Good Communication with Patients – A Key to Avoiding Complaints

This article is one of a two-part series, in this edition, we focus on the importance of good communication with patients. In our next Medzine, we will provide guidance on communication with colleagues with the practice.

Good communication is fundamental to providing high-quality healthcare and is central to safe patient care and the doctor – patient relationship. Poor communication is well recognised as a key contributing factor to patient complaints and litigation. This is reflected in the number of complaints to the Medical Council in 2019, 35% (n=170) of all complaints related to communication.

Most doctors and patients would both agree on the importance of effective doctor-patient communication. However, within the complex and unpredictable nature of general practice, coupled with the many challenges the pandemic has posed, workforce and workload issues, more engaged and informed patients, challenging communication issues can arise for both doctors and patients.

Doctor and patient expectations

A key component in all patient interactions involves exploring a patient’s ideas, concerns, and expectations (often referred to as ICE). Asking about a patient’s ideas, concerns and expectations allows you to gain insight into how a patient currently perceives their situation, what they are concerned about, and what they are expecting to achieve from the consultation. It is important to identify what exactly the patient expects from the consultation, and are there particular questions they want answered. This will allow you to structure the consultation accordingly and set out realistic goals within the allocated time frame to address the patient’s concerns.

Good communication skills

Active listening is a vital part of communication. Patients are more likely to listen and comply with the advice given to them if they feel they have been listened to in the first place. The following are some practical tips that will facilitate actively listening to your patient:

- Give the patient your undivided attention and maintain good eye contact. Should you need to type or look at the computer screen whilst the patient is talking, ensure you explain this to the patient.
- Show them you are listening by using appropriate gestures or noises: mmhmm, Okay, I see, nodding or shaking your head.
- Be aware of your body language, arms folded, raising eyebrows, or sighing may signal disinterest.
- Don’t interrupt the patient. Allow them time to finish so you don’t cut them off from including any important issues.
- When the patient is finished talking, demonstrate that you have been actively listening by paraphrasing or summarising what they have said “So just to recap... My understanding is...”
- Use the patient’s own words. If they describe their pain as ‘stabbing pain’, then use these words exactly when talking back to the patient, try to avoid putting your interpretation on it.
- By showing that you are actively listening to your patient, you are likely to build a good rapport with them. Your patient in turn is likely to trust you and to listen to you when it is your turn to speak.
Managing the challenging patient

Every GP at some stage has encountered a difficult patient. If not handled properly, the interaction can leave both the GP and the patient feeling dissatisfied. The best approach is prevention. Key strategies that may assist in avoiding difficult interactions:

• Try to identify and address underlying predisposing factors in your patient, early in the relationship.
• Be aware that the greatest source of discontent for patients is feeling that they don’t matter or that they are not heard.
• Consider your body language and communication skills as referred to above.
• Always, be aware of your own emotional reactions; it is often the first clue of a potential conflict.

The following are some additional practical tips to consider when managing a challenging interaction with your patient aiming to de-escalate the situation:

• Remain professional and make a conscious effort to stay calm. If you feel your own emotions getting the better of you, step outside the room and take a few deep breaths. While you are cooling down, ask yourself what the patient is really asking. Put yourself in their shoes. Anger is most often an outward expression of fear, and recognising this can restore your sense of compassion.
• Engage in active listening. Set aside your agenda and give the patient your full attention. Summarise what the patient has said and acknowledge the emotion they are expressing.
• Avoid exhibiting any behaviour that may appear patronising to the patient.
• Read the patient; observe the emotions behind the words. Is the patient angry, afraid, frustrated, or resentful? Respond to the emotion as well as the words.
• Try to find out what the problem is from the patient’s point of view. Ask open-ended questions such as “what can I do to help?”
• Acknowledge the patient’s frustration and show empathy about the importance of the issue for them.
• Provide clear messages that you want to help and you understand their point of view (which does not necessarily mean you agree with it).
• Always apologise if errors have occurred as this goes a long way in defusing a situation. Medisec always advocates open disclosure.
• Propose a plan to resolve the issue. If a mutually agreed solution cannot be identified, inform them of the practice’s complaints procedure.

Managing a complaint at the practice

Unfortunately, a patient who is dissatisfied with the service they have received may result in your practice receiving a complaint. Effective management of such complaints within the practice may reduce your risk of a complaint being made directly to the Medical Council.

Medisec would strongly advise that all practices have an in-house complaints procedure that clearly outlines their approach to managing complaints. Having a clear complaints procedure that patients are fully aware of will allow practices to take more ownership of complaints and; hopefully, negate the need for patients to go directly to the Medical Council. Where a patient feels their complaint has been managed appropriately they may not feel the need to initiate a complaint to the Medical Council.

The practice should consider advertising the policy to patients via their website or practice leaflet, and/or via a poster in the patient waiting room. A patient-centred complaints policy is also a HSE requirement if you have a GMS contract.

All staff should be familiar with your complaints handling policy and agreed communications strategy for handling challenging patient interactions. Training should include role-playing and feedback on sample
scenarios. The ability to navigate and de-escalate challenging interactions is a skill ideally honed in a practice environment rather than in reality.

We also recommend developing a policy regarding unacceptable patient behaviours, such as offensive or abusive language, or threats. Respectful communication is essential to a functional doctor-patient relationship and doctors should not feel obliged to tolerate anything less from patients.

At Medisec we always available to assist members with advice on how to respond to a complaint at your practice.

Medisec’s factsheet on complaints management and template complaints policies can be found here.

References


“This article was originally published in our Medzine on 26 February 2021. The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice”.