LETTER FROM THE EDITOR-IN-CHIEF

Patient Satisfaction: The Redirection Game

In my previous column, I discussed the challenging issue of patient satisfaction and the provider behaviors that can contribute to poor service experiences. In this month's editorial, I will pivot the discussion to the patient profiles and behaviors that can trigger negative interactions and poor service reviews.

While most of us understand the importance of "customer service" in healthcare, we do not always dedicate ourselves to understanding the common traps and landmines that lead to service failures. As such, we allow ourselves to be baited into the same disruptive encounters repeatedly, taking little personal responsibility for the undesirable outcomes. Why? Because it is human nature to dismiss or want to correct bad behavior—especially from a position of authority.

Consider this example: As a parent, when a child is acting out, we say, "Stop that!" As a physician, when a patient is demonstrating inappropriate behavior, we say the same thing. Perhaps in a different way, but the message is the same: "Stop that!" Yet, most behavior experts would argue that this approach ignores the root cause of the behavior. A better approach combines empathy and redirection, and can be applied to many of the challenging behaviors we see every day in the urgent care setting. Our patients often present with unrealistic expectations, demanding antibiotics and testing beyond indication. The temptation is to correct the behavior without addressing the underlying concern. Our lack of continuity relationship and trust fuels the resentment. The outcome is predictable.

There are some simple things we can do to avoid this common service failure. Each of the approaches to the following patient types requires some self-awareness and redirection of our own behavior:

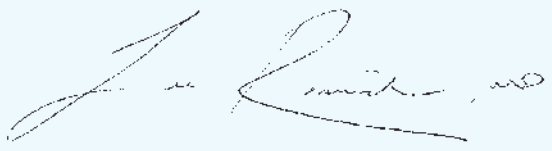
The Antibiotic Seeker: These patients believe they are sicker than you do, and think they know how to get relief from what ails them. The provider's reaction is often predictable and counterproductive, with a brief and limited exam followed by a lecture about antibiotic resistance. Here's a better approach:

- *Listen*: Do you really understand the root concern this patient is presenting with? Did you ask?
- *Touch:* The most common complaint you hear from patients with simple illnesses like URIs is, "The provider barely examined me." The simpler the problem, the more deliberate your exam should be—even if you glean nothing from it.
- *Explain and empathize:* Address the root concern and validate the discomfort and disruption, even when you think it's exaggerated.
- *Ego:* When you can offer no help, provide a graceful exit for patients who traded time and money for relief and got none. They feel stupid and rejected. The provider must provide a pathway to resolve these emotions. Back-up antibiotics can soothe the ego while addressing antibiotic overuse. Be specific about your expectations for their use.

The Transfer: These patients sought care from you and you were unable to provide that care. The encounter is ripe for feelings of rejection and anger. A busy provider is looking to avoid the complexity and effort required of these challenging presentations. They may make quick judgments and directives, without sensitivity. Patient complaints frequently look like this: "You refused to see me," or "Why was I billed for care you didn't provide?" Instead, try this:

- *Determine stability first*: When a patient presents with a concerning complaint, immediately assess their stability. If the patient is unstable, initiate emergency response protocols.
- *Fairly assess*: Most of these patients are stable. They are more likely to be compliant and appreciative if you demonstrate concern, take a fair history, and examine them.
- *Explain and empathize*: Be clear and specific about your concerns and recognize that spending the day in the ED is disruptive.

These are just two examples of patient encounters that lead to poor service outcomes. While we will never eliminate negative experiences, a little self-awareness and behavioral psychology can help us minimize the frequency and intensity. ■



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