Communication Skills Enhance Patient Encounters

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WASHINGTON — More than a third of physicians find at least 25% of their patient interactions to be quite frustrating, and about 8% of physicians say they find at least half of their consultations frustrating.

Good communication skills can help equip physicians to cope with the patients whose behavior and personalities they find challenging. Although communication skills involve "no whiz-bang drugs or procedures or devices," they can be learned, Dr. David J. Gullen said at the annual meeting of the American College of Physicians.

And these skills will be used often throughout a physician's years of practice. "We estimate that in a 25-year career, we could have roughly 250,000 patient encounters. Now, that would be somebody who does a lot of outpatient work. Even if we had a very specialized, procedural-ized practice … we still would spend more time talking to patients than actually operating on them," he said.

Studies have shown that good communication can improve clinical care through better adherence to treatment plans, improved patient and physician satisfaction, better data gathering, and more appropriate medical decisions. Good communication also can reduce the risk of malpractice claims, said Dr. Gullen of the Mayo Clinic, Scottsdale, Ariz.

The American Academy on Communication in Healthcare (www.aachonline.org) has divided patient-physician communication into three functions: information gathering, relationship building, and education. The three main goals of the patient interview are to glean information about the patient's health status and what the patient expects from the physician that day, to build a trusting relationship between the physician and the patient, and to provide health education to the patient.

Information gathering involves active listening. A University of Rochester (N.Y.) study showed that, on average, doctors interrupt a patient's narrative after 18-23 seconds. Make an effort not to interrupt for at least 1 full minute, Dr. Gullen suggested.

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In primary care, "about a quarter of patients think we didn't talk about, [solve], or address the problem for which they saw us. For subspecialists, it's about the same: Maybe a third of the patients think the subspecialists either didn't address the problem or didn't explain the recommendations very well," he said.

Patients present with an average of three to five complaints, and the first one they recount is usually not their main concern, so don't spend the entire visit on that, he cautioned. Instead, after patients tell you their first complaint, ask, "Is there anything else?" To prevent making patients feel as if what they just said was unimportant, you can add, "I'm really concerned. I just want to see if you brought anything else with you."

Eliciting this information at the outset helps decrease "oh, by the way" or "doorknob" complaints that patients volunteer as the visit is ending, he added.

Relationship building is another important goal of physician-patient communication. Dr. Gullen suggested that to improve your relationship-building skills and establish the patient's trust, think of the acronym PEARLS:

► **Partnership.** This involves working with the patient to define the issues and create a treatment plan.

► **Empathy.** Understanding can be communicated to the patient through remarks such as, "That sounds hard," or "You look upset."

► **Apology/acknowledgment.** Show concern for the patient through comments like, "I'm sorry I'm running late today."

► **Respect.** Show appreciation for the patient's behaviors by saying things like, "You have obviously researched this problem quite well."

► **Legitimation.** Reassure patients that their feelings are appropriate: "Anyone would be confused by this situation."

► **Support.** Tell patients that you are there to help them. ■