

Please read texts about communication of physician and patient on website of our clinic and compare it with your personal experience in a short reflection. Send it to my e mail address.

REVIEW OF COMMUNICATION TASKS IN INTERVIEWING

I. Engage

Join the Patient

Joining takes place during the opening seconds of the encounter. With a new patient, joining takes more time than with a returning patient. The exception to this sequence is in an emergency in which the biomedical tasks must dominate. Even in an emergency, introductions are important.

1. Communicate warmth and welcome. Welcome the patient to your setting. It is not unlike being a host or hostess. Introduce yourself and others.
2. Be curious about who the person is as a person rather than their medical problem. Find some common experience, background, identity on which the two of you can establish some similarity (comfort and trust). Joining goes beyond the weather and parking.
3. Listen to the language of the patient and adapt your language system to meet theirs. It is easiest to listen for key words and to use those words.

Elicit the Story

A patient has a story to tell. It involves the experience of an illness or a worry. The story is told throughout the joining and during the presentation of complaints. Sometimes it is told after the agenda is set. It must be heard.

The first two to three minutes of the interview is the "patient's time." This is time to inhale information rather than to organize it.

1. Use open ended questions. "I'm curious about." "Tell me more about." Avoid the 'wh' questions: when, what, why, where, etc.
2. Acknowledge the story. Don't simply say, "um." Use responses that communicate your interest: "That must have been uncomfortable."
3. Monitor time. Monitor time at first to make sure you are giving the initial two to three minutes to the patient.

Set the Agenda

Even when you suspect why the patient has come, you probably don't know the entire story. The task is to establish an agreed upon agenda.

1. Find out all the complaints. Assume there is more than one. Ask for all of them "Anything else on your mind?" "What else has been happening?" "Anything else you are wondering about?"

If the physician does not learn all of the complaints, she/he is not in a position to discuss with the patient what is most critical. It also leads to the "door knob" complaint. "By the way doctor... "

2. Find out the patient's expectation or goal for the encounter. This may differ from the presenting complaint. One physician asks, "What are you hoping we'd accomplish today?"

3. Agree upon the agenda. It may be necessary to schedule another visit for complaints of less urgency or complaints requiring more time. One physician says this "Referring to myself."

II. Empathize

Create a Warm Setting

The non-verbal posture and physical setting of the encounter facilitate or frustrate an empathic connection. Some things are very simple.

1. Greet a new patient while they are fully clothed. This need only take seconds. It is not as important for returning patients. It can be as simple as, "Hello, I am Dr. X. I'll be with you in a few minutes. The nurse will show you where a gown is and where you can put your clothes (if appropriate). "

2. Don't write and listen at the same time. Alternate. When listening and questioning, look at the patient.

3. Sit or stand relative to the patient so that head level is approximately even. (This does not pertain to the examination.)

4. Don't permit physical barriers to come between you and your patient. The two biggest ones are (a) the chart, (b) your desk.

Create a Safe Setting

Several verbal behaviors contribute to establishing an empathic connection.

1. Invite a patient to tell you what she/he is feeling or thinking. Be curious about the experience of the patient as a person.

2. Acknowledge feelings and thoughts. Don't evaluate them. "I understand that you are scared at the thought of surgery. Lets talk more about it." Not, "There's no reason to be scared."

3. Notice facial ezpressions. While facial expressions communicate feelings, you can not always be sure what feelings they communicate. Noticing and commenting, however, often gives the patient permission to report the feelings. "I see you frown when I mention exercise."

4. Use self-disclosure when appropriate. Don't tell the patient your life story. Do share something of your life when you believe it will facilitate the patient's well being.

III. Educate

Assess Current Knowledge

Under customary circumstances, patients will forget 50% of what the physician says the minute they walk out the door. It is important to provide information tkat fills in gaps and is important to the patient's healthcare concerns.

1. Find out what the pacient knows. Find out how the patient understands the situation and what is to take place.

2. Ask for questions and things they wonder about. Not all patients will ask questions or tell you what they wonder about (anxieties), but some will.

Answer Assumed Questions

Patients have questions. They don't always ask them. You can assume they are present. Develop a protocol for answering the following eight questions. Make it as second nature as conducting a review of systems.

1. Their Situation

- a) What has happened to me?
- b) Why has it happened to me ?
- c) What is going to happen to me, in the short term, in the long term?

2. Your Actions

- a) What are you doing to me (examination, tests)?
- b) Why are you doing this rather than something else (diagnostic or treatment options) ?
- c) Will it hurt me or harm me, for how long, and how much (diagnostic and treatment) ?
- d) When and how will you knoty what these tests mean?
- e) When and how will I knoty what these tests mean?

Assure Understanding

Providing information (teaching) is not educating. Education does not take place until the patient has learned.

1. Ask if the patient has asked all the questions she/he wants to. Give permission to ask.
2. Ask what or how they understand. Discover whether or not the patient understands everything it is important for him/her to understand. Don't ask if they understand.

IV. Enlist

It is important that patients become partners in their own health care. Fortunately, there are techniques for making this possible. Adherence (compliance) increases when they are used.

Agree on Diagnosis

Most patients make a self-diagnosis. It is human nature to do so. If your diagnosis and the patient's differ, the patient will follow his/hers. Consequently, it is imperative that you understand the patient's diagnosis.

1. Ask!

One researcher suggests the formulation:

"I've arrived at one explanation of what the difficulty is (Provide your explanation.) How does that fit in with what you have been thinking?"

2. Discuss any discrepancies between your diagnosis and the self-diagnosis. Be careful not to evaluate outside input: spouses, friends, relatives, magazines, or other physicians. Having a different opinion is fine. You never doubt the veracity of the patient's report or their relationship to the third party.

Agree on Treatment

Here are some easy guidelines for increasing the likelihood of adherence.

1. Keep the treatment regimen simple. If it has multiple steps, avoid introducing them all at the same time. Try two or three things at most.
2. Write out the regimen. Patients lose half of what is said the minute they leave the office. If you use pre-printed sheets, use a highlighter to mark certain passages. Personalize the pre-printed sheet.

3. Describe both the benefits of the treatment and the timetable for carrying out the treatment and realizing the benefits. Don't simply write out a treatment plan or prescription and hand it to someone. Remember, only half of the patients adhere.
4. Describe the possibility of side effects if appropriate.
5. Have the patient identify barriers to successfully following the regimen. Collaborate on a plan to modify the regimen and/or circumvent the barriers.
6. Ask for feedback from the patient to make sure that the patient understands what she/he is going to do.

V. Exiting the Interview

Providing closure

1. Reviewing plan.
2. Affirming intent and follow-up.
3. Express hope.
4. Say goodbye.

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