EFFECTIVE PATIENT COMMUNICATION

Strategies for Challenging Situations

A Patient Safety and Risk Management Guide for Members

The Doctors Company
TDC GROUP

EXPERT STRATEGIES AND GUIDANCE

Delivering superior service is more than just a best practice for us. It is at the core of who we are. At The Doctors Company, our dedicated staff can provide expertise and support to help you identify potential sources of patient injury, increase quality, and enhance safety within your practice environment.

This guide presents strategies that can help you improve communication with patients and families. It can also assist office practices in developing more effective communication skills among providers and within the healthcare team.

Your patient safety risk manager can provide expert guidance and support whenever you have questions or need assistance.

CALL 800.421.2368

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EFFECTIVE PATIENT COMMUNICATION

Effective communication among providers, patients, and families is essential in healthcare. Patients who have poor communication with their healthcare teams are less likely to adhere to recommended treatments or complete diagnostic testing procedures and referrals, and they are more likely to miss follow-up appointments. These types of behaviors place the patient, healthcare professional, and organization at risk.

Poor communication often results in patient dissatisfaction. Working with unhappy patients is more difficult and can add stress to an environment that may already be burdened by staff shortages and burnout.

When dissatisfied patients become angry, they may vent their anger to providers, staff, third-party payers, attorneys, regulatory bodies, and social media rating sites—and they may be more likely to escalate frustrations to verbal and physical threats and aggression. For these patients, an ounce of skilled communication may prevent a pound of harm for everyone involved. Patients who have a strong relationship with their care team may be less likely to pursue litigation in the face of an adverse event.

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PATIENT DISSATISFACTION WITH CARE

Our analysts reviewed 2,831 ambulatory medical, dental, and surgical claims that closed from 2010 through 2020 for factors known to contribute to patient dissatisfaction. The top factors included patient factors, poor rapport, and communication between the patient, family, and provider. The next sections will explore these factors in more detail.

Over 61 percent of the claims involved moderate- or high-severity harm, meaning patients experienced injuries ranging from delayed recovery and infection to organ damage, limb loss, permanent harm, and death.

We found that the specialties most at risk for factors contributing to patient dissatisfaction are (in descending order of frequency) plastic surgery, dentistry, orthopedics, otolaryngology, ophthalmology, family medicine, internal medicine, dermatology, and gynecology.

TOP FACTORS CONTRIBUTING TO PATIENT DISSATISFACTION

52.4%

1,483 claims

Patient Factors

Seeking other providers due to dissatisfaction with care

28.6%

811 claims

Poor Rapport

Includes unsympathetic response to patient

24.5%

693 claims

Communication Between Patient/Family/Provider

Expectations

Note: A claim may have more than one contributing factor, resulting in a total percentage greater than 100.

PATIENT FACTORS

When a patient transfers care from one practice to another, clinical information and knowledge may be lost in the process. Because transferring care can increase the chance of an adverse event (especially if the patient has an undiagnosed condition), it is important to identify the reason the patient wants to leave and use that information to drive practice improvements.

Identify patient dissatisfaction as early as possible.

Identify patient dissatisfaction as early as possible. Communicate with the patient to understand and address the underlying causes of the dissatisfaction. Consider these strategies for evaluating voluntary patient withdrawals from the practice:

- Offer to speak to the new provider to coordinate the patient's care. Provide the patient with a HIPAA-compliant authorization form and release the records promptly when you receive the signed authorization. This is particularly important for patients with complex or undiagnosed conditions and those with potentially high-risk conditions, such as cancer treatment or pregnancy.
- Conduct exit interviews with patients by telephone or a follow-up survey to determine their reasons for leaving. Is the patient moving or has an insurance change rendered the practice out of network? Find out if the patient has experienced any recurrent problems or frustrations with the practice. If possible, identify dates of service. Ask the patient for recommendations about improving the practice.

- Track how frequently patients are leaving your practice and look for common themes to identify practice deficiencies.
- Prioritize opportunities for improvement and develop an action plan. Depending on the severity and extent of issues identified by patients, consider using a structured process, such as the Institute for Healthcare Improvement's (IHI's) Failure Modes and Effects Analysis Tool (**ihi.org/resources/Pages/Tools/FailureModesandEffectsAnalysisTool.aspx**) or its RCA^2: Improving Root Cause Analyses and Actions to Prevent Harm tool (**ihi.org/rca2**).
- Conduct periodic reviews of policies and procedures to evaluate the efficacy of clinical practices and perform routine audits to validate compliance with established protocols.

STRATEGIES INVOLVING DISSATISFIED OR ANGRY PATIENTS

Ensure that all staff members have the training and skills to work with dissatisfied or angry patients. Consider using a structured communication tool such as BLAST[1] to help providers and staff remain objective and help the patient communicate more effectively:

B – **Believe**: Keep an open mind.
L – **Listen**: Listen for the actual concern/root cause of the problem.
A – **Apologize**: Use empathy, "I am sorry this is happening to you."
S – **Satisfy**: Try to find common ground and meet the patient's needs.
T – **Thank**: Acknowledge the patient's willingness to help the practice improve and express thanks.

The following strategies can also help with in-person situations and telephone conversations involving dissatisfied or angry patients:

- Move the patient to a more private location if the conversation occurs in the waiting room or reception area.
- Remain calm and let the patient speak. Listen objectively and avoid becoming defensive or argumentative. Do not blame the patient or others.
- Respond empathetically by using phrases such as "This must have been very difficult for you and your family" or "I am sorry you had such a bad experience."
- Acknowledge that the patient has shared concerns with you and express appreciation.

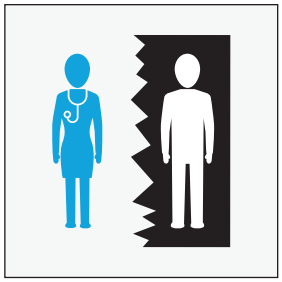
Advise patients (in person or on the telephone) who do not de-escalate that you are listening and willing to work with them at another time, when a constructive discussion is possible. Then ask the patient in a courteous and professional manner to leave the office or end the call.

Advise patients (in person or on the telephone) who do not de-escalate that you are listening and willing to work with them at another time.

For patients who express their dissatisfaction or anger in writing or through social media:

- Contact The Doctors Company for guidance on a written response. Federal and state privacy laws must be followed to avoid potential regulatory investigations, sanctions, and monetary penalties.
- Never respond defensively to negative comments made on social media. For additional guidance, see our article "Dealing with Online Patient Complaints" at **thedoctors.com/onlinepatientcomplaints** or contact your patient safety risk manager at 800.421.2368 or by email at **patientsafety@thedoctors.com**.

For patients who declare an intention to end their relationship with the practice:



- Follow up with a letter summarizing the date and time of the conversation and acknowledge the patient's intent to leave the practice. Include an authorization to release records to facilitate the transfer and provide guidance on locating another practitioner (for example, the patient's health plan network or the local medical or dental society), if appropriate. Express a willingness to assist the patient in transitioning care to a new practitioner. Send the letter by certified mail (return receipt requested) and regular U.S. Mail, and place a copy in the patient's record.
- For a sample letter, contact the Department of Patient Safety and Risk Management at 800.421.2368 or by email at **patientsafety@thedoctors.com**.

For patients who threaten legal or regulatory action:

- Contact The Doctors Company immediately for verbal or written threats of legal or regulatory action if an incident occurs that may lead to a claim or if a claim has been made against you. Find a list of what you should report and the types of incidents that lead to claims at **thedoctors.com/claims**.

If you receive a formal request for records from an attorney (a subpoena) or notification of a complaint investigation by a regulatory agency or third-party insurance payer:

- Contact The Doctors Company for further guidance. Find instructions and information about reporting any type of claim or incident at **thedoctors.com/claims**.

For additional strategies, read our article "Patient Relations: Anticipate and Address Challenging Situations" at **thedoctors.com/challengingsituations**.

Reference

1. Steinman HK. A method for working with displeased patients-Blast. *J Clin Aesthet Dermatol*. 2013;6(3):25-28. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3613270/

POOR RAPPORT

Rapport (sometimes referred to as the therapeutic connection or patient engagement) forms the basis of the professional relationship between the provider and patient. The bond helps solidify the professional relationship and facilitates continuity of care. Anything that interferes with this relationship poses a threat to the patient's safety and may impair the continued efficacy of the practice. The responsibility to ensure safe patient care is not limited to the provider alone. Each member of the clinical team shares responsibility for ensuring that patient care is safe, timely, effective, efficient, equitable, and patient-centered.

ADDRESS IMPLICIT BIAS

Trust, mutual respect, and effective communication must all be present for rapport to develop and blossom into patient engagement. Implicit bias by any member of the care team has the potential to inhibit trust and communication and reduce patient safety.

Implicit bias is the "attitudes or internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner, exists, and often contributes to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics" (CA AB 241, Chapter 417, Sec. 1[a]). Anyone may have implicit biases, including healthcare professionals and patients alike. It is likely that the person exhibiting this type of conduct is completely unaware of its effect on the other person. In healthcare, a biased caregiver may unknowingly inhibit the therapeutic relationship. The table below identifies the signs and outcomes of provider implicit bias in a clinical interaction.

BEHAVIOR	COMMUNICATION	CLINICAL DECISIONS
• Hesitancy to touch • Decreased eye contact • Flat expression • Less smiling • Shorter encounters	• Dominant/clipped tone of voice • Stereotypical conversation choices • Closed-ended questions • Rushing	• Lower referrals to specialists • Failure to recommend preferred treatment • Poor pain management • Delayed follow-up response

Source: Joint Commission. Implicit Bias in Healthcare. Quick Safety Advisory. April 2016; Issue 23

The good news is that implicit bias is measurable and addressable.

CONCERNED ABOUT IMPLICIT BIAS? TAKE AN IMPLICIT ASSOCIATION TEST.

Project Implicit (**implicit.harvard.edu/implicit/aboutus.html**) offers 15 versions of the test, with subjects that include race, age, weight, gender, sexuality, and transgender identities.

Take one or more of the tests at **implicit.harvard.edu/implicit/takeatest.html**.

Strategies to address implicit bias include the following actions:

- Develop greater awareness of your beliefs.
- Invite colleagues, friends, and family to observe you and advise on your interactions, consistent with federal and state privacy laws.
- Consider the consequences of your potential biases. How might bias affect your decision making, communication style, and attentiveness to the patient's concerns?
- Think about bias from the patient's perspective. What are the patient's fears or worries?
- Humanize the patient by finding common interests. As appropriate, integrate demographic and social characteristics into diagnosis and treatment.
- Commit to change. Focus on personal change as well as professional growth.
- Pursue continuing education on implicit bias, healthcare inequities, and social risks.
- Incorporate discussions about identifying and remediating implicit bias in staff education and huddle discussions. Invite everyone to participate and grow together as a team.

PRACTICE PATIENT-CENTERED COMMUNICATION

Encourage the patient (and family members, as appropriate) to participate in discussions and decisions around care and the treatment plan. For example, different cultures may have different understandings and beliefs around illness, disease, and medical or dental treatment. The care team must consider patient cultural practices and incorporate them into education and treatment when possible.

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Consider the following strategies:

- Use culturally competent interviewing skills to elicit patients' beliefs about their illness or condition.
- Ask, "What do you think is wrong?" to elicit information on what the patient calls the condition. For example, some patients refer to their diabetes as "sugar."
- Ask, "What do you think caused your problem?" to identify spiritual or mystical beliefs.
- Ask, "How do you cope with your condition?" to identify home remedies that are or are not compatible with the treatment plan.
- Ask, "What are your concerns about your treatment?" to offer a learning opportunity for you and the patient and lead to a more mutually agreeable treatment plan.

Source: Understanding Cultural Diversity in Healthcare, 4C's of Culture, developed by Stuart Slavin, MD; Alice Kuo, MD; and Geri-Ann Galanti, PhD (ggalanti.org/the-4cs-of-culture)

Some of your patients may experience communication barriers based on language, numerical, or healthcare literacy, or you may have patients in your practice who have hearing or vision loss—factors that can also interfere with communication. Be prepared to communicate with all patients who come to the practice for care. Consider the following strategies.

ADDRESS HEALTH LITERACY

Low health literacy is common even among well-educated patients. Do not assume that patients understand your discussions, instructions, or treatment plans. The following simple health literacy strategies will help you improve patient communication, satisfaction, and safety:

Do not assume that patients understand your discussions, instructions, or treatment plans.

Provide written home-care and discharge instructions. Healthcare visits can be stressful. Stress decreases the patient's ability to process and retain information. Ensure patients have the information *in writing* that they need to manage their own care. Your EHR may be able to produce a visit summary, or it may contain sample discharge instructions. If not, consider developing pertinent handouts for the most commonly provided oral discharge instructions. Consider advice related to fever and pain management, oral hydration and diet, specific symptoms of concern and what to do about them, and when and how to seek additional help. To avoid confusion or the potential for future miscommunication, list in the record the specific documentation provided to the patient.

Use plain language when speaking with patients. Plain language is communication that the person understands the first time it is read or heard. Using the following key, translate into plain language all patient-facing documents, such as general and informed consents, patient instructions, and general practice policies:

- Lead with the essential piece of information.
- Include what's in it for the patient. Example: "Using a warm compress will help with your pain, and the wound will heal more quickly."
- Limit the use of clinical terminology by using common words instead.
- Limit word complexity. Do not use a clinical term when a common word will do. Limit the use of multisyllable words. For example, use "shot" instead of "vaccination" or "immunization."
- Aim for a reading level of sixth grade or less. Use a standard word processing program with a built-in readability checker to evaluate documents.

Use Ask Me 3®. The premise of the IHI's Ask Me 3 program (**ihi.org/askme3**) is that every patient should be able to answer three simple questions: (1) What is my diagnosis? (2) What do I need to do? and (3) Why should I do that?

Some practices give patients a form listing the three questions and ask them to take notes during the visit. At the end of the examination, the healthcare provider reviews the patient's answers to the three questions and discusses them with the patient. Some practices have a clinical support team member ask the patient the three questions during the check-out process and address any misconceptions at that time. For more information, read our article "Rx for Patient Safety: Use Ask Me 3 to Improve Patient Engagement and Communication" at **thedoctors.com/askme3**.

Use the teach-back or "show-me" method. When a clinical team member asks, "Do you understand?" the answer is likely to be "yes," even if the patient does not understand. Teach-back is a strategy that allows patients to demonstrate their understanding. After education has occurred, evaluate comprehension by asking the patient to explain the discussion in their own words. Listen to what the patient is saying, gently make corrections, and praise the patient. Document teach-back in the patient's record: "Patient correctly summarized the planned procedure, risks, and expected recovery."

"Show me" is a variation on teach-back that is useful for evaluating the patient's understanding of a procedure, such as taking medication or changing a dressing. Give the patient supplies related to the task and ask for a demonstration. Examples include a parent using a dropper or graduated spoon to confirm pediatric liquid dosing and a patient showing how to change a wound dressing. Document show-me in the patient's record: "The patient correctly demonstrated how to dispense two pills twice a day."

TRAIN STAFF

Addressing the needs of all patients—including those with limited English proficiency or sensory impairments—will help you improve rapport and the therapeutic relationships. Make sure your care team has the training and resources it needs to work with the diversity of patients in your practice and service area. Consider implementing a periodic review of training techniques and resources to help ensure that the clinical practices are consistent with community needs.

PREPARE FOR PATIENTS WITH LIMITED ENGLISH PROFICIENCY

Caring for patients who have limited or no ability to speak and understand English requires healthcare practices to provide an environment conducive to the needs of the patient and family. In addition to the patient-centered communication strategies previously discussed, providers and staff must be prepared to manage the language barrier safely. Consider the following methods:

- Determine the patient's primary language during the initial scheduling and registration process. Make a note of it in a prominent place in the clinical portion of the EHR and include the patient's English proficiency.
- Use a standardized intake form to establish a meaningful baseline with new patients at the outset of the professional relationship. Translate the intake form into the languages most frequently encountered by the practice.
- Translate patient-facing documents into the main languages spoken by the local patient population.
- Plan for the use of interpreters. Appropriate options include professional interpretation services (in person, video, or telephone) and multilingual staff members. Whenever possible, limit or avoid the use of adult family members to provide interpretation services, and never ask a child to interpret healthcare information.

PLAN FOR PATIENTS WITH LIMITED HEARING OR VISION

Patients have differing levels of sensory impairments and use various techniques for communication. Practices should be mindful of the requirements of the Americans With Disabilities Act. Not all deaf patients are profoundly deaf; some may discern sounds using accessory devices. Do not assume that a person uses American Sign Language; some may use a different type of sign language, and some may not sign at all. This is also true for speech (lip) reading. Communicating with patients who have some level of hearing loss should be based on patient preference. Keep an open mind and be prepared to arrange for signing (in person or by video), adaptive technology, or a speak-to-text program, depending on the patient's preference.

Patients have differing levels of sensory impairments and use various techniques for communication.

Ask patients who have vision loss which communication method works best for them. Many patients will have some vision loss simply due to aging. For these patients, be prepared to provide patient materials printed in a large, dark, easy-to-read font such as Arial or Calibri at a point size of 14 or 16. Patients with more significant visual impairment may need a larger point size. Be prepared to discuss options. Visually impaired patients may ask for permission to record portions of the visit, such as the treatment plan and care instructions. They may also ask to have parts of their record verbally recorded for them. Accommodate patient requests for vision loss adaptive services.

Do not escort a person who has visual impairment without asking permission first. Patients will advise you about their assistance preferences. For example, the patient may say "Hold my elbow," "Let me put my hand on your shoulder," or the guide may provide verbal commentary, such as "We are approaching the treatment room on your left; I am opening the door; the chair is two steps to your right."

Resources

ADA Checklist: Health Care Facilities and Service Providers. American Foundation for the Blind. https://www.afb.org/blindness-and-low-vision/your-rights/advocacy-resources/ada-checklist-health-care-facilities-and

Edgoose JYC, Quiogue M, Sidhar K. How to identify, understand, and unlearn implicit bias in patient care. *Fam Pract Manag*. 2019 Jul/Aug;26(4):29-33. https://www.aafp.org/fpm/2019/0700/p29.html

Effective Communication. ADA National Network. 2017. https://adata.org/factsheet/communication

Gateway to Health Communication. Health Equity Guiding Principles for Inclusive Communication. Centers for Disease Control and Prevention. Last Reviewed August 2, 2022. https://www.cdc.gov/healthcommunication/Health_Equity.html

Health Literacy Universal Precautions Toolkit, 2nd Edition. Use the Teach-Back Method: Tool #5. Agency for Healthcare Research and Quality. Last reviewed September 2020. https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html

Minimum Standards for Video Remote Interpreting Services in Medical Settings. National Association for the Deaf. https://www.nad.org/about-us/position-statements/minimum-standards-for-video-remote-interpreting-services-in-medical-settings

Plain Language Resources. National Institutes of Health. Last reviewed August 31, 2022. https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/plain-language/resources

COMMUNICATION BETWEEN PATIENT, FAMILY, AND PROVIDER—EXPECTATIONS

Patient expectations and patient satisfaction are closely aligned. Satisfied patients are more likely to adhere to their treatment plan and participate in their healthcare, which means they are more likely to have positive outcomes. When patients' expectations about the relationship, treatment, or financial obligations are unrealistic or unmet, the result can range from dissatisfaction, poor communication, and patient harm to unfavorable postings on social media and litigation. Establishing expectations up front on both sides can help mitigate potential miscommunication. Simply asking patients what they hope to achieve from treatment, what they would like to do, and what concerns they have will provide insight into their expectations.

The standard tools used to ensure that expectations are aligned include informed consent and refusal, collaborative treatment plans, and explanations of financial obligations. Many practices define patient responsibilities in a patient handbook or welcome packet. Hospitals and other patient care settings regulated by CMS distribute patient rights and responsibility documents. Some states have established requirements for a patient bill of rights, so check your state laws and regulations.

The American Medical Association has identified patient rights and responsibilities that practices can use as the basis for a policy or patient handout to establish expectations.

Find these resources: **ama-assn.org/delivering-care/ethics/patient-rights**
ama-assn.org/delivering-care/ethics/patient-responsibilities

The U.S. Department of Health and Human Services provides resources for dental professionals at **thinkculturalhealth.hhs.gov/education/oral-health-providers**.

Utilize a patient satisfaction or patient experience tool to provide feedback on practice communications and operations. Share the feedback with staff and use the data for quality improvements.

SAMPLE PATIENT EXPERIENCE SURVEYS

Medical (English) at **thedoctors.com/patientexperiencesurveyenglish**

Medical (Spanish) at **thedoctors.com/patientexperiencesurveyspanish**

Dental (English) at **thedoctors.com/patientexperiencesurveydental**

ADDRESS INAPPROPRIATE BEHAVIORS

Establish behavioral expectations early in the patient-provider relationship and enforce the expectations consistently. Implementing a Conditions of Treatment agreement, signed by the patient at the outset of the association, and posting a notice of expectations on the practice's website are powerful tools that can enhance patient care and communications.

When a patient or family member exhibits inappropriate behavior—whether in person, by telephone, or in writing—address the behavior as soon as possible. Failure to do so may lead to escalated and repeated episodes. Consider the following strategies:

- Meet with the individual(s) face to face as soon as practical to discuss the inappropriate behavior.
- Identify the behavior, explain why it is inappropriate, and clarify your expectations. If the practice has a patient responsibility policy, review the document, and provide a copy.
- Identify and discuss consequences should the behavior continue.
- Follow up with a written warning letter that summarizes the discussion and outlines the potential consequence(s) of recurrence. (See the sample warning letter at the end of this guide.)

The sections below provide specific guidance based on the type of behavior.

THREATENING

- A raised voice and use of profanity should result in asking the person to leave, followed by a discussion with the individual regarding expectations and a warning that any reoccurrence may result in dismissal from the practice.

Empower employees to contact the police when necessary.

- While an in-depth discussion of workplace violence is beyond the scope of this guide, every practice should have a plan for credible threats of violence, aggressive behavior, and weapons in the practice location. Empower employees to contact the police when necessary. Find more information on the Occupational Safety and Health Administration's Workplace Violence page at **osha.gov/workplace-violence**.
- Patients who exhibit extreme behavior should be removed as safely and quickly as possible with consideration to the safety of others in the area.
- Advise patients by an email, text, or telephone call that their inappropriate behavior is unwanted and must stop. If the behavior continues, consider terminating the patient from the practice. If the behavior is threatening or frightening (such as stalking), consider involving the police. For more information about ending a patient relationship, read our article "Terminating Patient Relationships" at **thedoctors.com/terminatingrelationships**.

DISCRIMINATORY

Employers are required to provide a safe workplace that is free from harassment and discrimination. In general, patients do not have the right to reject a care team member based on color, race, ethnicity, national origin, religion, sex, age, disability, and any other federal, state, or local protected classes. When a patient makes a request that appears discriminatory, evaluate the situation carefully:

> When a patient makes a request that appears discriminatory, evaluate the situation carefully.

- Is the request reasonable based on additional explanation from the patient? A request may be acceptable in certain instances, such as a patient with a history of rape requesting a female gynecologist or a patient with limited English proficiency requesting a clinician who speaks their primary language.
- Is the behavior new in a patient who has always been respectful and pleasant, or has there been a change in mental status suggesting an underlying clinical cause?
- Requests that do not have a valid premise and are discriminatory should be discussed with the patient and declined. Scripted responses may be helpful:
  - "We don't tolerate that kind of speech here."
  - "Let's keep it professional."
  - "What do you mean by that comment? What was the purpose?"
  - "Your behavior is making me uncomfortable. Let's reschedule this visit for another time when we can focus on how I can help you."
- Anticipate discriminatory behavior, and plan how to support any affected staff members. If an incident occurs, document the patient's record promptly.

FAMILY DISAGREEMENTS

It is important to communicate effectively with family members and, when appropriate (in compliance with federal and state privacy laws), include them in the treatment plan and home care. Family members can be a significant and valued part of the patient care team. Unfortunately, however, family dynamics may also interfere with providing safe patient care. All practices, regardless of specialty, should be prepared to work with challenging families. Consider the following general strategies for improving communication with family members:

- Talk with the patient alone to determine an appropriate communication strategy.
- Address tension or disagreement among family members when it interferes with patient care. With the patient's permission, consider holding a family meeting to address concerns and establish boundaries. Focus on the needs of the patient and the importance of good communication and support.
- Develop local referral relationships and be prepared to refer the family to an appropriate provider, such as a family therapist, psychologist, or social worker.

PARENTAL DISAGREEMENTS IN PEDIATRICS

Include pediatric patients in treatment and care decisions as early as possible. Informed consent in pediatrics involves two components: (1) agreement (assent) from the child, informed at the level the child is capable of understanding; and (2) consent from a parent or guardian after discussion of risks, benefits, the likelihood of success, and alternatives.

> Treatment decisions and consent are often complicated when parents disagree.

Treatment decisions and consent are often complicated when the parents disagree. Families involved in the turmoil of divorce and remarriage are particularly challenging. In addition to the general communication strategies discussed above, consider the following methods for managing difficult circumstances involving minor patients:

- Establish legal responsibilities. Does one parent have legal custody or are responsibilities shared? In divorce proceedings, court documents may clarify which parent has financial, custodial, and healthcare surrogate decision-making responsibility. Require the parent(s) to provide current copies of court orders. Review the documents to determine the situation. Place of copy of relevant court documents directly in the patient's chart.
- Develop common ground with the parents by acknowledging their expertise and letting them know you all have the same intent—ensuring that their child/children receive appropriate care.
- Establish boundaries based on court documents and patient and practice needs. Address and note in the patient's record any attempts by either parent to circumvent those boundaries.

Resources

Cowan AN. Inappropriate behavior by patients and their families—call it out. *JAMA Intern Med*. 2018 Nov 1;178(11):1441. https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2701633

Frank S. Warning letters to patients: a practical guide. *MDU Journal*. Spring 2019. https://mdujournal.themdu.com/issue-archive/summer-2019/warning-letters-to-patients

Kane M, Chambliss ML. Getting to no: how to respond to inappropriate patient requests. *Fam Pract Manag*. 2018 Jan/Feb;25(1):25-30. https://www.aafp.org/fpm/2018/0100/p25.html

Sheffield V, Fraley L, Warrier G. Addressing biased patient behavior: a teachable moment. *JAMA Intern Med*. Published online October 04, 2021. https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2784798

Effective communication is an essential part of a patient's care. For guidance and assistance in addressing any patient safety or risk management concerns, contact the Department of Patient Safety and Risk Management at **800.421.2368** or by email at **patientsafety@thedoctors.com**.

SAMPLE LETTER: WARNING FOR INAPPROPRIATE BEHAVIOR

(Send by certified mail, return receipt requested)

[Date]

[Patient's Name and Address]

Dear [Patient's Name],

This letter follows [our discussion or your discussion with Practitioner's Name] regarding your behavior [in the office during your last visit or on the telephone or by email or by text] on [insert date].

We expect that all patients and visitors to the practice will exhibit the courtesy and respect required to maintain trusting and respectful relationships. Behavior that is inappropriate disrupts the therapeutic relationship essential for care. This practice has established a no tolerance policy for inappropriate behavior.

We understand that this situation is stressful and embarrassing, and we are offering you a second chance. If, however, another episode of the inappropriate behavior occurs, you may be dismissed from the practice.

Please contact our practice manager, [Name] if you have questions or would like to discuss the situation.

Sincerely,

[Practitioner's or Practice Manager's Name]

(Copy to be placed in patient's medical record)

This form is for reference purposes only. It is a general guideline and not a statement of standard of care and should be edited and amended to reflect policy requirements of your practice site(s), CMS, and accreditation requirements, if any, and legal requirements of your individual state(s).