



Alberta College of
Speech-Language Pathologists
and Audiologists

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Patient Relations Course

Dealing with Difficult Patients

Handout

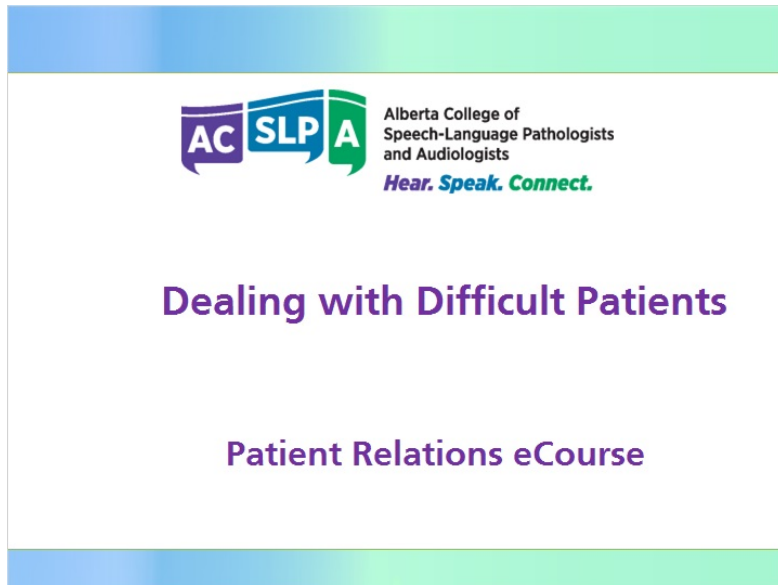
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Dealing with Difficult Patients

4. Dealing with Difficult Patients

4.1 Welcome



Menu


- [4.1 Welcome](#)
- [4.2 Introduction](#)
- [4.3 Step 1: Identification](#)
- [4.4 Step 2: Diffusion](#)
- [4.5 Step 3: Understanding](#)
- [4.6 Step 4: Resolution](#)
- [4.7 Provoked Clients](#)
- [4.8 Abusive Clients](#)
- [4.9 Summary](#)
- [4.10 The End](#)

Narration

No narration, only music.

4.2 Introduction

Introduction



Likely to encounter difficult patients

Failure to effectively respond:

- *makes you angry and upset as well*
- *patient remains upset or angry*
- *patient may never come back*
- *difficult to keep and attract patients*

Be familiar with employer's policies and procedures for dealing with patients

Menu
4.1 Welcome
4.2 Introduction
4.3 Step 1: Identification
4.4 Step 2: Diffusion
4.5 Step 3: Understanding
4.6 Step 4: Resolution
4.7 Provoked Clients
4.8 Abusive Clients
4.9 Summary
4.10 The End

Narration

JILL: Hi, I'm Jill and with me is my colleague Carlos. Welcome to this mini-lesson on dealing with difficult patients. So Carlos, do you ever have to deal with angry or upset patients?

CARLOS: Hi Jill. Yes I do. Fortunately, it doesn't happen too often. But when it does, I find it very stressful, and it usually ruins the rest of my day.

JILL: Dealing with difficult patients is part of every health care practitioner's job. No matter how good an SLP or audiologist you are, sooner or later, you will encounter a difficult patient – one who for some unknown reason, is upset or angry. If you fail to respond to this patient appropriately, several bad things can happen.

CARLOS: Besides making me angry and upset, and ruining my day, what other bad things can happen?

JILL: First of all, the patient will stay angry. Their anger might even get worse. The dissatisfied patient may decide never to come back to your clinic. Using the Internet and social media, the patient may give your clinic negative reviews and ratings. As a result, it may be difficult for your practice to keep and/or attract new patients.

CARLOS: So, this short learning unit will provide us with the knowledge and strategies to deal with angry and upset patients in an effective and positive manner?

JILL: Yes, it will. Successfully dealing with a difficult patient helps you feel better about yourself, increases your job satisfaction, improves your reputation, and enables your clinic to keep patients satisfied and coming back.

CARLOS: I guess that in addition to the strategies and techniques we'll present here, ACSLPA members should also be familiar with their employer's policies and procedures for dealing with unhappy, angry or dissatisfied patients. Those may differ slightly from the steps that we are recommending here.

JILL: Yes, that is a good point. I would like to mention that the strategies and techniques we'll present can also be used in situations that extend beyond "patients", such as with angry or upset family members, clients, colleagues, students and other professionals.

4.3 Step 1: Identification

Step1: Identify the Problem

Identify an angry or upset patient

Read verbal and non-verbal body language

Determine type of anger:

- *aggressive – anger & hostility obvious*
- *passive – shows in body language*

Give them some personal space

Do NOT take it personally

Menu

[4.1 Welcome](#)

[4.2 Introduction](#)

[4.3 Step 1: Identification](#)

[4.4 Step 2: Diffusion](#)

[4.5 Step 3: Understanding](#)

[4.6 Step 4: Resolution](#)

[4.7 Provoked Clients](#)

[4.8 Abusive Clients](#)

[4.9 Summary](#)

[4.10 The End](#)

Narration

JILL: We are going to describe a four-step process to effectively deal with a difficult patient. The first step is to identify a patient who may be angry or upset. To do this, you must learn to read the patient's verbal and non-verbal body language to determine the type of anger.

CARLOS: An aggressive patient expresses their feelings immediately. Anger and hostility are obvious. There is often use of sarcasm describing the issue, rapid or abrupt speech, or a raised voice.

JILL: On the other hand, a passive patient keeps their anger inside, but their body language gives them away. They plan never to come back or use your services again.

CARLOS: When you are first trying to identify an angry patient, back off! Do not get in their face! Give them some personal space to vent and explain their problem.

JILL: Another very important point to remember when dealing with a difficult patient, is that you should NEVER ever take it personally! There may be many of reasons why they are angry or upset, and you just happen to be the most convenient target for them to vent. Not taking it personally is really difficult to do. But it is essential to maintaining your composure and being able to continue to provide professional services.

CARLOS: That is the most difficult part for me in dealing with angry patients. I do take it personally! I guess I will just have to work harder to understand that their anger is not about me.

4.4 Step 2: Defuse anger

Step 2: Defuse Patient's Anger

Empathize and LISTEN:

- *don't downplay seriousness of complaint*
- *express empathy – understand feelings*
- *actively listen and pay attention*
- *do NOT be defensive or confrontational*
- *if aggressive – let tirade flow*
- *if passive – bring anger into open*
- *anger will dissipate as they talk*

Menu

- [4.1 Welcome](#)
- [4.2 Introduction](#)
- [4.3 Step 1: Identification](#)
- [4.4 Step 2: Diffusion](#)
- [4.5 Step 3: Understanding](#)
- [4.6 Step 4: Resolution](#)
- [4.7 Provoked Clients](#)
- [4.8 Abusive Clients](#)
- [4.9 Summary](#)
- [4.10 The End](#)

Narration

JILL: The second step in dealing with a difficult patient is to empathize and listen. Never downplay the seriousness of the complaint. This will only make the patient angrier!

CARLOS: Empathize with the patient. Enter into the feelings and spirit of the angry person. Put yourself in their shoes. You need to try and understand what they are saying – from their point of view.

JILL: To do this, you must be a good listener. Block out all distractions. Show them that you are really listening by maintaining eye contact, nodding and saying “Yes, I see”, or “I understand how you must feel.” Just listen – do not be defensive, confrontational or make excuses!

CARLOS: If the patient is aggressively angry, let their tirade flow uninterrupted until it is exhausted. If the patient is passively angry, it is better to confront their anger and bring it out into the open. Say something like “I’m sorry you’re upset about this. Let’s see what we can do to solve the problem.”

JILL: Letting angry patients talk is the best way to dissipate their anger. In many cases, all the patient may have needed is an opportunity to vent their frustrations. The actual complaint may be minor and easily solved.

4.5 Step 3: Understanding

Step 3: Understand the Problem

Ask questions to understand the issue

Give feedback:

- *restate in your own words*
- *should NOT be judgmental or critical*
- *should BE positive and supportive*
- *be sincere but do not patronize them*

Summarize the problem

- *shows patient that you are listening*
- *lets you know you got the facts correct*

Menu

- [4.1 Welcome](#)
- [4.2 Introduction](#)
- [4.3 Step 1: Identification](#)
- [4.4 Step 2: Diffusion](#)
- [4.5 Step 3: Understanding](#)
- [4.6 Step 4: Resolution](#)
- [4.7 Provoked Clients](#)
- [4.8 Abusive Clients](#)
- [4.9 Summary](#)
- [4.10 The End](#)

Narration

JILL: Step 3 is to fully and completely understand the patient's problem or complaint. Ask the patient questions to learn as much as you can about the issue before you try to resolve it.

CARLOS: Listen to their answers carefully and give feedback. Restate in your own words the feelings you detect behind what the patient is saying. Feedback should be neither judgmental nor critical, but should be positive and supportive! Be sincere because you do not want your patient to feel that you are patronizing them.

JILL: Summarize the problem. Describe in your own words, what you understand the problem to be. Restating the problem lets the patient know you have listened, and lets you know that you understand the situation correctly.

4.6 Step 4: Resolution

Step 4: Resolve the Problem

Find out what the patient wants
Suggest options for solving the problem
Agree on a plan of action
Carry out agreed plan
Follow up with patient to ensure satisfaction

Menu
4.1 Welcome
4.2 Introduction
4.3 Step 1: Identification
4.4 Step 2: Diffusion
4.5 Step 3: Understanding
4.6 Step 4: Resolution
4.7 Provoked Clients
4.8 Abusive Clients
4.9 Summary
4.10 The End

Narration

JILL: The last step is to resolve the problem or complaint. Ask the patient what they want you to do to resolve the problem. In many cases, it is something simple that can be done right away.

CARLOS: If the issue is more complex, suggest feasible and realistic alternatives that may solve the problem. Be careful not to suggest alternatives that you or the clinic can't deliver.

JILL: Agree with the patient on the best plan of action. Then do your best to carry out that plan involving the appropriate team members. Follow up with the patient immediately afterwards, and sometime later to ensure that they are satisfied.

CARLOS: Dealing effectively and promptly with patient complaints will cement their loyalty and will enhance their positive perception of you and your professional services.

4.7 Provoked patients

Provoked Patients


YOU do or say something wrong

Patient gets angry or angrier

Admit mistake and apologize

If serious, escalate to supervisor

Do NOT ignore it!



Menu
4.1 Welcome
4.2 Introduction
4.3 Step 1: Identification
4.4 Step 2: Diffusion
4.5 Step 3: Understanding
4.6 Step 4: Resolution
4.7 Provoked Clients
4.8 Abusive Clients
4.9 Summary
4.10 The End

Narration

JILL: Another situation that sometimes occurs is that you mishandle a situation. You do or say something that provokes a patient. You have been extremely busy, under a lot of pressure, and without thinking, do or say the wrong thing. You create an angry patient, or make an angry patient even angrier!

CARLOS: When this happens, immediately admit your mistake and apologize. Try and defuse the situation. If you think the situation is getting out of hand, refer it to a supervisor or an experienced colleague. Whatever you do, do NOT ignore it. Situations like this may result in the patient making a complaint against you to the College.

4.8 Abusive patients

Abusive Patients

You are there to serve, not be abused!

Includes insults, profanity or physical abuse

Appropriate response:

- *do not react – maintain your cool*
- *draw the line – state action you will take*
- *follow through with stated action*
- *do not threaten as it is patient abuse*

Have contingency plan in place to deal with major threats and physical violence.

Menu

- [4.1 Welcome](#)
- [4.2 Introduction](#)
- [4.3 Step 1: Identification](#)
- [4.4 Step 2: Diffusion](#)
- [4.5 Step 3: Understanding](#)
- [4.6 Step 4: Resolution](#)
- [4.7 Provoked Clients](#)
- [4.8 Abusive Clients](#)
- [4.9 Summary](#)
- [4.10 The End](#)

Narration

JILL: Our final topic is about what to do when faced with abusive patients. You are there to provide quality professional health care, not to be abused! There are some things you are never obligated to take from your patients. The most obvious is insults, profanity, threats or physical abuse.

CARLOS: If you are faced with this situation, deal with it directly. Don't react! The patient who resorts to these behaviours is usually looking to provoke a reaction from you. Maintaining your cool is your best defense. It is hard for the patient to play this game if you refuse to play!

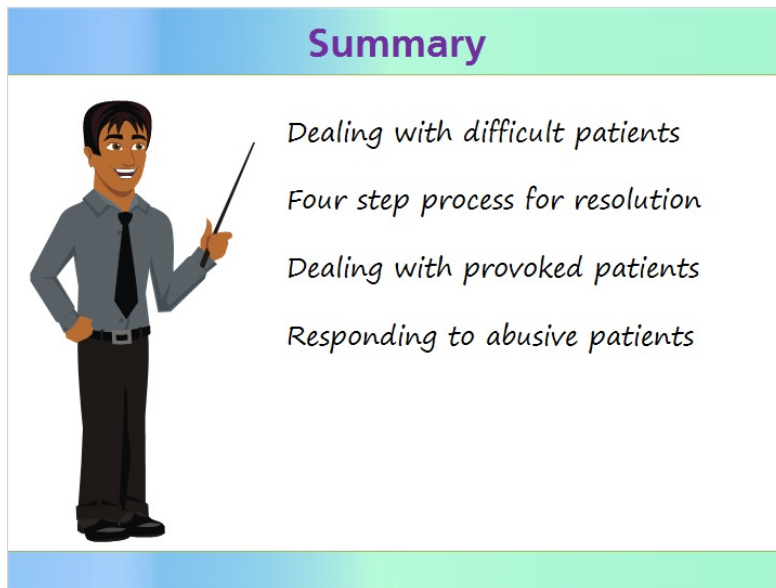
JILL: Draw the line. Do not bother quoting the rules – they don't care about the rules. Simply make a clear and direct statement of the consequence should they continue their behavior. For example, "I can't continue with this treatment as long as you use this kind of language. If you continue, I will have to terminate this appointment and ask you to leave."

CARLOS: Follow through. If the response is positive, continue the interaction. If they do not respond, follow through with the consequence. Seek support from a colleague or supervisor and be prepared to explain what happened. It may be appropriate to document the incident in case this patient decides later to make a complaint against you.

JILL: However, keep in mind that as a member of a regulated health profession, you have to be careful about the type of consequences you promise. As you have learned elsewhere in this course, making emotional or physical threats may be considered patient abuse.

CARLOS: Finally, ensure that your clinic has a contingency plan in place for any really serious threats of violence such as individuals with guns, knives, bombs or other dangerous weapons.

4.9 Summary



Menu

- [4.1 Welcome](#)
- [4.2 Introduction](#)
- [4.3 Step 1: Identification](#)
- [4.4 Step 2: Diffusion](#)
- [4.5 Step 3: Understanding](#)
- [4.6 Step 4: Resolution](#)
- [4.7 Provoked Clients](#)
- [4.8 Abusive Clients](#)
- [4.9 Summary](#)
- [4.10 The End](#)

Narration

JILL: This concludes this presentation on dealing with difficult patients. Carlos, care to summarize?

CARLOS: Okay. We began this presentation by discussing the importance of dealing with angry or upset patients and resolving their complaints. Next we explained the four steps you should take to deal with difficult patients: Step 1 is to identify the angry patient; Step 2 is to defuse the patient's anger; Step 3 is to understand the patient's problem; and Step 4 is to take appropriate actions to resolve the patient's complaint.

We briefly talked about what to do when you inadvertently provoke a patient. Admit your mistake and apologize. Get help if you cannot resolve the situation yourself. And finally, we identified steps you should take if confronted by abusive or threatening patients. These are: don't react, draw the line, and follow through on the consequences.

JILL: Thanks for doing that. Hopefully, the tips we have provided here, along with your employer's policies and procedures, will help you deal more effectively with any difficult patients that you may encounter. Also, with these skills, your job as an SLP or audiologist will be less stressful and more productive.

4.10 The End



Menu

- [4.1 Welcome](#)
- [4.2 Introduction](#)
- [4.3 Step 1: Identification](#)
- [4.4 Step 2: Diffusion](#)
- [4.5 Step 3: Understanding](#)
- [4.6 Step 4: Resolution](#)
- [4.7 Provoked Clients](#)
- [4.8 Abusive Clients](#)
- [4.9 Summary](#)
- [4.10 The End](#)

Narration

No narration, only theme music.