

Patient-Centered Care in the Exam Room at Warp Speed

The Essential Role of Good Clinician-Patient Communication

By Lee Jacobs, MD, Moderator

The following are excerpts from recent dialogues with members of Kaiser Permanente's Interregional Clinician-Patient Communication Leadership Group and The Permanente Medical Group's (TPMG) Communication Consultants. The focus is the foundation of patient-centered care experience—effective clinician-patient communication in the exam room. I believe our readers will find this dialogue instructive as the participants suggest approaches that are possible despite the limited time we have during office visits.

—Lee Jacobs, MD

Patient-Centered Care in the Exam Room—Do we really have the time?

Lee Jacobs, MD: Let's open by confronting the tension that our physician readers may sense—Do I really have time to make this happen? Help us out, panel: How can Permanente clinicians get any more patient-centered than they are already, considering all the tasks that need to get done in a brief interaction? Isn't being more "patient centered" an unrealistic expectation?

Meg Graue: Patient-centered care truly acknowledges the patient as an individual. Because this is a real challenge for physicians when they're seeing so many patients each day, it is important that they make a connection quickly, acknowledge the patient as a person, and then commit to work with them at their

individual pace. The belief by the patient that they are important to the physician, and not just one person among many on an assembly line, is essential to providing care that is patient centered.

Terry Stein, MD: I think there are enormous pressures on clinicians to accomplish more and more in less time. So promoting a greater degree of patient-centered care can feel like another imposition. The irony is that using patient-centered approaches can relieve some of the pressures.

Dr Jacobs: We're all interested in any approaches that might actually diminish the pressure on the clinician. Tell us more, Dr Stein.

Dr Stein: When we are on the "hamster wheel" seeing lots of patients, we put out a lot and get depleted ourselves. Having a sense of connection with our patients by noticing and acknowledging their emotions sustains us, reduces conflict, and makes practice more fun. I hear this over and over again from clinicians—even surgeons—who change to a more patient-centered approach. Also, when we share some control about decision making with our patients, we carry a lighter burden.

Defining Approaches to Patient-Centered Care

Dr Jacobs: Helpful insight, Dr Stein. Realizing that both patient and clinician benefit, let's identify some approaches available to the clinician. Could you describe what patient-centered care might look like in the exam room?

Ann Eastman, MD: What it comes down to is being with the patient and taking into consideration the whole human being.

Ilene Kasper, MS: The specific skill that helps the physician acknowledge the patient as an individual is empathy. Empathy is both an understanding and an acknowledgment of the patient as a person as well as listening to what the patient has to say.

Participants	
Lee Jacobs, MD	Section Editor for <i>The Permanente Journal</i> , Moderator
Scott Abramson, MD	Neurologist, Communication Consultant, TPMG
Ann Eastman, MD	Obstetrics and Gynecology, Communication Consultant, TPMG
Meg Graue	Performance Consultant, KPNW
Ilene Kasper, MS	Training and Development Specialist, CPMG
Michele Knox, MD	Ophthalmologist, Communication Consultant, TPMG
Vivian Nagy, PhD	Organizational Research, SCPMG
Terry Stein, MD	Internist, Director of Clinician-Patient Communication, TPMG

Vivian Nagy, PhD: Patient-centered care is care from the patient's perspective, whether provided by primary or specialty care, outpatient or inpatient. Patient-centered care covers not only communication between patients and clinicians but also various aspects of the care experience.

Ms Graue: To provide care that is patient centered, we must discover what the patient expects and then make certain that the physicians' and the patients' expectations are aligned. That is foundational for patient-centered care.

Scott Abramson, MD: Less doctor talk, more doctor listen.

Ms Kasper: Perhaps a key component of patient-centered care is how decisions are made. Patient-centered care focuses on what patients perceive their needs to be, what their preferences for treatment are, and what they are or are not willing to do. Good patient-centered care is really a partnership between the clinician and the patient.

Importance of Patient Participation in the Treatment Decision

Dr Jacobs: Good point, Ilene. **Providing patients with treatment options and then supporting them in making decisions is essential if patients are to be involved in their own care. In a recent JAMA article,¹ David Mechanic chronicled the increasing level of patients' knowledge about disease, since 1957, and the level to which patients today want to be involved in selecting their treatment. Do you agree with his assessment?**

Ms Kasper: Yes. If physicians can appropriately inform patients of treatment options, using evidence-based medicine when available, the patient is in a better position to make a decision s/he will actually follow.

Ms Graue: We know that involving patients in decisions improves their satisfaction as well as the outcomes. This is not surprising, because by acknowledging and involving the patient, the treatment intervention is more likely to be successful.

Dr Stein: I don't think we have figured out how to truly engage in shared decision making, especially around complicated decisions, in a 10- or 15-minute office visit. What we can do is find out the patient's perspective and use collaborative instead of directive language when we talk about the treatment plan.

Dr Nagy: This is especially true in lifestyle changes, such as smoking cessation and weight loss. Interventions that involve consideration for patients' feelings about what might be especially difficult for them, and

what they might be able to achieve as a first step, is more likely to lead to changes in behavior.

Michele Knox, MD: It never ceases to amaze me when I talk with a patient about going ahead with a particular surgical procedure, my assumption about what the patient would choose often ends up being wrong.

Ms Graue: So much can be learned from the patient by simply saying, "I've got some ideas about what's going on, but I'd really like to know what you think." I'm amazed when I observe visits, and patients respond, "Oh really? You want to know what I think?" We all know that if the patient doesn't agree with your approach, then we shouldn't expect a high rate of adherence.

Dr Nagy: It is important. Patients also have some ideas of what the problem or illness could be and may have some unfounded fears based on these theories. If the doctor doesn't address those fears, the patient leaves still feeling troubled. The extent to which the physician brings out these fears will add to the overall quality of the outcome.

Less doctor talk, more doctor listen.

Other Suggestions for the Clinician

Dr Jacobs: **In addition to empathy and involving the patient in the decision-making process, does anyone have any other suggestions to help clinicians quickly develop a bond with patients remembering that we have limited time in the exam room?**

Ms Graue: We encourage the physicians to get more specific about acknowledging where the patient is at the moment. It is very effective when the physician walks into the room and says, "It looks like you're in a lot of pain right now" or "It sounds like a really scary experience." To acknowledge where the patient is right now emotionally and physically confirms that the clinician is aware of the patient's particular discomfort or worry. When I observe the reaction of patients when physicians say this, I can see the connection being made. The patient's viewpoint is "You get it, you see me."

Ms Kasper: To emphasize the value of investing in the beginning of the interview, we encourage physicians to make one nonmedical statement to the patient. If it's something that you know about them from a previous visit, referring to it can help establish rapport. Something like, "I remember you were going to your daughter's wedding in Hawaii." Then, right up front, as Ms Nagy said, check in with how the symptom or illness is affecting the patient's life and what worries the patient most.

Dr Nagy: Sometimes within the context of empathy or being in the moment, what the patient may be expressing to us could be more than just a symptom. It could be an important value they have. It could be an idea they have about their illness, or it could be a belief they have. Unless we really unearth those things by listening well, we haven't really made a good connection with our patients.

Ms Graue: I tell clinicians that once a relationship has been built with the patient, it's time to listen. For many people, when the day is running so fast, it's really difficult to sit back and allow the patient to share without interruption.

Can Physicians Actually Learn New Approaches?

Dr Jacobs: As trainers, you have experienced clinicians who try these new approaches and feel awkward. In your experience, can clinicians pick up these skills?

Dr Stein: Absolutely. After our training programs, I hear back from people about what they are doing differently and how even simple changes enrich their practice. And I just read a study documenting that physicians who have been in practice for 20 years are able to improve their skills.

Ms Graue: I agree. We teach these approaches on a

regular basis as part of our workshops based on the Four Habits model of clinician-patient communication. Clinicians do acquire new skills.

Ms Kasper: I've learned that physicians respond very positively to these educational programs—especially to the scripting. When clinicians try new ways of saying things and see that it works, they are more likely to adopt the approach into their practice.

Dr Jacobs: I want to thank the panel for an excellent discussion. I especially appreciate your reminder that despite the time crunch we are all under, basic communication skills in the exam room are the foundation for creating an environment of patient-centered care. Patients as well as clinicians can feel better about the experience. Your emphasis on the importance of involving our patients in treatment options, a skill arena now being referred to as “shared decision making,” seems to be the most important new skill for us to acquire as we strive to provide care that is truly patient centered.

Again, I want to thank all of our panel members for participating today. ❖

Reference

1. Mechanic D. Physician discontent: challenges and opportunities. *JAMA* 2003 Aug 20;290(7):941-6.

The Potential to Turn a Life Around

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.

Leo Buscaglia, 1924-1998, author