EM CASES SUMMARY

Prepared by Dr. Keerat Grewal, Sept 2014

Episode 51 – Effective Patient Communication (Part 2): Managing the Difficult Patient

Drs. Walter Himmel & Jean-Pierre Champagne & Ann Shook

Communication with Difficult Patients/Families

Impaired communication with difficult patients can lead to a vicious cycle of attacks and counteracts. You may inadvertently direct negative actions towards the patient, who in turn, may feel abandoned. This creates an ongoing cycle of poor communication. Therefore, effective communication is very important.

Coping with difficult patients

1. Personal emotional control: don't react, be proactive, and know your triggers. Slow down your breathing, speak slowly and quietly, lower your tone, think about your body language. Try reciting to yourself: "I'm alert, I'm alive and I feel good".

2. Help your patient get emotional control: Don't argue. Patients want to feel heard, understood and validated.
    a. start with a good first impression – smile, use an open posture, introduce yourself, extend your hand for a handshake, look patients in the eye for 3-5 sec

    b. effective empathetic listening – search for the patient's agenda. Echo/paraphrase what the patient says, acknowledge their feelings "I can see you are frustrated", etc.

Second-line techniques for coping with difficult patients:

1) Broken record technique: validate the person's feelings until the situation is diffused. Ask "what is your biggest fear", "I can see you are upset", "I can see why you feel that way".

2) Acting "dumb": when being threatened/attacked, do not fight back; ask clarifying questions to change the attack to clarification. You can say "pardon", "help me understand what you are saying", "I don't understand what you are trying to say". Use non-confrontational body language.

3) Silence: give the person time to calm down; usually person burns out within 60-75 seconds, can try to get further help.

Time Out: finally, take a break from the frustrating encounter if you feel you need it; it is important to identify your own frustrations, anger and countertransferance

Reframing/Redirecting: Ask questions and give options.

- Giving the hostile person options can be a very effective action in diffusing their anger
- Giving the hostile patient 2 or 3 options changes the focus from argument to action and helps to redirect the patient to a solution focused path

If you are being threatened or attacked, determine the patient/family member's interests or agenda. "I can see you are concerned, what is your major concern right now"; state your intent: "I'm here to do what is in your best interest"; ask for their cooperation: "I need your help".

If there is no progress being made with the difficult patient consider saying "This isn't going well. May we start again?"

Ending the interaction: have a *clear plan* for action at the end of the interaction. It can be used as a reference if communication were to break down again.

The violent patient: if you feel your safety is threatened, excuse your self and leave the room. Get help: 1) another colleague, or 2) security (do not tell the patient or threaten them that you are getting security as this may escalate the situation).

The anxious patient: for patients with repeat visits for similar symptoms, try not to label the patient. If there is no immediate problem, determine if there is a hidden agenda. An effective way to find out a patient's hidden agenda is to ask "what's your biggest fear?". Come up with a plan for further action. Never criticize the patient's decision to come to the ED.

Breaking Bad News

Bring colleagues who can assist the family (i.e. social work, nursing). Find a quiet and private area to talk. Establish what the patient or family understands about the situation.

Non-verbal communication strategies: sit down, use good eye contact. Use pauses, let the family/patient react.

SPIKES[3-4] pneumonic for breaking bad news:

- Setting: find the right setting to disclose the bad news
- Perception: understand the patient's perception of what is happening
- Invitation: get an invitation from the patient to provide the information and determine how much the patient/family wants to know and how much they already know
- Knowledge: a short, relatively quick and concise description of what lead up to the death or illness; avoid medical jargon and beware not to go into to much detail thereby prolonging the telling of the final outcome
- Emotional Supports: provide empathic responses and support eg: "I can't imagine how terrible this must be for you"
- Summarize: summarize what has happened and what will happen next; state a plan of action

Disclosing a patient death:

Be direct and gentle, summarize quickly what steps lead to the death. Prepare the patient/family member for bad news "I'm afraid I have some bad news". Don't use vague terms. Do not say "I know how you feel" as this might elicit a response such as "You have no idea how I feel". Consider saying "I'm sorry for your loss".

Discharge Instructions

Discharge instructions are a very important part of the emergency department record. Ensure patient has an understanding of these instructions[5].

Verbal discharge instructions: verbal instructions are more effective than written instructions[6-7]. Be explicit about instructions. Keep it simple and avoid medical terminology. It may be useful to explain 'The Uncertainty Principle' (ie we can never be 100% sure about the diagnosis or the course of illness). Have the patients repeat instructions back to you, to ensure understanding. Ensure patients have a low threshold to return to the ED in uncertain situations. Document this in the chart.

Quote of the Month – Mark Twain
"Always do what is right. It will gratify half of mankind and astound the other."

Key References

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