

Physician-Patient Communication: A Family Medicine Strength

But there is always room for improvement.

As family physicians, we tend to pride ourselves on our ability to talk to patients — to be both good listeners and good explainers. But even the best communicators can always improve.

In this issue, William Cayley, MD, shares “Four Evidence-Based Communication Strategies to Enhance Patient Care” (page 13). They are, to greatly simplify — sit down, elicit the patient’s full agenda, provide emotional support using the BATHE technique, and talk to your patients about what you think is going on rather than simply ordering tests. Of course, there is more to being an excellent communicator. We’ve learned to ask patients open-ended questions, notice body language, look them in the eye regularly even when a computer screen commands our attention, and use grunts, “um-hums,” and “then-whats” to show we are paying attention.

But what if *the patient* isn’t a great communicator? For example, what if the patient gives you no sense that he or she heard your recommendations or intends to follow them? That is when you can throw in “teach-back.” Try saying, “I’d like to be sure that I explained myself clearly. Can you tell me what you plan to do about X when you go home?” To learn more about teach-back, read the July/August 2018 *FPM* article by Thomas Bodenheimer, MD, “Teach-Back: A Simple Technique to Enhance Patients’ Understanding,” at <https://www.aafp.org/fpm/2018/0700/p20.html>. The Agency for Healthcare Research and Quality offers teach-back training modules at <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlitoolkit2-tool5.html>.

Patients often don’t know what to ask. You can help by encouraging them to ask three simple questions at every visit: What is my main problem? What do I need to do? Why is it important for me to do this? We sometimes neglect question three, although it is critically important because it motivates the patient to act. The Institute for Healthcare Improvement’s “Ask Me 3” campaign includes patient handouts and exam room posters you can download at <http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>.

So how can we know if we are good communicators? Using teach-back is one source of feedback. Another is patient experience surveys. When the results are used for feedback more than for judgment, these surveys can actually be useful.

Now, to make sure I was clear, can you summarize what I just said? **FPM**



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