Numerous studies have shown that physicians interrupt patients between eight and 16 seconds after they begin speaking about their symptoms. Yet findings indicate that the average patient only needs a couple of minutes, interruption free, to fully outline their presenting symptoms to a physician. What is the value of that extra minute and 45 seconds devoted to intense listening? Priceless, it turns out — for improved levels of care, positive outcomes and stronger physician-patient relationships. Here's how to make it happen.

The elbow, the chest pain and the missed opportunity: Roberto's story

It's the critical moment in the office visit — the physician has just asked, “What brings you here today?” Roberto, a 60-year-old patient, begins to talk about the pain he's experiencing in his elbow. Within just a few seconds, the physician has already begun what's called an “early dive,” and has interrupted Roberto to begin asking questions about the elbow pain.

The physician leaves the office a few minutes later.

He never hears about the crushing chest pain that's been keeping Roberto awake at night, because that interruption focused the entire visit on the first-mentioned symptom, before Roberto ever had a chance to talk about the truly worrying health issue that was the main reason for his visit.

Beware the “early dive”

Most patients will want to discuss three to four health concerns during each office visit. Because they often need to establish trust and “warm up” in their conversation with a physician, they frequently begin conversations with minor concerns, saving more severe issues for the end of a visit. If the patient is interrupted and does not feel validated by the physician, the topic of the most severe symptom may never be broached. And if the physician makes an “early dive” by focusing on the first, usually the most minor, symptom, an important opportunity can be irretrievably lost.

It's clear that quality clinical information is derived from patient-led conversations, the kind that happen when physicians listen wholeheartedly to everything that is being said. Interruptions during these initial patient communications can negatively impact the entire dynamic of the conversation, and the eventual health outcome for the patient.

Hand off the doorknob, butt on the chair

The average physician will conduct more than 180,000 patient interviews over the span of a career. And each of those interviews, no matter what the topic, can be improved by following a series of simple steps to create a foundation of trust and open communication.

The process begins with humble, human gestures that often mean very much to a sick and frightened person. No matter how busy or stressed the situation, these gestures can become ingrained as the intentional start to every patient interview.
Here’s how it begins: when you enter the examination room, walk all the way into the room. Standing with one hand on the doorknob sends a clear “I’m too busy for you” signal. Next, make eye contact and introduce yourself to the patient and any caregivers who are present. Shake hands and use the patient’s first name.

Then, take a seat. Studies have shown that patients’ perception of how long doctors spent with them increased significantly when the physician was seated. Before the interview begins, let the patient know that you’ve reviewed their history. This can be as simple as a comment on what happened during a previous visit, but it sets the stage for dialogue by reinforcing the patient’s value to you. Mention the electronic health record system and explain why you are using a tablet. Attempt to balance your eye contact with the patient and the amount of time you spend looking at the screen.

Then, ask a question and begin to listen. Really, really listen.

Guide an effective conversation with “Ask Me 3”

The ramblers, the stutterers, the repeaters … not every patient is a professional communicator, and the stress of their symptoms and the tension of a visit to a doctor can tie up even the glibbest of patient tongues. And even if the physician has done an exemplary job of listening with complete attention, patients often forget to ask questions about treatment that cause worry and concern after they return home.

To provide some guidance and encourage thoughtful reflection before you even knock on the exam room door, consider displaying “Ask Me 3” communication materials from The National Patient Safety Foundation. Designed to improve communication between patients and providers, these materials encourage patients to ask three questions during their office visit:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

If patients leave your office feeling confident of the answers to each of these questions, their likelihood of an improved outcome is significantly increased.

The result? Improved efficiency and better outcomes (honestly)

It may seem counterintuitive to tell a hyper‑busy physician that efficiency and outcomes can be improved by simply sitting down, slowing down and listening intently. And encouraging patients to ask more questions might seem to be another roadblock to running a more efficient practice. But efficiency and better outcomes are exactly the proven clinical experience for physicians who follow these few simple guidelines. Their focus on effective patient communications builds a strong foundation for improved clinical outcomes, adherence to treatment plans, patient satisfaction and patient safety.

The process may seem simple, but the benefits are — well, priceless.

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To learn more:

See these resources on doctor-patient communications.

1. 2009 Annual Benchmarking Report, Malpractice Risks in Surgery, CRICO/RMF Strategies
2. 2010 Annual Benchmarking Report, Malpractice Risks In Obstetrics, CRICO Strategies
3. “Ask Me 3” posters and brochures available for purchase at www.npsf.org