

Quick Tips

Audiobook: Communicating Effectively With Your Patients

The Art of Medicine: Seven Skills That Promote Mastery

- •Advances in the science of medicine have not diminished the importance of the art of medicine.
- •Before entering the consultation room, take a moment to personally prepare for the encounter.
- •Use the first few minutes of the consultation to connect with the patient both interpersonally and intellectually.
- •Consider how the patient is responding to his or her illness and suffering e.g., with hope or with despair.
- •When you communicate with patients, be authentic, show that you value them as a people, and be sensitive to what they are expecting.
- •Appropriate physical touch can help calm distraught or anxious patients and may even have health benefits.
- •Humor can also be an effective way to establish rapport and relieve anxiety during a patient encounter.
- •The key with both touch and laughter is to be sensitive to the patient's level of comfort and use discernment.
- •To display empathy, make an explicit comment about the patient's feelings or experiences.
- •Patient-centered communication has been shown to improve outcomes, increase satisfaction, and decrease liability.

What Should You Do When Your Patient Brings a List?

- •Patients' lists are often dreaded because they tend to raise more issues than can be addressed at a single visit.
- •Allowing patients to express their concerns takes only 93 seconds on average, according to one study.
- •Once you've acknowledged a patient's list of concerns, you can begin to negotiate what to cover during the current visit.
- •Be honest with the patient about how much time is available for the visit and how many issues you can effectively address.
- •After agreeing on the agenda for the visit, check to make sure there are no lingering issues.
- •At the end of the visit, plan future visits to discuss other items on the patient's list.
- •Spending a few moments reviewing the patient's list will show that you appreciate the patient's effort to be an active participant.
- •A patient's most critical problem may not be on his or her list. Don't ignore it.
- •Patients who don't have a list may need some encouragement in opening up about their concerns.
- •A patient's list can move you more quickly to a shared agenda for the visit.
- •Both clinicians and patients need to be educated about the proper use of lists.

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Improving Communication With Older Patients: Tips From the Literature

- •The physician-patient communication process is often complex and can be further complicated by age.
- •Basic strategies, such as sitting face-to-face and maintaining eye contact, are crucial when you're dealing with elderly patients who may have trouble hearing or concentrating.
- •The most common complaint patients have about their doctors is that they do not listen.
- •Elderly patients are more likely to follow through with your instructions if you summarize your most important points, write them, and give patients a chance to ask questions.
- •Staff can set the stage for improved communication with older patients by greeting them warmly and making sure they are comfortable.
- •Elderly patients are more likely to leave with good feelings about your practice if you escort them to the checkout desk and tell them goodbye.

Communicating Bad News to Your Patients

- Delivering bad news is one of the hardest and most important things family physicians do.
- •The aging population and shortage of geriatricians make the responsibility fall more on family physicians than ever before.
- •The "bad news conversation" should not be a one-time event but the beginning of a patient-physician journey.
- •Carve out time for the bad-news discussion, and secure a private, quiet setting.
- •When delivering the news, face the patient and speak slowly and deliberately.
- •A systematic approach gives you a framework for the discussion and allows you to better focus on the patient's concerns.
- •Begin the conversation by finding out what the patient knows about his or her condition.
- •When you give the bad news, state it as clearly as possible in lay terms.
- •Be prepared to give the patient additional information if requested.
- •It is important to develop a plan for follow-up care; you do not want the patient to feel abandoned.
- •Ask the patient what his or her goals are and consider how you can help meet them.
- •Be sure to code and document accurately to be paid for your services.



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How to Manage Difficult Patient Encounters

- •Physicians regard as many as 15 percent of their patient encounters as difficult, according to one study.
- •Patient factors, physician factors and situational issues all contribute to difficult encounters.
- •Patients who are angry, defensive, frightened or resistant may exhibit physical warning signs.
- •Define your boundaries and be aware of your triggers to prevent getting drawn into a conflict.
- •Direct, proactive communication works best with somatizing patients.
- •Manipulative patients may try to play on your guilt, so be cognizant of your emotions and ready to say "no" if appropriate.
- •Physicians' stress, fatigue and strongly held beliefs can inhibit communication and spark difficult encounters.
- •Being self-aware and setting limits can help physicians to develop better relations with patients.

Five Tips for Generating Patient Satisfaction and Compliance

- •Physicians who struggle with patient compliance should consider trying a "sales" approach during patient visits.
- •Selling a treatment plan to a patient involves converting a sense of apathy to a sense of urgency.
- •Before a patient will buy into your plan, you must create a partnership with your patient based on trust and understanding.
- •To gain your patients' trust, show interest in their values and goals.
- •Be a good listener and refrain from dominating the conversation during visits.
- •If you force patients to accept a treatment plan before they are ready, they will be less likely to trust your advice and comply with the plan.
- •Just as successful salespeople always follow up with their clients, physicians should call or e-mail patients after a visit to find out how they are doing.