

Managing Challenging Situations: Doctor / Patient interactions

Good communication is fundamental to providing high-quality safe patient care and central to the doctor-patient relationship. However, interactions between patients and their doctors can sometimes prove challenging.

Poor communication is well recognised as a key contributing factor to patient complaints and litigation, which is confirmed by the Medical Council Annual report 2019. The report states that in 2019, 35% (n =170) of all complaints related to communication.

The Medical Council, *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*, provides clear guidelines concerning communicating with patients. It states in para 4.4:

“Good communication is central to the doctor-patient relationship and essential to the effective functioning of healthcare teams. Good communication involves listening to patients and colleagues, as well as giving information, explanations or advice. When communicating with patients, you should be honest and give all relevant information. You should welcome questions from patients and respond to them in an open, honest, and comprehensive way.”

Effective doctor-patient communication can sometimes be challenging to achieve. The complex unpredictable nature of general practice, together with workload and workforce issues, diverse cultures, different languages, more engaged and informed patients, occasionally create some challenging communication issues for both doctors and patients. These can occur from common misunderstandings, discrepancies in expectations and perceptions between doctor and patient.

Factors that contribute to a challenging interaction

To prevent and reduce the risk of challenging consultations, it is important to consider reasons that may aggravate these situations.

Possible contributory factors include:

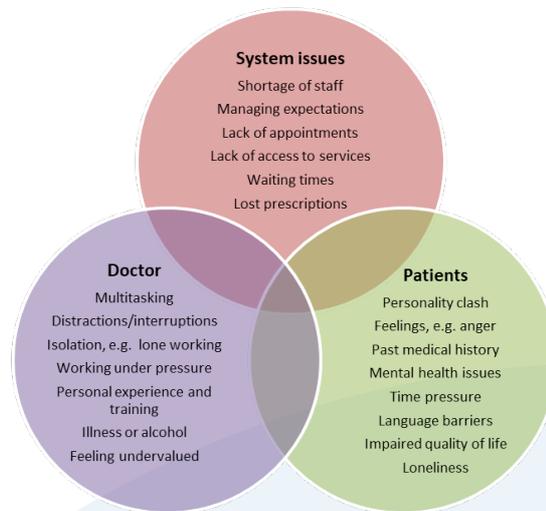
- System triggers (general practice work environment).
- Patient triggers.
- Clinician triggers.

Diagram 1 depicts some of these contributory factors.

System issues such as lack of appointments, excessive workload, staff shortages coupled with challenges to accessing services in secondary care may all contribute to difficult patient interactions.

Understandably the patient’s medical history may also affect their behaviour. Patients may attend a consultation with pre-conceived expectations, compounded by the severity of their illness and how it affects their quality of life. The patient may feel anxious, worried and uncertain about their illness, which can cause tension, anger or negativity towards the clinician.

A lack of self-care, such as the clinician being “*Hungry, Angry, Late or Tired*” (HALT), may also inhibit the clinician’s ability to manage a challenging interaction.

Diagram 1


Potential effects of a challenging interaction

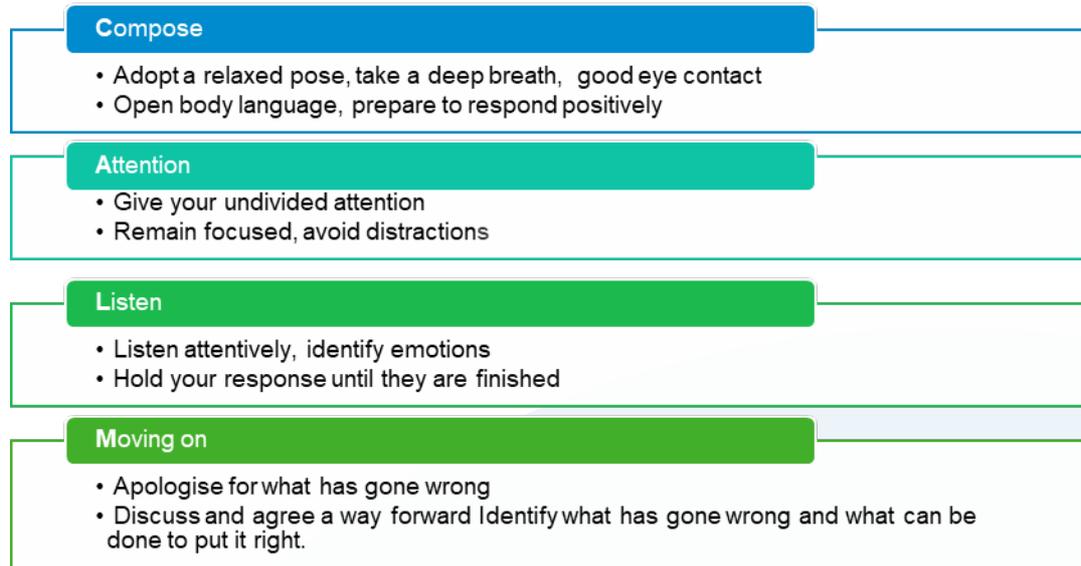
A challenging interaction can impact both the patient and the clinician leaving them both feeling frustrated and dissatisfied. It may also lead to a potential breach of trust or breakdown in the doctor-patient relationship and impact on the quality of care provided.

Ten tips for managing a challenging interaction

1. Be aware of non-verbal cues that may escalate or aggravate the situation such as, raising of eyebrows, eye-rolling, sighing, yawning, etc. Avoid any confrontational body language such as crossed arms, standing too close, or standing above the patient when the patient is sitting.
2. 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. Anger is most often an outward expression of fear, and recognising this can restore your sense of compassion.
3. 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.
4. 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.
5. 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?"
6. Acknowledge the patient's frustration and the importance of the issue for them.
7. Set boundaries where appropriate and address issues directly e.g. the patient not attending scheduled appointments.
8. Provide clear messages that you want to help and understand the patient's point of view (which does not necessarily mean you agree with it).
9. Apologise if errors have occurred as this goes a long way in defusing a situation and is not an admission of liability.

10. Try adopting the useful tool “CALM” by Armstrong D (2014) below:

Diagram 2



If holding a telephone consultation, remember that visual cues will be lost. Consider the following:

- Take a deep breath.
- Speak calmly.
- Listen to what is being said.
- Do not interrupt.
- Don't get hung up on emotional comments.
- Control the tone of your voice.
- Think before you speak.
- Don't end the call abruptly.

And finally:

Remember that your personal safety is of the highest priority.

- Never stay in a situation in which you feel uncomfortable.
- It is always safer to leave the room than ask or insist that the patient leaves.
- Review the layout of your consulting room to ensure that there is a safe exit path, i.e., a patient would not block your exit.
- Seek assistance early from a colleague or via security measures such as the panic alarm.
- Avoid responses that may escalate or aggravate the situation.

If you have experienced a challenging consultation with a patient it may be an advantage to have a “debrief” with colleagues.

Ensure that you make a detailed entry of the consultation in the patient's medical record, capturing that the patient appeared “distressed”, “unhappy” etc. and how the situation evolved.

Please do not hesitate to contact Medisec if you have any queries regarding this factsheet.

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