



Communication Skills in Everyday Practice

Ensuring patient satisfaction and compliance

This fourth of five fact sheets presents information on how to successfully relate to problem patients in the practice. When reading this you should remember these recommendations relate to the few very difficult patients. Whilst these types of patient do not make up a large percentage of the patient base, they can cause great concern for staff and owners. Some of these patients may have a genuine dissatisfaction but are approaching you the wrong way. Refer to Fact Sheet 3 for additional advice on handling patient problems.

DEALING WITH PROBLEM PATIENTS

WE USE THE TERM PROBLEM PATIENTS IN THE TITLE DELIBERATELY because this is the way particular patient could often be described by staff in the practice.

It is very important to note that **many of these patients will not be limited to only exhibiting problem behaviours**. They will often, if the circumstances are created by staff, be able to calm down and show some appropriate behaviour. These circumstances are what the staff have to be trained to create. We will come back to the important point that you must deal with the behaviour and **not indict the person** later in the fact sheet.

USING COMMUNICATION SKILLS TO HANDLE PROBLEM PATIENTS may seem to be a “soft” and inappropriate way to deal with such people. However many of the main behaviours of people are driven by social and emotional forces. **Communication is a way of sending appropriate messages to control social situations and calm the emotions.**

(While these Fact Sheets are intended to apply to communication skills **with patients**, much of the general advice in this fact sheet can also apply to dealing with difficult **staff behaviours**.)

1 Boundaries of acceptable behaviour

Let us, at the outset, be quite clear about boundaries of acceptable behaviour. It will help if you are quite clear about boundaries, your own personal boundaries. Know in your own mind what you will absolutely not tolerate and then ensure this is defined as a standard for the practice staff to stick to. Do not accept any patient actions which overstep these practice boundaries of behaviour.

While almost all communication skills advice is aimed at gaining and retaining patients. Some people may be unacceptable as patients by virtue of their behaviour.

Drunkenness and physical aggression of any type should not be tolerated in any circumstances.

Firmly escort the offender off your premises and where necessary call the police.

Do not accept raised voices or shouting. Ask the offender to moderate their behaviour or leave. This should apply to any other behaviours which you have decided are unacceptable.

Verbally aggressive or rude people should cause you to adopt a practised and deliberate stance. That stance is described in detail in the following paragraphs.

2 A reminder on what communication skill is

Remember that communication is more than simply verbal interchanges - it involves words, but also pausing in speech, breathing, posture, speed of movements, eye contact.

It involves assessing the patient and if necessary artificially altering your own behaviour in terms of all these indicators.

We all normally do this automatically and continuously - communication skill means that we know, attend to and sometimes deliberately alter these verbal and non-verbal styles.

Our own style will tend to reflect others around us, so if your style is relaxed and attentive it's likely that this will be the patient's style too.

Why not hold in-house training sessions? As part of these get each member of staff to imagine different styles of communication and list them. These could be speaking too fast, looking away when talking, being too curt in tone etc. List styles that could aggravate the problem patient and styles that will calm their behaviour.

What follows is a counsel of perfection. We are describing what could be done - but we realise that it can not always be achieved, or is not appropriate for every type of patient.

3 Shaping the problem patients behaviour

There are a variety of skills which must be deliberately employed during interaction with difficult patients.

The facial signs of aggression are forward jutting jaw, staring eyes, opened mouth showing teeth and strained muscles of the face and forehead. Practise a deliberately relaxed facial expression, avoiding all these features.

Never loose your temper. Be the embodiment of reason and cool. Repeat the normal accepted procedure in whatever the circumstance

may be. Difficult patients require particular control of, and some change in, your normal communication behaviour. You need to initially disengage from the normal stance and send controlled signals.

Speak with authority. Speak more slowly, slightly emphasising speech without much raising the voice, looking with deliberate assertion straight into the person's eyes, not following their assertions with any discussion, instead simply pointing out the reasoned position as you see it.

Don't criticise the patient as a person, only deal with their behaviour. For example: don't say "stop being rude, and obey (Staff Name)". Instead say "Please deal with my staff in a polite manner. (Staff Name) is absolutely competent to deal with your needs."

Instead of the usual distance of two to three feet from the person you are speaking to, maintain a distance of four to five feet. This gives the patient more personal space.

Maintain a serious demeanor - do not try to take lightly the complaints of others or make any joke about them.

Do not turn away from the confrontation until it is well under control. Try to remain fairly still, without appearing rigid. Especially don't turn your back unless it is very clear that this is being done to get something - in which case say "I'm just going to get X". Turning your back can be seen as refusal to listen, and also in some circumstances as admitting failure.

4 Discussing the situation with the patients

Apologise without elaborating for the misunderstanding. One should initially assume that the cause of (though not the excuse for) the patient's behaviour is his distress. However, if the patient is being abusive or threatening violence, an apology in these circumstances may give fuel to this unacceptable behaviour.

Assert your own true opinion and what you intend to do about the situation - do not be drawn into arguments about past actions of yourself or other staff. Simply point out how the problem can be resolved now or if necessary that nothing further can be done.

If an apparent mistake has been made by yourself or other staff deal only with its resolution, don't reply to angry criticism.

Don't try to deal with attributions of blame. Don't discuss, there and then, who or what is responsible for errors, or implied failures or rudeness from other staff. The assessment of cause can be made later.

If you intervene when a patient is being abusive to other staff, then never join the argument on either side. Politely indicate to the staff members to deal with something else far away, and ask for a new explanation of the problem from the patient.

Never confront the angry person with more than one member of staff at one time. Another person should only be called to confirm records or deliver materials, but not to join the dispute. If necessary intervene as recommended in the previous paragraph. More than one staff member confronting the patient is only likely to exacerbate the argument.

Remember, don't criticise the patient as a person, only deal with their behaviour. Avoid the use of the word "you" when dealing with any difficult patient. If any reference must be made to what they are doing, then refer to their behaviour, or better still name the opposite behaviour as the one you want. Not "You are being unnecessarily rude" or "You are a rude and aggressive person" but instead "Please explain what you think is wrong politely", or "Let's discuss what you feel is wrong quietly."

Remember don't be drawn into prolonged arguments about whether you or your practice should (or should not) have done something. If you believe an error has been made apologise appropriately and briefly. Never criticise staff in the presence of a patient. If there is a need for an apology, immediately direct attention to the appropriate solution.

5 Interventions from practice managers or owners

If you feel you must intervene to stop rude or angry expression towards another member of staff who should or must still continue to deal with that patient, then make the intervention very brief but telling. "I find that kind of language (or expression) quite unacceptable. This staff member is absolutely competent to deal with this, so please go on with no further abuse."

Make no personal imputations - do not say the patient is unacceptable, only the behaviour. Don't say "you are rude - wrong - reprehensible - ignorant - arrogant - pig-headed - etc." Only say something like "(That) behaviour is unacceptable."

Remember keep the word "you" out of the discussion. Say "Please try and speak reasonably" not "You are unreasonable" Say "Let's discuss this patiently" not "Control yourself." Not "You are a bloody nuisance" but "Let's look at it this way, - ". Not "You are being demanding (silly) (rude) (sexist)" but "We can (only) do this or that." Try to contrive your language so that no reference is made to the person's self.

6 Minimising loss and the way forward for practices

Careful judgement is needed when a patient who has been upset is leaving the practice. Mostly it will be best to do nothing except to say "Goodbye" politely. Some patients you may not wish to see again. Instances where the patient had a genuine cause for their behaviour it may then be appropriate to try to make a reconciliation. If the person has clearly settled their anger or aggression, make a brief further apology, or suggest that you would be glad to see them again.

Finally, follow up on this fact sheet and hold your own in-house communication role play with staff. By doing this you will be better prepared to relate to those problem patients!