HOSTED BY

EMIRATES FAMILY MEDICINE SOCIETY
شعبة الإمارات لطب الأسرة

EMA
جمعية الإمارات الطبية
EMIRATES MEDICAL ASSOCIATION

EFMS

7th EMIRATES FAMILY MEDICINE SOCIETY CONGRESS 2024

DUBAI | UAE | 22 to 24 APRIL

DUBAI WORLD TRADE CENTRE

Organized by

WiredIN

Care of the Difficult Patient

- Learning Objective
  - Recognize the struggles and stresses of being a patient and a physician
  - Find ways to “refill our tank”
  - Create treatment plans that allow us to care for difficult patients

Managing Difficult Patient Encounters

JUSTIN BAILEY, MD, SUSAN A. MARTIN, PsyD, AND ANGELA BANGS, MD, MBA

Am Fam Physician. 2023;108(5):494-500

This clinical content conforms to AAFP criteria for CME.

Author disclosure: No relevant financial relationships.

Family physicians commonly find themselves in difficult patient encounters that can result in dissatisfaction for the patient and physician. Successful navigation of these encounters includes recognizing common physician factors, such as systemic pressures, interpersonal communication, and situational issues. The practice of labeling patient types can lead to disparities in care and patient harm and should be avoided. When physicians recognize that they

Intro

- Do you have a difficult Patient?
- What makes their encounters difficult?
- How do you feel when you see them on your schedule?

Background

- High rates of difficult clinical encounters lead to
  - Low job satisfaction
  - Burnout
- Are we losing our empathy?
- Is there an end in sight?
- Can we find a way to help patients who are difficult?

Who Do We Perceive as Difficult

- Time pressure
  - Multiple complex diagnoses
  - Vague medical problems as difficult
- Demanding patients
  - Imaging, Laboratory tests, Procedures
- Behaviors that elicit defensive responses
  - Anger
  - Agitation
  - Demanding and manipulative behaviors can elicit strong defensive responses from physicians

“Difficult” Patients

- Difficult Patients
  - Trigger frustration or emotional response
- History: Previous models
  - Label patients based on archetypes
    - Dependent, entitled, manipulative, self-destructive
  - Codes in Medical record
    - Lots of Fun “Noncompliant”, Race Identifiers
- Evidence suggests that labeling a patient as difficult can cause serious harm
  - Inhibit collaboration and empathy
  - Lead to disparities in health care and worse health outcomes
- Are there labels that you can remove?

My Conundrum

- Let me introduce My family Doctor and her difficult patient


Full Circle
Health

What Is Our Reserve?

System Factors

Systemic Pressures- Environment

- Medical system pressure
  - Inadequate patient care time from
    - Increasing corporatization of the health care system (inadequate time for patient care)
    - Productivity-based pay structures
    - Increasing documentation
    - Regulatory burden
  - Loss of autonomy
  - Lack of support staff

Social Determinates of Health

- Health Related Social Needs
  - **Economic Stability**
  - **Education**
  - **Social and Community Context**
  - **Strong social connections and supportive = better health outcomes**
  - **Healthcare Access and Quality**
  - **Neighborhood and Built Environment**
  - **Health Behaviors**

Systemic Racism

- **Is there anything in your system that makes it easier for one group of patients to get care?**
  - **Structural Inequities:** Unequal access to society resources, opportunities, and benefits based on race.
  - **Historical Context:** Have certain communities been favored historically and those effects remain
  - **Institutional Practices:** Are certain groups more likely to be hired? Get into good schools?
  - **Implicit Bias:** Do I look favorably on someone who is like me?
  - **Disparate Outcomes: The effect**

Physician Factors

Have You Experienced Moral Injury?

- **Have You Experience Moral injury?**
  - Emotional response after events that violate a person's moral or ethical code
  - Knowing you could help but not allowed due to situations beyond your control

- **COVID-19 pandemic included many elements of moral injury.**
  - 60% of physicians reported moral injury in the first two years of the pandemic.

Situational

- Lack of
  - Quality sleep
  - Training
  - Medical knowledge deficit
  - Confidence
  - Resiliency
- Mental health condition

Interpersonal Communication

- Do you have
  - Differing expectations of goals for visit?
  - Expected results?
- Barriers
  - Language?
  - Cultural?
  - Biases?
    - Religious, Regional, Disease, Population, Dietary
- Trust?
  - Lack of trust leads to a struggle to obtain the information necessary for an accurate diagnosis

Patient Factors

Behavioral Issues

- Agitated
- Angry
- Defensive
- Frightened
- Resistant
- Demanding
- Entitled
- Drug-seeking behaviors
- High utilization of health care
- Lack of trust
- Manipulation
- Manner in which patients seek medical care
- Nonadherence to treatment
- Not in control of negative emotions/grieving
- Poor ownership of their health
- Refusing to consider therapeutic avenues based on value conflicts
- Self-sabotage
- Powerlessness
- Suicidal
- Self-injurious behaviors
- Unmotivated
- Vague
- Exaggerated body symptom complaints

Medical, Social and Socioeconomic conditions

- Medical
  - Chronic pain syndromes
  - History of trauma
  - Substance use disorder
- Social
  - Belief systems unfamiliar to physician's frame of reference
  - Conflict between patient's and physician's goals for the visit
- Socioeconomic
  - Lots to do in one visit

Therapeutic Approaches

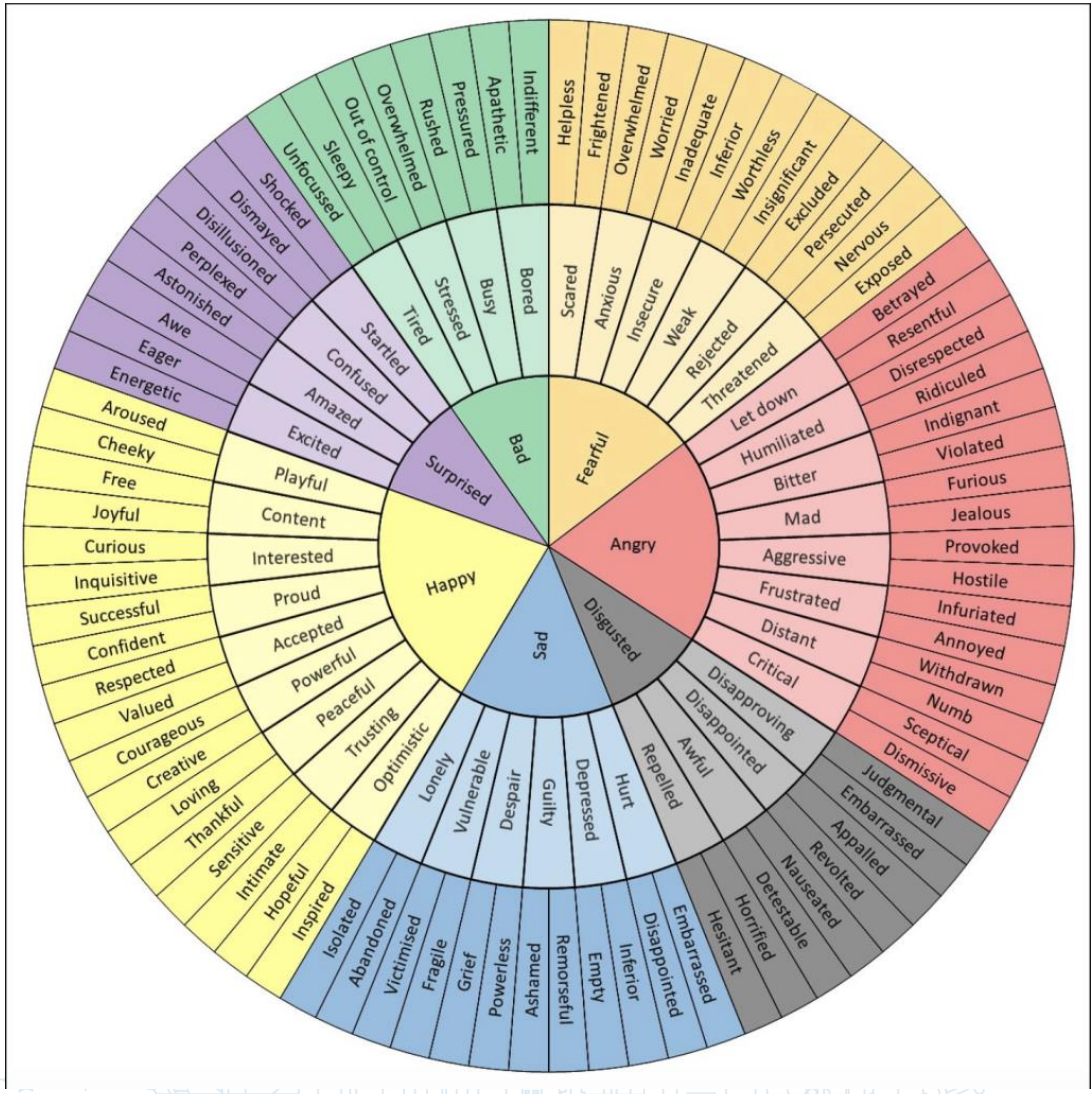
What Can I Change?

- We may not be able to change our patients
- We can change how we react to the situation

NAME It To Tame It

- **Notice**
  - When you encounter strong emotions
  - Name them!
  - Choose a word to describe the emotional reaction
- **Acknowledge** this emotion
- **Make room** for the emotion (ex anger, fear, unease) without explaining it
- **Expand awareness** and monitor

- **Outcome** = Naming the emotion and making room for the strong feelings can lead to a more calm and balanced feeling




Full Circle
Health

Intermission


full circle
health

How To Be a **CALMER** Physician

- Catalyst for change
- Alter thoughts to change feelings
- Listen and then make the diagnosis
- Make an agreement
- Educate and follow up
- Reach out and discuss feelings

CALMER- Catalyst for change

- **Catalyst for Change**
  - You cannot control every situation or your patient's response
  - Patients must own the responsibility for change
  - You can control your own reaction
  - Identify stage of change and work towards moving patients to the next stage

CALMER- Alter Thoughts

- **Alter thoughts to change feelings**
  - To control your reaction, you must change your thoughts about the situation
  - Identify negative feelings- are they affecting doctor patient relationship?
  - Do not take it personally
    - They are like this outside the doctor's office
  - Consider the Why?
    - Would you be frustrated if you were in pain all the time?

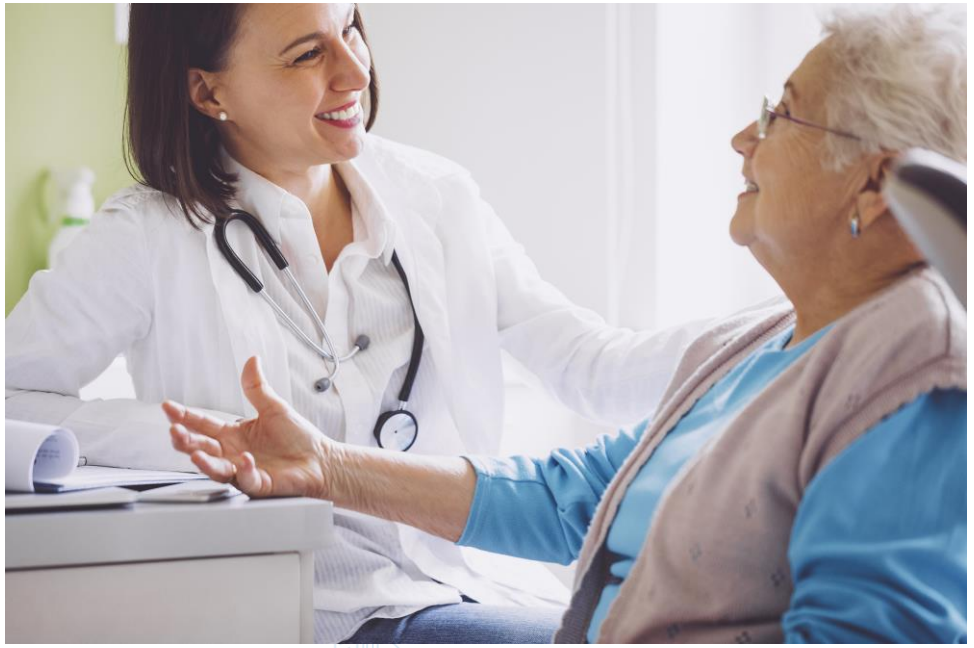
CALMER- Listen and Then Diagnose

- **Listen and then make a diagnosis**
  - Negative responses to patient's behavior =
  - Poor physician engagement =
  - Errors in diagnosis

  - If you can improve your ability to navigate negative feelings, you will improve the chances of making it a correct diagnosis

CALMER- Make an agreement

- **Make an agreement**
  - Restate the plan
  - Get confirmation of commitment
  - Increases the patient's awareness that they are making a conscious choice to continue working with the physician
  - This positions the patients to own and manage their issues



CALMER- Educate and Follow up

- **Educate and follow up**
  - Agreed-upon goals
  - Celebrate successes
- **Reach out and discuss feelings**
  - Acknowledge that difficult patient encounters can take a toll on physicians
  - Find appropriate avenues to self ensure care (who can YOU talk to?)

Other Tools

Motivational Interviewing

- Helps patients
  - Feel understood share in treatment plans
  - Express themselves
  - Allows physicians to
    - Affirm patient efforts
    - Offer empathy
    - Develop a shared understanding and course of action.
  - Improves the therapeutic alliance with patients and can effectively influence behavioral change
- Four steps:
  - Asking open-ended questions to ensure a shared understanding
  - Affirming the patient's priorities and efforts so far
  - Restating opposing priorities or values to allow the patient to determine what treatment they can commit to (i.e., reflective listening)
  - Summarizing the decision and confirming the treatment plan

Redirecting Emotionally Charged Encounters

- Use active listening
  - Understand the patient's priorities
  - Let the patient talk without interruption
  - Recognize that anger issues are often secondary to another emotion (ex abandonment, disrespect, etc)
  - Examples
    - "Please explain to me the issues that are important to you right now"
    - "Help me understand why this upset you so much"
- Validate the emotion and empathize with the patient
  - Name the emotion. If you're wrong that patient will correct you or disarm the intense emotion by agreement if appropriate
  - Examples
    - "I can see you're angry"
    - "You are right, it's annoying to sit and wait in a cold room"
    - "It sounds like you're telling me you were scared"

Redirecting Emotionally Charged Encounter- Continued

- Explore alternative solutions
  - Engage the patient to find specific ways to handle the situation differently in the future
  - Examples
    - “If we had told you that appointments are running late, would you have liked a choice to wait or reschedule?”
    - “What else can I do to help meet your expectations for this visit?”
    - “Is there something else you need to tell me so that I can help you?”
- Provide Closure
  - Mutually agree on a plan for subsequent visits to avoid future difficulties.
  - Examples
    - I prefer to give significant news in person, would you like an early morning appointment 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 to continue to work on this problem?

Agenda Setting and Validation

- **Setting an agenda**
  - Allows shared decision-making on priorities, agenda setting
  - Enables the physician to agree that the patient is in distress
  - Accept responsibility for providing care

- **Validation**
  - **Finding a diagnosis is often viewed by patients as proof**
    - Validation of symptoms
    - Acknowledging a patient's symptoms and experiences results in a patient seeing a physician's willingness to work with them
    - This does not take away from an effective health care relationship
  - **Illness vs disease**
    - Illness is symptoms based
    - Disease in structurally based.
    - Clarification between these two can help shift the frame of reference
    - Extensive work ups for illnesses can be harmful. Patient's can have symptoms and experiences without CT findings to validate them.

Environment

- Setting can influence patient's experience
  - Time delays (are you communicating with patients?)
  - Practice level approaches (are visibly sick patients separated?)
  - Inviting waiting rooms
  - Comfortable seating and temperature
  - Calming music
  - Easy check in process

Building Your Team

- Difficult patient encounters might be improved with
- Collaborative Care - Particularly helpful with Personality Disorders
    - Psychiatrist
    - Behavioral Health
    - Social Work
- Time constraints -
    - More frequent visits with the expectation of 1-2 items per visit
- Other

Self Care

- Self-care is a process that lets physicians present the best versions of themselves with the needed reserve to cope with difficult encounters
- Resources
  - Support groups
  - Reflection groups
  - Professional coaching
  - Counseling
  - AAFP resources
  - https://www.aafp.org/family-physician/practice-and-career/managing-your-career/physician-well-being/practicing-self-care.html

Practice Recommendations

- Identify what is making your visits so difficult
  - System Factors
  - Physician Factors
  - Patient Factors
- NAME it to Tame It!
- Calmer Approach
- Mindfulness
- Build your team

Questions?