Difficult situations in Doctor-Patient Communication

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WHY IS IT IMPORTANT TO LEARN HOW TO MANAGE THESE SITUATIONS?

As doctors…

- You will meet a lot of people…
- of different ages
- with different levels of education
- from different backgrounds
- From different cultures
- In **different emotional states** and…

You will need to react to them adequately!

Overview

1. **Causes:** Factors contributing to difficult doctor-patient encounters

- Patient-related, Physician-related

2. Characteristics of a good doctor-patient relationship (in general)

3. **How to manage** difficult doctor-patient encounters (when they arise)

The **NURSE model**

Difficult patient-clinician encounters

Difficult patient-clinician encounters occur in approximately **15-30% of adult patient encounters**

These encounters often **leave the physician feeling frustrated**.

The patient **may also be dissatisfied with these encounters** because of unmet needs, unfulfilled expectations, and unresolved medical issues.

Factors contributing to difficult clinical encounters

may be related to the:

- Physician
- Patient

or a

- Combination of either

FACTORS RELATED TO THE PATIENT

What *patient* characteristics and behaviors make a doctor-patient relationship difficult?

What *patient* characteristics and behaviors make a doctor-patient relationship difficult?

Patients are **labeled 'difficult' based on the feelings they invoke in clinicians**, such as anger, frustration, anxiety, dread, and guilt.

Patients who,

- for medical or non-medical reasons, **appear ungrateful or frivolously utilize medical care**

- may continue to seek medical attention but **not heed the advice** they are given.

What *patient* characteristics and behaviors make a doctor-patient relationship difficult?

Patients who,

- may have **multiple medical complaints**, psychiatric conditions (helplessness, depression, anxiety, self-loathing), abrasive personality traits (expressing rage, inflexibility), personality disorders, addictions, and multiple physical symptoms of unknown or ambiguous etiology.

- They often **make requests that clinicians think are inappropriate**, such as requests for additional pain medicine, increased phone contact or medical appointments, etc.

What *patient* characteristics and behaviors make a doctor-patient relationship difficult?

Patients who,

- Worried patients, **patients with poorly controlled chronic pain, who are non-compliant with medical regimens, manipulative patients**, patients who consume a lot of clinician-time and health care resources, **somatizing patients,** self-destructive or attention-seeking patients may also be labeled 'difficult'.

! Patient aggression is often due to misunderstanding or lack of information!

Patient factors that can lead to difficult clinical encounters

Behavioral issues

- Angry/argumentative
- Demanding
- Drug-seeking behavior
- Highly anxious
- Hypervigilance to body sensations
- Manipulative
- Manner in which patient seeks medical care
- Nonadherence to treatment for chronic medical conditions
- Not in control of negative emotions
- Reluctance to take responsibility for his or her health

Patient factors that can lead to difficult clinical encounters

Conditions

- Addiction to alcohol or drugs
- Belief systems foreign to physician's frame of reference
- Chronic pain syndromes
- Conflict between patient's and physician's goals for the visit
- Financial constraints causing difficulty with therapy adherence
- Functional somatic disorders
- Low literacy
- Multiple (more than four) medical issues per visit
- Physical, emotional, or mental abuse

Psychiatric diagnoses

- Borderline personality disorder
- Dependent personality disorder
- Mood disorder

FACTORS RELATED TO THE PHYSICIAN

What *physician* characteristics and behaviors make the doctor-patient relationship difficult?

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Barriers to a good relationship:

- Physician attitudes, biases, fatigue, stress, burn-out, as well as language and cultural factors
- **Angry, defensive, fatigued, harried, dogmatic, or arrogant physicians**
- When they have “lower job satisfaction, less experience, [and] poorer psychosocial attitudes

What *physician* characteristics and behaviors make the doctor-patient relationship difficult?

Physicians who have,

- **low tolerance for illnesses that are incurable or untreatable**
- a hard time adjusting their practice to accommodate patients who seem **overly dependent**
- physicians who feel helpless or annoyed when the patient's ailments are **exacerbated by social factors** (family conflict, poverty, addiction, etc.)

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- **low tolerance for illnesses that are incurable or untreatable**
- a hard time adjusting their practice to accommodate patients who seem overly dependent
- physicians who feel helpless or annoyed when the patient's ailments are exacerbated by social factors (family conflict, poverty, addiction, etc.)
- **when patients appear ungrateful or even resentful** for the care they receive.
- Highly frustrated physicians tended to be younger, more likely to practice subspecialty internal medicine, and to experience higher stress (Krebs et al., 2006).

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Physician factors that can lead to difficult clinical encounters

Attitudes,emotions

- Emotional burnout, stress
- Insecurity
- Intolerance of diagnostic uncertainty
- Negative bias toward specific health conditions
- Perceived time pressure
- Language, cultural barriers

Physician factors that can lead to difficult clinical encounters

Conditions

- Anxiety/depression
- Exhaustion/being overworked
- Personal health issues
- Situational stressors
- Sleep deprivation

Physician factors that can lead to difficult clinical encounters

Skills

- Difficulty expressing empathy
- Becoming easily frustrated
- Poor communication skills

And… **Lack of awareness** of the above…

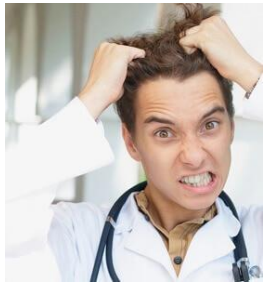
How do you recognize a difficult situation in doctor-patient encounters?

AWARENESS: Your feelings are the first clue!

Be alert,

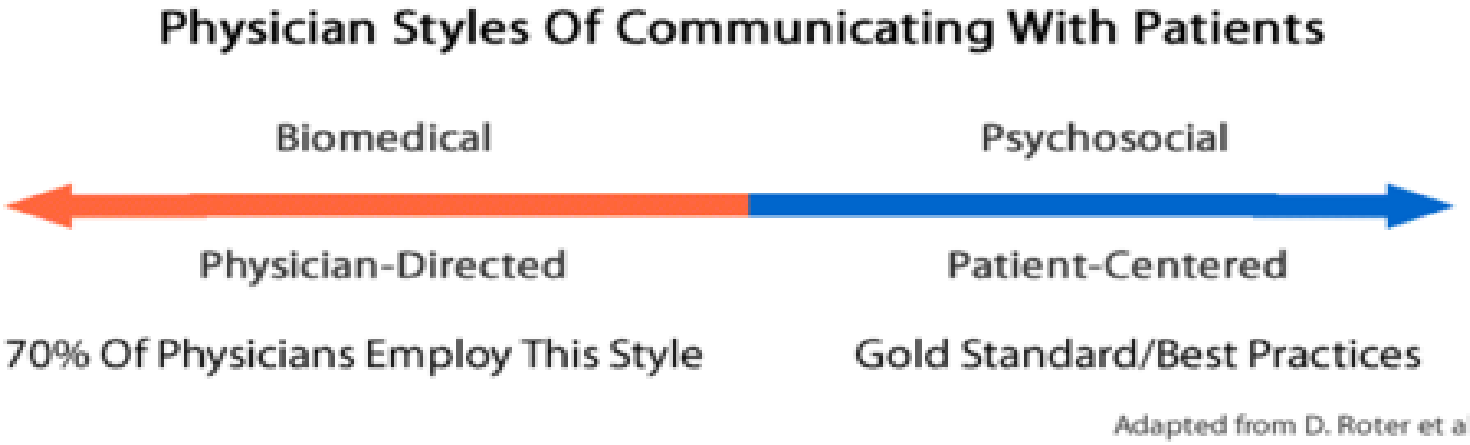
be aware

- when **you feel anger, fear, dread, or excessive anxiety** about seeing a patient,
- when **you worry that the patient will transgress** a professional or personal boundary,
- when **you want to avoid the patient**, and/or **are unable to feel empathy** for him/her.



How do you prevent difficult situations in doctor-patient encounters?

- Style of communication is important!



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WHICH CHARACTERISTICS ARE IMPORTANT FOR A GOOD DOCTOR-PATIENT RELATIONSHIP?

Empathy is awareness of others' feelings, needs and concerns."
D. Goleman, in Working with Emotional Intelligence

Empathy is, at its simplest, is the **awareness of the feelings and emotions of other people**.

It is a key element of emotional intelligence , the link between ourself and others, because it is how we as individuals understand what others are experiencing *as if we were feeling it ourselves*.

What **leads to empathy**:

- - **taking** the **perspective of the patient**
- - **being nonjudgemental**
- - **recognizing the emotions** of other people and communicating that

What is the best way to ease someone's pain and suffering?

We can only create a genuine empathic connection if we are brave enough to really get in touch with our own fragilities.

Dr Brené Brown

https://www.youtube.com/watch?v=1Evwgu369Jw

Understanding…

- **<u>Understanding</u> and <u>managing</u> the factors contributing to a difficult encounter will lead to a more effective and satisfactory experience for the physician and the patient!**

RECOGNIZE DIFFICULTY– IDENTIFY FACTORS - UNDERSTAND - MANAGE

To better manage difficult clinical encounters,

- **the physician should use empathic listening skills and a nonjudgmental, caring attitude**
- **evaluate the challenging patient for underlying psychological and medical disorders and previous or current physical or mental abuse**
- **use patient-centered communication to reach a mutually agreed upon plan.**

TYPES OF DIFFICULT DOCTOR-PATIENT ENCOUNTERS

There are two distinct types of difficult conversations: planned and unplanned

(I)Planned conversations occur when

- - the subject has been given thought,
- - they are planned regarding time, place and
- - other circumstances have been arranged or are chosen for a reason.
- Although these situations are, by their nature, difficult they are ***controlled*** and as long as time has been taken to prepare and think properly about how the patient may react they can often end up being easier than imagined.
- E.g. of a difficult communication may be communicating bad news

There are two distinct types of difficult conversation: planned and unplanned (II)

Unplanned difficult conversations

- take place on the spur of the moment;
- these are often fueled by anger which ca in extreme cases, lead to aggression.

- Stakes are high
- Opinions vary
- **Emotions run strong**

- E.g.: impatient, angry patient

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So….

HOW SHOULD WE MANAGE DIFFICULT SITUTATIONS IN DOCTOR-PATIENT COMMUNICATION?

HOW SHOULD WE MANAGE THE PATIENTS' EMOTIONS?

The NURSE model

- **Aim**: to express our understanding, support and respect towards the other person (patient, patient's caregiver,etc,etc)

Advantages:

- to **assess the other person's emotional state**, so we can adapt our communication to his/her emotions

- by expressing our support and respect we can **win the other person's trust** to work together

The NURSE model

The **NURSE** model can be used universally when communicating with patients and/or family members.

Independent of the situation, place or speciality.

The NURSE model

- **N**: **N**aming or labeling the emotion
- **U: U**nderstandability or legitimation
- **R: R**espect
- **S: S**upport or partnership
- **E: E**xploring the emotion, **E**mpathy

N: **N**aming or labeling the emotion

We **name the emotions** expressed verbally or non-verbally by patients/relatives in our own words**.**

„Patient/relative: We have been waiting for the results for two hours. I can’t believe it's taking so long! „

N: Naming or labeling the emotion

„I can see you are very upset about this situation.”

„It is obvious, that this long waiting must have been nerve-racking for you."

„ I see you are very worried about your father’s illness”

„ It appears to me, that you have given up on all treatment options.”

Understandability or legitimation

Understanding the patient's/relative's feelings and thoughts**, "normalizing"** them is an essential element in building a trusting relationship.

Understandability or legitimation

„It is understandable, that your daughter's illness is worrying you."

„It is completely understandable that this situation has made you nervous and impatient."

„It is normal for patients to be worried while waiting for an important result."

R: Respect

Voice your respect! E.g. the way the patient deals with the disease/adheres to the therapy, or the way the relative cares for the patient.

R: Respect

„I truly admire how well you have taken this long ordeal of different treatments in the past months.”

„I appreciate your patience”

„I admire you for coping so well with the disease.”

„I respect you for the care you have given your husband for so many years. Now we are here to help him.”

S: **S**upport or partnership

- Put your support into words!

S: Support or partnership

„Although the illness has progressed, I will be here to help you through the next stages of the treatment.”

„We are here to help you through this distressing situation.”

WHAT SHOULD WE DO IF THE PATIENT'S COMMUNICATION IS UNCLEAR?

IF WE CAN'T TELL CLEARLY FROM VERBAL/NON-VERBAL CUES WHAT THE PATIENT IS THINKING?

ASK!!

E: Exploring the emotion, Empathy

Clarification of the patient's/relative's feelings increases trust in the doctor by developing or, deepening the empathic relationship.

E: Exploring the emotion, Empathy

„I see you are worried that all this waiting has made your symptoms even worse. Can you tell me what has been most worrisome for you?

……

„You mentioned, that the medication regimen has been distressing for you. Can you explain what you meant by that?”

…..

„Let me assure you we will begin your examination very soon. We will begin with the physical examination and then do a lab test. Does that sound good?”

E: Exploring the emotion, Empathy

Patient: "I guess don't know what to do now..."

Doctor: (naming emotion) "I can see that this news came as a shock."

Patient: "Yes, I'm scared...I don't even know" (patient hesitates)

Physician: (clarifying emotion) It's understandable that you're unsure. What is it that you are most worried about right now, what are you afraid of?

The NURSE model

- **!** *Important*: expressing your empathy should be done non-verbally not just verbally!

- Otherwise NURSE sentences are merely empty phrases

An example….
„N”and „U”

- *Patient: „Doctor, this is outrageous how long I have had to wait for this test! Do you realize how weak I am from not having eaten or drunk anything all morning?*

- Doctor: You must be very upset for having had to wait a full hour. I can understand how not being allowed to drink and eat has made you feel weak. (N, U)

„R”

- *Patient: Well, yes. It has been unpleasant….*

- *Doctor: We appreciate your patience very much, Mr. Smith for waiting while our testing machine was being checked, which caused the delay.(R)*

„S”

- *Patient: I am just concerned, that now that it’s so late, noone will look at my test results.*

- *Doctor: Mr. Smith, we will make sure to check the results of all the tests today. We will e-mail yours to your GP this afternoon. (S)*

„E”

- *Patient: I am just nervous about this whole test. What do you think, Doctor?*

- *Doctor: I can see how this new test, especially having to wait on an empty stomach has made you weak and worried. My colleague will explain everything about the procedure, and the test itself will only take a few minutes. Then, you may go home, eat and drink. As I said, we will have the results for you by the afternoon. (E)*

„E”

- *Doctor: How, does that sound?*

- *Patient: Thank you, Doctor. You have reassured me a little.*

The NURSE model

- Parts of it can be used individually
- Or in sequence
- Depending on the situation

- PRACTICE, PRACTICE, PRACTICE…

Advantages:

- Can be applied anywhere, anytime, even in the course of short meetings
- Leads to greater patient and caregiver satisfaction

Communication Strategies to Redirect an Emotionally Charged Clinical Encounter

Active listening

- Understand the patient's priorities, let the patient talk without interruption, recognize that anger is usually a secondary emotion (e.g., to abandonment, disrespect)
- *"Please explain to me the issues that are important to you right now."*
- *"Help me understand why this upsets you so much."*

Validate the emotion and **empathize** with the patient (understanding, not necessarily sharing, the emotion with the patient)

Name the emotion; if you are wrong, the patient will correct you; disarm the intense emotion by agreement, if appropriate

- *"I can see that you are angry."*
- *"You are right—it's annoying to sit and wait in a cold room."*
- *"It sounds like you are telling me that you are scared."*

Communication Strategies to Redirect an Emotionally Charged Clinical Encounter

Explore alternative solutions

Engage the patient to find specific ways to handle the situation differently in the future

- *"What else can I do to help meet your expectations for this visit?"*
- *"Is there something else you need to tell to me so that I can help you?"*

Provide closure

Mutually **agree on a plan** for subsequent visits to avoid future difficulties

- *"I prefer to give medical news in person. Would you like early morning appointments so you can be the first patient of the day?"*
- *"Would you prefer to be referred to a specialist, or to follow up with me. "*

Strategies for maintaining a therapeutic relationship (Krebs et al., 2006; Wasan et al., 2005; Elder et al., 2006; Hass et al., 2005)

1. **Be compassionate and empathic**. Keep in mind that most patients whom you find frustrating to deal with have experienced significant adversity in their lives.

2. **Acknowledge** and address underlying **mental health issues** early in the relationship.

3. **Prioritize** the patient's immediate concerns and **elicit the patient's expectations** of the visit and their relationship with you.

4. **Set clear expectations, ground rules, and boundaries** and stick to them. Have regular visits, which helps convey confidence that the patient can deal with transient flare-ups without an emergency visit.

5. Be aware that strong negative emotions directed at you are often misplaced. The patient may be imposing feelings and attitudes onto you that they have had toward other doctors, friends, family members in the past. This is known as **transference**. **Acknowledge the patient's feelings and set behavioral expectations.**

Strategies for maintaining a therapeutic relationship (Krebs et al., 2006; Wasan et al., 2005; Elder et al., 2006; Hass et al., 2005)

6. **Be aware of your own emotional reactions** and attempt to remove yourself so you can objectively reflect on the situation. Involve colleagues. **Vent your feelings** or debrief confidentially with a trusted colleague so that your negative emotions are kept at bay during patient encounters.

7. **Recognize your own biases**. For example, patients with addictions genuinely need medical care, but the behaviors associated with addiction are vexing for health care providers. These patients are often **both vulnerable and manipulative**.

8. **Avoid being very directive with these patients**. A tentative style tends to work better. Remember that you provide something many of these patients do not have-a steady relationship with someone who genuinely wants to help them. This in itself can improve the patient's health, even in the absence of medical treatment.

9. **Prepare for these visits** if possible. Keep in mind your goals of care and make a strategy for the encounter before it occurs.

Thank you for your attention!