

NorthWest Melbourne PHN

Insights and Strategies to manage difficult patient situations – 28 September 2023

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Overview

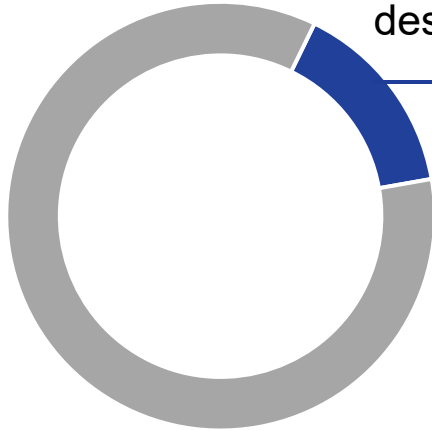
- Difficult patient situations
- Types of patients
- Complaints management
- Ending the doctor-patient relationship



General advice for difficult patient situations

Difficult patient situations

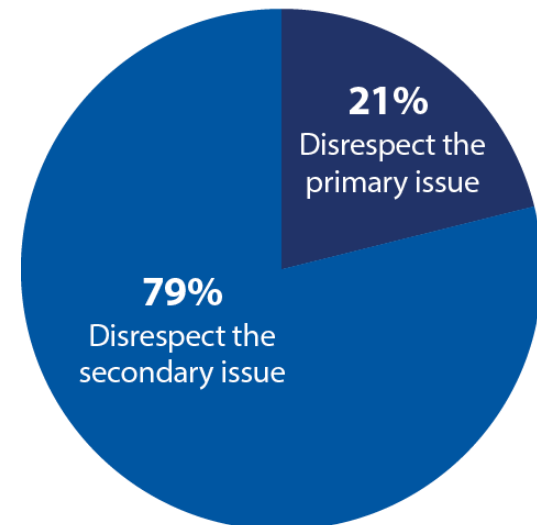
15% of clinical interactions with patient's
described by doctors as 'difficult'



*Managing challenging
interactions with patients
BMJ 2013*

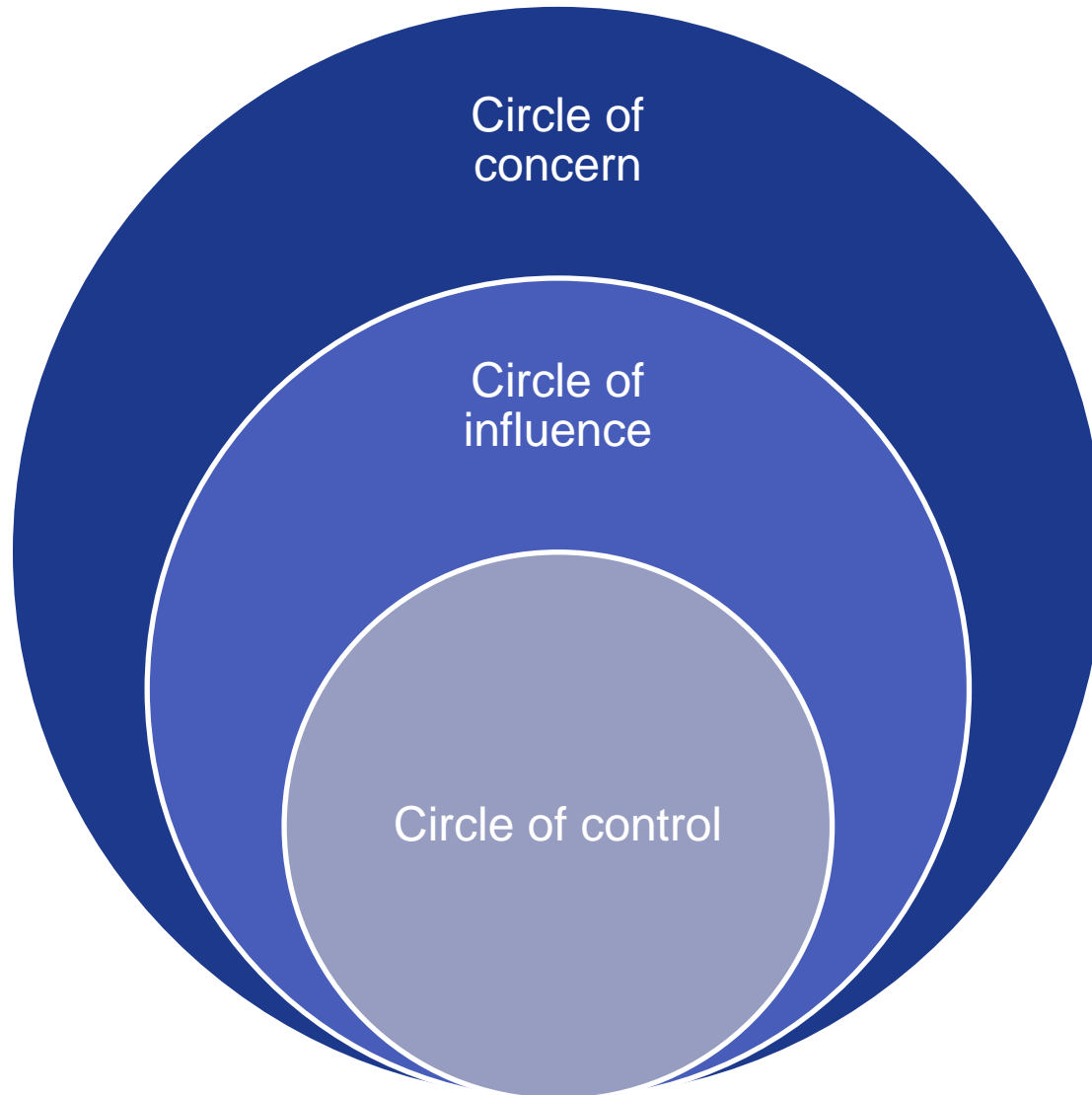
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Avant claims involved
perceived disrespect
towards patients



[https://www.avant.org.au/Resources/
Public/Disrespect-toward-patients/](https://www.avant.org.au/Resources/Public/Disrespect-toward-patients/)

Circle of influence

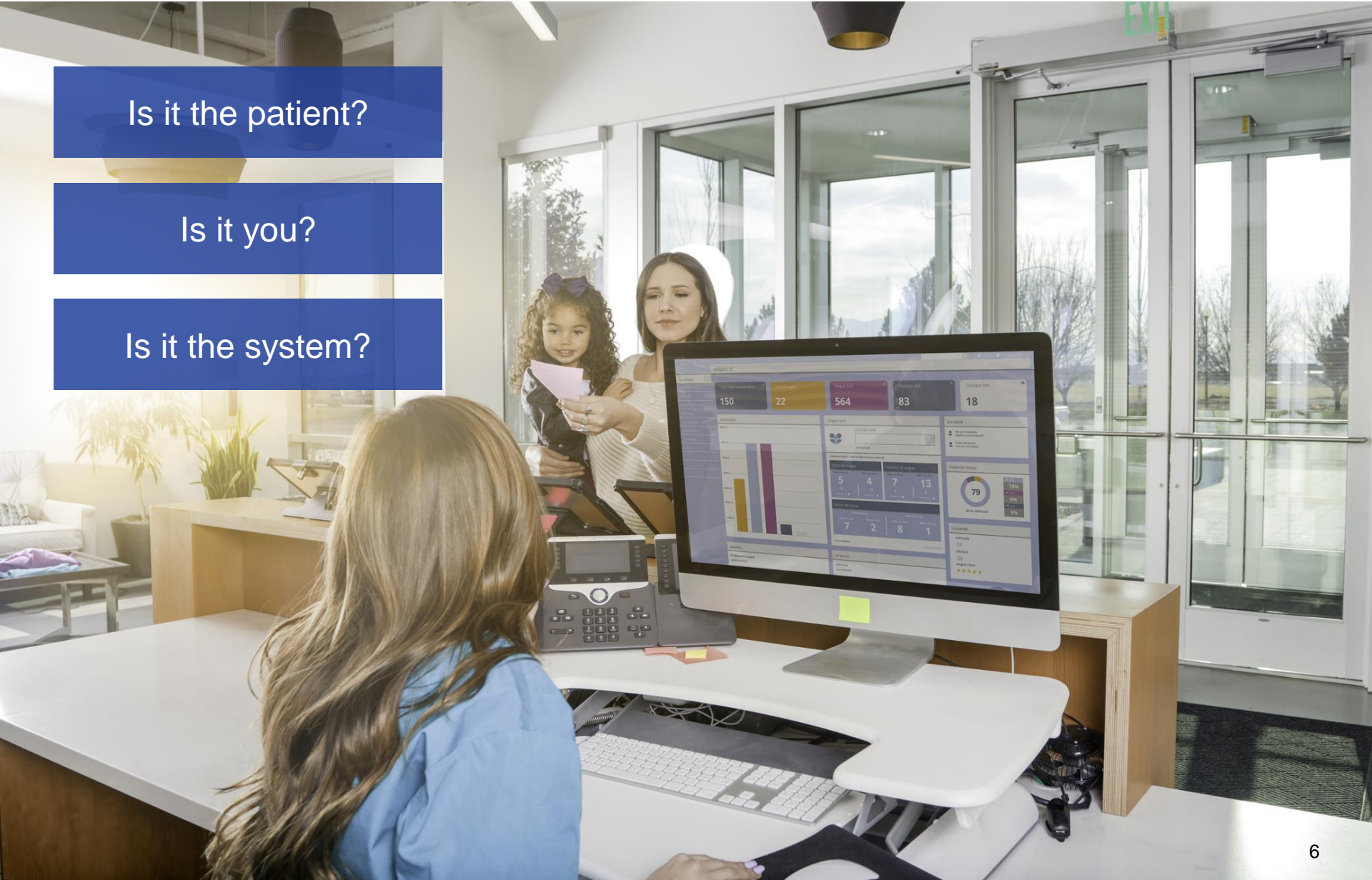


Recognise the issue


Is it the patient?

Is it you?

Is it the system?



Manage expectations

- 
- The patient will not always verbalise what their expectations are
 - If you are aware, and they are unrealistic, reinforce the facts
 - Set clear expectations with every interaction
 - Apologise if needed

What to do

Listen

Ask questions

Set boundaries

Types of patients

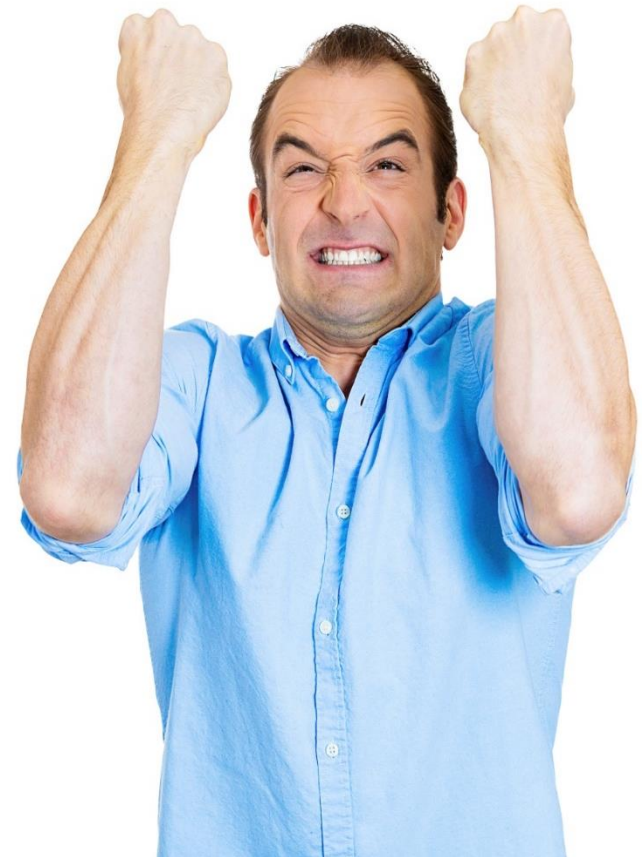
The abusive patient

- Verbal or physical abuse
- Confronting behaviour
- Rude, aggressive
- Threatening
- Harassment
- Rude or confronting letters, emails, telephone calls
- Threats of self-harm or harm to others



The abusive patient

- Advise patients that you are aware of threatening or aggressive treatment of staff, and that this is not acceptable
- Adopt a firm and authoritative communication style
- Good documentation
- End telephone calls and consultations if the patient becomes abusive and confronting
- Consider requiring a 'patient contract' style of formal agreement for patients with recurrent and severe behavioural problems
- Terminate the doctor – patient relationship if required



Angry patients

- Often reacting to circumstances
- Heightened stare
- Body posture
- Tensing of fists
- Clenched teeth
- Reflect on your role in the interaction
- Prevention is key
 - expectation management
 - awareness of early warning signs



Angry patients

- Keep Calm
- Use a neutral tone and adopt an open body posture
- Avoid becoming defensive or taking comments personally
- Seek to de-escalate the situation rather than potentially escalating the patient's emotion by demanding that they behave in a certain way.
- De-escalation
 - apologise
 - how can I help?
 - what can I do to make things better ?
 - understand where they are coming from



Aggressive patients

- Raised voice
- Name calling
- Swearing
- Prolonged or intense glaring



Aggressive patients

- Safety first
 - Leave if you can or ask the patient to leave
 - Everyone leaves
 - Keep distance
 - Enact practice safety procedures such as an alarm or call 000
- Don't antagonise or try to win an argument
- Try to understand the reason for the aggression



The patient with unrealistic expectations

- 'High-maintenance'
- Likes to tell doctor what to do
- Often non-compliant as well
- Expects instant and perfect outcomes
- May threaten legal action if denied



The patient with unrealistic expectations

- Set clear boundaries based on your expertise and skill-set
- Explain what you can and cannot do, and be prepared to direct them appropriately.
- Don't go beyond your comfort zone and do things (or not do things) because that suits the patient
- Adopt a shared decision-making approach
- Good documentation to support discussions
- Avoid approaching difficult patients with an inappropriate heroism
- Be prepared to say no
- Be prepared for the patient to go elsewhere



The non-compliant patient

- Usually does not follow your advice
- Continues in behaviours which are detrimental to their health
- Apparently cannot or will not comply (or 'forgets')



The non-compliant patient

- Good relationship between doctor/practice and patient which is grounded in trust
- Utilise systems for follow up
- Inform patients of the reasons and stress importance of advice given, as well as explaining the consequences of not complying
- Explore reasons for non-compliance
- Document discussions and advice given in detail
- Goal is to train such patients in 'ownership' of compliance



Other kinds of difficult?

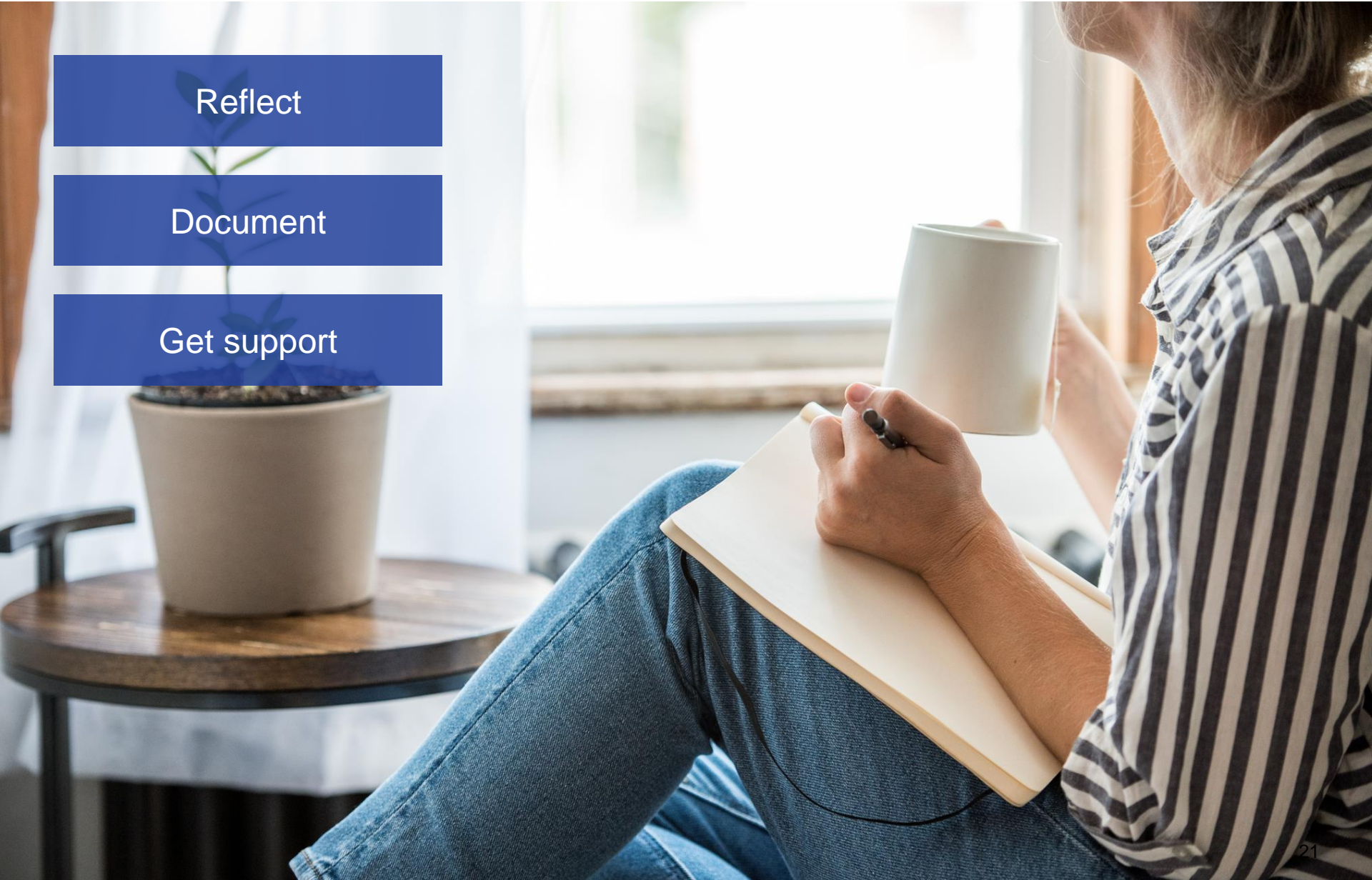


After the conversation...

Reflect

Document

Get support



Complaints management

Drivers of complaints

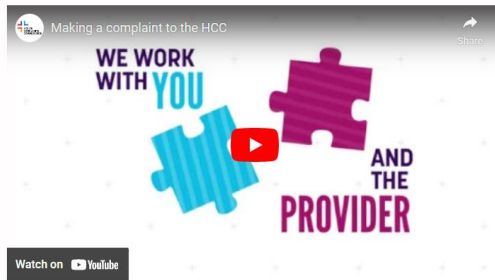
Anger and frustration are major drivers of complaints, with patients making statements such as:



Patient complaints

HCC - For The Public - About Complaints

About complaints



Need more answers?

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Concerns about practitioners

Concerns about practitioners

[Concerned about a health practitioner?](#)

[How to submit a concern](#)

[Mandatory notifications](#)

[How we manage concerns](#)

[Has a concern been raised about you?](#)

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Concerned about a health practitioner?

Find out if you're in the right place.



Are you making a mandatory notification?

For registered health practitioners, employers, and health education providers.



How we manage concerns

I want to know more about how concerns are managed by Ahpra and National Boards.



Has a concern been raised about you?


I'm a registered health practitioner or student and a concern has been raised about me. What does this mean?



Hotline for cosmetic complaints

Hotline: 1300 361 041

The public can call during business hours (AEST) Monday to Friday to report their cosmetic surgery experiences to a specialised team supporting the newly established Cosmetic Surgery Enforcement Unit. They can do this confidentially if they choose. The line can also be used by practitioners to make notifications when they know about unsafe practice.

 **Australian Government**
Office of the Australian Information Commissioner

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We promote and uphold your rights to access government-held information and have your personal information protected.

Access our information

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Patient complaints



- We recommend having a staff member responsible for complaints
- Keep a record
- Have a policy or process in place
- If the complaint is substantial ask for it in writing
- When you receive a complaint we recommend you respond within 24 hours, even if just to say we are looking into it
- Worth putting in the effort to address complaints early

Patient complaints

To be heard and understood

An explanation

An apology

Something to change



What not to do

Ignore the problem

Accuse the patient

Tell the patient there is nothing
you can do for them

<http://www.aafp.org/afp/2005/1115/p2063.html>



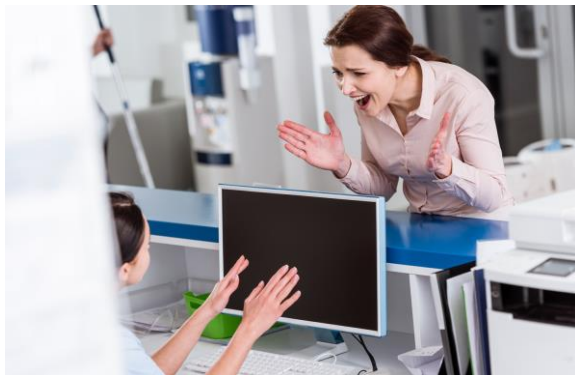
Resolving the complaint

- Gather the facts: review the medical notes, copies of reports, records of phone calls, discussions with relevant staff; check local protocols and check what happened on that day
 - Make sure you fully understand:
 - what the complaint is about
 - who it is about
 - what the patient wants in making the complaint.
- If a referral or follow-up is required, work out a management plan for the patient



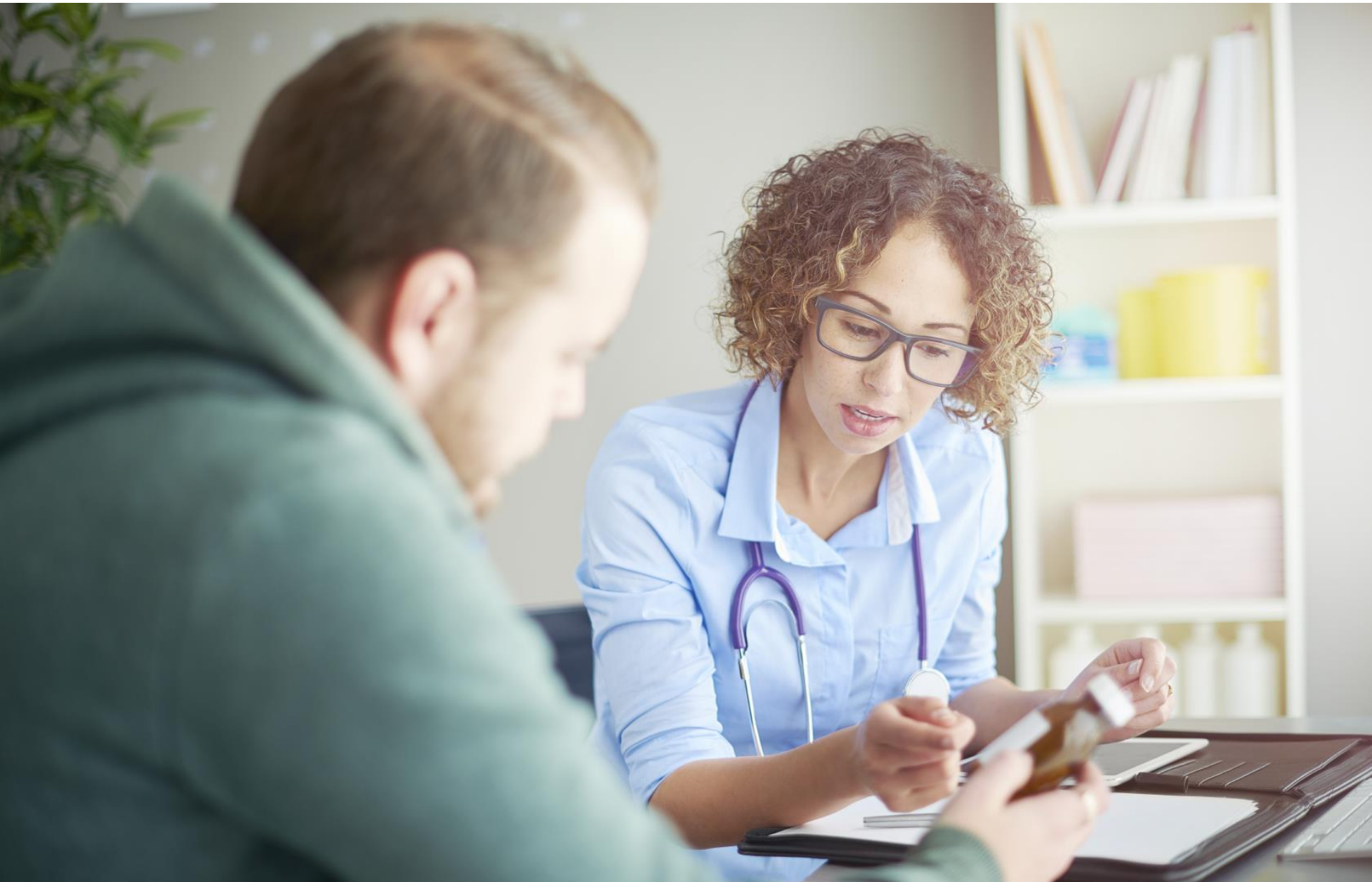
Complaints & feedback

- Encourage your patients to give you feedback
- Every complaint/feedback is a learning opportunity
- Respond and change unacceptable behaviour and systems
- Educate and prepare your staff
- Look out for each other
- Consider not charging the patient



Ending the doctor patient relationship

Ending the doctor – patient relationship



When is it okay?



When the relationship is no longer:

- therapeutic
- in the best interests of the patient

Openness, trust and good communication are vital for doctors and patients to work in partnership.

Planning is important



From the moment you decide a clinical relationship should end:

- plan ahead
- consider how you are going to inform the patient
- talk with senior colleagues & peers
- consider advising your MDO re: serious breakdown in case of future complaints
- follow a clear process

Steps in the process

1

Discuss with the patient

2

Clarify expectations

3

Prepare to justify the decision

4

Prepare a letter

5

Facilitate alternative care

6

Provide records to new doctor

Questions?



Important notices

General disclaimer

The information in this presentation is general information relating to legal and/or clinical issues within Australia (unless otherwise stated). It is not intended to be legal advice and should not be considered as a substitute for obtaining personal legal or other professional advice or proper clinical decision-making having regard to the particular circumstances of the situation.

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