Difficult Interactions with Patients

Sacred Heart Medical Center
March 16, 2012
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The Foundation for Medical Excellence
DIFFICULT PERSON EXERCISE

A: Describe someone who is difficult for you to interact with: ______________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

B: What about this person is difficult? (What exactly does the person do that makes him/her difficult?)
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

C: What is your response when this happens (how do you know you’re in a difficult situation)?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

D: What do you do when this happens (that makes it worse)? ______________________________
______________________________________________________________________________________
______________________________________________________________________________________

E: (Fill out later) What skill can you employ to help?
______________________________________________________________________________________
______________________________________________________________________________________
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Premises
- Difficult interactions with patients threaten physician wellbeing
- Lessening the challenges of interacting with patients can improve physician wellbeing

Goals
- To gain insight into what makes patient interactions difficult for us personally
- To learn an approach to difficult patients

Difficult Interactions Are Common

They Occur in:
- 22% in medical and surgical clinics in Oxford, U.K.
  - Greater patient distress, chronic attendance, less patient satisfaction
- 30% in family practice clinics in London, Ontario:
  - Psychosocial problems, lower socioeconomic class
- 15% in primary care clinics in NYC:
  - Psychiatric disease, more functional impairment, higher utilization
  (But demographics were not associated)

Helplessness In the Helpers

Difficult Interactions Threaten Our Sense of Control, Our Professional Identities, and Our Self-esteem

They compromise our ability
- To Cure Disease
- To Alleviate Distress
- To Master Our Own Emotions
- Of Our Time and Practice Conditions
- Over Social Conditions Beyond Our Purview

AND THEY IMPACT OUR LIVES OUTSIDE OF MEDICINE!

An Approach to Difficult Interactions
1) Elicit the Other Person’s Perspective
2) Acknowledge that Perspective
3) Present Your Own Perspective
4) Agree on Common Goals
5) Define Boundaries
Elicit the Other Person’s Perspective
- What is the other person’s experience?
- What are the other person’s beliefs?
- Find out exactly what the other person wants
- DON’T ASSUME YOU KNOW!

Acknowledge That Perspective
- Reflective Listening
- Empathy
  - Reflect
  - Validate
  - Support
  - Partner
  - Respect

Empathy
- Reflection: “You seem surprised by my choice.”
- Validation: “Anyone would be upset if they felt disrespected.”
  or, “I can understand that you were embarrassed by my correcting you in public.”
- Support: “It’s hard to learn by mistakes.”
- Partnership: “I’d like to help you learn in a way that feels comfortable to you.”
  or, “Perhaps we could talk about how you would like to receive feedback in the future.”
- Respect: “I’m impressed by how you are able to put your feelings aside in the moment and gratified that you are comfortable enough to bring them up to me now.”

Present your Perspective
- Express agreement where it exists
- Frame difference in terms of methods
- Is there room for flexibility?

Agree on Common Goals
- Problem-solving requires collaboration
- Collaborate despite disagreement
- First agree on goals, then methods

Set Limits
- Boundaries can facilitate cooperation
- Define boundaries professionally
- Define what’s inside those boundaries
Challenges of the Process
- Our own emotions
- Defensiveness escalates emotion
- Sharing Control

Difficult Patient “Types”
- Angry/Demanding Patients
- Substance Abusing Patients
- Somatizing Patients
- Patients with Lists
- Intoxicated, Psychotic, or Pre-verbal Patients

Angry/Demanding Patients
- Avoid defensiveness
- Listen without interrupting
- Name the emotion
- Validate the emotion
- Find a common goal

Substance Abusing Patients
- Avoid being judgmental
- Empathize
- Find a common goal
- Focus on function rather than pain
- Share control

Patients with Lists
- “Invite” the list
- Prioritize
- Negotiate the visit agenda
- Plan to address remaining issues

Somatizing Patients
- Empathize with the suffering
- THE SUFFERING IS REAL!
- Do no harm
- Schedule regular visits
- Have limited goals
Patients Who Can’t Reason: INTOXICATED, PSYCHOTIC, OR PRE-VERBAL

SAFETY AND BOUNDARIES
- Body language is more important than words
- Be consistent about limits
- MAINTAIN PERSONAL SAFETY!