

Prevent Physician Burnout Part 3: 4 Work-Life Balance Tools

A new study has found that, between 2011 and 2014, the burnout rate among family physicians increased from 45 to 54 percent^[1]. Yes, you read that right. Over half of us are experiencing burnout.

In [previous articles](#) in this series on physician burnout, we learned that burnout occurs when our mental, physical, or spiritual energy accounts have a low balance over time. To prevent burnout, we have two options:

- 1) Decrease our energy expenditures by reducing stress (see [article two](#) in this series),
- 2) Increase our energy deposits by finding ways to recharge and create more balance in our lives.

In this article, we will discuss the latter, specifically, four tools for creating work-life balance.

To implement the tools effectively, it is important to understand that work-life balance is not a “problem.” Problems have solutions, but there is no simple, one-step solution to work-life balance. Instead, work-life balance is a dilemma. It is something you must attend to regularly using a multi-part strategy. If you are not paying attention to it at least twice a month, you will be out of balance very quickly. For many of us, this tendency to be out of balance began as early as our premed days.

The reason work and life seem in direct conflict so often is simple. The time and energy required for each comes out of the same pie. Each must take from the other because the pie is finite. Managing this give-and-take is an ongoing process, but the tools presented in this article can make it easier. We’ll get to those in a minute, but first let’s address a gorilla.

The 800-pound gorilla

Imagine for a moment that you live with an 800-pound, silverback lowland gorilla in your house. This is a wild gorilla. He is not a circus animal and doesn’t know a single trick. Imagine how much of your house this gorilla would leave you and your family. You would be relegated to just the outside edges of each room and he would make a mess wherever and whenever he wanted to.

Here is the metaphor. Your choice to be a physician created this gorilla.

The gorilla is your career.

The house is your life.

Without strong boundaries and good balance habits, your career will tend to crowd out your life, leaving you just scraps and making messes at the most inopportune times. The career that was supposed to enable an extraordinary life now dominates the house, leaving little room for anyone or anything else.

By the way, here are two very important questions to contemplate:

Whose gorilla is this?

Who else has to live with this gorilla?

Gorilla Taming

All is not lost. Gorillas can be house-trained, tamed, and shown healthy boundaries. It is your job to do this for your family. It will take a strategy to manage this balancing act. Here are four tools that have been field tested and found effective. These are the first life balance techniques I teach all of my coaching clients.

SCHEDULE HACK PROCEDURE

Step One: Build Your Life Calendar for the Week Ahead

Pick a time in the week where everyone in your family or household is available. A popular time is on Sunday after church and before football. Pull that paper calendar off the fridge, grab the pens, and put them all on the kitchen table. Gather everyone in the household and build your Life Calendar for the week ahead.

What do you want in your life outside of medicine in the upcoming week? Remember, if you don't put it on your Life Calendar right here and now, it will almost certainly not happen.

- Workouts, massage, mani/pedi
- Free time
- Coffee with an old friend or a relative
- Time to read a book
- A class or hike

- A date night

Whatever you want, you must put it down on the calendar. Do it now.

The last thing you put on the calendar is the date and time of your next Schedule Hack session. Everyone needs to be clear on when you will meet again. If I meet you in the street and ask you to show me your Life Calendar, it must have your next Schedule Hack session on it—agreed?

Step Two: Take a Picture of Your Life Calendar with Your Cell Phone

Yes, it really can be that easy. Your Life Calendar can now be in your pocket at all times right there on your cell phone, probably just a push of a button away from your work calendar.

Step Three: Defend Your Life Calendar

Now you are prepared to say the two-letter magic word of work-life balance. That word is “No.” You will benefit from practicing saying “No” in front of a mirror until you are comfortable with a phrase or two that work for you.

With your Life Calendar in hand, if someone at work asks you to cover a few extra hours on Thursday, you can pop your cell phone open and say, “Hang on a second, and let me check my calendar.” If you are already booked, you can say, “I’m sorry, I have another commitment at that time. I won’t be able to help out.”

As you read the conversation above, does it make you a little uncomfortable? Most doctors stop breathing when I demonstrate this bit of dialogue. We are horrible at saying no. Our discomfort has several sources.

- We are completely out of practice at saying no. That is okay. Saying no is a skill you can practice. Remember, “Practice Makes Better.”
- You don’t want to be perceived as not being a team player. This is a variation on the prime directive of never show weakness.

And let’s face it—you won’t always say no, even if you have a conflict on your Life Calendar. Here are several common situations where you will most likely say “Yes” instead:

- You owe this person. They covered for you at an earlier date and you want to settle the debt.
- You want this person to owe you down the road, so you can call on that debt in the future.
- You are not confident enough in your ability to say “no” yet to give it a shot. Time for more practice.

Power Tip:

Role-play with your spouse or significant other. Have them be one of your partners—perhaps the one most likely to ask you to cover for them. You be yourself saying, “No.” Rehearse until your spouse or significant other gives you at least a B+ for your performance. Have some fun here.

Here is what will drive your discipline. When you carry your Life Calendar, see a conflict, and say yes anyway, you will know immediately which member of your family you need to get ahold of, apologize to and reschedule with because you just threw their plans under the bus.

The Schedule Hack works every time you use it. You will have a more balanced week when you Hack your schedule than if you do not. This simple process also allows you to live your life in alignment with your complete circle of priorities. This is a key source of happiness and fulfillment.

Action Steps

- Who are the people on your Life Calendar?
- When is a good time for you all to do the Schedule Hack together?
- If you need to buy a paper calendar or pens, when will you do that?
- When will you do your first Schedule Hack? How can you make it fun?
- What things will you put on the calendar just for you?
- When will you practice saying “no”? (I dare you to practice with your spouse or significant other and find a way to make it fun!)
- Journal on your experience.

Tool #2:**INTENTIONAL DATE NIGHTS**

If you think being intentional about date nights isn’t a serious issue or has no relation to physician burnout, think again. A healthy relationship can recharge and strengthen you, while an unhealthy relationship can quickly deplete you, and even cause health problems.



My coaching clients have found the optimum frequency for a quality date night is twice a month, minimum. If it has been more than two months since your last date night, you are way overdue. Date nights are not the only way to strengthen your relationship, but they are critically important, so do not skip them.

If you do not have a significant other, date night could be a date with someone you'd like to know better, time with a friend, or doing something nice or unexpected all by yourself. (Yes, you can take yourself out on date night, too.)

When you are really busy, figuring out what to do on your date night can seem like just another item on your task list. I encourage you to do an attitude check here. What is more important to you – the 800-pound gorilla or some love, romance, adventure, and fun? Date night is a chance to break out of survival mode and do something extraordinary.

A Few Ideas

- Take turns planning your date nights but keep your plans a secret. The one who is planning the date only reveals when to be ready and what to wear.
- Each of you put three date night ideas on slips of paper and drop them into a hat. Pick one, raffle style, and go for it.
- Make it a game and set rules. Here is a fun one: Your date night can't involve calories or money.

Mandatory First Date Night Action:

On any date night, even before you order drinks or appetizers, your first action is to schedule the next date night. This way you will always have a date night on your calendar. If I meet you on the street and ask you to show me your Life Calendar, it must have your next date night on it, agreed?

Power Tips:

- The Six Pack

Instead of putting just the next date night on your calendar, go for a six pack. That's right, schedule out six date nights – three months' worth. Put this article down, walk over to the calendar on the fridge and mark them out right now. Then your first date night action is to schedule the next one so you always have six on your calendar.

- Buy them in Bunches

Use season tickets to book date nights in bunches. If you have a shared interest and there is a season ticket option, buy them. This will take care of multiple date nights in a single purchase.

Tool #3:

BUCKET LIST SECRETS

Bucket List (noun): The list of things you want to do before you "kick the bucket."

My clients and I find it very useful to build two bucket lists and use them as additional work-life balance tools.

1. Your BIG Bucket List

These are the classic things I must do before I die. The challenge with creating a meaningful BIG Bucket List is that most people put way too many things on it. This sets you up to use the BIG Bucket List to beat yourself up. If you put too many items on there, you will notice you are never crossing any of them off and feel guilty.

Here is a reality check that will dramatically shorten your BIG Bucket List

Make your BIG Bucket List. Write it down. I encourage you to keep it in the folder with your ideal Practice Description and Master Plan.

Give someone else the list and have them read your list back to you one at a time.

Take a moment to imagine failure on this item. Imagine you die before you accomplish this one.

How does that feel?

Which ones break your heart to contemplate them left undone?

Those are your authentic BIG Bucket List items and if you are like most people, your list just got much shorter.

BIG Bucket List Check-Off

Now, it is time to get one of these BIG bucket list items on your Life Calendar. Normally, these are pretty big-ticket items that take a significant amount of time, energy and money to accomplish. That is why they lay dormant for so long. Here are two keys to nailing your next BIG Bucket List item.

Schedule it anyway

Pick your first BIG Bucket List item. Look out on your calendar as far as you need to in order to find a time that will actually work. It could be one, two, three years out or more. Schedule it anyway. Print out a calendar for that year or month, use a brightly colored pen and mark off the dates. Hang it in a highly visible spot at home. Go into work and block it off your schedule on the work computer as well. Put a stake in the ground now.

Put skin in the game

The next step is to buy the tickets. Put money down immediately. If there is one thing that will get a doctor to actually take a trip, it is having money down. If you can't buy the tickets yet, open a savings account and start putting money away.

Block off the time and buy the tickets now. Whether it is Machu Picchu, Africa, the running of the bulls in Pamplona, visiting the country of your family's origin, a Spanish immersion school in Costa Rica, rafting the Grand Canyon ... get it scheduled and paid for, and it is highly likely to actually take place. Afterward, it will take its rightful place in your memories as a peak experience, rather than a heartbreaking regret.

2. Your Weekly Bucket List

Is there an activity or experience that turns your whole week around every time you do it? The thing that makes you say, "Man, I wish I could do that every week. It would make a huge difference for me." Most people know what this "weekly bucket list" item is and yet only manage to squeeze it in every once in a while. Common examples are a workout, massage, date night, hot yoga, alone time with your children, coffee with an old friend, walk the dog, nap, meditation, or mani/pedi.

What are 2 – 3 of your weekly bucket list items?

The Schedule Hack is where you make sure these happen. Hacking these Weekly Bucket List items onto your Life Calendar is part of carving out time and space for your life in your busy week. Defend these items just as vigorously as you do your work schedule to show that gorilla some healthy boundaries.

Guilt Can Come Up Here

Some people have problems with guilt as they contemplate this concept of doing something just for themselves. A little voice saying, "What makes you think you are so special?" can pop up when you are blocking off time for your own personal use. This is your programming, pure and simple. You can tell that voice, "thank you for sharing" and do it anyhow. It is only when you are able to experience the pleasant things in your life that you understand the difference it can make for you, your patients, your team, and your family.

Tool #4:

THE BOUNDARY RITUAL

One of the keys to being able to recharge when you are not at work is creating a clean, solid, functioning boundary between work and home. This is how you take the white coat off, leave work at work and come all the way home.

Here is how you know you have missed this boundary; when you are sitting at home and thinking about work. You can't recharge in this situation. Instead of recovery, you are still being drained by work stress even though you are not in the office or hospital.

Creating a Boundary Ritual is a mindfulness skill you can learn and practice. It is the energetic equivalent of an off switch on your role as a doctor. Your Boundary Ritual marks the transition from the environment where the patient comes first to one where you come

first.

Fortunately, we have an excellent role model of a Boundary Ritual—Mr. Rogers.

Yes, that Mr. Rogers from Mister Rogers' Neighborhood, the children's television show on PBS.

You really don't know who Mr. Rogers is before he walks through that door. It only takes a couple of shows to realize he is not the real Mr. Rogers until he has completed his personal three-part Boundary Ritual. Remember those three steps?

1. Put on his zip-up sweater
2. Change his shoes
3. Sing his song, *"It's a beautiful day in the neighborhood, a beautiful day for a neighbor—would you be mine . . ."*

With his Boundary Ritual complete, he is the Mr. Rogers we know and love for the rest of the show.

I have heard of physicians who naturally understand the importance of a Boundary Ritual. One friend's father—a small town family doc—would shower and change clothes after coming home every day. He wouldn't talk to his family until this Boundary Ritual was complete. After the shower he was just "dad" again.

I strongly encourage you to develop your own Boundary Ritual. The most effective rituals involve three things:

An intention

A releasing breath

An action

Here is a Boundary Ritual example if you drive home from work. I encourage you to imagine you are actually driving your car and taking these steps as you read them below.

Park the car. Put your hand on the keys or off button. Say to yourself "With this breath, I am coming all the way home". Take a deep breath. As you exhale, release all thoughts and feelings about work with your out breath, turn the car off, take the keys and step out of the vehicle.

This is another tool that works every time you use it. You will be more relaxed and thinking less about work if you perform your boundary ritual than if you had not. And, as usual, practice makes better.

Power Tip:

Any action can be an effective Boundary Ritual as long as your intention is to take off the white coat and come all the way home.

- Take a shower
- Walk the dog
- Take out your contacts and put on your glasses
- Mr. Roger's three part ritual
- Make a nice dinner

What is your Boundary Ritual and when will you start practicing?

Pick an idea and take action

As discussed in previous articles, it is easy to read an article like this one, with multiple suggestions, and get overwhelmed. The key is to take just one step at a time. Pick just one action from the options above and put it into action. That is all. The first step might be to call your family together and create a life calendar for next week.

Once you have taken the first step, the second one will become clearer. You will know exactly what to do next. It might involve taking an afternoon off and thinking about your bucket lists. Whatever it is, just take the next step, and the next, and the next ... to put one of these tools into action in your life. With just these simple actions, you'll be on your way to a healthier, more balanced life. Constructing a strategy to build and maintain life balance is one of the keys to preventing physician burnout.

Dike Drummond MD is CEO of theHappyMD.com where he provides burnout prevention and leadership development coaching, training and consulting to individual physicians and healthcare organizations. He was a general session trainer at the 2014 AAFP Scientific Assembly. He is the creator of the [Burnout Prevention MATRIX Report](#) with over 117 ways to prevent physician . Dr. Drummond is the speaker for this year's Risk Education seminar "Burnout Proof – Reduce Risk, Lower Stress, Build Life Balance and a More Ideal Practice." Click [here](#) to register.

[i] Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general U.S. working population between 2011 and 2014. Mayo Clin Proc. 2015;90(12):1600-1613.

[ii] Seeman TE. Health promoting effects of friends and family on health outcomes in older adults. Am J Health Promot. 2000;14(6):362-370.

Practice Makes Perfect

Physicians often feel anxious and fearful when faced with a medical malpractice lawsuit, even when they have rendered appropriate medical care and committed no medical mistake. This anxiety and fear likely stems from physicians' belief that they have little or no control over the outcome of their case. To many physicians, the legal system is unfamiliar territory and can even appear unfair at times. However, it is important for physicians to understand that they have the power to influence the outcome of their case. In fact, the most important piece of evidence in medical malpractice cases is typically the physician-defendant's testimony. Moreover, many of the characteristics that make physicians effective health care providers are also the same characteristics that make physicians effective defendants in medical malpractice cases.

For example, no one can become a physician without hard work and diligent preparation. Correspondingly, no one can testify effectively at deposition or trial without hard work and diligent preparation. The case below demonstrates the importance of hard work and diligent preparation for depositions, and the devastating effect a physician's deposition testimony can have upon the plaintiff's overall theory of the medical malpractice case when the physician presents as a knowledgeable, thoughtful, credible, and persuasive witness.

A 50-year-old male patient had a rare degenerative condition of his cervical spine, causing severe stenosis at the C2 through C4 levels, and cervical myelopathy. At his neurosurgical consultation with Dr. Dawson^[1], the patient had limited range of motion in his neck, limited fine motor movements in his left hand, and negative Lhermitte's sign with neck extension and flexion. After consultation and obtaining informed consent, Dr. Dawson performed C2 through C4 laminectomy and fusion. Unfortunately, the patient had left hemiparesis post-operatively, and the patient filed a medical malpractice lawsuit against Dr. Dawson, the anesthesiologist, and the hospital. The complaint did not allege any breach in the standard of care with respect to Dr. Dawson's surgical technique. Rather, the complaint alleged the surgical team failed to properly intubate the patient and failed to properly monitor the patient's blood pressure intraoperatively causing left hemiparesis.

Once her deposition was scheduled, Dr. Dawson diligently worked with her defense attorney at multiple pre-deposition meetings to prepare for her deposition. As a result, Dr. Dawson was confident and well-prepared for the questions posed by the plaintiff's attorney. If possible, a plaintiff's attorney will attempt to pit defendants against one another, hoping defendants will start "pointing fingers" at one another. First, the plaintiff's attorney questioned Dr. Dawson regarding intubation in an attempt to get Dr. Dawson to admit a mistake or to be critical of the anesthesiologist. Dr. Dawson testified she thoroughly discussed the patient's medical condition and surgical procedure with anesthesia. While maintaining that the selection of the intubation method was ultimately the anesthesiologist's decision, Dr. Dawson testified the intubation method selected by the anesthesiologist was

appropriate in this case because of the patient's clinical presentation, which showed the patient had no Lhermitte's phenomena upon neck extension or flexion. The plaintiff's medical expert had opined that a different intubation method should have been utilized. However, Dr. Dawson was able to explain succinctly and forcefully why the intubation method proposed by the plaintiff's medical expert was contraindicated based upon its associated risks and the nature of the surgical procedure performed. Second, the plaintiff's attorney asked Dr. Dawson questions about intraoperative blood pressure monitoring. While Dr. Dawson again testified that she relied upon the anesthesiologist to monitor the patient's blood pressure intraoperatively, Dr. Dawson was able to rebut the criticisms leveled by the plaintiff's medical expert based upon her knowledge of the medical records and from a causation standpoint.

Defense counsel's assessment of Dr. Dawson's testimony and performance at deposition was glowing. Defense counsel remarked that Dr. Dawson did an excellent job of explaining and addressing the various criticisms and medical issues raised by the plaintiff's attorney in a knowledgeable, thoughtful, credible, and persuasive manner. Defense counsel noted the pre-deposition conferences played a significant role in boosting Dr. Dawson's confidence level while decreasing her anxiety level.

The assessment of Dr. Dawson's deposition testimony by plaintiff's attorney was apparently the same. A few months after Dr. Dawson's deposition, the plaintiff's attorney voluntarily dismissed the lawsuit. In discussions with defense counsel as to why the lawsuit was voluntarily dismissed, the plaintiff's attorney stated he did not believe he had strong enough expert proof to maintain the lawsuit after Dr. Dawson's deposition.

In defense counsel's estimation, Dr. Dawson's deposition testimony, more than anything else, prompted the plaintiff's attorney to reevaluate the merits of the case and conclude the medical evidence simply did not support the conclusion that Dr. Dawson committed medical malpractice. In other words, Dr. Dawson's knowledgeable, thoughtful, credible, and persuasive deposition testimony was devastating to the plaintiff's overall theory of the medical malpractice case as outlined by the plaintiff's medical expert.

In conclusion, while the legal system may be unfamiliar territory, physicians can feel confident, instead of anxious and fearful, because many of the characteristics that make physicians effective health care providers, such as hard work and diligent preparation, are also the same characteristics that make physicians effective defendants in medical malpractice cases. Physicians can also feel confident that SVMIC and their defense counsel will provide them with the best possible resources and support throughout the course of their medical malpractice lawsuit.

[1] All names have been changed.

Tips for Successful Collection Calls: Business Critical in the Era of High Deductibles

As patient financial responsibility grows, it's business critical to have an effective process to collect outstanding debt. It's an opportune time to review your entire collection workflow, to include making collection calls. These steps are aimed to boost your success rate, while preserving patient satisfaction.

Plan: Prepare for the call by knowing what is owed, as well as why and when the debt was incurred. You'll lose credibility if you're fumbling around during the call. Review the details of the account balance, and have a back-up strategy (e.g., payment plan) in the event the patient can't pay in full over the phone. If the patient owes a balance after insurance, communicate the original charge. Recognize that most patients garner significant discounts if the service was covered and your provider is participating with their insurance.

Greet: Introduce yourself as part of the practice: "Hi, this is Elizabeth from Dr. Smith's office." Avoid using "business office" or "billing service" when announcing yourself.

Confirm: Acknowledge that you are speaking to the correct person. Comply with your practice's protocols to properly identify the guarantor is the person with whom you are speaking. Don't share the nature of the call unless you are sure that you have a right person on the other end of the line.

Listen: After you state the reason for the call, stop talking. Wait for the patient's response. Provide information if asked; otherwise, it opens the door for patients to claim notices were never received.

Collect: Focus on gathering payment during the call, ideally the entire balance if not a substantial portion. If only a share is collected, be sure to incorporate the "odd" amount upfront so that the remainder can be divided into easy-to-remember payments. For example, a patient who owes \$371.47 would be requested to pay \$171.47 up front, with two remaining \$100 payments. Even better, offer bi-monthly installments: four \$50 payments every two weeks, in this example, which presents a more palatable plan to the patient while ensuring the end result is the same for your practice.

Offer: Extend a financial hardship discount, if the patient is eligible based on your practice's protocol. If consistent with your practice's policy, waive collection fees or interest if the patient pays in full.

Be exact: Use specific dates; instead of telling patients to “pay in 10 days” or “clear the balance in two weeks,” provide a month and day by which you are requesting for the balance to be paid.

Motivate: Use positive language like “how can I help facilitate this payment?” “Let’s get this taken care of,” and “we appreciate your clearing up this balance.”

Remember: If you’re concerned about the task at hand, keep in mind that the patient has had multiple opportunities to pay; this is not the first notification about the debt. The patient received a service, and your practice deserves to be paid. Collecting for services rendered helps keep your practice in business to serve your community for years to come.

Focus: For inbound calls, pen your collection letters from “Judy” – or another designated name, as long as no one at your practice is so named. Documenting a specific name allows you to know when a caller is communicating about a debt. Jump on these “Judy” calls as quickly as possible (“Thank you for calling; Judy is not here, however, I would be happy to help you...”), as this may be your only opportunity to collect the debt.

Confirm: Before concluding, repeat the action the patient promised to take. Document everything in the notes. As appropriate, indicate what will happen if the commitment is not executed – for example, the account will be sent to a collection agency if not received by {insert date within 10 business days}. However, do not threaten what you don’t intend to do.

These tips are aimed to help you collect, but recognize that the best opportunity to handle payments occurs when the patient is physically at the practice. Therefore, engage with your front office team to discuss how they can collect payments – or contact you when a patient who owes a balance presents to the practice.

Handling an Upset Patient

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.

The contents of The Sentinel are intended for educational/informational purposes only and do not constitute legal advice. Policyholders are urged to consult with their personal attorney for legal advice, as specific legal requirements may vary from state to state and/or change over time.