

PHC

432 Team

6 How to manage Difficult Patient



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Objectives

1. Define the consultation.
2. To know why all this talk about consultation?
3. Define difficult patients
4. List types of difficult patients
5. Define causes for difficult patients
6. Describe the strategies to cope with difficult patients.

Note: This lecture has been summarized from the lecture's slides + http://ksumsc.com/download_center/4th/PHC/F2/5-%20Difficult%20patient.pdf

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.
3. **Define difficult patients:** Is the one with whom the physician has trouble forming an effective working relationship
4. **Difficult consultation** can arise from varies factors:
 - **Patient factors:** (List types of difficult patients)
 - **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."
 - **Self-destructive patients:** Pts who refuses to take their medication <<involve a third party>>
 - **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
 - **Somatic fixation or Doctor-shopping Patients:**

Suffer from comorbid anxiety, depression and personality disorders. They often have "doctors-hopped" and likely have a history of multiple diagnostic tests. **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.

- **Dépendent Patient:** Dependent on prescription drugs.
- **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.
- **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

5. Physician factors

- Angry or defensive physicians.
- Fatigued or harried physicians. Most of us have been overworked, sleep deprived<< delegate to others as appropriate>>
- Dogmatic or arrogant physicians: overemphasize our own beliefs and emotions in ways that disempower patients or prevent them from providing us with adequate information about their care. Also prevent us from assessing that information without bias.

6. Situational factors:

- Language and literacy issues: work with a trained interpreter, Ensure that the interpreter translates everything that is said rather than "editing" the conversation. Direct your eyes and speech toward the patient rather than the interpreter.
- Multiple people in the exam room: Whatever the circumstances, it is important to discuss the issue of the companion's presence with the patient alone and, if she wants him to be present, to consider the request in light of the situation at hand.
- Environmental issues: If the environment is noisy, chaotic or doesn't afford appropriate privacy, patients, providers and staff are all more likely to be unhappy or unpleasant.

7. Prevention:

- Preventing patient from dropping out from the care is of primary importance:
 - i. keep patient waiting time to a minimum
 - ii. 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.
- Try to protect patient from harm in medical field
- Patient should be actively involved in their own care

8. Coping Strategy for the Doctor:

- Recognize your true feelings
- Be alert for counter-transference
- Involve colleague
- Improve yourself

Summary

- **The Management:**
 - Acknowledge his/her feeling.
 - Frequent short visits.
 - Background what is going on, life history, expectation?
 - Affect how you feel about that problem.
 - Trouble what about the situation trouble most?
 - Handling how are you handling the problem?
 - Empathy
 - Respect for patient autonomy
 - Informed consent
 - Truth-telling
 - Respect for confidentiality
- **Difficult Pts:**
 - Manipulative help rejecter
 - Self-destructive patients
 - Angry patients
 - Somatic fixation or Doctor-shopping Patients
 - Dépendent Patient
 - Demanding Patient or Frequent fliers (Patient with Hidden Agenda):
 - Talkative Pts

Questions

1) Consultation is?

- a. the person who is ill or believes himself (herself) to be ill, seek the advice
- b. Essential unit of medical practice is the occasion when in the INTIMACY of the consulting room
- c. Pts seeking advice of a doctor whom he (she) trusts.
- d. All of the above

2) How to deal with Somatic fixation?

- a. regularly scheduled visits
- b. Summarization § Prioritization § Interruption § Close ended question
- c. Understand the patient's expectations and realize that sometimes you have to say "no."
- d. 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

3) How to deal with angry patients?

- a. regularly scheduled visits
- b. Summarization § Prioritization § Interruption § Close ended question
- c. Understand the patient's expectations and realize that sometimes you have to say "no."
- d. 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

4) How to deal with Talkative Patients?

- a. regularly scheduled visits
- b. Summarization § Prioritization § Interruption § Close ended question
- c. Understand the patient's expectations and realize that sometimes you have to say "no."
- d. 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

5) How to deal with Manipulative help rejecter?

- a. regularly scheduled visits
- b. Summarization § Prioritization § Interruption § Close ended question
- c. Understand the patient's expectations and realize that sometimes you have to say "no."
- d. 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

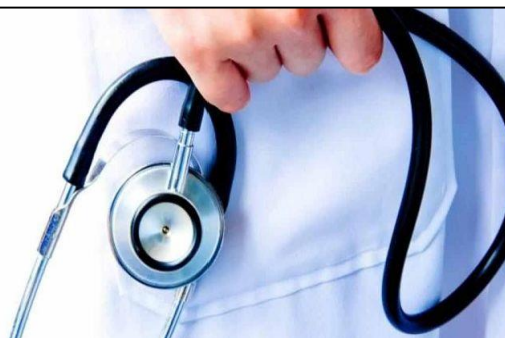
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Answers:

1st Question: D

2nd Question: A

3rd Question: D

4th Question: B

5th Question: C