

Challenging patient encounters: Communication and documentation tips

Dr. Janet Nuth
Physician Advisor, Safe Medical Care Learning
Canadian Medical Protective Association
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Land acknowledgement



By the end of this session, the physician will be able to:

- Describe the impact of challenging encounters on both patients and physicians
- Identify practical communication tools to use in challenging encounters
- Outline best practices for documenting these encounters and discussions

Patient request for form



What is a challenging encounter?

One that impedes the establishment or continuance of a therapeutic relationship

What percentage of patient encounters are difficult?

15%

of patient encounters
are considered difficult
by physicians



An et al. *Arch Intern Med* 2009;169:410-4.

Effects of challenging encounters on patients



Effects of challenging encounters on physicians



Contribute to physician burnout and job dissatisfaction

- May contribute to diagnostic errors
- Burnout
- Moral injury



What can you do to enable positive communication?

- Build the foundation
- Select your tools
- Know when to react



Poll



Build the foundation

- Create policies and procedures
 - Missed appointments, forms, renewals, etc
- Ensure patients and staff are aware of policies and procedures
- Be consistent in your application of the policies and in your documentation

Staff training

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Your health is our top priority.
So is the safety of our staff.

**WE ALL
DESERVE
RESPECT.**

If you have respectful feedback or have any concerns that we can help with, let us know.

However, if you are treating anyone in an aggressive or verbally abusive manner, you may be asked to leave.



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Aggressive behaviour or any form of verbal or physical abuse towards staff or others in this office will not be tolerated.

We are seeing a high number of patients and working hard to meet the needs of all.

Please be patient as we work to provide the care you need.

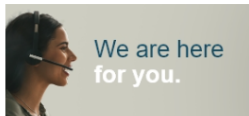
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<https://www.doctorsofbc.ca/news/we-all-deserve-respect-downloadable-sign-doctors-offices-now-available>

<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ocfp-behaviour-sign-colour.pdf>



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■ **Safety of care:** *Improving patient safety and reducing risks*

The office safety plan

Published: March 2017 / Revised: April 2021

2 minutes

The information in this article was correct at the time of publishing
17-06-E

If safety is at risk, contact police

Physicians should not hesitate to contact the police if they feel their safety or the safety of others is at risk due to a patient's aggressive or threatening behaviour. If reporting to police, only give the information necessary for the police to address the threat, such as the threatening individual's name and the nature of the incident. Avoid divulging any further patient medical information that could be considered a privacy breach.

When it comes to maintaining a safe office environment, physicians can take steps to protect everyone who enters—patients, visitors, staff, and themselves. Examples of steps that may help include:

- creating and posting a policy about what behaviour is considered inappropriate, aggressive, or threatening, and the potential consequences for anyone exhibiting such behaviour
- positioning the reception area so that it is visible to other staff^[1] and allows for a view from reception of everyone entering the office
- placing office furniture, such as chairs and desks, close to a door or exit to avoid anyone from being cornered^[1] and to allow a rapid exit
- using controlled access to certain areas within the office (e.g. having a code entry system)^[1]
- securing medical records, computers, and medical equipment
- properly storing medications in designated areas and, if applicable, securing all opioids and other controlled substances in a locked area^[2]
- having security alarms, including a system to summon assistance (e.g. panic button, personal alarm)
- having sufficient lighting near entrances and in the parking lots^[1]
- establishing and documenting emergency response procedures, and ensuring employees are properly trained

[CMPA - The office safety plan \(cmpa-acpm.ca\)](http://cmpa-acpm.ca)

Select your tools



Case



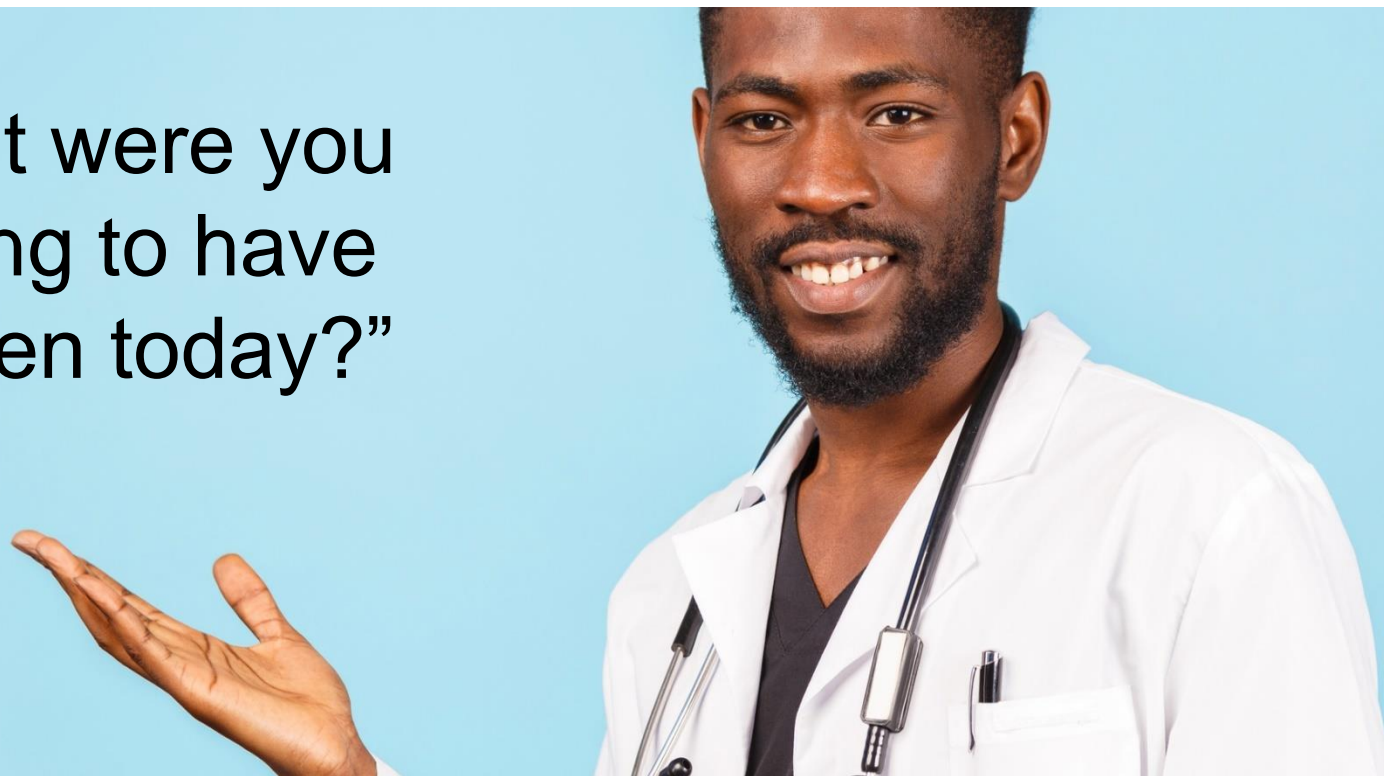
Tool 1: FIFE

- F** Feelings
- I** Ideas
- F** Function
- E** Expectations



Expectations

“What were you
hoping to have
happen today?”





Case

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Tool 2: Use **HEART** to repair

H Hear the patient

E Empathize

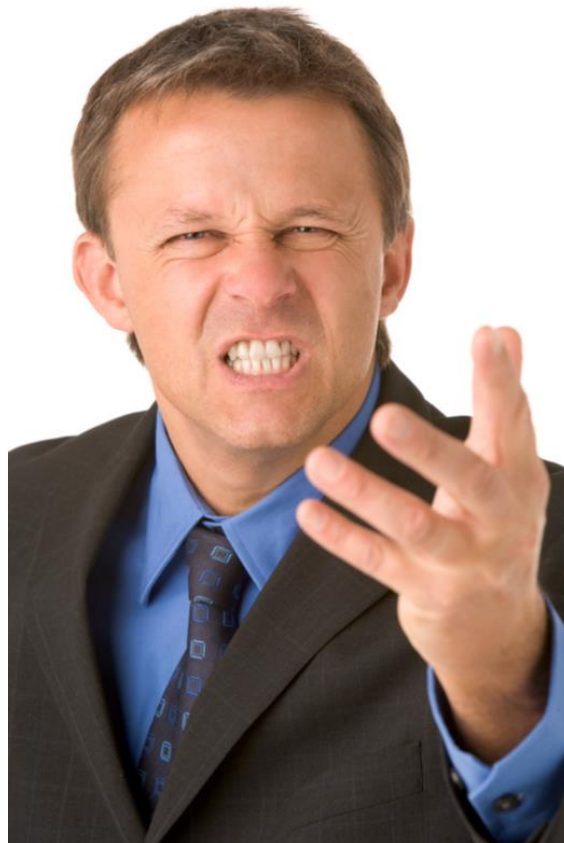
A Apologize

R Respond

T Thank the patient



What if behaviour escalates?

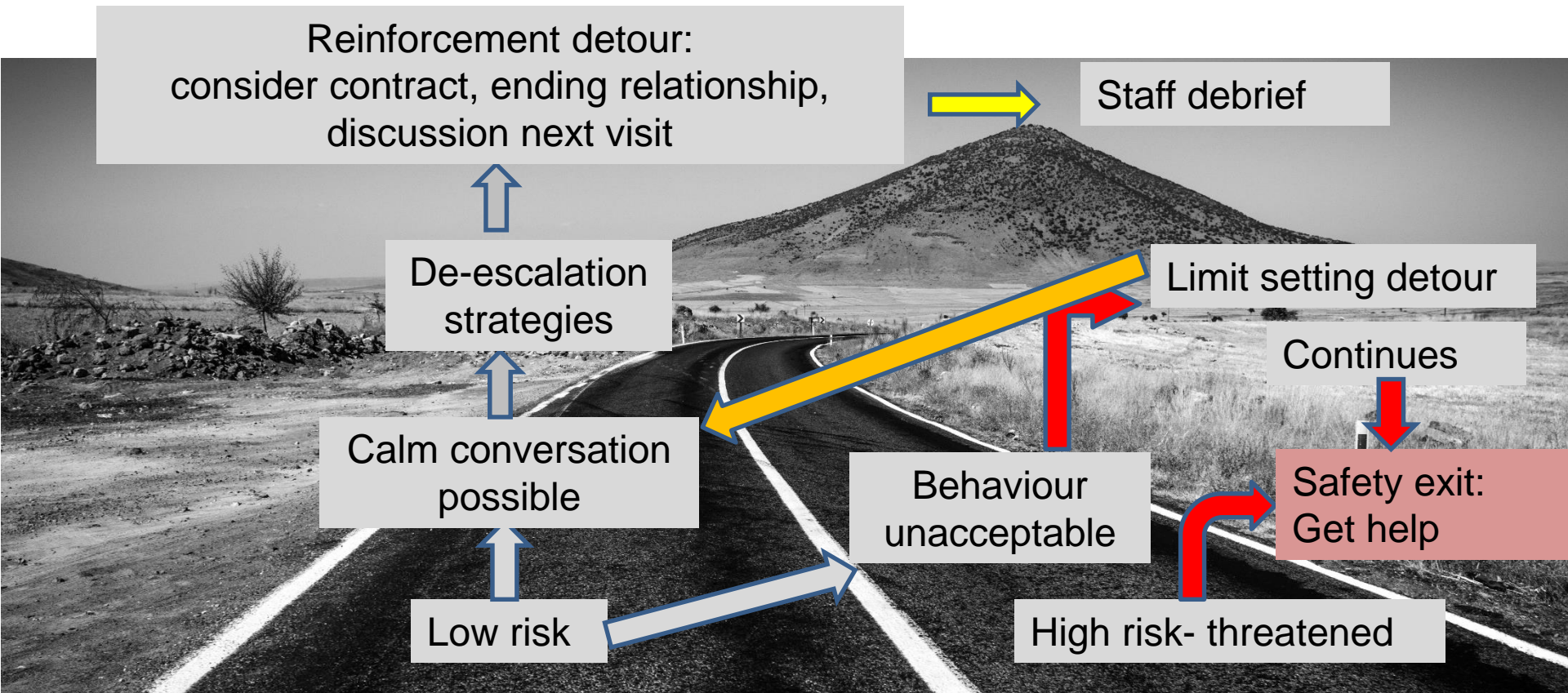



Tool 3: APE: Angry patient de-escalation

- A** **Acknowledge** *“You’re right it is frustrating...”*
Agree *“I agree the wait times should ideally be less”*
Apologize *“I’m sorry you felt that I was rude that was not my intention”*
- P** **Pause** *Let them tell their story*
Paraphrase *“Sounds like what you are telling me is..”*
- E** **Empathy** *“I understand that this was upsetting”*
Explore Options *Focus on solutions “We could do x or y”*

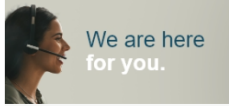


De-escalation highway



A white, triangular paper sign stands on a dark wooden table. The sign has the words "Code of" on the top line and "conduct" on the bottom line, both in a bold, black, sans-serif font. The background is a blurred wooden wall with horizontal planks. The table surface shows a wood grain pattern and a slight shadow from the sign.

**Code of
conduct**



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■ **Duties and responsibilities:** *Expectations of physicians in practice*

How to manage conflict and aggressive behaviour in medical practice

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If safety is at risk, contact police

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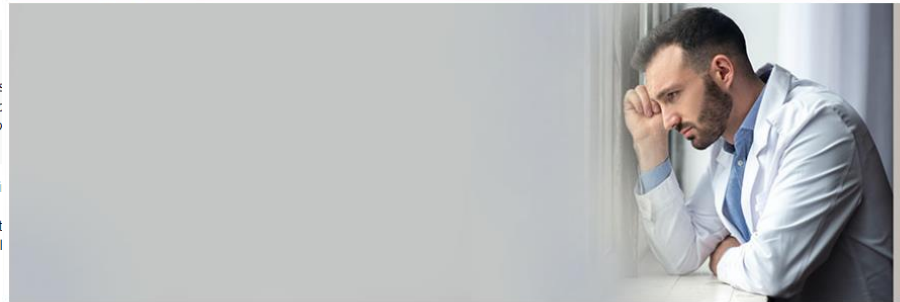
Most patient visits are agreeable and physicians take great satisfaction in helping patients with their care. However, physicians and their staff encounter patients or family members who make unreasonable, manipulative, aggressive, angry, or threatening behaviour. These encounters can be unpleasant, unproductive, and even dangerous. Doctors need a combination of skills and strategies to successfully manage demanding behaviours to have productive, effective, and safe doctor-patient relationships.

Difficult patient encounters

While each physician has his or her own perspective on difficult patient encounters, these often involve unrealistic expectations of their care or health, insistence on treatments that are not clinically indicated, refusal to follow medical advice, or engagement in verbal abuse. [1] Difficult patient encounters can have a negative impact on physicians and can promote feelings of negativity, unhappiness, even self-doubt about clinical

■ **Duties and responsibilities:** *Expectations of physicians in practice*

When physicians feel bullied or threatened



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7 minutes

[CMPA - How to manage conflict and aggressive behaviour in medical practice \(cmpa-acpm.ca\)](https://www.cmpa-acpm.ca)

Recover

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Are you prepared?

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Documentation



Ending the doctor-patient relationship

- Follow College policy/ guidelines
- Inform the patient in person/ virtually unless concerns for safety
- Registered letter if required
- Give reasonable notice of termination
- Advise patient of the reasons for termination
- Document rationale, discussions, previous attempts to resolve conflict



Ending the doctor-patient relationship

- Provider urgent/ emergency care in interim
- Establish a process for transfer of medical records if requested
- Follow-up on outstanding investigations/consults
- Provide guidance for finding new physician, notify other staff
- Call the CMPA for specific questions





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■ **Duties and responsibilities:** *Expectations of physicians in practice*

Ending the doctor-patient relationship

What to do when either the patient or physician chooses to end the doctor-patient relationship



Published: March 2006 / Revised: October 2022

7 minutes

*The information in this article was correct at the time of publishing
ISO659-E*

Patients and physicians alike may decide to end a doctor-patient relationship. Patients are free to leave their current physician's practice at any time and seek care from another provider. Physicians, meanwhile, may end a doctor-patient relationship provided certain conditions are met.

[CMPA - Ending the doctor-patient relationship \(cmpa-acpm.ca\)](https://cmpa-acpm.ca)

Bottom line

- Build the foundation:
 - Define expectations, code of conduct early
 - Train staff
- Select your tools
 - FIFE, HEART, APE
- React
 - Have a safety plan
 - Follow College policy if ending relationship

Call the CMPA if
you need advice

What's your takeaway?



Resources

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[CMPA - Challenging patient encounters: How to safely manage and de-escalate \(cmpa-acpm.ca\)](#)

[CMPA - Ending the doctor-patient relationship \(cmpa-acpm.ca\)](#)

[CMPA - How to manage conflict and aggressive behaviour in medical practice \(cmpa-acpm.ca\)](#)

[CMPA - Physician-patient | Patient-centred communication | CMPA Good practices \(cmpa-acpm.ca\)](#)

[CMPA - The office safety plan \(cmpa-acpm.ca\)](#)

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