

Saying NO Effectively to Demanding Patients:

Remember, a two-way conversation may not be part of their agenda

- Set an example—don't ask patient to calm down, *model* calmness.
- Get patients' attention—lower your voice, move so they must turn in your direction, encourage them to sit down—but let them control where
- Listen—not just to the patients needs, but also for *underlying issues/concerns* and *unexpressed expectations*. Don't assume. The use of “uh- huh” and “um” has been shown to help patients settle down on their own. Feels like a lot of time, but really isn't.
- Avoid arguments—use disarming statements. Consider rolling with the resistance and *agreeing* with the patient if possible.
- Take a step back from the demand and ask probing questions to find underlying concerns. This may change a rant into a conversation. “I agree with you that a MRI is an good/fast test, what is it that you think you may have?”
“You seem adamant about the MRI, why do you think it's so important?”
- Summarize—paraphrase. The patient can correct any misperceptions, and can experience being heard and understood. Acknowledge the patient's feelings. “I can understand that.”
- Explain your rationale/perspective—use *“I” statements*, be clear, direct and specific. Patients may not want to hear your side and may take this as a personal rejection, a one-down situation. The patient may feel embarrassed. *Pay attention to the way you say No* (38% communication is *tone* of voice).
- Find out the patients goals for the demands. “Is there a particular problem you think the MRI will diagnose?” “How had you hoped I could help you with this?”
- Set your goals; recognize your own values and triggers. Consider using a preplanned strategy for situations that you encounter often, i.e. narcotics/unnecessary tests
- Set boundaries—don't back down, don't become defensive, and don't argue.
- Offer options—ask for a response, “ Do you understand why I don't ...”.
- Assess readiness of patient to work with you for a solution, “Are you interested in hearing about other options?” If the patient is not receptive, don't push, offer to revisit topic at another time. “We can talk about options next time if you want to think it over”
- Reassurance is only meaningful when the patient's reasoning for the problem is elicited

Disarming Statements: actively helps pt make their point

“I see your point,” “I understand”

- The “You're Right” statement. “You're right, you did have to wait a long time”, “You're right, it is hard to find a parking space here”.
- The “I agree” statement. Shows collaboration. “I hear you and agree with you. It can be dangerous to get the wrong prescription”, “I hear you and agree with you. It would be faster to just order the MRI of your knee...however...”

Clinical Scenario Antibiotic RX demands for URI symptoms-Demanding patient/ Saying No

“I want an antibiotic, I feel sick, and I can't miss work.”

- URI's=20% of outpatient diagnosis. 90% are viral, but ABX prescribed in 50-70%
- Patient's satisfaction is not necessarily based on getting ABX, but is based on listening, explanation, and a treatment plan individualized for and with the patient.

“I don't blame you. Tell me what you're experiencing and we'll discuss the dx/options...My dx at this time is a virus, based on your sx of... An antibiotic wouldn't be the best medical care for you in this case; I can give you other treatments that would be more tailored/effective for your symptoms. What do you think?”