The Virtues of PATIENT-*Centered* COMMUNICATION

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The unexpected burst of emotion, the patient who always seems unsatisfied, the condition that doesn't improve despite appropriate treatment, the failure to comply with apparently simple instructions, vague or chronic symptoms, the "actually one more thing" that the patient requests when our hand is on the doorknob — What physician wouldn't want a cure for these difficult situations?

A common response to tough patient encounters such as these is to become more directive.

On average physicians interrupt their patients just seconds into the description of their problem. If it is suggested that we sit down, let the patient talk, explore patients' non-verbal cues, and repeatedly check their understanding — even more frequently with "difficult patients" — then we respond that there would never be enough time.

But what if we found out that our patient was scared to take the prescription we gave him, or that he had no money to buy it, or that he could not read the instructions? What if we found out that since starting the most recent medication the patient has developed hives, diarrhea, or severe headaches? Or that his father died during the same "simple" operation you are currently recommending?

Any of these or similar scenarios might alter our treatment plan, or at least alter how we discuss our treatment plan with our patients.

"Patient-centered communication" skills may be just what you're looking for.

"Sure," you're thinking, "that's great if you have all day. Not in my busy practice!"

The good news is that research repeatedly shows that re-centering the clinical encounter on the patients' experience makes us more efficient, effective providers, to more satisfied, compliant patients. Like any set of skills, patient centered communication can be learned with practice.

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First, set an agenda with the patient. Check why the patient is really there, all the reasons he is really there. The "list" of concerns is probably there — regardless of whether it is given voice.

Knowing the full picture allows you to help the patient have more reasonable expectations about the visit and may also elicit complaints that lead to a unifying diagnosis that the patient was not aware of: ask an open-ended question and allow the patient to describe the condition before directing the assessment with questions.

Consider following up with "anything else?" or just a nod of your head, instead of close-ended questions. You may find with practice that instead of worrying about what question to ask next you are picking up non-verbal cues and getting a fuller picture of what is happening with the patient. Eliciting more of the patient's concerns and details early in the visit is sure to save time-consuming backtracking at the end of the visit.

Find out what is most important to patients with regard to their condition and what kind of interventions and support they want. Awareness of these contextual conditions helps facilitate agreement on a proposed intervention. Patients who believe you are doing your best to meet their needs are more likely to comply with recommendations you make. Check back to make sure the patient has understood your suggestions and intends to carry them out. Keep in mind that the stress of the clinical encounter can worsen a patient's ability to comprehend and accept information.

I will never forget the patient who left my practice for years and only came back when he became much sicker, and in dire need of treatment. When I asked why he had taken so long to return, despite my urgings to take certain medications and pursue prompt follow-up care, he said he refused because he was certain I had called him an idiot. It turned out, I had told him he had idiopathic cardiomyopathy. It was a reminder to me to check in with every patient, to make sure each one understood what I was saying, and each patient was truly comfortable with how we together decided to proceed.

Be aware of how you appear to your patient. Differences of gender, race, culture, age or language can exacerbate the effects of authority in the medical setting, inhibiting communication and leading to misunderstandings. To gather all relevant data you must establish a rapport with your patients that empowers them to share their symptoms and condition clearly. Introduce yourself. Greet your patient. Acquaint yourself with anyone accompanying the patient, including their names and the type of support they provide to your patient. Consider sitting down to speak with the patient, and try to avoid crossing your arms. If you like to enter data into an EMR during the encounter, consider turning the screen so the patient can see what you are doing.

Determine how your patients view their condition and any beliefs they have regarding its progression. Misconception of condition and unrealistic expectations should be

gently addressed. Cultural and religious custom often influences the understanding of disease; it is not necessary to debunk non-scientific theories in order to provide accurate and appropriate information.

While understanding of disease and condition, intervention and progression, is the cornerstone of medical science, the performance of medical art takes place in the personal sphere. Not only what you do, but also what you say and ask and hear, matters to the health of your patients and your practice.

In the past, most patient encounters have been physician-centered, where the physician, with the best of intentions, does most of the talking, asks leading questions, and may inadvertently overlook important information from the patient, all in the belief that the physician's training and expertise will produce a diagnosis and plan more quickly than having the patient discuss subjects that might be irrelevant.

The physician-centered approach can prove to be a false economy, producing non-compliant patients, unnecessary return visits by patients, and even missed diagnosis.

The patient-centered approach described in this article can improve patient outcomes and satisfaction, as well as the satisfaction you derive from your practice, without sacrificing efficiency. Indeed, patient-centered communications should enhance your efficiency as you more quickly ascertain your patients' needs and apprehensions, and you reduce the risk of misunderstanding that plagues too many patient encounters. ■