

# How Well Providers Communicate with Patients

## *Essential Behaviors to Improve the Patient Experience*

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### Q. During this visit, did this provider explain things in a way that was easy to understand?

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- **Employ patient-centered communication techniques.** These include showing interest in the patient as a person, allowing the patient time to give information and tell his or her story and tailoring the method of communication to the patient.
- **Solicit the patient’s “explanatory model” (EM).** Given the time constraints physicians face in medical practices, only the following two questions are absolutely necessary:
  - “What do you think is the matter?”
  - “What do you think should be done?”
- Many patients will not respond or will say, “I don’t know—you’re the doctor.” However, if patients do respond with their thoughts on the issue, their EM has at least been solicited and, where appropriate, may be accommodated.
- **Use reflective communication techniques such as repeating the patient’s own words in responses.** This ensures that the provider and the patient concur on the initial assessment of the problem. It also confirms that the patient truly meant what he or she said. Paraphrase the patient’s primary complaint to confirm understanding and to demonstrate to the patient that you have listened attentively.
- **Speak in simple language, repeat instructions, and demonstrate key points to increase patient comprehension.** Take into account any language, cultural or educational barriers the patient may have.
  - Use plain language guidance to simplify words for better comprehension, both verbally and in writing. Resources that provide more widely understood synonyms for medical language are available on the Internet. The National Institute of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ) offer such online resources.
  - For example, consider replacing the word “adverse” with “bad,” “dangerous” or “harmful.”
- **Individualize the use of medical terminology as appropriate to the patient.** Many patients get lost in medical jargon and miss key points in your communication. Others need clinical information to help process the message and might even complain if the information is simplified. Meet your patients where they are.

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### Q. During this visit, did this provider listen carefully to you?

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- **Respond courteously to the concerns of patients and family members no matter how simplistic or unlikely they may seem.** Such concerns are very real to the person expressing them. Do not act exasperated or give the impression that patients are overreacting. Calm, clear explanations and respectful acknowledgment will more rapidly assuage fears than negative feedback. For example, “Let’s talk more about your concerns.”
- **Offer reassuring phrases and acknowledge suffering if a patient is expressing or showing concern:** “We are going to take great care of you,” “I will do everything I can to help you,” etc.
  - Empathy offered to patients will not appear genuine if body language and tone of voice does not correspond.
  - Speaking too quickly can be misconstrued as a lack of concern.

- Certain words also negate patients' confidence that they are being listened to, taken seriously, and cared for. **Avoid the following phrases:**
  - "I can't help you."
  - "I don't have time for this. We're understaffed."
  - "That's not my problem."
  - "I've never heard of that before."
  - "Are you sure?"
- **Body position is important.**
  - **Sit at eye level and look** the patient in the eye while talking.
  - **Make sure you sit on the edge of your chair and lean forward.** This position shows the patient you are poised to listen, and it will also help you to focus.
- Certain behaviors can have a similar negative effect on a patient's confidence. **Avoid the following behaviors:**
  - Glancing at your watch.
  - Standing at the door with your hand on the doorknob.
  - Doing something else or turning away when a patient is expressing concern.
- **Respond to patients' key concerns by paraphrasing their statements**, validating their underlying emotions, addressing their concerns and, if appropriate, communicating what you will do about it.
- **Do not interrupt a patient when he or she is talking unless you are seeking clarification.** Then repeat back to the patient what you heard. Take notes to help you remember what was discussed. If you need to type in the EMR or review the chart, inform the patient about what you are doing and provide assurance that you are still listening. Stop all other activities if a patient starts to discuss a particularly sensitive issue.

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**Q. During this visit, did this provider give you easy to understand information about these health questions or concerns?**

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- **Confirm that patients understand the information provided before they leave the office.** The anxiety patients feel when they cannot recall information or become confused after a visit is unnecessary and may be minimized if providers confirm that patients understand follow-up care.
- **Go over any educational materials you provide while the patient is with you in the office.** This is both a teaching opportunity and a chance to answer any questions.
- **During your discussion with the patient, refer back to the educational materials you have provided** to help patients connect what you are saying to the informational materials.
- **Assess health literacy.** Nearly half of Americans have difficulty understanding and using health information such as health history forms, consents, self-care instructions, and prescription labels. Use a common health literacy assessment tool to assess health literacy, such as:
  - METER - Medical Term Recognition Test
  - NVS - Newest Vital Sign
  - REALM - Rapid Estimate of Adult Literacy in Medicine
  - SAHL - Short Assessment of Health Literacy

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**Q. During this visit, did this provider show respect for what you had to say?**

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- **Actively listen.** Do not act as though the patient is overreacting. Let the patient tell you how he or she is feeling. It is important to avoid telling the patient how he or she is supposed to feel. Show that you care for the patient and the patient's experiences.
- **Maintain an empathic tone when speaking with patients.** Let them know that you have heard their concerns and that you will do everything in your power to help them.
- **Allow the patient to "tell the story" without interruption.** The average amount of time a physician allows a patient to speak before interrupting with a question or observation is less than 20 seconds. Patients do not feel this is an adequate amount of time to fully explain their stories. Actively listening to patients and allowing them enough time to speak often does not take additional time. (In fact, it may actually take less time in the long run.)
- **Avoid interrupting patients;** it is a sign of disrespect and disregard. If a patient talks at length about several issues, say something along the lines of, "Let's take a step back and address these concerns one by one." Use body language and communication cues to demonstrate interest and concern in what the patient is saying. This means sitting down so you are at eye level and leaning slightly toward the patient. Direct eye contact, affirmative head nods and putting down the chart while listening all convey interest in the patient.
- **Give patients an adequate opportunity to ask questions and explain their concerns or situations.** When patients are allowed to speak and feel like they are being heard, it contributes to a positive patient experience.
- **Obtain more information about patients' issues and concerns.** It is helpful to use phrases such as:
  - "Well, that depends. Do you notice when that happens?"
  - "I can give you an answer after I get a little more information from you. Can you tell me more about that?"
- **Using an empathic statement and meaning it are two different things.** If you tell the patient, "Yes, I can see how that would be upsetting for you," but you are looking away and writing in the chart, you give the appearance of not paying close attention. Instead, maintain eye contact, use facial expressions to relay your concern and nod your head to show understanding.
- **Sometimes, speaking too quickly can be misinterpreted as a lack of concern and patients may feel that caregivers are rushing them.** Take a deep breath, focus on the patient, and walk into the room with a sense of curiosity about how you can be of service to each patient.

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**Q. During this visit, did this provider spend enough time with you?**

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- **Influence the overall patient experience with common courtesy behaviors.**
  - **Knock on the door** and wait for confirmation before entering the patient's room.
  - **Verbalize steps that are taken** to protect the patient's modesty. For example, "For the ultrasound, would you like your sister to remain in the room? I can bring her back in when it is done."
  - **Apologize and say "excuse me"** if interrupting a conversation or activity.
  - **Always use "please"** when making requests and respond with "thank you" when you have concluded.

- **Sit down.** Physicians who sit down during their visits are rated by patients as having spent more time with them than those who remain standing.
- The following question can save time for the provider and others: **“Is there anything else you want me to know? I have time.”** This question conveys to the patient that the provider is willing to spend enough time with them.
- **Let patients know you are going to take as much time as necessary to address their needs.** This is especially important if a patient has experienced a long wait to see the provider. Acknowledge long waits and demonstrate that the patient deserves your attention when it is his or her turn.
- Make staff and providers aware that certain words and behaviors negate patients’ confidence that they are being listened to, taken seriously, and cared for. **Avoid these phrases:**
  - “I can’t help you.”
  - “I don’t have time for this. We’re understaffed.”
  - “That’s not my problem.”
  - “I’ve never heard of that before.”
  - “Are you sure?”
- **Avoid the following behaviors:**
  - Glancing at your watch
  - Standing at the door with your hand on the doorknob
  - Doing something else or turning away when a patient expresses a concern or needs something to be addressed.