

Keep Your Cool

**Strategies for (Figuratively) Tackling the
Problem of Angry Patients/Families**

► Today's program

MaryAnn Digman, RN, MSHA, Senior Patient Safety & Risk Consultant,
MedPro Group (Maryann.Digman@medpro.com)

MaryAnn brings a wealth of education and more than 25 years of progressive clinical and operational healthcare leadership experience to her responsibilities at MedPro Group.

Her previous roles in large integrated systems, academic medical centers, community hospitals, and rural healthcare in public, not-for-profit, and investor-owned systems — and her experience as a COO/CEO — are invaluable to her clients as they develop effective business strategies.

MaryAnn earned her RN degree from St. Mary's School of Nursing in Rochester, Minnesota. She completed her bachelor of science degree in health education from the University of New Mexico and her master of science degree in healthcare administration from the University of St. Francis in Joliet, Illinois.

MaryAnn is a member of the American College of Healthcare Executives (ACHE), and she has served on the Board of Directors of the Voluntary Hospitals of America (VHA) Southwest, the New Mexico Hospital Association, and numerous community agencies.



► Today's program

Gail E. Harris, RN, MS, MA, Senior Patient Safety & Risk Consultant, MedPro Group (Gail.Harris@medpro.com)

Gail offers a wealth of education and consulting experience, as well as a strong clinical background with special emphasis on corporate risk management, infection control, and adult education.

Gail's experience as a corporate risk manager has been invaluable to her clients as they develop effective business and enterprise risk management strategies. Gail's clients welcome her expertise on the clinical aspects of infection control and realistic approaches to challenges such as antibiotic resistance and the increased portability of diseases. Further, Gail's skill as an educator ensures the effectiveness of learning activities.

Gail is a registered nurse and earned her master's degrees in infection control and adult education. She previously served on the Board of Directors of the Certification Board of Infection Control and Epidemiology (CBIC). Gail also served on the Board of Directors of the Association for Professionals in Infection Control and Epidemiology (APIC) as well as the Board of Governors of the National Patient Safety Foundation (NPSF).

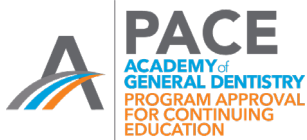


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MedPro Group is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

MedPro Group designates this enduring activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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MedPro Group designates this continuing dental education activity, as meeting the criteria for up to 1 hour of continuing education credit. Doctors should claim only those hours actually spent in the activity.

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Today's faculty, as well as CE planners, content developers, reviewers, editors, and Patient Safety & Risk Solutions staff at MedPro Group have reported that they have no relevant financial relationships with any commercial interests.

► Objectives

At the conclusion of this program, participants should be able to:

- Identify methods of improving communication between office staff and patients/families.
- List strategies for de-escalating disruptive behavior.
- Develop an office-wide plan for managing angry patients/families.



► Communication basics

The Four Agreements

Be impeccable
with your
word.

Don't take
anything
personally.

Don't make
assumptions.

Always do
your best.

Source: Ruiz, M. (1997). *The four agreements: A practical guide to personal freedom*. San Rafael, CA: Amber-Allen Publishers.

► Case study: dental practice

A dental patient has a complication following a procedure.

The patient seems to understand and, although upset, is being reasonable.

The patient's spouse rushes into the dental office yelling profanities and demanding to see the doctor immediately.

The patient's spouse refuses to leave the waiting area and continues to talk loudly about the poor care the patient has received.

The office manager comes to the waiting area and angrily demands that the spouse leave.

Now what?

► Action strategies

Remain calm.

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graph TD; A[Remain calm.] --> B[Reasoning with a very angry person is not possible.]; B --> C[Fight or flight is the natural response.]; C --> D[Avoiding conflict is a very natural response.]
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Reasoning with a very angry person is not possible.

Fight or flight is the natural response.

Avoiding conflict is a very natural response.

► Action strategies

If possible, go to a private place.

- Communication with an angry or irrational person in a public forum may lead to escalation.

Use active listening.

- Clarify: Talk back (not back talk).
- Use open-ended questions.
- Listening is the MOST important skill in diffusing strong emotions.

▶ Actively listen

- ▶ Listen to the person's frustration.
- ▶ Empathize with his/her "plight."
- ▶ Understand how he/she perceives the situation.
- ▶ Understand what the person wants that he/she is not getting.
- ▶ Address the person's concerns.
- ▶ Offer a solution or an alternative.

Choose to not fight

Make a conscious choice to not argue.

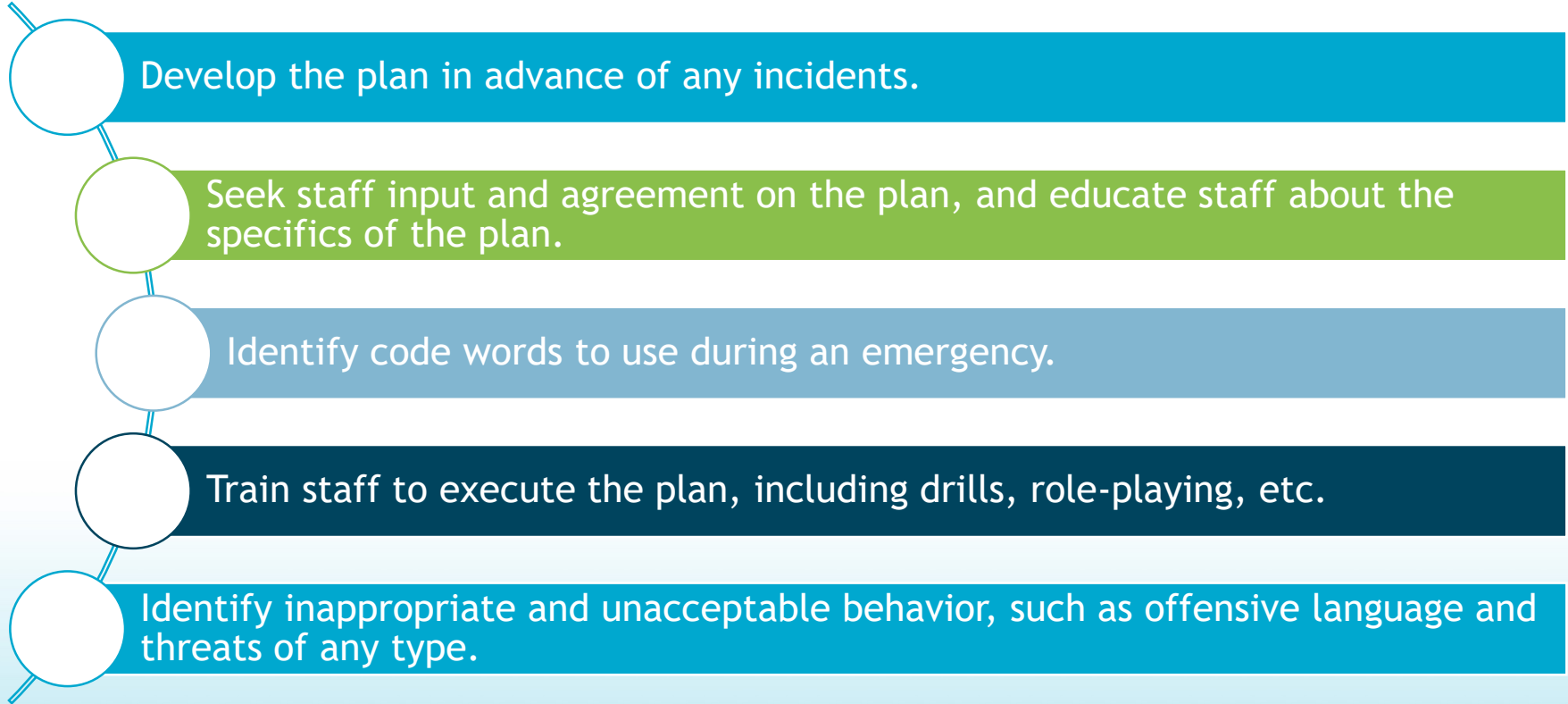
Do not engage in negative communication.

► **Maintain focus**

- Consider the problem, not the person.
- Avoid distractions (e.g., phone calls and other people).
- Address the patient's/family's concerns and not the rules.
- Maintain eye contact.
- Sit if possible, but only if the patient/family are sitting.
- Be mindful of negative body language, such as crossed arms, frowning, and eye rolling.



► Devise an office-wide plan



► Have empathy

Put yourself in the patient's/family's situation:

- How would you feel?
- How would you respond?
- What would satisfy you?



Ask the patient/family to tell you their preferred resolution or what they think should happen.

► Work toward a resolution

- Decide who is authorized to resolve the issue.
- Work toward a win-win solution.
- Work together with the patient/family to determine an outcome.
- Let go of the need to control.
- Let go of the need to win.
- Mostly, let go of the need to be “right.”

Outcomes

- Determine what outcome the patient and family want.
- Determine what outcome the doctor and staff want.
- “Compromise” is NOT a dirty word.

Empowerment is essential in conflict resolution.

► Angry patients

Remember:

Angry patients are not always wrong.

Inappropriate language or behavior might mask a valid point.



► Causes of anger

Money

Feeling disrespected

Fear of a less-than-perfect outcome

Biases

Circumstances outside
of medicine/
dentistry

Feeling frightened,
threatened, or hurt

► De-escalation

It's not a natural behavior.

“Fight or flight” is a natural behavior.

De-escalation is a skill that requires practice.

Drills and role-playing are great practice.



► De-escalation

Safety is the first consideration. When meeting with the angry person, make sure you:

- Have access to a door.
- Have a partner.
- Keep distance between the angry patient/family and staff.
- Do not touch the person.

Be clear about the consequences of inappropriate or threatening behavior.

► De-escalation

If de-escalation is not working:

- Stop the conversation.
- Ask the angry patient/family to leave the office.
- Escort the patient/family to the door.
- If the patient/family refuses, call for help.
- Call 911 if necessary.



► Case study: medical practice

Mr. D has had to wait more than 30 minutes for the two appointments he has had with Dr. Smith.

Mr. D loudly complains to the receptionist that his time is also valuable, and that he is planning on charging Dr. Smith for an hour of his time.

The office manager comes to the waiting area to invite Mr. D to come to her office to discuss his concerns.

Mr. D stands up and approaches the office manager in an intimidating fashion. He begins to throw things off the tables and push the furniture over.

Now what?

► Nonviolent threats

The angry patient might say:

“I am going to get an attorney.”

“I am going to turn you in to the medical/dental board.”

“I am going to post very negative reviews about you online.”

In all cases, it is reasonable to reply:

“I am sorry you feel that way; we have tried to meet your expectations. We understand that you need to go ahead as your conscience dictates.”

► Managing negative online reviews

Options to consider:

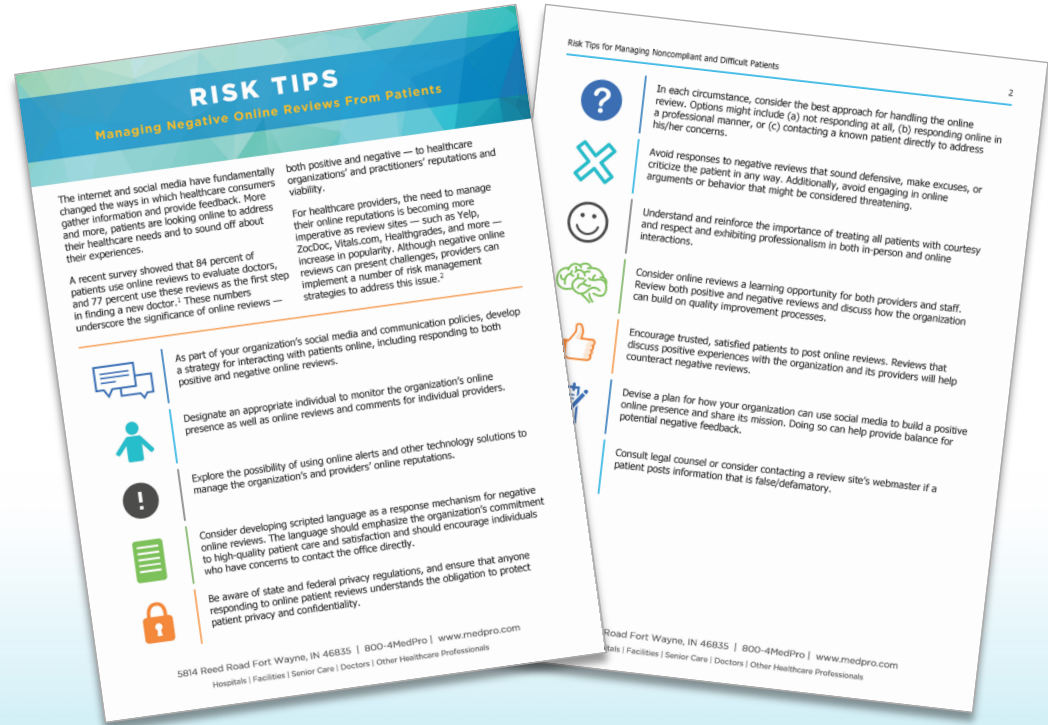
- Do nothing.
- Remove or ask the webmaster to remove the post.
- Do NOT engage in an online debate!
- Respond with script language to indicate you are committed to providing excellent patient care and encourage anyone with concerns to contact your office directly.
- Ask trusted patients to post positive comments.



If you **MUST** respond, be careful!

► Managing negative online reviews

Free MedPro Resource! Use our [Risk Tips for Managing Negative Online Reviews From Patients](#) for more detailed guidance on this topic.



► Dealing with parents

Remember, parents may:

- Lose rational perspective when it comes to their child
- Want to “protect” their child from pain
- Feel vulnerable, powerless, or distressed
- Fear the unknown



► Set limits

Explain limits in a firm, yet respectful, tone.

Find safe choices, such as:

- We can continue if we can both agree to calmly discuss the issue.
- We can stop now and you can come back another day to discuss this issue.

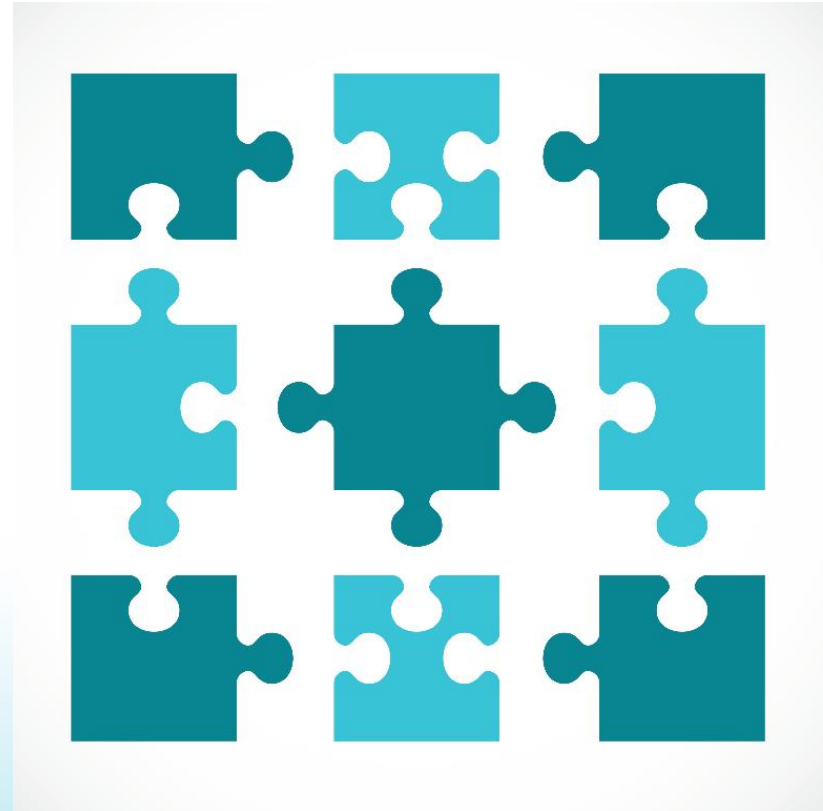
► Summary

Compassionate communication is a powerful tool.

Most disagreements can be managed with positive communication.

Safety and respect are primary considerations.

Call your MedPro Group Senior Patient Safety and Risk Consultant for assistance as needed (1-800-463-3776).



► MedPro resources

- *Communicating Effectively With Patients to Improve Quality and Safety:* www.medpro.com/documents/10502/2837997/Guideline_Communicating+With+Patients.pdf
- *Managing Nonadherent Patients:* www.medpro.com/documents/10502/2837997/Guideline_Managing+Nonadherent+Patients.pdf
- *Refunds and Waivers:* www.medpro.com/documents/10502/2837997/Refunds_and_Waivers-Guideline.pdf
- *Terminating the Provider-Patient Relationship:* www.medpro.com/documents/10502/10735/Guideline_Terminating+a+Provider-Patient+Relationship.pdf
- *Using Behavior Contracts To Improve Patient Adherence and Address Behavioral Issues:* www.medpro.com/documents/10502/2837997/Behavior+Contracts.pdf

► Other resources

- Handling Challenging Dental Patients: www.rdhmag.com/articles/print/volume-32/issue-9/features/handling-challenging-patients.html (*Registered Dental Hygienist*)
- It's Not Personal: Dealing with Difficult Patients: <https://success.ada.org/en/practice-management/patients/dealing-with-difficult-patients> (ADA Center for Professional Success)
- Handling angry patients in the dental office: www.dentistryiq.com/articles/2015/01/handling-angry-patients-in-the-dental-office (Dentistry IQ)
- 7 steps to managing angry patients: <http://medicaleconomics.modernmedicine.com/medical-economics/news/modernmedicine/modern-medicine-feature-articles/7-steps-managing-angry-patient?page=full> (Medical Economics)
- Handling Angry Patients: www.physicianspractice.com/articles/handling-angry-patients (Physicians Practice)