

Teaching Tips

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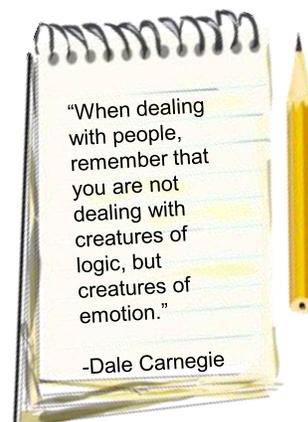


Preparing Students to Handle Difficult Patient Encounters

While it is essential for students to learn clinical skills during their family medicine training, it is equally important to prepare students to handle difficult patient encounters. Effectively dealing with difficult patient encounters begins with not labeling individual patients as “difficult”, and taking the time to understand the factors that can lead to challenging physician-patient interactions.

The following table presents some factors that can lead to difficult encounters, along with strategies that can be used to turn difficult situations into positive learning experiences. Modeling these practices is an essential part of helping students develop non-judgmental attitudes, and learn how to handle all situations professionally.

	Factors	Strategies
Patient	Resistant, defensive, or frightened patients	Listen to the patient and express empathy. For example, “I can understand why you feel that way”, and leave time for discussion.
	Demanding patients	Ask the patient why they are demanding certain treatments or medications, listen to their reasoning, and explain that you cannot always meet their expectations.
	Somatizing patients	Treat the patient with compassion and address psychosocial issues. Regularly scheduled visits may help.
Physician	Stressed and frustrated physicians	Recognize your own trigger issues.
	Fatigued and overcommitted physicians	Set reasonable limits for yourself. Learn to work collaborative with a team.
	Dogmatic or overconfident physicians	Do not let your personal agenda close off discussion with a patient. Allow patient autonomy and shared decision-making.
Situation / Setting	Language and literacy	You may not always be “culturally competent”, but you should always be “culturally sensitive”.
	Many people in the exam room	Speak to the patient alone to find out their preferences. If they are comfortable having other people present, speak directly to the patient and evaluate everyone’s understanding of the information and plan.
	Breaking bad news	After delivering bad news to a patient give them time to process it. Then discuss the implications of the new diagnosis or treatment plan, offer additional resources, agree on next steps, summarize the discussion, and arrange for follow-up.
	Clinic environment	Patients notice when the clinic is busy, noisy, or disorganized. Apologize for long wait times, acknowledge when you are behind schedule, and don’t let the hectic nature of the clinic environment interfere with the time you have with patients.



“The Doctor” (1987) Sir Samuel Luke Fildes

References / Resources:

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