



Skills for the Difficult Encounter

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GOALS & PURPOSE

This activity describes the regulatory guidance, indications, contraindications, best practice in the approach to the upset and potentially violent patient and highlights the role of the interprofessional team in the management of their patients.

TARGET AUDIENCE

This **LIVE** activity is designed to meet the educational needs of healthcare professionals who diagnose and treat patients including nurses, residents, student nurses, and physicians' assistants.

CONTENT VALIDITY

Accredited providers will ensure that activities give a fair and balanced view of diagnostic and therapeutic options, and that they will be free of marketing or sales of products or services, in keeping with Standards 1, 2, and 5.



Accreditation & Designation Statements

For MDs & DOs the number of credits designated is the number of credits awarded.

Copic is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Copic designates this LIVE activity for a maximum of 1.0 hour AMA PRA Category 1 Credit(s)TM.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Process for Claiming Credit

In order to earn CME/CE credit learners should complete the evaluation questions that will assess if practitioners have learned the most important recommendations and conclusions from this course. Each LIVE CME activity consists of the full participation of the learner, and a course evaluation. The assessment/evaluation remain locked until the learning activity is completed.

Process for Completing the Activity:

1. Read the Financial Disclosures.
2. Read the target audience, learning objectives, and financial disclosures.
3. Complete the LIVE educational activity.
4. Complete the activity evaluation/assessment on Copic's LMS platform.

It is estimated that this activity will take approximately 1.0 hours to complete.

Objectives



DESCRIBE

how patient communication differs from other forms of communication



DEVELOP

a toolkit of appropriate responses to patients exhibiting strong emotions



LEARN

the importance of using reflective listening and empathy in patient encounters.

Pearls

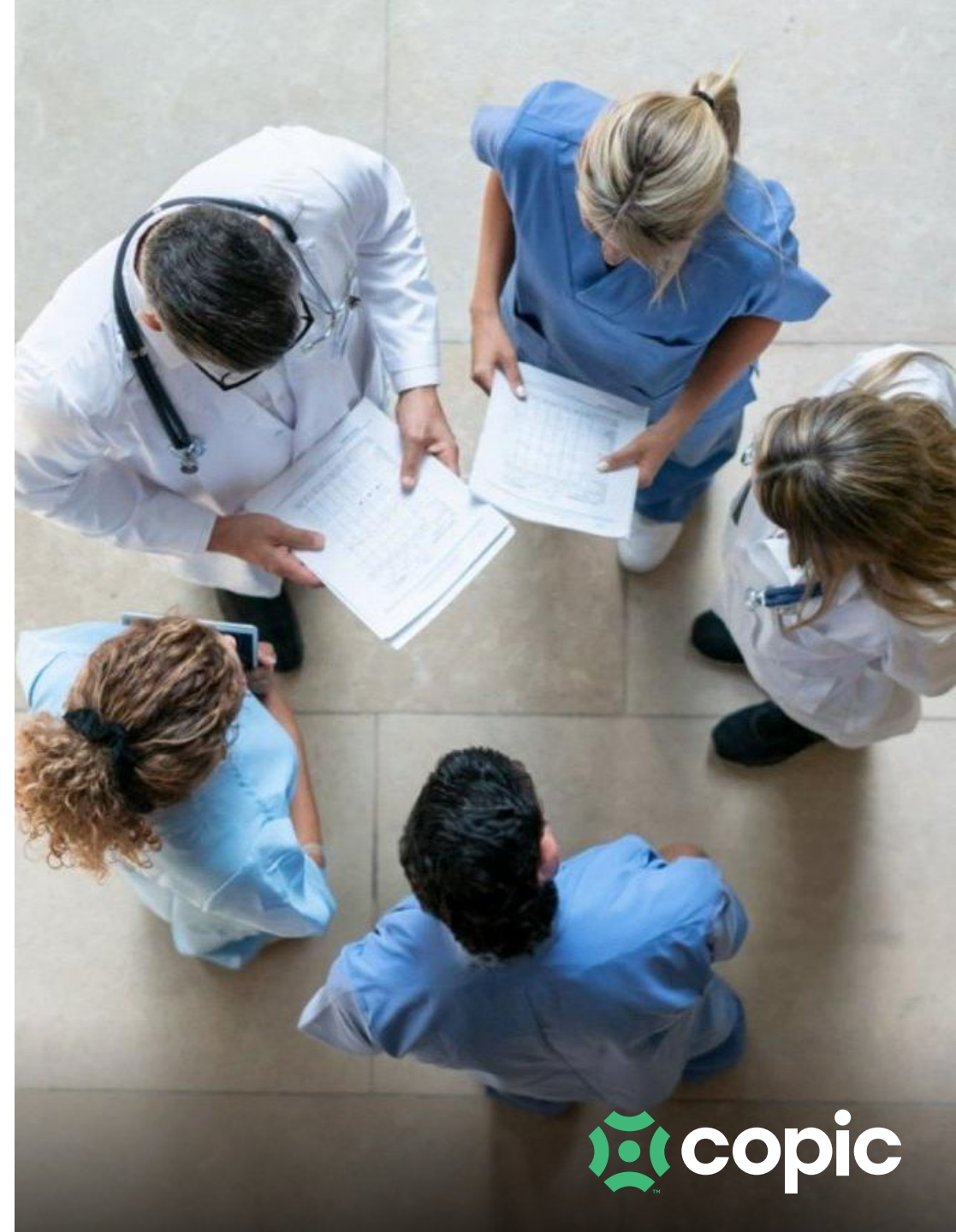
Why is it different?

- ✓ Patient communication is a skill

- ✓ Patient communication is high stakes

- ✓ Skills need to be practiced

- ✓ New skills can be learned



Why does this matter

- ✓ Patient satisfaction
- ✓ Healing
- ✓ Better story
- ✓ Adherence
- ✓ Personal satisfaction
- ✓ Reduction in malpractice



Communication reduces malpractice risk

No claims primary care physicians

Oriented patients to the process of the visit

Asked patients their opinion

Active listening

Used humor

Visits 18 minutes not 15 minutes



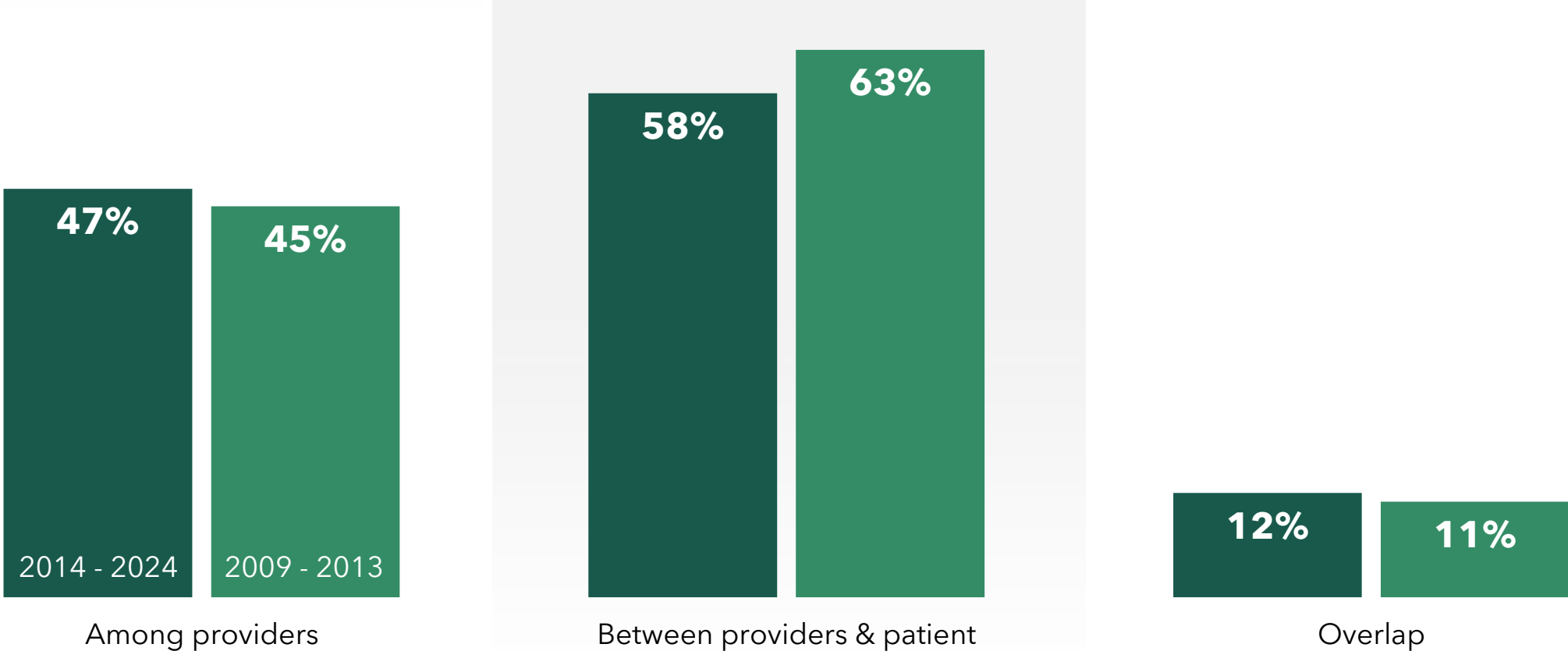
May Start With Common Difficult Patient Challenges

- ✓ The laundry **list**
- ✓ Paperwork **hater**
- ✓ Co-pay **refuser**
- ✓ The internet **search**
- ✓ Demanding an unnecessary **test**
- ✓ Controlled substance **seeker**
- ✓ Unexpected **outcome**



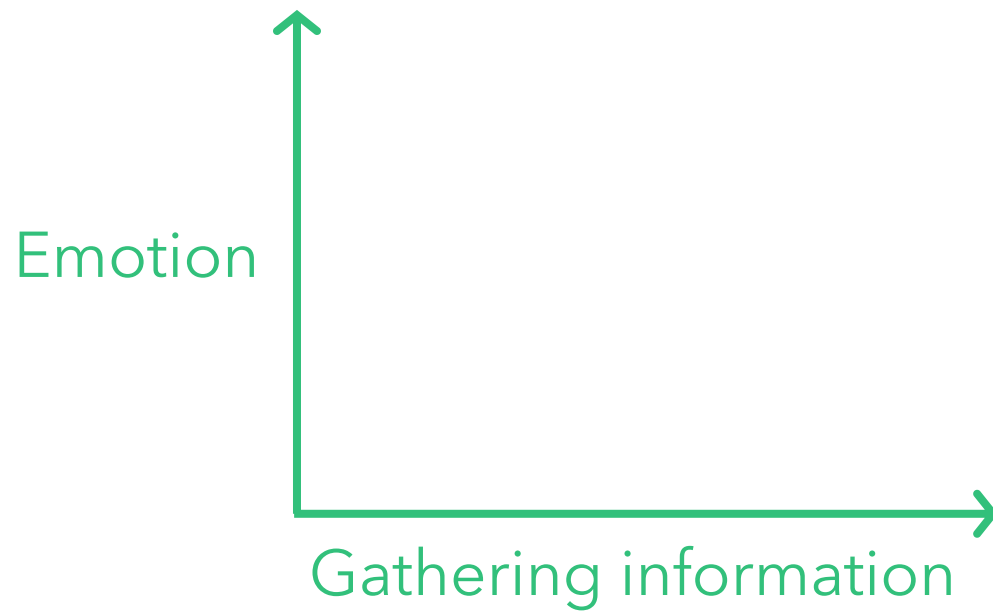
Communication related malpractice is rising

 CANDELLO | 2025 BENCHMARKING REPORT



2009-2013: n=11,503 asserted cases | 2014-2024: n=25,895 asserted cases

So why is a medical interview different?



So why is a medical interview different?



Teenage
Break-up

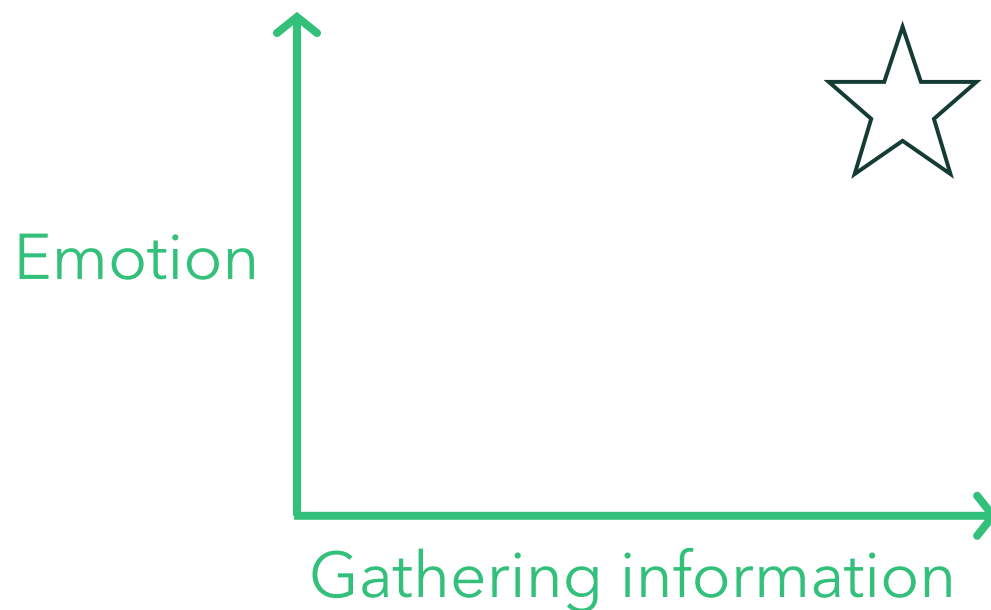


So why is a medical interview different?



Obtaining directions

So why is a medical interview different?



Incidence

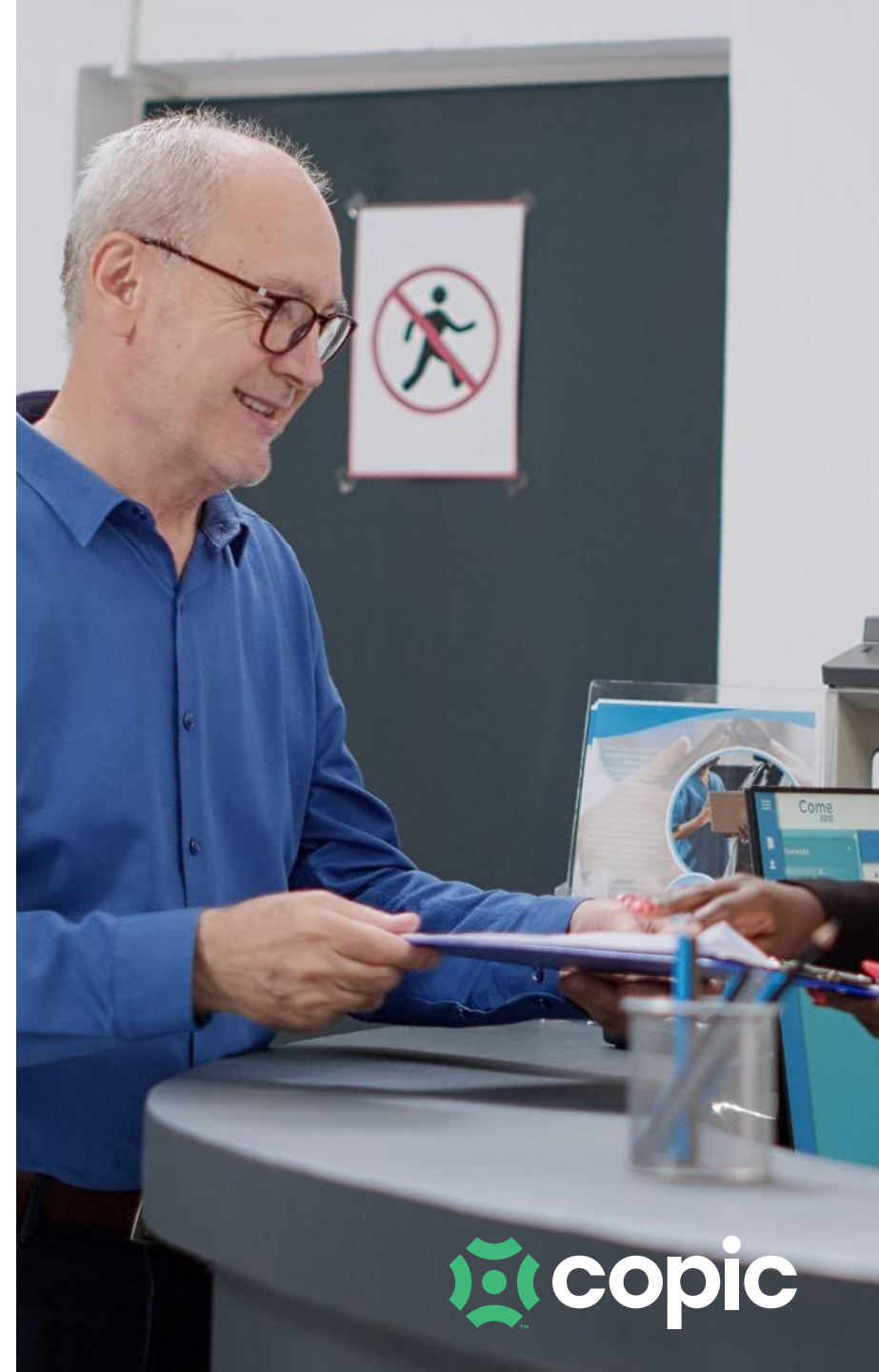


Most clinicians report a problematic patient rate of **15-30%** depending on type of practice



How do You Set the Tone at **Every** Contact?

- **Anxiety, fear, and loss of control** is often part of healthcare.
- In a **positive and friendly manner**
 - welcome patients by their name, introduce yourself.
 - let them know how you will assist them.
- **Look the patient in the eye and stop what you are doing**
 - If possible, stand up when you greet the patient.
- **Calm comfort** provides confidence in the quality of your organization and increases trust.
- **Paperwork is frustrating** to patients.
 - **Explain** each form to the patient and why it is important to complete
 - If necessary, help the patient complete the forms.



Can You and Your Team Get Better? **YES!!!**

Communicating with patients is a clinical skill

Clinical skills need deliberate/purposeful practice

A **"coach"**, "teacher", or workshops can help improve techniques around communication

Patient-provider communication is a process



Practice

What do you say/how do you respond to potentially triggering situations?

"I need you to address all of these issues today..."

"I read everything online and I need..."

"I need that prescription and if you don't give it to me..."

"You never told me this could happen..."

?Others?



Why does practicing communication matter?

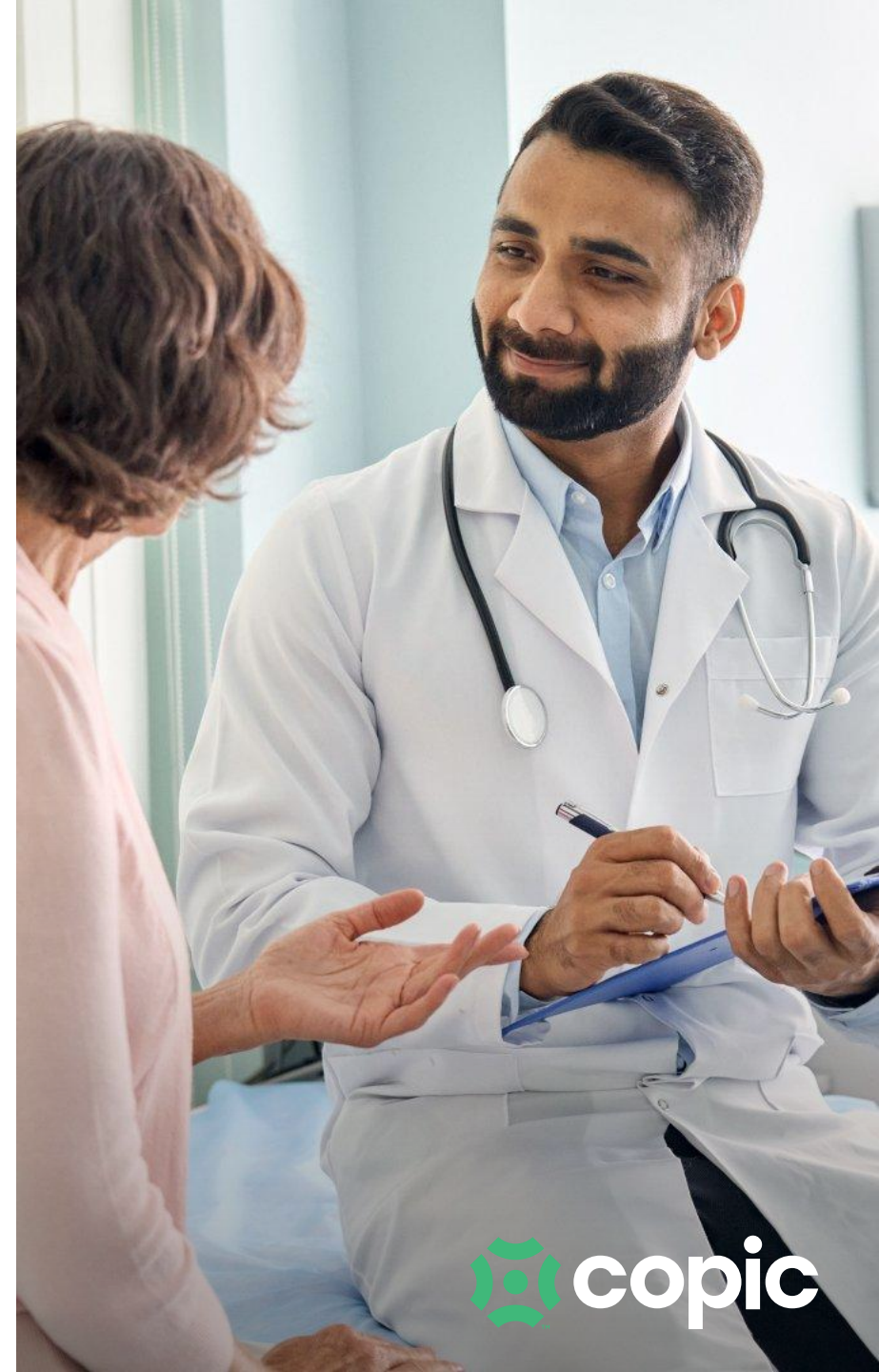
 Patient satisfaction

 Health outcomes

 Adherence/compliance

 Personal satisfaction

 May reduce escalation



What do you say/how do you respond once recognize situation?

- 1 **FIRST**, you have to recognize something is wrong here (not too difficult)
- 2 **Identify** the emotion
- 3 **In naming** the emotion, "upset" is better than "angry"
- 4 **Pt responds** - "You bet I am..." or "No, I am not..."
- 5 **Anger** is almost always a secondary emotion



Early On, You are More Likely to be Successful. What do You do Early On?

- Use open ended questions
 - **So, tell me about it...**
- Try not to interrupt
- How long do pts talk? (< 1 minute)
- What's the longest a pt will talk?
 - **5,000** interviews studied
 - **10** people > **1** minute



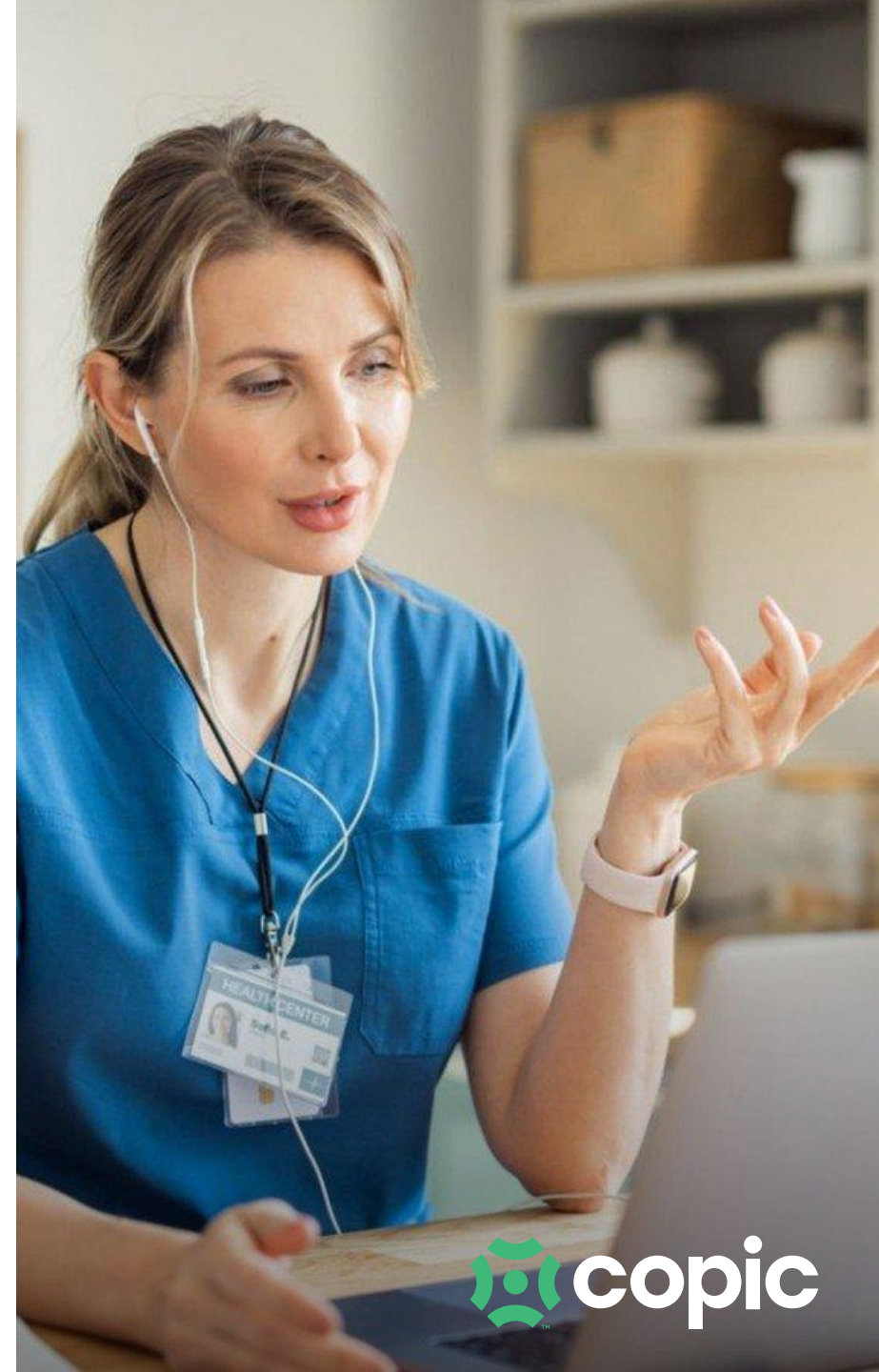
Where do Nonverbal Skills Matter?

The majority communication is non-verbal!

Lobby, Reception, MA, Exam Room

Stay engaged, eye contact, be aware
of facial expressions, lean in and listen

Video analysis is invaluable for feedback



Scripting for those 0.2% long talkers

“Brian, **let’s pause here**, you have given me quite a bit of information, and my tank is full for the moment; let me **summarize what I heard**, and I will have you **correct me if I have something wrong**”



What is the Most Common Patient Complaint?



“No one is listening to me”



Inadequate explanations



Nobody cares



What is Reflective Listening?

Summarize what you are hearing

May not make sense in casual conversation

Healthcare communication is high stakes

Signals the patient is being heard and ask for clarification

If your agenda is different, explain your rationale

Own the problem

Seek agreement in a plan while maintaining boundaries

How to improve your communication skills

- Become an active listener
- Articulate your point of view
- Provide feedback
- Observe and learn
- Develop presentation skills
- Study and practice writing

 indeed

 copic

What is in Your Toolkit of Phrases?

- 1 You look really upset...
- 2 Tell me about it (open-ended questions)...
- 3 I can imagine that must feel...
- 4 Thank you for sharing...
- 5 What would you like me to do to help you...
- 6 Here's what I suggest we do next...
- 7 Here is what I heard you say...



What do Aggressive Behaviors Look Like?

 **Verbal and non-verbal:** makes you feel uncomfortable

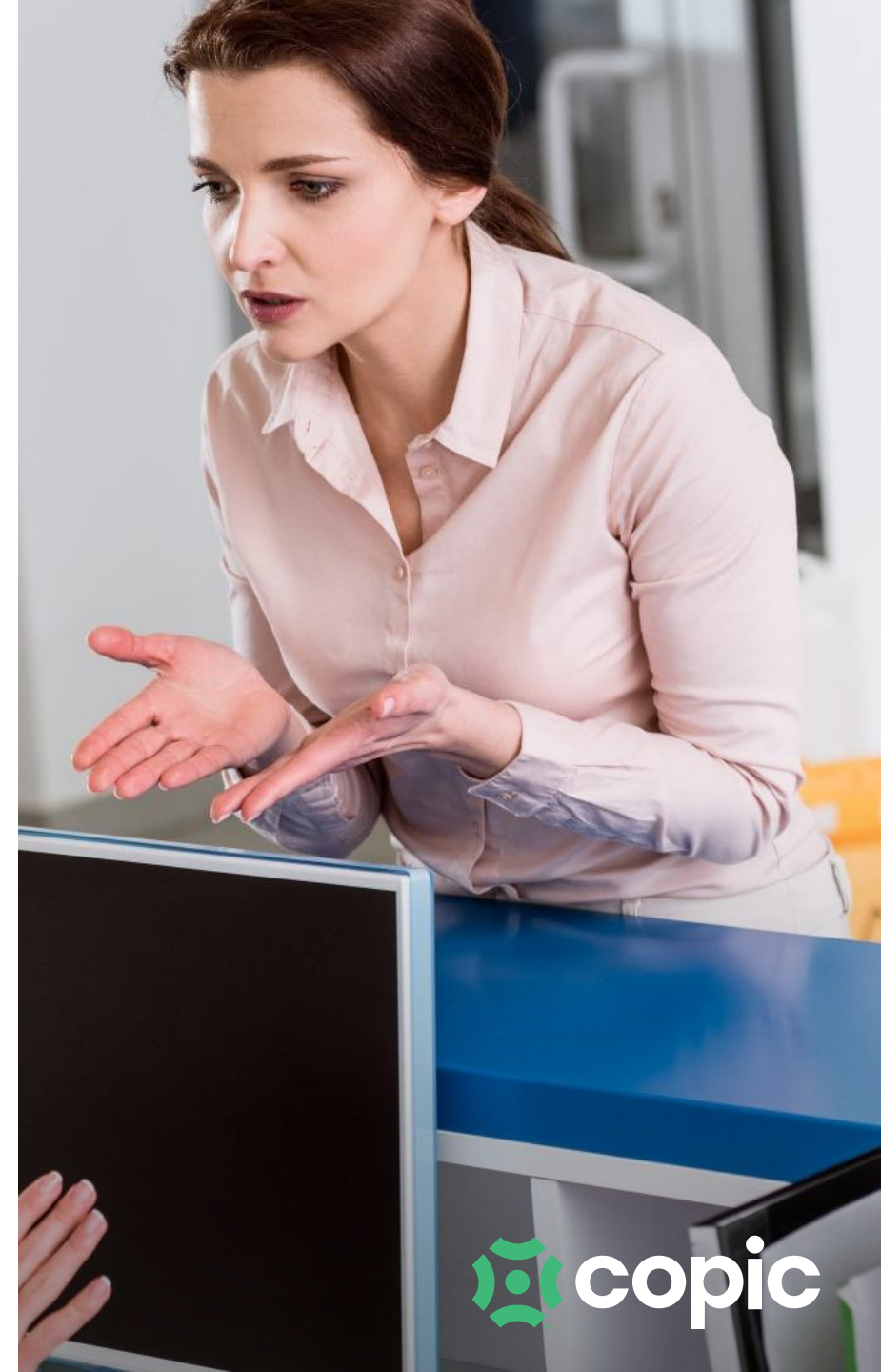
 **Invade** personal space

 **Speak** loudly

 **Intrusive** eye contact

 **Gestures:** finger pointing/wagging, fist shaking, foot stomping, hands slashing, pacing

 **Posture:** erect and leaning towards person



If You Feel Stress: Ask if De-Escalation is Possible



Acting to improve the situation



Highly variable



These can be practiced and learned

Practice S.A.F.E.
Stop, Assess,
Familiarize, Enlist



Three Levels of Intensity, Have Plan for Each

1

Verbal

Anger;
belligerence;
abusive
language;
insults;
demands;
threats.

2

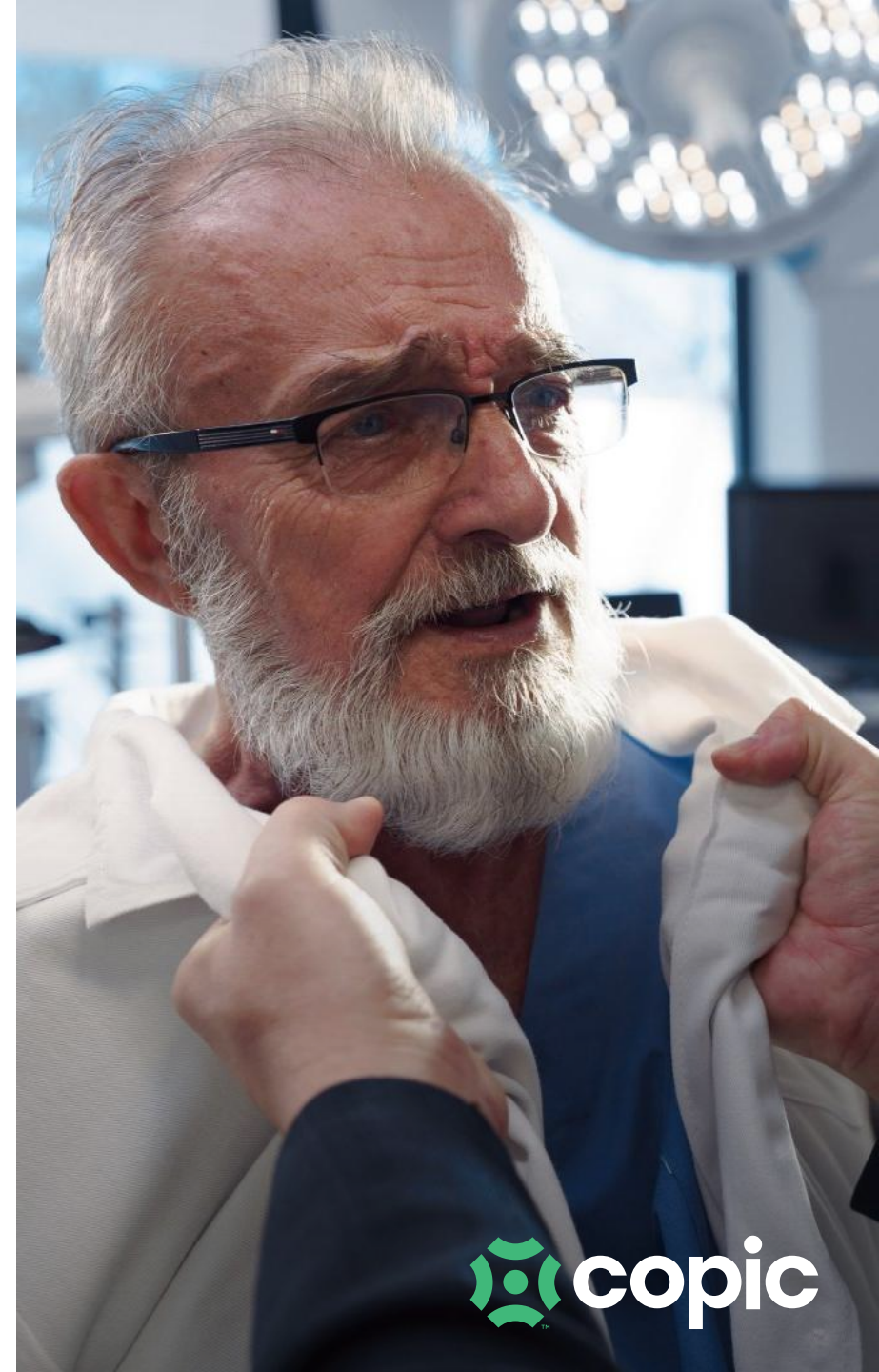
Physical

Assault/battery;
unwanted
touching;
physical
intimidation.

3

Weapons

Deadly weapon;
active shooter



Have You Seen Stalking? Is It Stressful?

1. Make a credible threat; **and**
2. In connection with that threat, repeatedly approach, contact, communicate with, or follow that person or that person's immediate family member or intimate partner;

OR

- 1. Repeatedly follow, approach, contact, place under surveillance, or communicate with someone or that person's immediate family or intimate partner,**
- 2. In a manner that would cause a reasonable person to suffer serious emotional distress, and**
- 3. Such person actually does suffer serious emotional distress.**




Credible threats can be made in-person or by

 phone


 email

 text

 written or typed letter

 gestures

 actions

 or any other means of communication



Thank You for Attending!

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