UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Communication in Difficult Patient Encounters

Permalink

https://escholarship.org/uc/item/0dg842mm

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 26(3.1)

ISSN

1936-900X

Authors

Lewis, Kristin

Olson, Adriana

Publication Date

2025-06-21

DOI

10.5811/westjem.48725

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at https://creativecommons.org/licenses/by/4.0/

eScholarship.org Powered by the California Digital Library
University of California

26 Communication in Difficult Patient Encounters

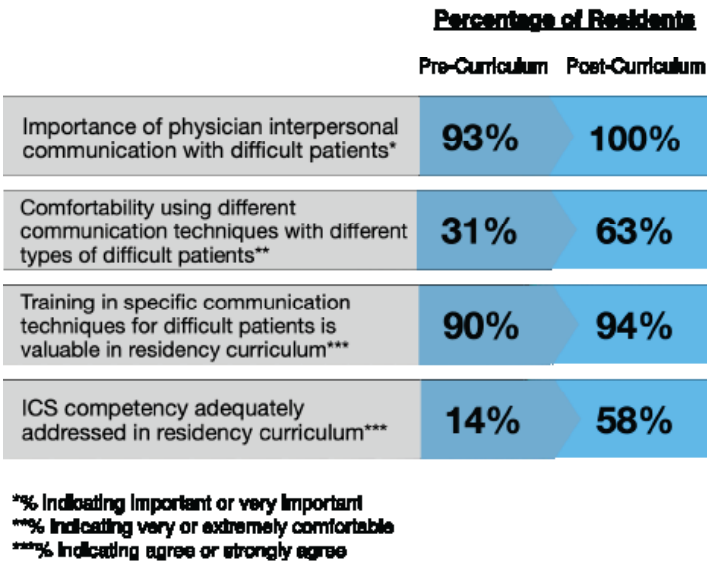
Kristin Lewis, Adriana Olson

Introduction: Physician-patient communication is vital for patient outcomes, especially in emergency departments (ED). Many ED encounters are interpersonally "difficult," emphasizing the need for strong interpersonal communication skills (ICS). ICS deficiencies lead to misdiagnoses, lawsuits, and patient dissatisfaction. Despite ICS being a key component of the Emergency Medicine Milestone Project, EM residency programs often struggle to educate residents in this area, signifying a curricular need.

Educational Objectives: The objectives were for EM residents to 1) name all 3 components of an interpersonally difficult encounter, 2) describe approaches to 3 patient factor types, and 3) rate ICS curriculum as valuable for EM residency education.

Curricular Design: A two-part curriculum was created and implemented at an urban, academic PGY1-3 EM residency. Residents viewed a lecture covering the importance of ICS, components of "difficult" patient encounters, empathetic listening, reframing conversations, and strategies for specific patient factors. Two ICS-related simulation scenarios were implemented: 1) an angry patient who frequently interrupts and does not de-escalate easily; 2) a patient who frequently presents with chronic abdominal pain, had extensive prior workups and is concerned about life-threatening diagnoses. Residents completed pre- and post-curriculum surveys. Core faculty, including residency program leadership, completed a survey.

Impact/Effectiveness: 56% (29/52) of residents completed a pre-curriculum survey. Nineteen residents completed a post-curriculum survey. Ten core faculty members completed a faculty survey. Prior to the curriculum, 95% of residents and 100% of faculty agreed or strongly agreed that ICS is valuable in EM residency curriculum. Prior to the curriculum, 31% of residents felt very or extremely comfortable using different communication techniques with "difficult" patients compared to 63% after the curriculum. Residents and faculty value ICS in EM residency curriculum. Our two-part curriculum improved resident comfort in communicating with "difficult" patients.



27 Implicit Bias in Emergency Medicine Rotation: Themes from Student Narratives

Xiao Chi Zhang, Dimitrios Papanagnou, Max Nunez, Raffaele Macri, Nina Mingioni

Introduction: Third-year medical students in their Emergency Medicine (EM) rotation are required to complete asynchronous online modules addressing unconscious bias and submit a one-page narrative reflecting on instances where they observed implicit bias, either in themselves or others, within the emergency department (ED). Implicit bias significantly impacts patient care, especially in fast-paced clinical settings. This study aims to explore and document the manifestations of implicit bias encountered by medical students in the ED.

Objectives: To qualitatively analyze de-identified student narratives and identify recurring themes of implicit bias observed during their three-week EM rotation.

Methods: Reflections (n=270) were collected from students completing their third-year EM rotation between 2023 and 2024 at an urban academic medical center and its affiliated EDs. Two independent coders iteratively analyzed random samples of 15 reflections to develop a codebook and refine themes until thematic saturation was achieved. The codes were compared with existing literature to identify key patterns across the reflections.

Results: Preliminary review of the reflections (n=30) indicated recurrent themes of implicit bias. These themes include biases towards patients with polysubstance abuse, homelessness, non-English speakers, chronic pain, mental illness, inability to self-advocate, and race. Further analyses are required to reach thematic saturation and to determine differences in theme prevalence, overlapping themes within reflections, variation of experiences, and implications of rotation order on these experiences.

Conclusions: The identification of recurrent themes during the initial data analysis reflects a concerning trend of implicit biases towards our vulnerable ED patient population. Further studies should be considered in exploring how medical students' awareness of their implicit biases can help fashion preceptors' behaviors and role modeling in the clinical arena.