

Syrian Private University

Faculty of Medicine

Communication Skills Art



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Dealing with challenging patients

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Lecture 12

Demanding and unreasonable patients (or patients with a high IQ)

Challenges:

- Lack of experience
- Emotional patients
- Intimidating patients
- Lack of background to patients' demands
- Money
- Resources
- Conflicting messages from other healthcare professionals

Demanding and unreasonable patients (or patients with a high IQ)

What to do:

- Nothing
- Document everything
- Senior support, second opinion
- Access 'ICE'
- Avoid 'maybes'
- Explain why for and not for
- Avoid personalising conversation

What not to do:

- Don't give in to unreasonable demands
- Don't argue
- Don't lie, or blag it
- Don't offer temporary measures
- Don't put yourself in danger

Patients with dementia or psychosis

Challenges:

- Lack of experience
- Lack of insight
- Aggression – paranoid
- Multiple medical problems
- Reliance of history from relatives
- Lots of social problems, inc. alcohol and drugs
- Medico-legal issues

Patients with dementia or psychosis

➤ What to do:

- Safe environment
- Chaperone
- Low stimulus environment
- Excellent communication skills and patience
- Non-judgemental

➤ What not to do:

- Don't ignore physical health
- Don't rush the consultation

Patients with multiple or complex problems

Challenges:

- ▶ Time limitations
- ▶ Spotting the red flag
- ▶ Satisfying the patient
- ▶ Lack of experience

Patients with multiple or complex problems

What to do:

- Give wiggle-room
- Reassure
- Clinical judgment
- Priorities
- Bring back
- Safety net
- Documentation
- Double appointments

What not to do:

- Do not ignore / disregard
- Do not get frustrated
- Do not argue

Relatives of patients

- Challenges:
- Different agendas
- Multiple people present
- Family feuds
- Emotional state
- Unrealistic expectations

Relatives of patients

What to do:

- Preparation
- Ask the patient what they want
- Try to identify a point to contact
- Suggest a formal appointment
- Document conversations
- Keep them informed
- Nurse present
- Keep patient main focus of care
- Be honest and realistic

What not to do:

- No transference / counter-transference
- Don't break patient confidentiality
- Don't make unrealistic promises
- Don't take sides

Patients with personality disorders

Challenges:

- Communication issues
- Consent / capacity
- Unpredictable
- Staff safety

Patients with personality disorders

What to do:

- ▶ Stay very calm
- ▶ Involve Psychiatry

What not to do:

- ▶ Don't confront patient

Prejudiced patients

Challenges:

- Might not agree with treatment
- May compromise their care
- May think they know better

Prejudiced patients

What to do:

- Educate them
- Time to think
- Offer alternative care
- Remain unbiased

What not to do:

- React to prejudices
- Take it personally

Manipulative patients

Challenges:

- ▶ They say the right things to get what they want
- ▶ They have knowledge of the system

Manipulative patients

What to do:

- Make team members aware
- Involve other healthcare professionals
- Negotiate

What not to do:

- Don't confront them
- Don't pander

Suicidal patients

Challenges:

- Defensive medicine
- Risk
- Sustaining empathy
- Prejudice
- Establishing trust

Suicidal patients

What to do:

- D/w another medical professional
- Risk assessment scoring
- Advice from Crisis team
- Check previous notes
- Ask about protective factors
- Let them talk
- Good documentation
- Keep an open mind

What not to do:

- Don't give tips
- Don't dismiss concerns
- Don't be judgmental
- Care with prescribing

NTBR (Not To Be Resuscitated)

Challenges:

- Patient / family refusal
- Conflicting opinions in the team
- Patient not fully aware of illness
- Respect
- Experience & information
- Emotional / upsetting
- Fear of being misunderstood / passive
- Balance between Guidelines and Policies and Ethics

NTBR (Not To Be Resuscitated)

What to do:

- Discuss with seniors, MDU/MPS, seniors, family, patient
- Have a go
- Ensure private setting / chaperone
- Document properly, explain clearly, facilitate audit
- Take your time, express empathy

What not to do:

- Don't make decision alone
- Don't act in public
- Don't be lax with documentation

Aggressive (especially drunk) patients

Challenges:

- Low inhibitions
- Low levels of consciousness
- Difficult to treat / refusals

Aggressive (especially drunk) patients

What to do:

- Protocol

What not to do:

- Don't rise to the bait
- Don't miss potential injuries
- Don't judge them

Child patients / patients with low IQ

What to do:

- Non-verbal communication
- Charts, pictures, toys
- Examples, e.g. on teddy
- Use mother / carer

What not to do:

- Don't patronise
- Don't speak really slowly
- Don't use complicated language / jargon

Patients who speak a different language

What to do:

- Use qualified interpreters
- Ask patient to summarise
- Non-verbal communication

What not to do:

- Don't use children to translate
- Don't speak only to interpreter
- Don't use too many closed questions

Patients who have difficulties in expression (e.g. dysphasia, deafness)

What to do:

- ▶ Check understanding
- ▶ Non-verbal communication, e.g. blinking, writing
- ▶ Collateral history

What not to do:

- ▶ Don't rush
- ▶ Don't presume the patient is dumb

Patients with communication barriers

Challenges:

- Misunderstandings
- Frustration
- Harder to build rapport
- Time – takes longer
- Interpreters (dilution of communication, confidentiality)
- Cultural issues

Thank YOU