North Carolina Society of Gastroenterology 2026 Annual Meeting

Navigating Risk with Challenging Patients

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Disclaimer

The information provided in this presentation is for general informational purposes only and does not constitute legal advice. I am not acting as your attorney, and no attorney–client relationship is created by your attendance or by any questions you may ask. You should consult your own legal counsel for advice regarding any specific situation

What is a "difficult patient?" someone whose behavior or emotions evoke strong negative reactions (like frustration, anger, or anxiety) in healthcare providers, making effective treatment challenging, often due to unrealistic expectations, non-compliance, personality issues, or underlying mental health struggles

Common Characteristics:

- Non-compliant: ignores medical advice, misses appointments, doesn't follow treatment plans
- Demanding/Entitled: demands excessive care, threatens legal action
- Angry/Abusive: displays aggression, verbally abusive
- Vague Physical Complaints: unclear medical cause
- High Utilizers: frequently seeks medical attention, overconsumption of resources

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Why are they labeled difficult:

- Emotional Impact: trigger feelings of frustration, inadequacy, or anger in clinicians
- Barriers to care: patient provider relationship impedes care
- Underlying factors: mental health status, feeling unheard

Provider Factors: physician burnout, personal triggers, communication style, provider age/beliefs

Subjectivity: What's "difficult" for one provider might not be for another, and less psychosocially-focused doctors may label more encounters as difficult.

Impact: Can lead to poor care, diagnostic errors, and medico-legal risks if not managed skillfully.

CASE EXAMPLE

COMPLAINT FROM THE PATIENT

- I had my first appointment to establish care with provider Dr. Christopher Columbus. I will never go back because of the unprofessionalism I experienced. I recently moved here and was happy with how fast I got an appointment. The day of my appointment, the nurse started asking me questions like I would expect. When I asked if they had my medical records, she didn't really answer me. I have seen several specialists so I assumed that they were familiar with my diagnosis and treatment. The nurse told me that they didn't have any of my medical records, which I didn't understand.

COMPLAINT FROM THE PATIENT

- The nurse lectured me on why they didn't have my medical records. When the doctor came in, he said I see you have a bad attitude with my nurse. I've never met this doctor before, and he should not have said that when he came in the room. He continued to lecture me about my medical records and said it was my responsibility to bring my medical records to the appointment. Am I expected to bring the medical records from all my doctors to my appointments? I thought this is why doctors had electronic medical records, so that they could share medical records.

COMPLAINT FROM THE PATIENT

- I've seen a lot of doctors for the past 10 years and have never had to bring a medial record with me. The doctor's first responsibility is to make sure the patient is taken care of. I left the appointment because the doctor tried to prove a point rather than take care of me. Several days later his office manager called me to tell me that I was being dismissed from the practice.

PATIENT ENCOUNTER FROM PERSPECTIVE OF MA

I called the patient from the waiting area. I said good morning. Her mother responded but she didn't. I escorted them to the exam room. I introduced myself and asked her to confirm her name and date of birth. I asked the reason for her visit and she rolled her eyes and did not respond. Her mother looked at her and said she is asking you why you are here today. She was back in her chair. She then sat up straight and said very angrily, "Don't you have my records?" I said we have some of your information, but I need to verify the information.

PATIENT ENCOUNTER FROM PERSPECTIVE OF MA

She kept rolling her eyes and said I am not coming back to this place. I said I am sorry, we got off on the wrong foot, let's start over. I asked her if we could go over her medication and she just rolled her eyes. I asked her to confirm her pharmacy and then went over her medications. She began raising her voice and kept saying don't you have my records. I explained that we have her medications, but I need to verify that she is still taking them. I told her that the doctor will be with her shortly and went to report to the doctor. I told the doctor that she was upset, she said she was not coming back, and that she refused to answer any of my questions to verify her information.

PATIENT ENCOUNTER FROM PERSPECTIVE OF PHYSICIAN

- The patient started her appointment by refusing to answer my assistant's questions. She refused to answer my questions. I explained that without her medical records, I could not treat her if she did not answer our questions. She raised her voice to me, so I asked my office manager to come into the room. She would not let me speak so eventually I left the room.

PATIENT ENCOUNTER FROM PERSPECTIVE OF OFFICE MANAGER

- When I entered the exam room the patient was speaking loudly to Dr. Columbus. She would not let him talk and when I tried, she interrupted me. After Dr. Columbus left the exam room, she said that she did not want to be treated by Dr. Columbus.

STRATEGIES TO MITIGATE RISK

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COMMUNICATION

DOCUMENTATION,
DOCUMENTATION,
DOCUMENTATION

COMMUNICATION

- Effective communication with patients/family/caregiver can have profound impact on how they perceive care
- **Studies indicate that patients consider poor communication to be one of the main causes underlying diagnostic error.** Conversely care is perceived as safer when clinicians communicate with them, in addition to being present, intentional, and respectful when adhering to safety practices

Approach to Improving Patient Safety: Communication

COMMUNICATION

- Communication across providers (an often-overlooked area)
- Breakdowns in communication among providers are a common source of error that can result in adverse events, **particularly at patient transition points**
- Poor provider communication is a common contributor to errors of omission related to medication safety, and one study found that inadequate communication among providers is a common contributing factor in diagnosis-related and failure-to-monitor malpractice claims.

Approach to Improving Patient Safety: Communication

MEDICAL RECORD DOCUMENTATION

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Your documentation will speak for years to come

DOCUMENTATION

- Make documentation clear and factual. Remain objective!
- When is special documentation is advisable?

  Discussions with patients/families regarding unexpected complication
  Conferences with patients/families,
  Special medical needs, treatment plans, discharge/follow-up arrangements
  Consent/Guardian/IVC issues
  Emergency procedures
  Referrals
  Telephone contacts

- All addendums should be time stamped at time of entry and identified as an addendum.

DOCUMENTATION-A COMMON PITFALLS

- Avoid:
  - Derogatory comments (chart, emails, texts)
  - Speculating as to the cause of a patient's injury…"Probably related to positioning"
  - Copying and pasting
  - Templates, Dot Phrases, 'Structured" notes that don't get changed
  - Failure to proofread Voice to Text dictation
  - New emerging issues re: AI generated transcription
  - Failure to document with whom you spoke (consults, escalating concerns, etc.)

COMMUNICATION

"Epic Secure Chat is a HIPAA-compliant messaging tool within the Epic system designed to allow users to communicate and collaborate with other Epic users through a secure messaging channel. ***With Secure Chat, Epic users can communicate with each other in one-on-one settings or in specified groups to discuss detailed patient information with better security."***

SECURE CHAT MESSAGING

Know your institution's policy

7 days, 30 days, indefinitely?

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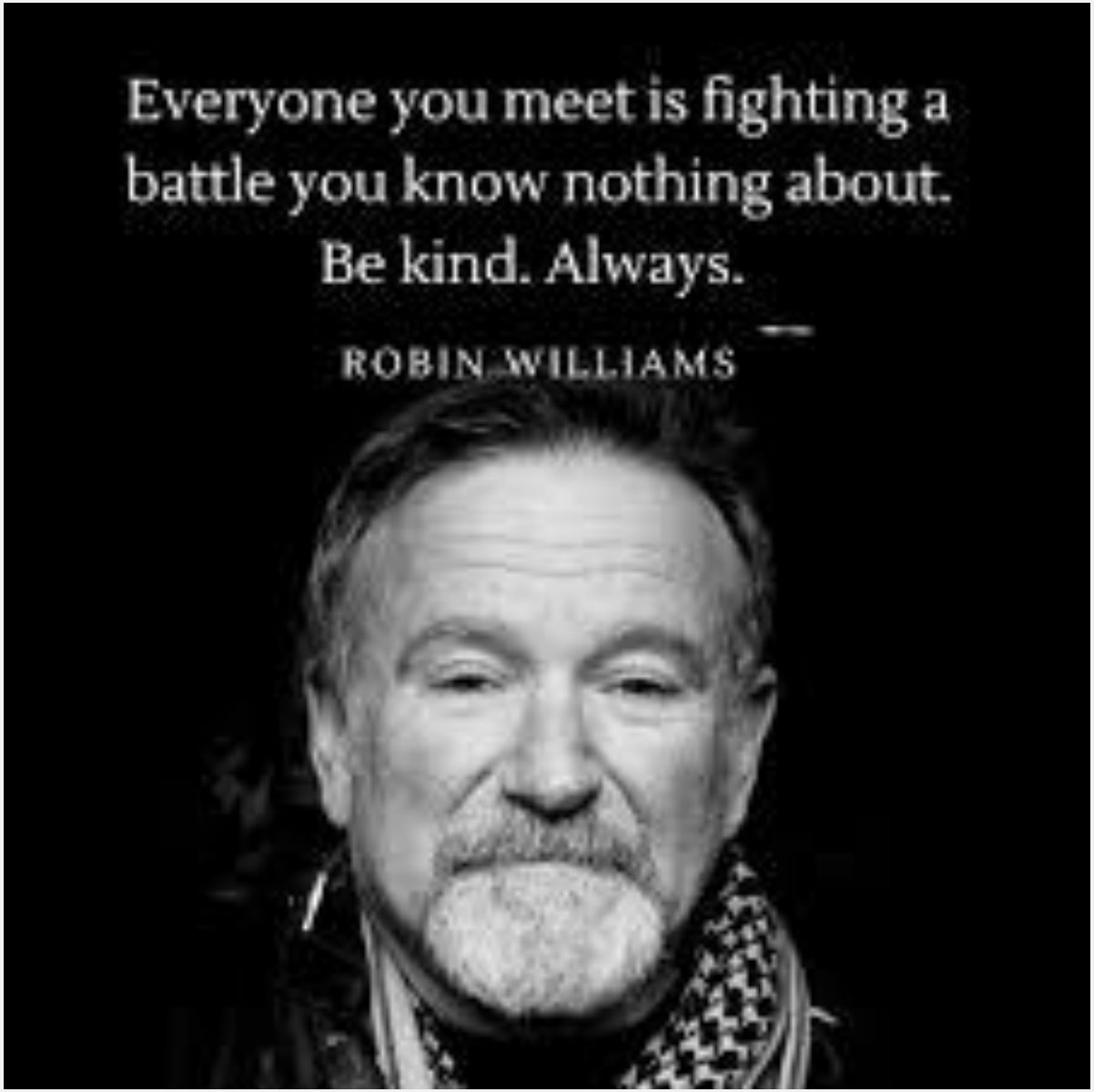
CASE EXAMPLE



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SET EXPECTATIONS EARLY

HEALTH LITERACY

01

Developing and providing patient-friendly materials: Using plain language, avoiding jargon, and incorporating visuals.

02

Using clear communication strategies: Employing methods like "teach-back" to confirm comprehension and encouraging questions.