

FAQ

FREQUENTLY ASKED QUESTIONS



PODCAST



WEBINAR

Supporting GP registrars to manage patient boundaries

Managing unreasonable patient behaviours and requests can be tricky even for the most experienced GP. So, imagine how challenging it must be for young registrars to identify and manage patient boundaries.

As a GP supervisor, it is vital you support your registrar's professionalism in managing patient boundaries from the outset of their term in your practice. This resource provides ideas on how to mentor your registrar in this challenging area.

What are effective ways to teach patient boundary issues and professionalism to learners in my practice?

The most effective ways of teaching are:

- Leading by example.
- Be willing to share personal experiences.
- Case-by-case discussions.
- Role-playing.
- Discussing issues that can arise; for example, if you are in a rural practice talk about issues specific to a practice in a small town. Early discussions prepare your registrar for the likelihood of these situations.

What steps need to be taken to keep registrars and our practice safe in the context of patient boundaries?

Discuss issues pre-emptively with your registrar so they can recognise and are equipped to manage the challenges of patient boundaries. Implementing registrar-specific guidelines in your practice policy document will also support registrars in dealing with issues.

What are some possible issues to consider regarding policy and guideline development in our practice which could support registrars?

Practice guidelines and protocols can help inform, guide and maintain appropriate boundaries.

Clear and consistent boundaries are especially important in a teaching practice, so it is important to provide and discuss the practice policy and guidelines at the outset of your registrar's term in your clinic.

Your practice policy and guidelines could include the following:

- Relationships with patients (social and romantic).
- Saying "no" to unreasonable requests. For example, drug-seeking patients, inappropriate medical certificates.
- Dealing with angry/aggressive patients (to doctors and staff).
- Dual relationships including treating staff friends and family.
- Dress and behavioural expectations.
- Ethical billing.
- Accepting gifts.
- Social media.
- Dealing with drug company representatives.

How do you teach registrars to identify what constitutes unreasonable patient behaviour and requests?

Don't assume your registrar already knows what constitutes unreasonable patient behaviour and requests. You must be proactive in your teaching, as well as find opportunistic teaching moments, from the beginning of their term in your practice.

It is very important for GP supervisors to routinely provide registrars with specific teaching/advice on patient boundary issues.

Talk to your registrar about the principles behind patient boundaries. That is, as doctors we are expected to adhere to very high ethical and professional standards and maintain clear boundaries.

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You should also discuss with your registrar ethical frameworks in billing, prescribing and test ordering decisions. Discuss scenarios of "could" and "should" in decision-making and help your registrar "unpack" the area where the "could" and "should" scenarios do not overlap.

Also discuss with your registrar issues surrounding patient requests versus medical needs.

What framework can I give my registrar when they are prescribing a particular medication?

Teach your registrar to ask himself/herself, "Should I prescribe this medication?" Provide them the following template of questions to ask themselves:

1. KNOWLEDGE OF THE DRUG

"Do I know enough about this drug?"

"Do I know enough about the benefits and adverse effects to confidently prescribe?"

If their answer(s) is no, urge them to look up the medication, or ask for advice. And finally, if they are still unsure after their research, then teach them to not prescribe the medication in question.

2. TGA INDICATED FOR THE CONDITION?

Registrars can get confused between TGA indicated and PBS indicated, so you should explain the differences to them when they start in your practice, particularly GPT1 registrars.

Registrars need to be taught to ask themselves:

"Is this drug TGA indicated for this condition?"

If their answer is no, they should ask:

"Is it commonly used by my peers?"

If the answer is yes, they can consider prescribing it if they are very knowledgeable and confident about the drug, and with informed consent from the patient. Explain that off-label use requires written consent (or at least verbal consent), and must be documented in the patient records.

3. RIGHT CHOICE FOR THIS PATIENT?

The next question registrars should ask themselves is:

"Is this the right medication not only for this condition, but for this particular patient?"

Explain to your registrar the importance of considering other factors, such as all the co-morbidities, social aspect, and other medications they are taking.

4. AM I ALLOWED?

The next question to ask is:

"Am I allowed to prescribe this medication under these patient circumstances under state and federal legislation?"

This question is particularly relevant around drugs of addiction, and also some of the other Schedule 100 drugs.

5. INFORMED CONSENT?

Has the patient been sufficiently informed of the potential benefits and side effects of this form of treatment?

6. ON THE PBS?

This is an area that registrars get particularly confused about, and explaining private scripts is not only a good idea in many cases for non-concession card holders, but for many medications they can actually be cheaper.

Many registrars have the impression that if a medication is not on the PBS, they can't prescribe it. Be explicit and explain how to prescribe such medications.

Also show them where and how to look up medication prices, so they can give their patients an idea of the cost of a private script.

What tips do I need to know to teach ethical billing?

Your registrar needs to understand their responsibilities.

Here are some tips:

- Remind the registrar any item they prescribe under the MBS is their responsibility; so, it doesn't matter what anybody else in the practice – yourself included – says or does, ultimately the billings are their responsibility.
- Remind the registrar if they put an item number into the billing, they need to know what the MBS prescriptors are.
- Encourage your registrar the first time they ever bill a new item number to look up its full MBS prescriptor, including the explanatory notes. Explain they don't need to do this every time they have that number, but it is a good practice to look at the full prescriptor at least once. This way they know exactly what they are dealing with, rather than just referring to a cheat sheet with a one- or two-line prescriptor.

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What techniques can I teach my registrar to manage drug-seeking patients?

Discuss with your registrar the possibility of inappropriate requests from drug-seeking patients. Also discuss the chances of a drug-seeking patient targeting the new doctor in a practice, particularly a young doctor.

Techniques you can teach them to be prepared for, and to manage, drug-seeking patients are:

- **Broken record** – This technique involves repeating the same statement, as often as needed. For example, if someone requests pethidine for a headache, the broken record technique could be the following response, *“At our practice we don’t prescribe pethidine for headaches.”*

If a patient debates their need for the pethidine, tell your registrar to repeat in a calm, rational voice, *“At our practice we don’t prescribe pethidine for headaches.”*

With this technique, the registrar is empowered to not engage in debate, therefore avoiding a potentially emotional discussion.
- **Practice protocols** – Your practice should have clear protocols related to the whole practice, or at the very minimum, to registrars in your practice. For example, your practice may have a rule that registrars do not prescribe S8 medications on a patient’s first visit to them, or not all; or, they do not prescribe S8 medications which have not been started by another doctor at the practice.
Having firm guidelines and policies will help protect your registrars from drug-seeking patients.
- **Legal responsibilities** – Discuss the legal responsibilities of prescribing S8 in your state with your registrar early in their first term. Keep in mind also, if the registrar has come from an interstate practice or hospital, the state legislation may vary.

Examples of responses you can give your registrar are:

“I am not legally able to prescribe for you as I am not your regular GP, who generally has to apply for an authority to prescribe long term.”

“My duty of care is to act in your best interests. I do not believe prescribing this drug is in your best interests.”

Some GP supervisors find it useful to tell their registrar this simple phrase, *“No S8 on the first date.”*

- **Your safety comes first** – Reassure your registrar their safety is a priority. By doing so, you will empower them to take safety measures if they feel threatened. For example, if they feel threatened, they can call in a senior colleague, prescribe something to quickly move the patient out of the consult room, or call the police. Advise them about direct alarms and other safety procedures within the practice.

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What are other potentially inappropriate requests supervisors should speak to registrars about?

It's not just drug-seeking patients who can cause angst for your registrar; other requests also, at times, can be potentially inappropriate.

Of course, most requests will be appropriate; for example, certifying if someone is fit for a gym membership or legitimate paperwork for Centrelink or insurance claims. But sometimes, the requests may not be reasonable, and your registrar needs to be armed with the tools at the start of their term in your practice to manage inappropriate requests.

Examples of potentially inappropriate requests you should help your registrar prepare for include:

- Get a note from your doctor.
- Insurance paperwork.
- Centrelink paperwork.
- WorkCover paperwork.
- Driver's licence medicals.
- Investigations not clinically warranted.
- EPC items not clinically warranted.

What techniques and responses can I give my registrar with potentially inappropriate requests?

Advise your registrar to treat every document as if it were to stand up as a valid document in court. So, using this principle, they should not sign anything that wouldn't stand up in a court of law.

It's good to be proactive and discuss issues surrounding inappropriate requests at the start of your registrar's term in your practice, and to re-visit these discussions.

Role-playing scenarios is also a valuable way of practising management techniques for inappropriate requests.

Again, encourage your registrar to use the "broken record" technique of repeating the same explanation, as many times as needed, in a calm voice which minimises the patient's ability to enter into a debate.

Discuss and role-play scenarios, using statements such as:

- *"What were you hoping for today?"*
- *"There are Medicare/Centrelink rules that apply here. Let's see if you fit those rules."*
- *"I'm sorry, you don't fit the Medicare/Centrelink rules, so I can't help you today."*

Finally, encourage your registrar to seek your guidance. For example:

"Look, these things can be tricky; so, when you get your first WorkCover case or disability support pension application etc, please let me know and we can talk about that particular situation."

What is the likelihood of patients seeing registrars with requests to fill-in paperwork?

Whether it is for a driver's licence, medicals or Centrelink certificates, often a patient will see the registrar because they can't get a timely appointment with their regular doctor, or their doctor is away. This can be challenging for registrars if they feel pressured to fill-in forms for patients they don't know.

You can empower your registrar by discussing and role-playing such scenarios in advance, including strategies on how to manage patient expectations. For example,

"This is probably much better to be done by your regular doctor who knows you well."

How can I help my registrar manage patients who request paperwork to be filled-in "when they have time"?

You can give your registrar a lesson in time management – and not doing unpaid work – by telling them not to accept paperwork for completion outside of a patient's consultation time. Again, you can role-play scenarios with your registrar where they advise the patient, "You need to be present while I complete this," and then bill appropriately.

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Should I talk to my registrar about how to identify and manage sexual harassment by patients?

Yes. A study published in MJA in 2013 showed:

- 55 per cent of Australian female GPs had been sexually harassed by patients.
- 65 per cent had been asked for an inappropriate examination.
- Less than 7 per cent of the GPs surveyed said they had been trained on how to deal with sexual harassment by a patient.

Furthermore, in a 2017 GPSA webinar poll, the majority of participants said they had never had training (as a registrar or supervisor) on how to deal with sexual harassment by patients.

With these statistics in mind, it is alarming the issue is not being proactively discussed.

Your discussions could include:

- Obvious and subtle sexual harassment.
- A registrar's concerns about whether they are over-reacting; for example, feeling uncomfortable about sexually inappropriate comments, but excusing these as "harmless flirting".
- What measures to take if they are feeling sexually harassed.

What techniques can I use to help registrars manage angry patients and patient complaints?

It is important to let your registrar know they are not alone, so if confronted with an upset patient they will seek your advice sooner, rather than later. Asking for early support not only helps them professionally manage a situation, but also supports their wellbeing and minimises the chance of an informal complaint evolving into a formal complaint.

Some techniques you can discuss with your registrar are:

- **Openly acknowledge emotions, demonstrate concern and stay calm** – Openly acknowledging emotions does not necessarily mean saying "I can see you are angry," which could be perceived as patronising or inflammatory. Instead, teach your registrar to acknowledge the emotion internally and allow their body language to indicate they recognise the problem, are listening carefully and doing their best to help.

- **Don't mirror** – Stay calm. Do not mirror the patient's emotions.
- **Try not to take strong emotions as a personal attack** – Teach your registrar the importance of empathy, and resilience.
- **"Yes" technique** – When someone is agreeing with you, it is very hard to stay angry, or at least it helps diffuse the situation. So, suggest to your registrar to listen quietly while the patient explains what has upset them.

Then ask two or three questions which require a "yes" answer. For example, a reflective question (stating the facts back) that shows they are listening, such as:

"So, you are telling me that you went to the pharmacy after I said I had faxed the script, and the script wasn't there. Is that what you are saying?"

"And the fact it wasn't there was very inconvenient for you, and has made you quite upset?"

Explain to your registrar that reflecting back in a way which requires a "yes" is a powerful technique, because it reinforces to the patient you are discussing possible solutions.

- **Follow-up plan** – Discuss possible solutions. You can role-play this with your registrar, so they are able to do the same in a real situation.
- **Ask patient for possible solution(s)** – Again, you can role-play different scenarios where the patient's solution is reasonable and unreasonable.

How can I help a registrar to avoid the potential complexities of a dual relationship with work colleagues seeing them as patients?

The Medical Board of Australia states "... avoid providing medical care to anyone with whom you have a close personal relationship" as a professional measure to protect "lack of objectivity, possible discontinuity of care, and risks to the doctor and patient".

We can look at this in a broader sense in regards to dual relationships, which may include: friends, neighbours, business associate (for example, your accountant), family and other practice staff.

Dual relationships may be unavoidable in small, rural practices but you still need to provide support and guidance to your registrar in this context.

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Often practice staff may book their own medical appointment with a registrar because of more timely availability, or they prefer to discuss their medical issues with someone they know less closely. How can I support my registrar if this occurs?

Many registrars may find it challenging to provide objective, comprehensive care to work colleagues, especially those with a long history in the practice.

Some clinics have a whole-practice policy which encourages staff members to see a GP outside the practice. Has your clinic considered a reciprocal arrangement with another practice where each others' staff members are given preferential appointments?

Whether or not your practice has a policy for treating staff members, it could at least implement a policy which excludes registrars from treating practice staff, except in emergencies.

Should I allow my registrar to deal with representatives from drug companies?

Some practices don't allow their registrars any interaction with drug company salespeople.

Other practices take the view that giving registrars the opportunity to observe how experienced GPs interact with salespeople is a valuable learning exercise.

Whether or not registrars in your practice see drug company representatives, it is important you discuss with your registrar how to critically appraise what the salespeople are pitching, and role model your behaviour to their representations and information provided.

You can role model and role play ways to ask probing questions of the salesperson, or when reading product brochures. Teaching your registrar critical appraisal and reasoning helps develop an essential skill for a GP career.

Once the salesperson has left, discuss with your registrar the information presented and motivation behind drug companies promoting their products. For example, you may start the discussion by asking "What do you think of this brochure?"