

Complex and Suboptimal Dynamics

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What to look forward to

- “Difficult patients”
- Consequences of poor interpersonal dynamics
- How to address them

Conflicts of Interest

- None
- A note on vocabulary

40 years of the “Difficult Patient”

- “those who raise negative feelings within the clinician”
 - Frustration, guilt, anxiety, dislike....
(Groves, JE 1978)
- 140,000-160,000 professional interviews per career
(Berger Z, 2012)
- 15-60%
(Feister, A 2012)

Impacts

- Patient outcomes
 - Polypharmacy, morbidity, emergency admissions, fragmented care, QoL
(Wallace E, 2015) (Payne RA, 2014)
- Conceptions about healthcare system
- Physician job satisfaction and longevity
- Spillover effects on other patients

Reconceiving the “Difficult Patient”

- Historically thought to be due to psychiatric disorders
- Physician-centered definition, blames patient
- Prevalence
- Physicians with lower empathy scores have more difficult patients
(Elder, N 2006, Feister A, 2012)
- Difficult relationship

Patient-centered Perspective

- Vulnerability
- Stress
- Anxiety
- Problems that are difficult to understand, describe
- Feel unheard, disrespected, rushed, disempowered
- Environment and time pressure
(Breuner C, 2011) (Breeze JA 1998)

Consequences for Patient

- Not 'on board' with plan
- Unasked and unanswered questions
- Disenfranchisement
- Loses contact with healthcare system
- Poor health outcomes
(Wallace, E 2015)

Consequences for Clinician

- Affects entire day
- Biases care of other patients
- Frustration
- Burnout

Responding to the Difficult Relationship

- Obligation of healthcare provider
 - Regardless of relative contributions
- Consequentialist
- Professional responsibility, Primacy of Patient Welfare
- Virtue-based
 - Altruism
 - Patience
 - Courage
 - Compassion
(Larkin GL 2009 and Elder N 2006)

Healthcare Education

- The Hidden Curriculum
(Hafferty FW, 1994)

Healing the Divide

- Unconditional Positive Regard
(Rogers, 1956)
- Apologize/Acknowledge
 - Sit down
- Allow patient to vent
- Agree on problem
- Be on the same team, shared goals
- Agree on limits and plan
- Assure follow up
(Knesper D, 2007)

Trauma Informed Approach

- A difficult history
 - Safety
 - Trustworthiness and Transparency
 - Voice and Choice
 - Collaboration and Mutuality
 - Empowerment
- Improvement in outcomes, fewer difficult encounters
(Green, B 2015)

Cultural Competency

- Values
- Expectations for healthcare
- Ways of making decisions
- Customs

If All Else Fails

- Acknowledge your role in the failed relationship
- Alternatives
- Welcome back for a recheck
- Refer for further care

Intraprofessional Encouragement

- Debrief
- Reflection on action
- Reflection in action
(Leff V, 2017) (Cheng A, 2017)

Summary

- Difficult relationships are important
- Providers have the most power = most responsibility
- Courage and Compassion
- Unconditional positive regard
- Our stories define us
- Build a team
- Empower the patient

Thank you!

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