Tough Office Conversations?
Pushed for Time?

Strategies and Tips

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Disclosures

Dr. Buckley no disclosures.

Dr. Salloum has coached physicians with regards to communication issues.
Objectives

Participants will:

• Be able to predict and plan for stressful clinical situations

• Develop strategies for managing stressful clinical situations

• Develop plans for communicating with staff to prevent/decrease office stressors
Difficult Encounters

- Situational factors
- Patient factors
- **Physician factors**
- Combination

Physician Factors – what do we bring to the encounter?

- Attitudes
- Personal stresses/challenges
- Lack of medical information/knowledge of health condition
- Lack of communication skills
Reflection

• How many clinical situations have you had in the past month which you would you describe as “difficult encounters” or “tough conversations”?
Difficult encounters are estimated to represent 15 – 30 percent of family physician visits

What does this mean?

• We can’t treat these situations as unusual or unexpected
• These situations are not a surprise!
• These tough office conversations/difficult encounters are part of our job!
Implications?

• If they aren’t a surprise, unusual or unexpected, we need to plan for them.
• If we think of them as clinical situations which require a set of communication skills and tools, it will help us manage them.
It is Friday afternoon at 4:45 pm. Kathy is your last patient of the day. Guests are coming for dinner at 7 pm and you are doing the barbequing.....
Kathy says........

“You remember I had the biopsy of that breast lump on Monday. I’m not supposed to see the surgeon until next Tuesday but I called Maggie at the front desk and she said you had the results but I had to come in to get them. I’m sure it’s fine, but the waiting is awful.”
As you pull up the result on the EMR you realize it was just put into the system within the last hour – it reads: “Infiltrating ductal carcinoma”
What would you do?

• Take the next 5 minutes to talk about the scenario with your group
• How would you manage this situation?
• Be ready to share one tip with the group
Tips/advice from the group!
General tips

When you have that sinking feeling........
Recognize how you are feeling and how that will affect your behaviour

Turn away from the computer
Look at your patient
Listen more, talk less

Carol Cassela The Wall Street Journal The Experts: How to Improve Doctor-Patient Communication
http://www.wsj.com/articles/SB10001424127887324050304576411251805908228
Specific tips

• FIFE—an approach to understand the patient’s disease and illness experience
• SPIKES—an approach for delivering difficult news
• Note: both are taught as part of the undergraduate Communication Skills curriculum at UBC

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Breaking Bad News

SPIKES – not perfect, but not bad!

Goals:

• Provide support to the patient
• Elicit patient’s collaboration in developing a strategy or treatment for the future
• Gather information from the patient
• Transmit the medical information

SPIKES-Six Steps

• Setting up – review your plan and ensure privacy
• Patient perceptions – what does he/she know
• Invitation to break news*
• Knowledge – the facts in clear plain language
• Emotions - empathy
• Strategy and summary
Margaret is 55 – she has a strong family history of cardiovascular disease, with 3 sibs having had MIs in their 40s or 50s. Her mother had a CVA at 60. Her sibs all had cardiovascular disease. Margaret has hypertension, hypercholesterolemia and DMII. Her BP was 180/110 before she started medication 6 months ago.
Margaret says........

• Dr. B, you are going to be mad at me! I’ve been doing a lot of research and I’ve stopped my medications! I’m pretty sure the ramipril was giving me a cough and the atacand gave me gas. And the crestor made my legs sore when I walked. Anyway, I’m going to Dr. Bernstein’s clinic and I’ve lost 12 lbs in 12 days! I’m using some herbs and information from my sister’s naturopath. Here, I printed it out for you!
What would you do?

• Take the next 5 minutes to talk about the scenario.
• How could you handle this situation – right now, and later.
• Be ready to share one strategy/tip with the whole group.
Tips/strategies from the group!
FIFE

(not for acute/emergent situations)

- F = Feelings/Fears = “Is there anything specific worrying you about XXX”
- I = Ideas = “Do you have any ideas about what might be going on? Sometimes people have an idea about a symptom and it’s important for me to know what’s on your mind.”
FIFE

• F = Function = “How is this xxx affecting your daily life?”
• E = Expectations = “What can I do today that will be the most helpful to you?” Or “What did you hope I would do today, to help sort this problem out?”
Angry patient, angry doctor?

- Remember, anger is usually a secondary emotion
- Goal is to understand, not necessarily share, the emotion with the patient (empathy versus sympathy)
Tips on dealing with anger

• Pause and be attentive
• Avoid getting defensive
• Inquire about the source of the patient’s anger
• Validate the patient’s anger
• Make clear empathic statements
Tips on dealing with anger

• Apologize when appropriate
• Avoid making excuses
• Name the emotion--if you are wrong, the patient will correct you
• Respond to the emotion, not the content. If someone is upset or angry, attend to how they feel – this may not be the time for more information!
Tips on dealing with anger

• Beware of the “filler” word “but”—use “and” instead
• Reflect on the feelings you have in order to better understand your patient

Twelve tips for asking and responding to difficult questions during a challenging clinical encounter Sophie Soklaridis, Jonathan J. Hunter & Paula Ravitz Medical Teacher 2014, 36: 769–774
Examples

“Please share with me the issues that are important to you right now.”

“I see that you are really upset – can you tell me about it?”

“I can see that you are angry.”

“You are right—it’s annoying to sit and wait in a cold room.”

“It sounds like you are telling me that you are scared.”

Managing Difficult Encounters: Understanding Physician, Patient, and Situational Factors
Rosemarie Cannerella Lorenzetti, C. H. Mitch Jacques, Carolyn Donovan, Scott Cottrell, and Joy Buck
Am Fam Physician. 2013 Mar 15;87(6):419-425
Office Management Strategies

Acknowledge the challenges and contributions of your staff
Office management strategies

Provide training to your staff
• Confidentiality
• Timing – for challenging patients/situations
• Communication – sensitivity to diversity
• Caution re: information giving
• Documentation – phone calls, messages, ‘no shows’
• Notification—when/how to tell the MD?

How office staff can help reduce risk – Safety of care, CMPA (March 2015)
Office Management Strategies

Provide training to your staff
• Test results and referral management
• 3rd party request management
• Out of office message use

Manual? – Take the time to put all of this information in one place

How office staff can help reduce risk – Safety of care, CMPA (March 2015)
Objectives - Review

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References


Thank-you!