**Process for handling inappropriate patient comments and behaviors**

1. In a time crunched clinical teaching environment, we need to balance:
	1. Resident Support
	2. Patient Care
	3. Resident Education
	4. Proper Response to the patient behavior
	5. Liability minimization
2. Proposed process:
	1. If patient is present in FMC
		1. Determine if immediate safety is an issue.   Is the patient threatening?
	2. **Faculty EMPATHIZE** / Support
		1. Empathically recognize the resident’s discomfort
		2. Make statements such as: This is hard. You don’t deserve to be treated this way. How are you feeling?
	3. **Faculty EMPOWER**
		1. Ask the resident:
			1. **What is the next best step?**
			2. How can I help? What role do you need me to play?
		2. If resident is not in a place emotionally to problem solve, give options / make decision
			1. Options include:
				1. Develop plan for resident to enact alone with the patient
				2. Develop a plan and attending go with the resident

Determine who will lead and strategize briefly

* + - * 1. Develop a plan and have the attending to go back alone
	1. **Faculty and Resident ENSURE**
		1. You have support backup
			1. Resident’s CMA: what does the schedule look like; make arrangements for other physicians to see patients as necessary
			2. Back-up preceptor If the attending is going into the room with the patient
			3. Clinic leadership
			4. Faculty psychologist
		2. Good patient care
		3. Resident hears faculty support
		4. Patient behavior is addressed (limit has been set)
			1. If type of behavior and consequences for future such behavior is clear then explicitly inform the patient of these.   If not, then inform the patient the interaction will be reviewed
	2. **Faculty and Resident DOCUMENT**
		1. The resident should document the beginning of the visit in the office note in a professional and clear manner
		2. The attending should document in a separate note or attestation their role and clearly state the inappropriate behavior and consequence, if determined, or plan for follow-up review
	3. **Faculty and Resident DEBRIEF**
		1. **Same Day**
			1. Once all patient care is completed, the attending and resident should meet to discuss the episode and to ensure resident wellbeing and support.
				1. What does the resident need?
				2. Tie up any loose ends
			2. Attending and resident should set up a time to meet later
		2. **Later**
			1. Ensure resident support and wellbeing
			2. Reflect on the visit and discuss
				1. Did the resident feel supported – what could have been better
				2. Does the resident feel the patient consequences were appropriate
				3. How could the interactions with the patient have been improved
	4. Other **Faculty DETAILS**
		1. **Attending notifies clinic leadership** who will review the documentation and ensure all policy steps have been followed and if any additional documentation or patient communication is needed