Physician/Patient Communication

Effective physician-patient communication has been shown to positively influence health outcomes by increasing patient satisfaction, leading to greater patient understanding of health problems and treatments available, contributing to better adherence to treatment plans, and providing support and reassurance to patients.

AVOID ...

"It will all be ok."

Do not dismiss patient concerns. It can prevent further patient disclosure.

For delays: “We are understaffed.”

- Apologize for delays.
  - We had a few emergencies this morning.
  - Explain your goal.
  - Schedule intelligently; waiting two hours for 5 min. If always behind: It’s a scheduling issue.
  - Leave open slots.

Talking or interrupting while patient is speaking.

- Demonstrate active listening.
  - Listen to understand. Try not to plan your answer while you are listening.
  - Let the patient talk. They usually finish within 30 seconds.

"You can’t trust the internet."

- Thank you for bringing this to me. I love it when my patients are engaged/informed.
  - Give the patient some good sources.
  - The internet has lots of good and bad information. Sometimes it is challenging to interpret the sourcing.
  - Let’s work through the facts; what we know about your issues/research.

"I’m the doctor."

- Acknowledge the concern and emotion by name.
  - Give them time to accept the situation.
  - Let them vent.
  - Don’t try to solve the problem while they are upset.

"Relax. Don’t get upset."

- Acknowledge the concern and emotion by name.
  - Give them time to accept the situation.
  - Let them vent.
  - Don’t try to solve the problem while they are upset.

"Do you have any questions?"

They will say yes to these questions.

- Teachback. Describe what you are going to do next? What you are going to look out for (e.g., care plan, side effects).
  - What questions do you have?

"It will be fine."

- It is understandable to be concerned, and... You are __ (insert emotion), you will be supported along the way.

"What brings you here today?"

- I know you told my MA/RN/PCP your concerns, but I’ve reviewed your chart.
  - My MA, etc told me... but I’d like for you to tell me in your own words.
  - A quick glance at the chart is well worth it.

Not commenting during charting when the patient is describing their symptoms.

- Displaying affirming non-verbals.
  - Narrate: I’m charting what you say...
  - Recap, what I am hearing you say is...

INSTEAD ...

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