



# Dealing with difficult and challenging behaviour in General Practice

Presented by:

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# Learning Outcomes

At the end of this workshop, the participant should be able to:

- Describe effective communication strategies for telephone and face-to-face communication
- Identify strategies to assist in the management of challenging behaviours


# Recap of Session One




## Basic principles of Triage

- Triage is the process of prioritisation of patients to access care according to the urgency of their condition.
- Practice staff must be informed on what their roles and responsibilities are within the Triage process and be trained accordingly.
- Practice policies and procedure are essential for ensuring consistency in the Triage process, and to ensure access to care is provided when required

# Recap of Session One

- With COVID-19, early discharge from hospital, the burden of Chronic Disease and the ageing population the pressure on primary care is constantly increasing.
  - Appointment management is vital in ensuring patients are seen in a timely manner
  - Barriers such as not enough GP's, little or no triage training for staff and risk of medico-legal action
  - Importance of documentation
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# Recap of Session One

- Triage guidelines MUST be practice specific, simple and accessible to all staff.
  - Accreditation requirements
    - Access to care- appropriate appointment system
    - Policy and Procedures- practice specific
    - Training- on induction and routinely thereafter
    - Documentation
      - “If its not documented- it didn’t happen”
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# Recap of Session Two



- A good appointment system is essential to minimize the need to triage
- Adequate allocation of emergency or on the day appointments to ensure access
- Triage policies need to be accessible, and staff trained in use of
- Tools such as POPGUN are valuable visual aid and can be adapted to your needs



Recap

# Clinical justice & Vicarious liability

- Clinical justice (or urgency) ensures all people who seek healthcare receive a level of care that is both *timely and commensurate* with their current health status (FitzGerald et al. 2010)
- Employers need to ensure that guidelines are in place for prioritising patients and may be liable for the negligent acts of their employees (if employees are following protocols). This is vicarious liability.
- Receptionists require adequate training to recognise potentially urgent medical conditions.

(Bird, S. 2003)

(RACGP Criterion 3.2.3)

# Triage best practice involves...

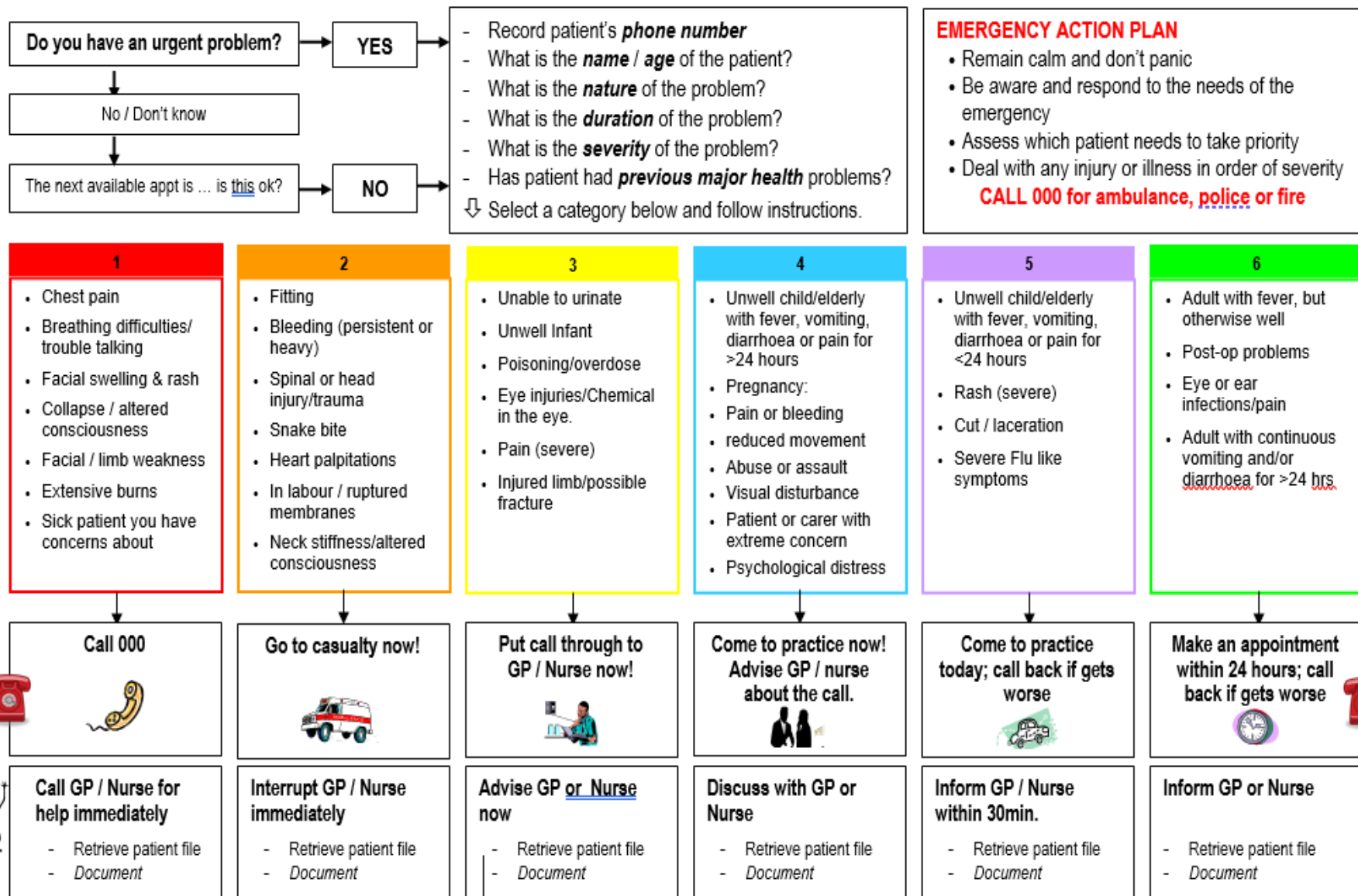
- Policies and procedures that clearly outline steps in the triage process and the roles and responsibilities of those involved
  - should be included in practice induction/orientation
- Adequate appointment system to accommodate urgent appointments
- An algorithm/flow chart to guide non-clinical decision making - identification of 'red flags' to prompt responses by reception staff
- A team based approach that allows non-clinical staff to default to a clinical team member when needed
- Protocols for patients presenting with potential communicable conditions
- Effective communication skills





# Prioritisation of Patients

A guide to urgency for non-clinical staff in general practice for  telephone or  patient presentations



# **Dealing with difficult and challenging behaviour**

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# Why is this topic relevant?

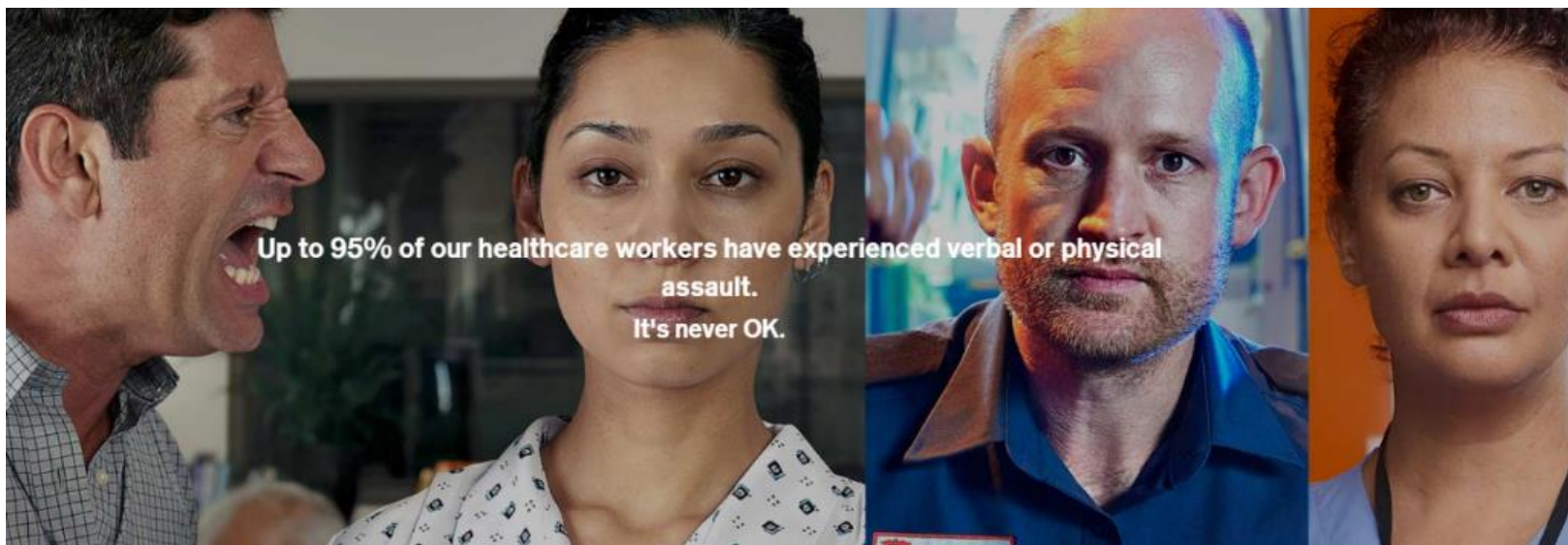
- General practice is by nature accessible, interactive and busy, conveying an inherent risk for aggressive/challenging behaviour.
- Reception staff deal with competing priorities
  - Multiple patients at the front counter and on telephone
  - Requirements of GP's and nurses
  - Administrative duties



# Why is this topic relevant?

- One Australian study reported 58% of general practice staff have experienced verbal abuse by patients, and an alarming 95% of all health care workers, have, at some time, experience some form of abuse.

(Rowe L, Kidd M:Increasing Violence in Australian General Practice, Med Journal Aust 2007)



Reducing violence and aggression against Victoria's healthcare workers is a priority issue for the Victorian Government.

On 13 June 2017 WorkSafe Victoria and the Department of Health and Human Services launched a public 'It's never OK' campaign

Practices should have a "Zero Tolerance Policy"

# **What is Challenging Behaviour**

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# Types of challenging behaviour

- Demanding- Insistent and unrelenting
- Emotional -distress seeking support
- Disrespectful: use of rude, impolite or abusive language
- Dangerous: aggressive or violent behaviour
- Manipulative- using techniques to get what they want
- Draining: interactions that are lengthy and exhausting

# What do we mean by aggressive or challenging behaviours?

**“Aggression** is overt, often harmful, social interaction with the intention of inflicting damage or other unpleasantness upon another individual. It may occur either in retaliation or without provocation”

<https://en.wikipedia.org/wiki/Aggression>

“Behaviours that threaten the quality of life and/or physical safety of an individual or others”

NSW Government Family and community services

[https://www.adhc.nsw.gov.au/individuals/caring\\_for\\_someone/challenging\\_behaviour](https://www.adhc.nsw.gov.au/individuals/caring_for_someone/challenging_behaviour)



# Challenging Behaviour

- The person displaying the behaviour may be attempting to have their needs met, their concerns heard, or their fear recognised.
  - May not intentionally be threatening
  - Not always the patient:
    - partner
    - Family member
    - carer

# Physical and illness related factors that may trigger aggressive or challenging behaviours

- Waiting - frustration, boredom, irritation by others
- Pain
- Fear or anxiety
- Sleep deprivation & fatigue
- Mental illness
- Infections – UTI, URTI – confusion, hypoxia
- Dehydration
- Disability
- Cognitive changes - head injury, concussion
- Alcohol & Other Drug affected – withdrawal



# **Social factors that may trigger aggressive or challenging behaviours**

- Isolation
- Financial pressures
- Grief
- Language barriers
- Misinterpretation of verbal communication or body language
- Cultural differences
- Self-esteem
- Perceptions - Perceived differences
- Personality clashes



# Challenging Behaviour can present as:

- Verbal abuse
- Actual or threatened physical abuse
- Property damage
- Actual or threatened self harm
- Intimidating behaviour

# **Effective Communication Strategies Face to Face and telephone**

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# Active listening

- Technique used in dispute resolution which involves concentrating on what some one is telling you and showing that you are listening.
- Active listening includes:
  - Verbal communication
  - Non-verbal communication
- Aim:
  - Building trust and establishing rapport.
  - Demonstrating concern.
  - Paraphrasing to show understanding.

# Active listening involves

- Being attentive.
- Ask open-ended questions.
- Ask probing questions.
- Request clarification.
- Paraphrase.
- Be attuned to and reflect feelings.
- Summarize.

# Verbal Communication

Verbal affirmations such as

- “uh-Huh “
- “yes”
- “I see”
- “I know”
- “Sure”
- “Thank you”
- “I understand”



# Non-Verbal Communication

- Non-verbal affirmations such as:
- making eye contact
- nodding your head
- Leaning forward
- Open body language

# Effective communication- Face to Face

- Smile, approach in a friendly, open manner
  - builds rapport
- Maintain eye contact- shows respect
- Active listening
  - Hear what patients are saying
    - listen for meaning, paraphrase, avoid interruption, ask questions
- Observe patients behaviour
  - distressed? In pain?

# Effective communication- Face to Face

- Articulate clearly & softly
  - use simple, short sentences (don't 'talk down')
- Remain calm – solution focused
- Avoid confrontational body language
  - crossed arms - may be interpreted as threatening
- Empathise- doesn't mean you are agreeing with them, empathising means reflecting on what they have told you and showing you understand

# Effective communication- Telephone

When you answer the call, put a smile on your face

- If there is a delay in answering the phone answer by saying:
  - “ I am so sorry to keep you waiting, thank you for your patience, how can I help you ?”
  - Avoid putting caller back on hold
  - Hear them out- allow them to voice their issue and don't interrupt
  - Takes notes of key points to reinforce to them you were listening
  - Focus on the issue- not the behaviour

# Effective communication- Telephone

- Silence: if you remain silent the person may stop to check you are still there
- Draw their attention to how long you have been talking
- e.g. “I have been listening to you for 20 mins and it sounds like a lot has happened, I need to ask some questions now so I can work out how to help you”
- Use a slightly firmer voice to redirect conversation
- Tone need to be firm but not aggressive

# **Responding to angry patients**

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# Recognise the warning signs

- Challenging behaviour does not usually develop suddenly
- Often a consequence of frustration
- If identified early, can be de-escalated
- Signs to watch for:
  - Pacing
  - Glaring or staring
  - Frowning
  - Foot tapping/agitation
  - Clenched fists
  - Clock watching
  - Crossed arms

# C.A.R.P

- To deal with challenging behaviour you must first reflect on your own reactions:
- **Control:** Taking control of your response and don't allow yourself to be drawn into the argument
- **Acknowledge:** allow the person to speak and acknowledge their feelings
- **Refocus:** Shift the focus from the way the person feels to the issue
- **Problem Solve:** Move on to discuss, address and attempt to resolve the issue



# How we respond to challenging behaviour

- Your reaction to this behaviour is likely to be emotional
- You need to control your emotional response so you can think clearly and respond
  - count to ten
  - deep breaths
  - Positive reinforcement: Tell yourself “its not me the person is upset with
- Stay professional
- Remain neutral and in control
- If you respond in a way that sounds defensive or argumentative the situation is likely to escalate

# Disarming Techniques

- Provide a neutral response- “that’s interesting”
- Find something to agree on
  - “You have been waiting a long time, let me see what the hold up is”
- If your organisation is at fault- acknowledge and apologise
- Draw their attention to their behaviour
  - “Mr. Potter, I am trying to help you, but it is difficult for me to do so while you are yelling at me”

# The tone of your voice

- Avoid words that
  - Imply blame
  - Judge the person
  - Suggest you are not interested
  - Threaten the person
  - Bait the person

# The importance of body language

- Avoid crossing your arms
- Maintain eye contact and avoid disruptions
- Avoid touch
- Maintain safe distance
- If they are standing over you- bring yourself to their level

# **Providing a safe environment for all**

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# Duty of Care

- Any person who conducts a business has a primary duty of care to ensure the health and safety of their workers ,and others, in the workplace
- (Workrelatedviolence:Preventing and responding to work related violence:Safework.sa.gov.au:2018)
- Consultation with workers should occur to:
  - Identify risks in the workplace
  - Make decisions about ways to prevent and manage
  - Display signs “ Its not OK” or “Zero Tolerance”

# A workplace health and safety issue

Aggressive or challenging behaviour is considered workplace violence and is a workplace health and safety issue

*RACGP 2016 General practice – a safe place: tips and tools:*

*Occupational Health & Safety Act 2004*

*WorkSafe Victoria*

# Work Related Violence

- Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work
- 2 types
- **External Violence-** from a source outside the workplace  
e.g., Receptionist experiences domestic violence which eventually extends to her workplace
- **Service-related violence-** arises when providing a service to customer, client or patient  
e.g. Patient becomes verbally abusive at reception when asked to settle an account



# Prevention of occupational violence

## Environment/workplace design

- Room layout
  - Potential weapons?
  - Exits
  - Duress alarm?
  - Always two staff?
  - Home visit risk assessment
- 
- Clients with known occupational violence risk
    - Warnings, alerts, Care plans & behaviour management
    - Contract of acceptable behaviour
    - Refusal of service (except for treatment of life-threatening issues)



# When violence is threatened...

## *Do:*

- Activate a duress alarm
- Stop what you have been doing and actively listen.
- Stay calm and keep your emotions in check.
- Adopt a non-threatening body posture
- Use the person's name [if known]
- Let the person air their feelings and acknowledge them.
- Ask open-ended questions to keep a dialogue going.
- Seek help
- Ask the person to leave (if possible)
- Use space for protection (position yourself close to the exit, don't crowd the person).
- Make sure other clients are out of harm's way.
- Retreat to a safe location

# When violence is threatened...

## *Don't:*

- Feel you need to be an expert
- Challenge or threaten the client by tone of voice, or body language.
- Say things that will escalate aggression. – antagonise, argue or patronise
- Turn your back on the person.
- Stay around if the person doesn't calm down.
- Ignore verbal threats or warnings of violence.
- Tolerate violence or aggression.
- Take the situation personally
- Hesitate in getting help

# De-escalating aggression



**L** – Listen actively

**A** – Acknowledge the problem/ their viewpoint

**S** – Separate person– with caution

**S** – Sit down – symbolises readiness to negotiate

**I** – Indicate options - Make clear what you can do and cant do

**E** – Encourage person to try options 'the best people to help you are'

- Seek help from co-workers or the client's family/ friends

# Most difficult behaviours can be mitigated through risk assessment & effective communication

*Remember... most patients do not present with difficult behaviour... those that do, may have underlying triggers.*

Assess risk – patient, environment, staff

Use effective communication skills

- Active listening
- Assertive Vs Aggressive responses
- Observation
- Conflict resolution skills
- Seek help if needed

***Effective communication can de-escalate challenging behaviour***

# Resources and references

- **RACGP Guidelines:** Abuse and violence: Working with our patients in general practice (4th edition)  
<http://www.racgp.org.au/download/Documents/Guidelines/Whitebook/whitebook-4thedn.pdf> AND RACGP General Practice: A safe place – tips & tools <http://www.racgp.org.au/your-practice/business/tools/safetyprivacy/gpsafeplace/>
- **Australian Drug Foundation:** workplace resources  
<http://adf.org.au/workplace/resources/>
- **Sane Australia** – Mental health and illness – Facts and Guidelines  
<https://www.sane.org/mental-health-and-illness/facts-and-guides>
- **Department of Health:** Managing aggressive and disruptive behaviours  
<http://www.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front12-wk-toc~drugtreat-pubs-front12-wk-secb~drugtreat-pubs-front12-wk-secb-4~drugtreat-pubs-front12-wk-secb-4-3>



# Thank you

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