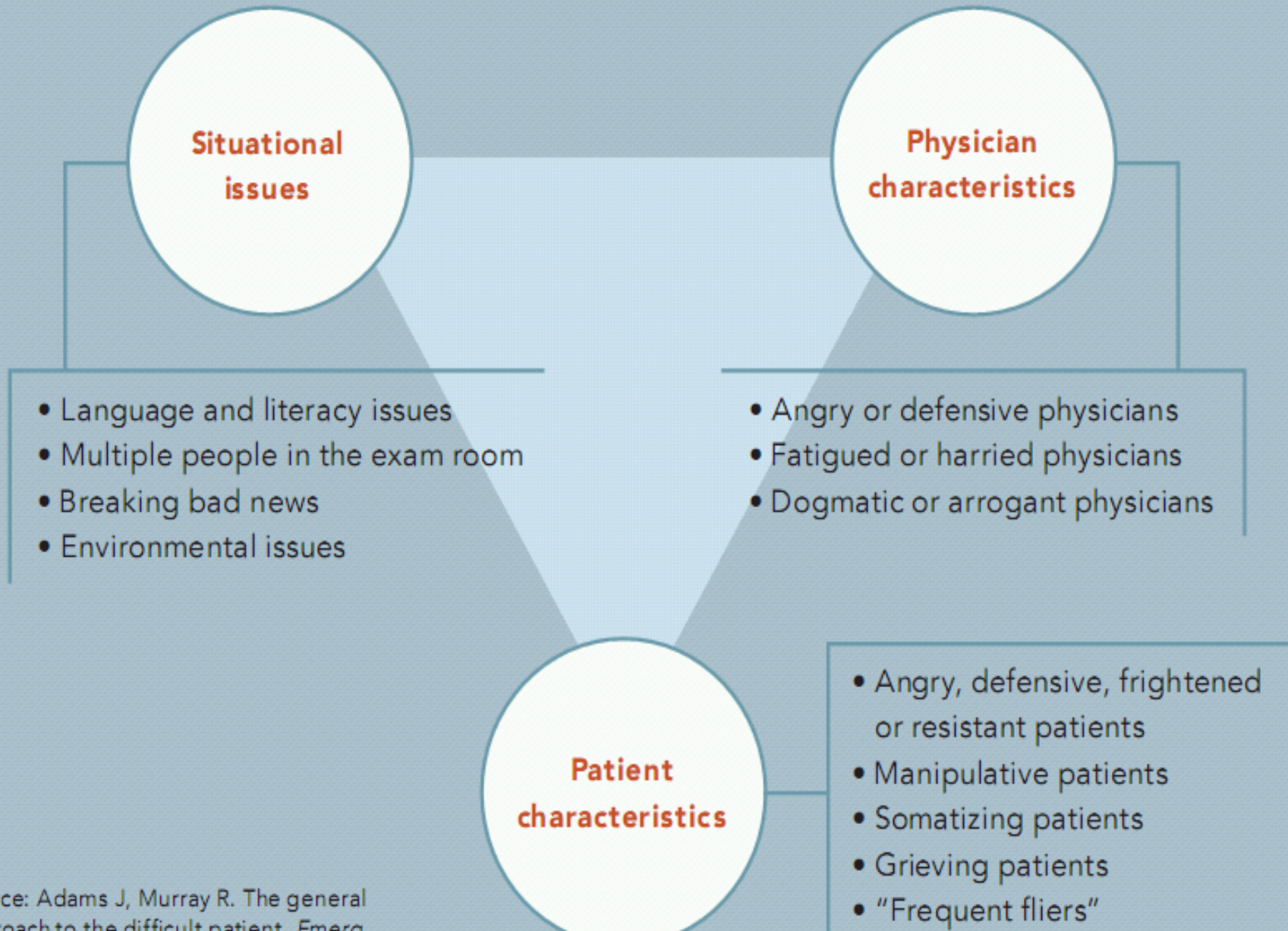
(Patient Reluctant to Talk Freely)

- ❖ **Talkative Patient**

- ❖ **Patient reluctant to talk freely**



# COMPONENTS OF A DIFFICULT CLINICAL ENCOUNTER



Source: Adams J, Murray R. The general approach to the difficult patient. Emerg

# Management

- **Acknowledge** his/her feeling
- **Frequent short visits**
- **Background**
  - what is going on, life history, expectation ?
- **Affect**
  - how do you feel about that problem
- **Trouble**
  - what about the situation trouble most ?
- **Handling**
  - how are you handling the problem ?
- **Empathy**

# Respect for persons

- Respect for patient autonomy (can be reduced but never absent ; people must be allowed to control their health)
- Informed consent
- Truth-telling
- Respect for confidentiality

# Talkative Patients

## Communication Skills



### Verbal Communication

- Summarization
- Prioritization
- Interruption
- Close ended question

### Non - verbal Comm.

- Use of touch
- Sympathy & empathy.
- Behaviors which brake the relationship

## Patient reluctant to talk freely

# Communication Skills

### Verbal

- Giving reason for the question.
- Comments on the patient attitude
- Generalization of the problem
- Asking at the right time
- Reflection
- Mirroring
- Confrontation

### Non - verbal

- Showing sympathy & empathy
- Showing real interest
- Unhurried manner
- Touch for reassurance
- Use of physical examination



# *Even Angry Customers Are Always Right*

Marsha L. Miley and Thomas J. Weida, MD

## **7 steps for satisfying angry patients:**

- 1. Handle problems privately**
- 2. Listen to patients' complaints**
- 3. Disarm anger with kindness**
- 4. Delegate up when necessary**
- 5. Follow through on promises**
- 6. Involve the patient in prevention**
- 7. Be grateful**



# Dealing with Demanding Patient



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# Dealing with Demanding Patients

## Communication Skills

- Negotiate agenda & goals :
  - Set limit
  - Reinforcement
  - Compromise & Be flexible
- Avoid argumentation
- Explain your rationale
- Pay attention to the way you say no
- If all else fails:
  - BREATHE DEEPLY AND START OVER**
- Exceptionally, for some patient:
  - FIRM BOUNDARIES ARE THE RULE**

# Cues for the physician

**Difficult patients evokes a feeling of anxiety, pressure, boredom, or frustration**



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# Coping Strategy for the Doctor

- Recognize your **true feelings** (Difficult patients evoke a feeling of anxiety, pressure, boredom, or frustration)
- Ability to use **resources**
- Be **alert for counter-transference** reaction in your self
- Recognize **alternative medicine**
- Involve **colleague** in your management plan
- **Improve yourself**

# Prevention

## **1. Preventing patient from dropping out from the care is of primary importance:**

**A-** keep patient waiting time to a minimum

**B-** a system for follow-up, ensuring that the patient leaves clinic with a specific time for future appointment.

# Prevention

## 2. Simplify the treatment regimen:

**A-** eliminate unnecessary medication. avoid narcotic as pain killer.

**B-** medication should be prescribed as few times daily as possible e.g. tricyclic antidepressant.

**C-** prescribe the least amount of medications that is needed to achieve the therapeutic goal.

# Prevention

**3. Try to protect patient from harm in medical field**  
(e.g.: unnecessary tests, medications or surgeries)

**4. Patient should be actively involved in their own care:**

**A-** Studies have shown that negotiating care with patient results in better compliance.

**B-** encouraging patient to take greater responsibility for their care by asking more questions of their physicians results in improved attendance



# Summary

- Consultation models help us to decide what to do and how to do it
- There are so many models – confusing or adding richness?
- Try and read a couple of consultation books
- The aim is to develop your own style
- Keep your model simple
- And.....make sure you can do something with it
- You may wish to use different models for different situations



# Summary

- Consultation is a communication with a human being with feelings & thoughts .....
- It is not just clinical skill



# Toolbox: Summary of Skills

- Communication
- Relationship building
- Self-awareness
- Sense of humor
- Diagnose & treat common psych disorders
- Objectivity: “Don’ t take it personally.”

# Bottom Line

- Even so, remember:
- Although you may not be able to change another person,
- You can certainly change **your response** to that person.

THE END

**Thank you for listening**