



## Difficult Patient Summary Notes

Difficult patients can compromise up to 30% of clinical encounters as a family physician

### **If encountering an aggressive patient, the first and most important step is safety**

- 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.
- Some safety techniques include staying near the door and bringing another staff with you

### **Communication Tips**

1. Active listening (eg, "help me understand why this upsets you so much")
2. Validating emotions and offering empathy (eg, I can see that you're angry right now, I can only imagine how tough this must be for you)
3. Exploring alternative solutions (eg, "What else can I do to help meet your expectations for this visit?")
4. Provide closure (eg, "Let's try these treatment options for 2 weeks and then follow up with me to continue to work on this problem")

### **Other Tips**

- Use the FIFE technique
  - Feelings, Ideas, Function, Expectations
- Avoid arguing, talking over patients and making judgemental statements
- Remain calm and professional

### **Patient and Physician Factors that Contribute to Difficult Encounters**

#### **Patient Factors**

- Behaviour issues (eg angry, argumentative, manipulative, or highly anxious)
- Certain conditions (eg, addictions, chronic pain syndromes, functional somatic disorders, or multiple medical issues per visit)
- Psychiatric diagnoses (eg, borderline or dependent personality disorders, mood disorders)

#### **Physician Factors**

- Attitudes (eg, emotional burnout, intolerance to diagnostic uncertainty, negative bias toward certain health conditions, or perceived time pressure)
- Conditions (eg, exhausted/overworked, anxiety, situational stressors, sleep deprivation)
- Knowledge (eg, inadequate training in psychosocial medicine or limited knowledge of the patients specific health condition)
- Skills (eg, difficulty expressing empathy)

### **Tips for Challenging Patients**

1. For challenging patients, set boundaries or modify your schedule if needed. This can improve your ability to handle difficult encounters.
2. Try to be aware of your own inner feelings. This results in fewer patients being labeled as "challenging" and leads to better management of difficult encounters.
3. Employ empathetic listening skills and a nonjudgmental, caring attitude during patient interactions. This will improve trust and adherence to treatment.
4. Assess challenging patients with symptoms of functional somatic disorders for past or current sexual abuse or significant



## Helpful Resources

- [CMPA - How to manage conflict and aggressive behaviour in medical practice \(cmpa-acpm.ca\)](http://cmpa-acpm.ca)
- [CMPA - When physicians feel bullied or threatened \(cmpa-acpm.ca\)](http://cmpa-acpm.ca)
- [CMPA - Physician-patient communication: Making it better \(cmpa-acpm.ca\)](http://cmpa-acpm.ca)
- [Managing Difficult Encounters: Understanding Physician, Patient, and Situational Factors <FEFF>\[Query: Should Difficult Patient Encounters be changed to Difficult Clinical Encounters for consistency with the text?\] \(aafp.org\)](http://aafp.org)