HEARD+D De-escalation ON-PHONE



1

Hear

Listen actively and model calmness.

2 Empathize

Acknowledge and validate their feelings and experiences.

3 Assess

Assess the situation and yourself. Recognize your emotional state and biases and ask for help if needed.

4 Resolve

Inform and offer solutions.

5 Defuse

Set clear boundaries and protect yourself.

6 Document

Notify your supervisor and keep a written record of the incident.

FRUSTRATED CALLER

Irritated tone

"This has been really stressful!"
"I can't believe that."

ANGRY CALLER

Sharp, loud, pressured speech, demanding action

"This is unacceptable"
"This is ridiculous!"

AGGRESSIVE CALLER

Hostile tone, verbal intimidation, accusatory statements

"You're being stupid."
"You're useless."

THREATENING CALLER

Aggressive tone with direct threats

"I'll show up and do what I want!"
"You'll see! /You'll pay for this."

PROCEED WITH HEARD+D STEPS 1 TO 4

Speak clearly and slowly.
Go to **Step 5** if the caller escalates.



Listen actively, model calmness, and avoid interrupting.

2 Empathize

Acknowledge and validate. Speak slowly and with confidence – do not match their volume. Never shout/yell back.

"I hear your frustration."

"I can see how inconvenient this situation is."

Assess

Assess the severity of the situation, apologize if appropriate, and demonstrate positive intent.

"I hear that you're upset, but I need you to speak calmly."

"Sorry for the inconvenience. I'm here to help, and I will do my best to assist you."

Recognize your emotional state and biases and ask other staff for assistance if needed:

"Let me see if my supervisor is available to help you."

"Let me take a closer look at this. Can I call you back in ___ minutes?"

4 Resolve

Inform/provide context and reasoning, confirm their needs, and offer solutions:

"Appointment availability is further out because.../The clinic has a policy that.../Prescription refills must.../What seems to have happened is..."

"To confirm you need [to book an appointment] ...is that correct?"

"Here's what I can do (provide options if possible): /Which one would work best for you?

- I can book your appointment at the earliest available date.
- I can add you to an urgent phone list/I can add you to a waitlist if we have cancellations.
- I can share your concerns with the clinic supervisor, and they will follow up with you.

When appropriate, note specific patient needs (e.g., hard of hearing, limited English) in the medical record to help staff prevent future escalations.

Defuse

Recognize your emotional state and ask other staff for assistance if needed:

JUMP TO HEARD+D STEP 4 (DEFUSE)

Always remain calm and professional.

Proceed with steps 1 to 5 if the caller de-escalates.

"Let me see if my supervisor is available to help you."

If comfortable to proceed, set boundaries and inform them that you will terminate the call if the behaviour continues:

"I hear that you're upset, please lower your voice so we can continue talking or I will end the call."

"I'm here to help you, but I don't feel respected. I will end the call if it continues."

"I'm here to assist you, but I can no longer continue this conversation under these circumstances."

"You are being disrespectful. Please reach out again when you're ready to speak respectfully."

"We take all threats seriously. I must end this call and inform my supervisor."

Call 911 for direct threats.

6 Document

If Step 5 is needed, notify your supervisor. Chart the incident in the patient's medical record right away and follow incident reporting procedures as directed by your supervisor.

- Be objective, state the facts, and use quotes.
- Describe the individual's behaviour, statements, incident details, and context, including date, time, contributing factors, statements, and deescalation efforts. Consider the five W's: Who, What, Where, When, and Why.
- State the harm caused to you, if any (e.g. intimidation, fear, physical injury, threats made) on the incident report form.
- Chart the incident with the assistance of your supervisor if needed.
- When reporting to the police, do not share patient medical information (except if public safety is in danger).

Note: This chart provides examples of inappropriate behaviour, but it's up to you to assess where the patient is on the escalation scale.

