L12- Approach to difficult patient

Objectives:

- What does “difficult patient” mean?
- Why is it important?
- Contributing factors
- General management
- Specific situations

Who Is The Difficult Pt:

The "difficult" medical patient experiences emotions and demonstrates behaviours that interfere with effective medical care. These emotions and behaviours typically evoke negative feelings in caregivers, and this aversive reaction leads to the designation of such patients as "difficult."

How common is it ?

- 15% of clinical interactions with patients are perceived as “difficult” by doctors
- 1 in 6 medical encounters is labeled as 'difficult' by the physician

From med433 group (A):

1. Define the 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.

2. To know why all this talk about consultation? To bring your relevant knowledge, skills and experience to the service of the patient, so – you have to be patient-centered.

Another look:

Why challenging interactions are bad for everyone

- Take up a lot of time, resources, and emotional energy.
- Cause the doctor to feel stress, anxiety, anger, and helplessness.
- Can even lead to a dislike of the patient and the use of avoidance strategies - ? Medical mistakes
- Can leave both the doctor and the patient feeling frustrated and dissatisfied, and can decrease the trust in the doctor-patient relationship – ER visits , Dr shopping
- Doctors who experience many of their patients as difficult are more likely to experience burnout

Another look:

Your clinic is running late, your computer has crashed for the third time today, you missed lunch, and then a patient with multiple complex medical problems comes in with a long list of new symptoms. He demands that you prescribe a new drug that is still being tested in clinical trials and refuses to listen to your explanation as to why you cannot do so. Voices become raised, and the consultation reaches a stalemate.

How do you resolve this situation?

Contributing Factors:

Being aware of factors that contribute to difficult clinical encounters and being prepared to address them will go a long way toward preventing them.

Coping Strategy for the Doctor: from med433 group():

I. Recognize your true feelings II. Be alert for counter-transference

III. Involve colleague IV. Improve yourself

PATIENT

- Uncooperative, hostile, demanding, disruptive, and unpleasant
- They might have unrealistic expectations
- Unwilling to take responsibility for their health

THE SYSTEM:

- Limited resources, finances and support
- Time pressures and interruptions
- Language and literacy issues
- If the environment is noisy, chaotic or doesn't afford appropriate privacy, patients, providers are all more likely to be unhappy or unpleasant.

DOCTOR

- If the doctor is hungry, angry, late, or tired (HALT).
- Personal factors could be a distraction for some doctors,
- The doctor's personality traits could clash with those of the patient
- Doctor's lack of experience

DISEASE

Some conditions can be more challenging to deal with—such as

- chronic pain
- ill defined diagnoses
- with little prospect of improvement
- Psychiatric conditions ?

Management

The patient centered approach

The biopsychosocial model :

- ICE (ideas, concerns, expectations)
- The illness experience
- Shared decision making

Table 3. Dimensions of patient-centeredness.

Dimension	Brief description
Principles	
Essential characteristics of the clinician	A set of attitudes towards the patient (e.g. empathy, respect, honesty) and oneself (self-reflectiveness) as well as medical competency
Clinician-patient relationship	A partnership with the patient that is characterized by trust and caring
Patient as a unique person	Recognition of each patient's uniqueness (individual needs, preferences, values, feelings, beliefs, concerns and ideas, and expectations)
Biopsychosocial perspective	Recognition of the patient as a whole person in his or her biological, psychological, and social context
Enablers	
Clinician-patient communication	A set of verbal and nonverbal communication skills
Integration of medical and non-medical care	Recognition and integration of non-medical aspects of care (e.g. patient support services) into health care services
Teamwork and teambuilding	Recognition of the importance of effective teams characterized by a set of qualities (e.g. respect, trust, shared responsibilities, values, and visions) and facilitation of the development of such teams
Access to care	Facilitation of timely access to healthcare that is tailored to the patient (e.g. decentralized services)
Coordination and continuity of care	Facilitation of healthcare that is well coordinated (e.g. regarding follow-up arrangements) and allows continuity (e.g. a well-working transition of care from inpatient to outpatient)
Activities	
Patient information	Provision of tailored information while taking into account the patient's information needs and preferences
Patient involvement in care	Active involvement of and collaboration with the patient regarding decisions related to the patient's health while taking into account the patient's preference for involvement
Involvement of family and friends	Active involvement of and support for the patient's relatives and friends to the degree that the patient prefers
Patient empowerment	Recognition and active support of the patient's ability and responsibility to self-manage his or her disease
	A set of behavior that ensures physical support for the patient (e.g. pain management, assistance with daily living needs)
Emotional support	Recognition of the patient's emotional state and a set of behavior that ensures emotional support for the patient

doi:10.1371/journal.pone.0107828.t003

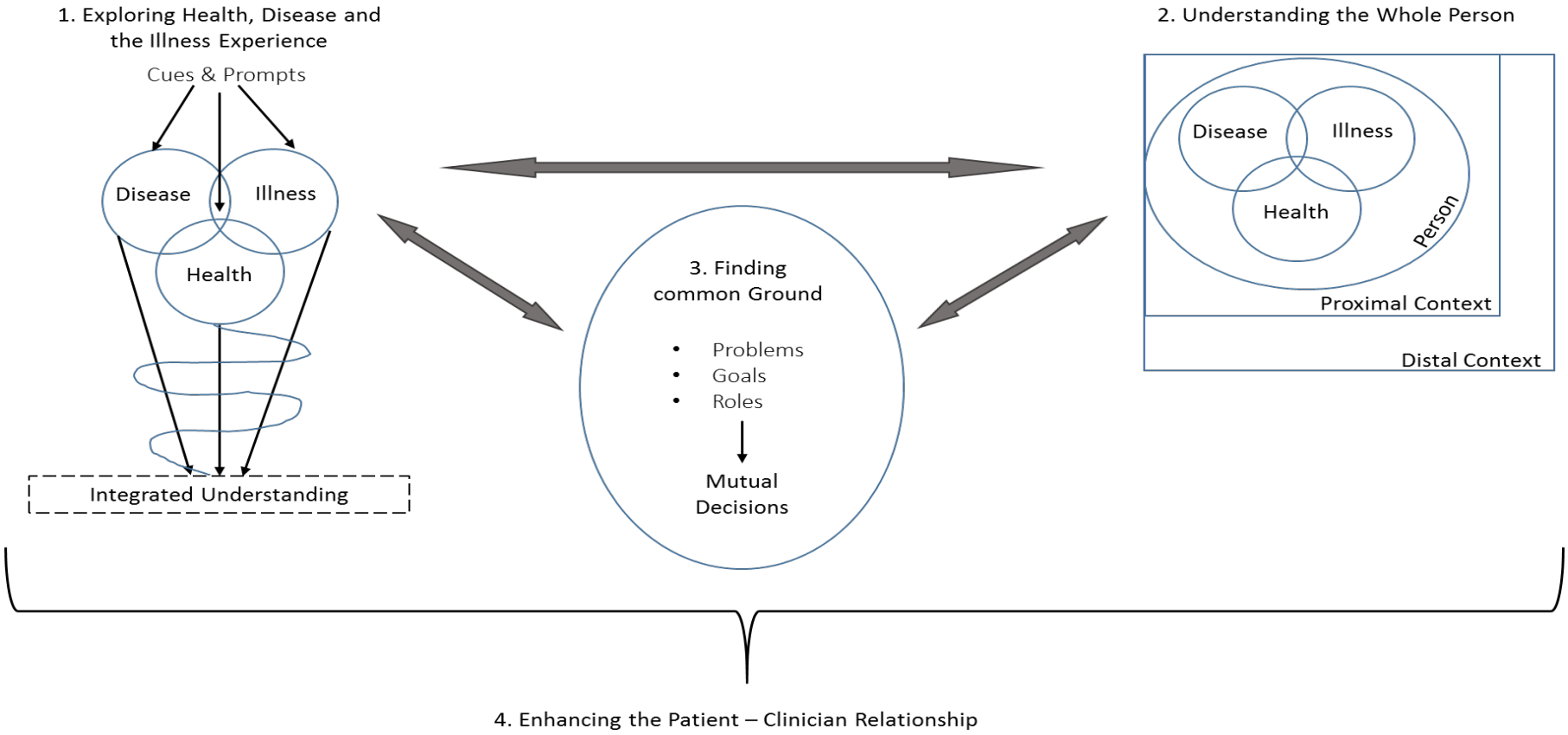
Practice Patient-Centered medicine

1- Enquiring into the illness experience

2- Understand the whole person

3- Finding Common Ground

4- Enhancing the physician-patient relationship



General steps of Management

1. Identifying that you are in the midst of a difficult consultation – Dx the difficulty before Dx the condition
2. Verbalizing the difficulty with the patient - It externalizes the problem and creates a sense of shared ownership
3. Consider alternative explanations for the patient's behavior (Anxiety vs Anger?)
4. "reframing" - Find explanations through respectful questioning
5. Support the patient - by listening carefully and showing empathy
6. Set boundaries - should be applied consistently and by everyone
7. Find some common ground- As soon as there is some overlap and common ground, the difficulty rapidly diminishes.
8. Focus on finding solutions rather than areas of disagreement

The Art of Emotional Response:

5 SKILLS:

- Reflection 01
- Legitimization 02
- Support 03
- Partnership 04
- Respect 05

*This slide is using Font Awesome

1- Reflection

- The first, and most important, intervention in dealing with the emotions of patients is reflection
- Empathy is the ability to recognize someone's emotional reactions and communicate your understanding of these reactions.
- " state the observed patient emotion." - reflective comments might seem oversimplified, obvious, or trivial, they actually can communicate a deep sense of understanding to a patient
- communication of empathy is most effective through simple statements and not through questions ..

عبارة: واضح انك متضايقه ، افضل من اني أسال:انتي ليه متضايقه؟

2- Legitimization

- Once a doctor has demonstrated his empathic understanding of the patient's emotion >> has shown that he can tolerate that emotion >>, it is often useful to express some legitimization, or sense of the understand ability of the emotion
- Don't Just "say" that you understand if you really do not

3- Support

- Doctors usually offer their patients a great deal of emotional support through intuitive relationship skills
- Doctors often forget how important they are to patients as sources of emotional support, and the direct acknowledgment of caring is often effective in difficult-patient-care situations.

4- Partnership

There is considerable literature that suggests that collaborative doctor–patient relationships are generally more effective than authoritarian relationships

5- Respect

- Explicitly compliment the patient on whatever he or she is doing well
- It is extremely important for the doctor to be honest in these discussions because most patients will be able to detect lack of genuineness on the doctor's part.

EXAMPLE

There are several reactions that doctors could have to this situation:

- defensive arguments like, "Well, go ahead and see someone else,“
- more explanatory statements such as, "I know you have pain, but I need the psychiatrist's help.“
- questioning ? “why are you so mad”

BUT "You seem to be very unhappy with the suggestion that I call a psychiatrist"

Reflection

There are several reactions that doctors could have to this situation:

- defensive arguments like, "Well, go ahead and see someone else,“
- more explanatory statements such as, "I know you have pain, but I need the psychiatrist's help.“
- questioning ? “why are you so mad” BUT "You seem to be very unhappy with the suggestion that I call a psychiatrist"

Legitimization

After several simple reflective comments, the doctor could point out,

"I can certainly understand why you'd be upset. You came to me to find some physical cause for your pain. I couldn't find any problem and now I'm sending you to a psychiatrist. I might be upset also, if I were in your position"

Support

The use of a direct supportive comment like:

"I want you to know that even though I've asked the psychiatrist to see you, I'm still your doctor and I will do everything I can to try to help you with your problem"

Partnership

Saying something like :
"After you've talked to the psychiatrist, you and I can get together and review his recommendations. We can then decide together on the next step to take with respect to your stomach pain"

Respect

I realize how much pain you've been having, and I'm impressed by how well you've been coping in spite of all the suffering you've been experiencing. You're still able to help with the housework (or go to work) and you're determined to get an answer to your problem. Those are good, positive qualities and I'm going to help you in whatever way I can.

From med433 :

Prevention:

Preventing patient from dropping out from the care is of primary importance:

1. keep patient waiting time to a minimum
2. a system for follow-up Simplify the treatment regimen:

i. eliminate unnecessary medication
ii. medication should be prescribed as few times daily as possible
iii. Prescribe the least amount of medications that is needed to achieve the therapeutic goal.
iv. Try to protect patient from harm in medical field
v. Patient should be actively involved in their own care

SPECIAL SITUATIONS

Angry, rude and defensive patients:

- Remain seated and professional
- Don't get drawn into a conflict.
- Try to uncover the source of difficulty for the patient
- Recognize your “triggers”
- Apologize if suitable
- If you sense a potential for harm ask for assistance
- Strong negative emotions directed at you are often misplaced (transference)
- Be aware of your own biases and emotional reactions (counter-transference)

From med 433 group(B):

- **Angry patients:**

He may say, “My time is as valuable as yours. I don’t understand why I had to wait.”

How to deal with them? Offer a sincere apology, pay attention to the way his or her emotions relate to the medical issues at hand. Don’t get drawn into a conflict. Instead, define your boundaries and recognize when your “triggers” are invoked, as this will help you to modulate your response Use reflective statements such as, “I can understand why you might feel that way,” next time, for instance, by instructing your office staff to tell your patients that you are running late and to offer alternatives to waiting, such as rescheduling, then tell the patient what you intend to do.

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

Somatising Patients

chronic multiple vague or exaggerated symptoms “doctor-shopped” and multiple diagnostic tests.

- Manage any co-morbid psychological conditions
- Refrain from suggesting that “it's all in your head,”
- Avoid the cycle of vigorous diagnostic testing and referrals.
- Address the issue directly at the beginning of the encounter

“I noticed that you have seen several physicians and have had extensive medical tests .. I recognize that the symptoms are a real difficulty for you, but I believe that these tests have ruled out any serious medical problems… I would like to make a contract with you to see you every two to four weeks

From med 433 group (B):
How to deal with them? Describing the patient’s diagnosis with compassion and emphasizing that regularly scheduled visits with a primary physician will help to mitigate any concerns. How to deal with a new somatizing Pt? Address the issue directly at the beginning of the encounter. For example, “I noticed that you have seen several physicians and have had extensive medical tests to try to uncover the cause of your symptoms. I recognize that the symptoms are a real difficulty for you, but I believe that these tests have ruled out any serious medical problems.

“Frequent fliers”

Big medical charts. may be lonely, dependent or too afraid or embarrassed to ask the questions. “worried well” or misinformation

- Identify the underlying reasons for the frequent visits.
- Begin by acknowledging that you notice the pattern of frequent visits,
- Explain patients different reasons, eg. concern , reassurance, chronic pain relief or to talk.
- Showing understanding of the patient's reasons often will foster an open discussion of the “reasons behind the reasons.”
- Contract with the patient for regularly scheduled return visits
- Use patient education and support personnel as needed.

“Multiple Issues”
“ Lists of Complaints”

“Frequent fliers”

From med433 group (A):

Demanding Patient or Frequent fliers (Patient with Hidden Agenda):

They may be lonely, dependent or too afraid or embarrassed to ask the questions they really want answered.

How to deal with them? The first step to a productive interaction is to identify the underlying reasons for the frequent visits. Begin by acknowledging that you notice the pattern of frequent visits. Contract with the patient for regularly scheduled return visits, and use patient education and support personnel as needed. 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.

From med433 group (A)..

- **Manipulative help rejecter:**

These patients often play on the guilt of others, threatening rage, legal action or suicide. They tend to exhibit impulsive behavior directed at obtaining what they want, and it is often difficult to distinguish between borderline personality disorder and manipulative behavior.

How to deal with them? Be aware of your own emotions, attempt to understand the patient's expectations and realize that sometimes you have to say "no." o Selfdestructive patients: Pts who refuses to take their medication <<involve a third party>>

- **Talkative Pt:**

How to deal with them?

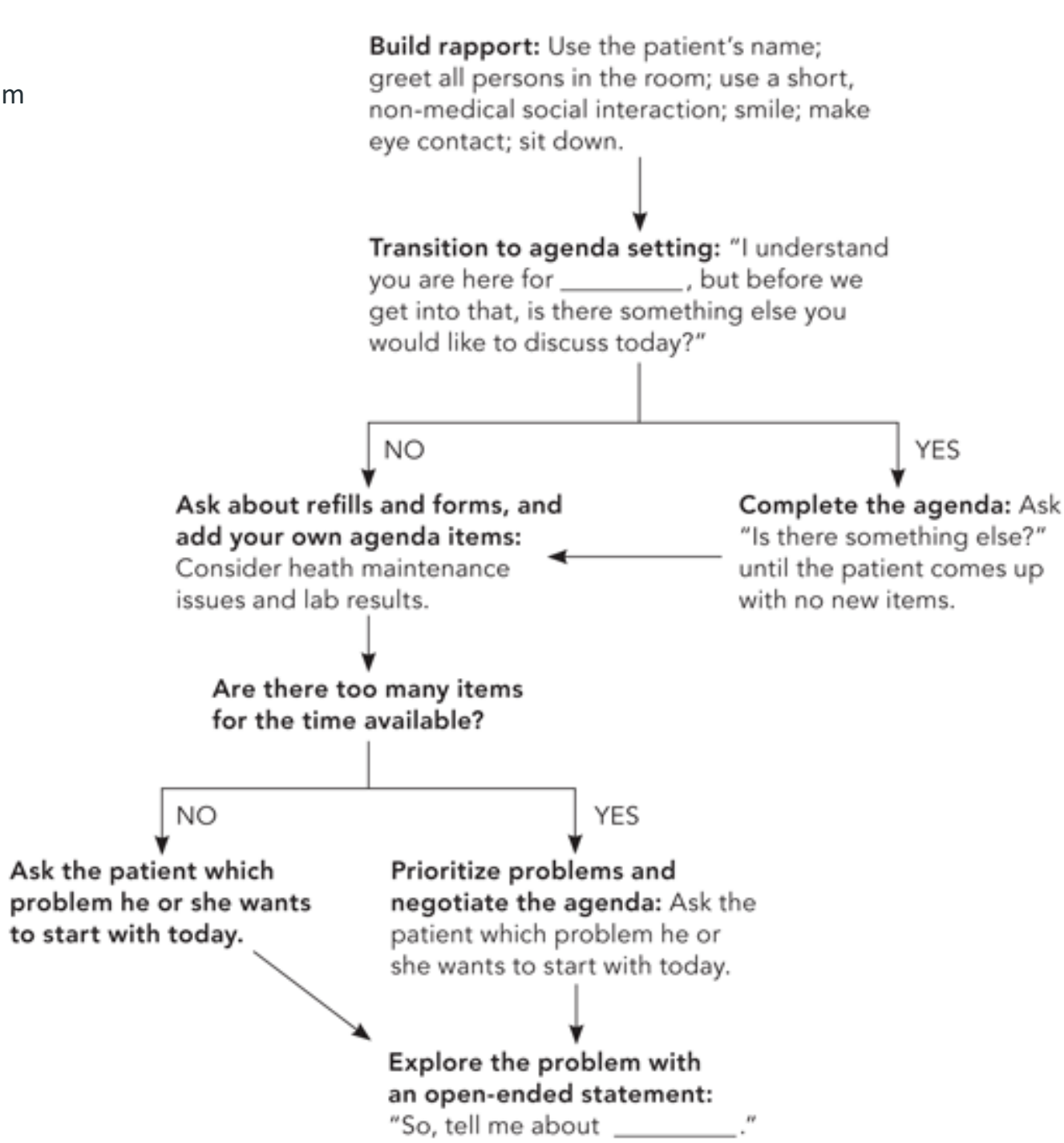
i. Verbal Communication: Summarization & Prioritization & Interruption & Close ended question

ii. Non-verbal Communication: Use of touch & Sympathy & empathy. & Behaviors which brake the relationship

- **Dependent Patient:**

Dependent on prescription drugs.

Agenda-Setting Algorithm



Dogmatic or Arrogant Physicians

Each of us has things we feel strongly about. Personal beliefs and values, as well as our beliefs and values about medical care, can lead us to overemphasize our own beliefs and emotions in ways that disempower patients or prevent them from providing us with adequate information about their care.

Can we avoid difficult encounters?

No physician can avoid the difficult clinical encounter, but having the tools to deal with these situations when they arise can make for a better experience for both you and your patient.

7 skills to successful patient encounters

1. Prepare for the encounter. (set the stage)
2. Connection with the patient. (connect with the patient – before opening the electronic health record)
3. Assess the patient's illness experience
4. Communicate to foster healing (authentic, accepting, understanding)
5. Use the power of touch (always touch the part that hurts, but never first)
6. Laugh a little
7. Show empathy

Done by: Deema Alturki