



Doctor-Patient Communication

Taking time to save time

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We know it is worthwhile for physicians to take time to plan their follow-up consultations. We also think they benefit when they greet their patients courteously and involve them in discussing the framework for meetings. But how can physicians communicate with patients to elicit their full participation in the process and still use the allotted time effectively?

To help answer this question, we resume our examination of the opening stages of a medical interview and illustrate some useful communication techniques.¹ Types of statements used in medical interviews include open questions, closed questions, clarifying statements, checking and summarizing statements, transitions (changing the subject), and facilitating statements.

Dr Rush uses these techniques with his patient, Mr Tense, who has presented for follow up for his blood pressure treatment. We pick up the interview just after the greeting,¹ as together physician and patient are about to set the agenda for the consultation.

Setting the agenda

Dr Rush: I've set aside about 15 minutes for our meeting, so, before we discuss your blood pressure, is there anything else you want to talk about this morning? [open question].

Mr Tense: Well, actually, for a couple of months now, I've noticed I've been coughing. It's a small, irritating, dry cough.

Dr Rush: Uh huh [facilitating statement].

Dr Rush's last statement might not seem particularly noteworthy, but it is what is technically termed a "facilitating statement," an invitation for the speaker to elaborate and keep talking. It actually encourages Mr Tense to continue his story and allows him to tell it in his own words and in an order that makes sense to him [patient narrative].² It also very often allows physicians to gather a great deal of information without having to fire off a series of closed questions.

Dr Rush thus learns early in the interview that his patient has a symptom that might be linked to his prescription medication. He will be able to take this information into account in evaluating Mr Tense's condition.

Mr Tense: People around me have remarked on it. Anyway, I hesitated to bring it up with you because I don't feel sick. It just bothers me a bit. I almost forgot to tell you. My wife asked me to mention it, though.

Dr Rush: So, you've developed a cough since the last time we met [summarizing statement]. Before discussing this cough further, I'd like to know whether you have anything else you want to talk about this morning [probing for complete agenda³].

Mr Tense: No, not really. That's it.

(Dr Rush's repetition of the information Mr Tense has just given is a simple tactic that lets physicians confirm they have understood patients correctly. Dr Rush then probes further to see whether there

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are other problems his patient wants to raise. It is important to do this because physicians must have an idea of the complete agenda for meetings if they want to manage their time properly.

Dr Rush: Perfect [transition statement]. So, this morning, we will discuss your blood pressure and this new cough [summarizing statement]. I think we'll have enough time to cover everything today. Does that sound OK to you? [checking statement].

Mr Tense: Yes, that's fine.

Since the agenda is short, Dr Rush knows there is enough time to cover both items. He has already been given clinically significant information, and the information-gathering process is thus under way. Mr Tense also knows what will be covered in the interview. Dr Rush's summarizing statement followed by a checking statement gives Mr Tense one last chance to bring up another issue. With Mr Tense's agreement, Dr Rush can now follow this agenda for the consultation.

First item on the agenda

Dr Rush: The last time you were here, your blood pressure was still high, 165/95, and we increased the enalapril to 20 mg/d [summarizing statement]. Right? [checking statement].

Mr Tense: Um... Yes, that's right...

Dr Rush: You also had some tests... [checking/summarizing statement].

Mr Tense: I had them 2 weeks ago. There was a very long wait for the appointment.

Dr Rush: Yes, I know. It does take longer these days [acknowledges patient's statement]. But I have the results, and everything looks good. Your potassium levels are normal. So is your kidney function.

Mr Tense: So everything's all right [checking statement].

Dr Rush: Nothing out of the way here.

Physician and patient continue to exchange information. Having already consulted the file, Dr Rush knows what the test results are and can demonstrate his familiarity with his patient's procedures and condition without having to look through the

papers in front of him. This tactic shows both Dr Rush's concern and respect—which his patient will surely appreciate—and lets Dr Rush immediately allay any fears Mr Tense has about the results.

Second item on the agenda

Mr Tense: And the cough [transition statement], what do you think it's from, Doctor? [open question].

Dr Rush: Given the little you've told me, I don't think it's anything serious. But I do understand it's bothering you [supportive statement]. I need to ask you a few questions before I can form an opinion, though [transition statement].

Here, the patient takes the initiative and brings up the second subject of the consultation, indirectly showing that he is satisfied with the discussion of the first one, but indicating too that the second one is on his mind.

Dr Rush starts by reassuring Mr Tense about the clinical seriousness of the symptom. At the same time, he indicates that he is not minimizing the symptom's effect or importance in his patient's daily life; it should be examined further. Once physicians have made their views clear, patients will be more receptive or less hesitant in answering closed questions.


This interview demonstrates that it is worthwhile for physicians to manage their time well by clarifying the agenda for interviews at the outset, and that high-quality medical information can be obtained by using simple interviewing techniques, such as open questions and facilitating, checking, and summarizing statements.³

Another way an interview could go

Just for a moment, imagine this extreme scenario. A physician makes no personal inquiries about his patient. He decides unilaterally on the course the interview will take and how long it will last and shows no concern for signs of unease on the part of his patient. He signals when the consultation is over and ignores his patient when he says, "Doctor, by the way..." What frame of mind would you think each of them is in now?

Bottom line

For an interview to be both effective and satisfying to participants, physicians should:

- involve patients in managing the time allotted for the interview, and
- follow an agenda that patients have had a part in setting. 

References

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The articles in the series "Doctor-Patient Communication" have been adapted from articles that appeared originally in the French-language journal *L'Omnipraticien*. We thank the Department of Professional Education at Aventis Canada for covering the costs of adaptation and translation.

