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# Handling an Upset Patient

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Physicians, nurses, support staff and anyone else in a practice have all witnessed this scenario too many times: a patient gets frustrated and takes his or her anger, confusion, or worry out on you. How you handle an upset patient can quickly determine the difference between a successful or disastrous outcome. If you learn to recognize the signs – sudden behavior changes, clenched fists, a red face, tense jaw, increasingly loud voice – you can also become proficient in diffusing difficult situations.

First, take a deep breath! This calms you down and gives you a chance to consider your reaction, rather than abruptly responding to the anger in kind. We often regret actions we make in haste, and taking a few deep breaths can give you the presence of mind to respond with more compassion and less frustration.

It is also important to put the situation in perspective. Working in a medical practice inherently means your customers are sick, hurt and or scared about a diagnosis or condition. This isn't about you, so do your best to avoid taking the situation personally. When you can take a step back, you can give yourself the distance you need to calm the situation down.

While it may be difficult, do your best to suspend judgement, particularly since you may not know what exactly is motivating the behavior. Do not engage others during or after the event, but do obtain assistance from a supervisor as needed, particularly if the situation is escalating.

The following seven steps can help you handle upset patients in your practice:

1. **STEP ONE: Remain Calm.** *Listen* to emotion without *reacting* with emotion. Never, ever tell a patient to “calm down,” since that is the equivalent of revealing that you don't consider his or her frustration valid. Keep your cool even when patients lash out in anger. When you are calm, yet engaged, you will make the patient feel that his or her concerns are being attended to in a suitable manner.
2. **STEP TWO: Listen Actively.** This might be the most important step of all. Let the patient know you are truly listening by making eye contact, nodding your head and leaning in. Listen, listen and then listen some more.
3. **STEP THREE: Empathize.** There may be a lot of barriers or something personal happening with the patient to which you are not privy. Actively empathize with the patient, maintaining a calm and caring tone.
4. **STEP FOUR. Apologize.** An apology can be for the patient who feels upset. An

apology can be for a misunderstanding or a miscommunication. An apology can be for not meeting someone's expectations. Apologize gracefully and without qualifying it with a "but...".

5. **STEP FIVE: Initiate Problem Solving.** Advise the patient that you want to help them find a solution to the issue. If the issue is something you are able to resolve on your own, do so. If you are not able to resolve the issue on your own, request assistance from your supervisor. If the supervisor is unable to find a solution, he or she should advise the patient that the complaint is being taken seriously and will be addressed in a timely manner by the manager. Thank the patient for bringing the issue to your attention. Ask if they want a manager to follow up. Finally, summarize what you have discussed and what steps will be taken to resolve the issue.
6. **STEP SIX. Focus on You.** Take a few minutes on your own, if possible, to ensure your own well-being. Get some water and take a few more deep breaths. If you are new to this, handling upset patients can be stressful. Give yourself a little time and space following the interaction to clear your head.
7. **STEP SEVEN. Report to Supervisor.** Verbally communicate and/or document the situation in full in a message to your supervisor. If the incident is reported in writing, it should be an objective, factual recap of what occurred. The physician should be notified when circumstances warrant.

If the situation requires follow up, ensure that the appropriate person or parties keep in touch with the patient to ensure the issue is resolved. Ultimately, patients want to be heard and understood – when you make the effort to listen, apologize and address the problem, you can effectively turn a negative interaction into a positive one.

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