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Partnering with Patients, Families and Your Hospital to Manage and Decrease Challenging Patient Encounters

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Learning Objectives

- Develop a mental framework to understand conflict between patients, families and care teams

- Understand how illness impacts feelings, thoughts and behaviors in physicians and patients

- List three physician factors that impact difficult patient encounters

- List three patient and family factors that impact difficult patient encounters

- Identify strategies to cope with and respond to difficult encounters

- Describe system-level solutions which may help address challenging patient encounters where you work

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Difficult Patients

"Patients who are medically challenging, interpersonally difficult, psychiatrically ill, chronically medically ill or lacking in social support"

-Adams et al 1996, The general approach to the difficult patient.

Patient who will not follow the treatment plan and dictates their own care

Patient with neurocognitive disorder who came in for pneumonia and is unlikely to recover, but her son wants everything done

Medically ready for discharge but refuses to leave, reporting new subjective medical symptoms

Patient requesting opioids for pain and threatening the clinical team

Difficult Encounters

Our framework of the "difficult patient" does not help us resolve conflict since we cannot change the patient. Most difficult encounters involve complex dynamics between patients, families, care teams and health systems.

Care Team

Health System
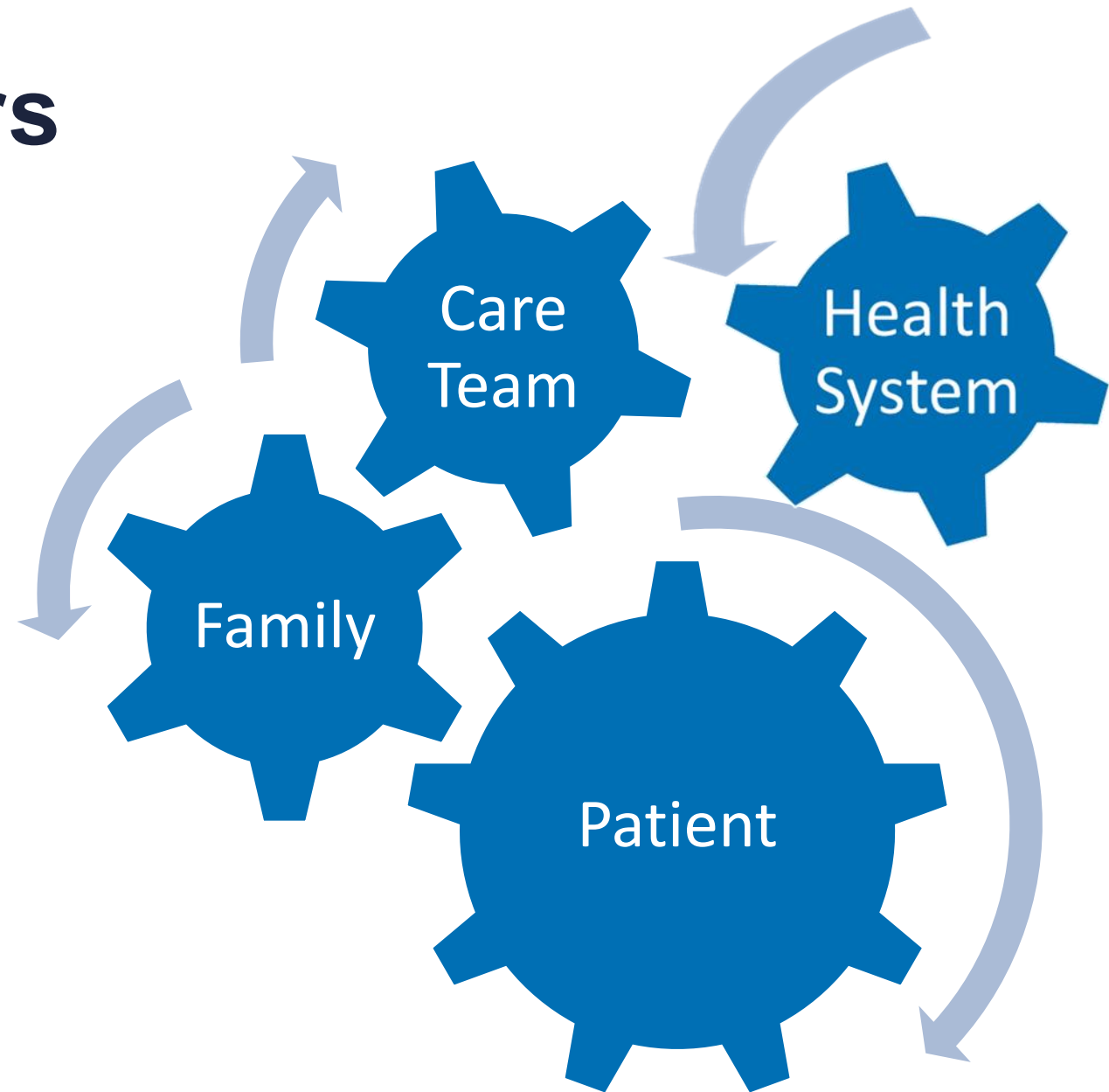
Family

Patient

Common Themes in Difficult Encounters

Impaired communication between patient, families and care team

Mismatch in expectations and values between patient, families, and care team

Direct and indirect impact of illness

Lack of resources for patients/families

Lack of system structure to support the care team

Treatment Interfering Behaviors by patients, families, and care team

Illness Factors that Contribute to Difficult Encounters

Illness that is complex, difficult to diagnose and/or has an unfavorable prognosis

- Patients and families get conflicting messages

- Difficult to tolerate uncertainty

- Physicians struggle with failure/helplessness

- Care is often siloed

Illness that directly impacts feelings/thoughts/behaviors

- Psychiatric illness

- Substance use disorders

- Delirium

- Neurocognitive disorders and TBI

Impact of Illness: The Patient–Doctor Dynamic

Being sick:

- Causes existential anxiety
- Activates our need to be cared for
- Disrupts sense of self
- Leads to uncomfortable feelings
  - Helplessness/loss of control
  - Shame/worthlessness
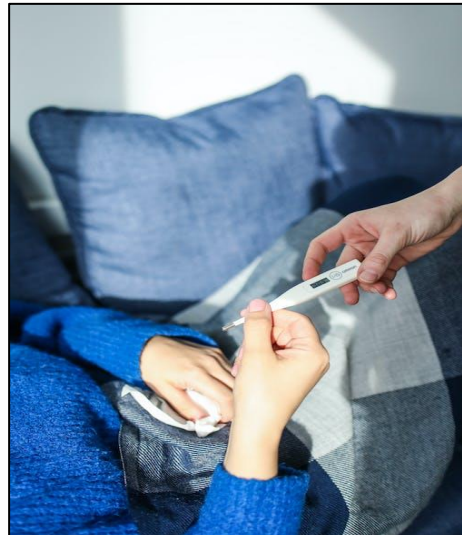
Caring for the sick:

- Helps us cope with existential anxiety
- Satisfies our need for care by caring for others
- Provides a sense of self
- Protects us from uncomfortable feelings
  - Helplessness/loss of control
  - Shame/worthlessness
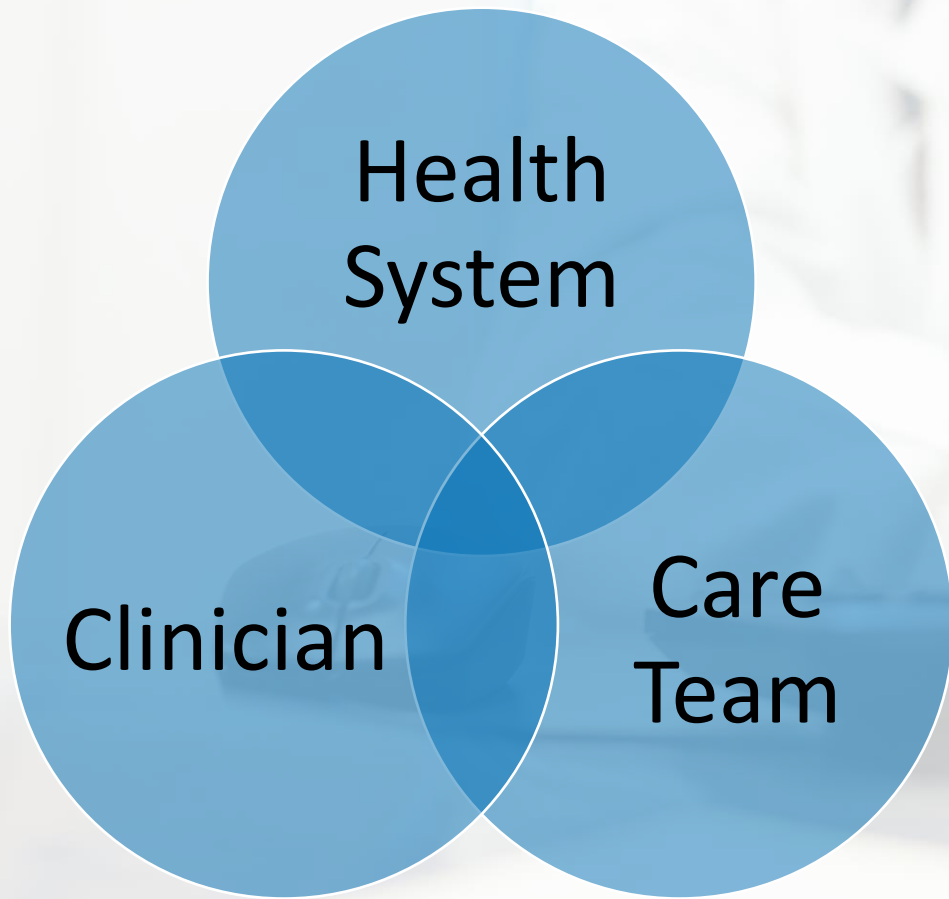
Treatment Interfering Behaviors

Therapeutic abandonment

- Being inattentive to clinical signs and symptoms
- Avoidance and/or gradual disengagement
- Discussing patient issues in public settings
- Not obtaining informed refusal of treatment

Boundary crossings
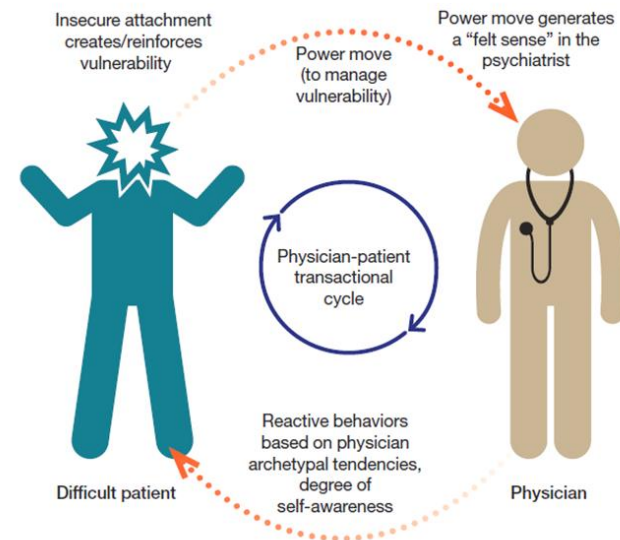
Lack of therapeutic limit setting

Clinician Driven Solutions

Recognize Treatment Interfering Behaviors by patient, family and physician to Break the Cycle of Difficult Interactions
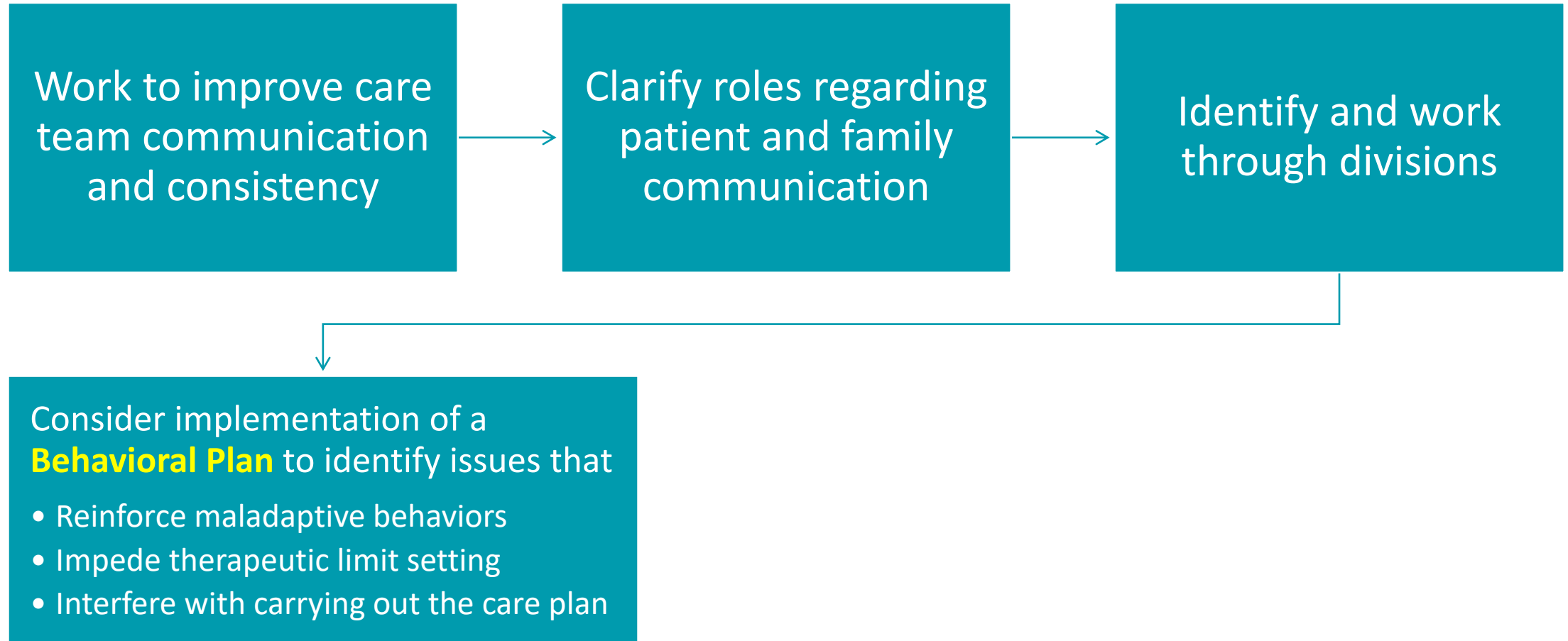
- Observe the interpersonal interaction as it occurs

- Start with awareness of the feeling

- Reflect on the patient and physician factors

- Reality-test using peer/mentor support

- Observe boundaries and limit setting

- Model a different experience

Figure. Association between disruptive early childhood experiences and psychopathology

Insecure attachment creates/reinforces vulnerability

Power move (to manage vulnerability)

Power move generates a "felt sense" in the psychiatrist

Physician-patient transactional cycle

Difficult patient

Reactive behaviors based on physician archetypal tendencies, degree of self-awareness

Physician

Sazima, G. The 'hateful patient' revisited: A Transactional View of Difficult Physician-Patient Relationships. *Psychiatric Times.* 2015; 32 (6)

Care Team Solutions

Work to improve care team communication and consistency	→ Clarify roles regarding patient and family communication	→ Identify and work through divisions

Consider implementation of a **Behavioral Plan** to identify issues that

- Reinforce maladaptive behaviors
- Impede therapeutic limit setting
- Interfere with carrying out the care plan

Health System Solutions

- Dedicated Supporting Services
  - Psychiatry Consultation-Liaison Team
  - Behavioral Health Rounding Nurses
  - Geriatric Clinical Nurse Specialists and Geriatricians
  - Behavioral Emergency Response Team
- Recognize and address problems related to lack of resources
  - Lobbying to local authorities
  - Partnerships with outside facilities
  - Complex care management
- Guidelines for disruptive patients and families
  - Role of security
  - Restrictions on patients and families
  - Administrative discharges
  - Communicating about past behavior
  - Support from hospital security/law enforcement/ethics team

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Thank you.

Discussion