Techniques as Tools

The Practice of Medicine
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Objectives:
- Name purposes and functions of the medical interview
- Learn non-verbal behaviors, verbal techniques, and responses
- Practice using and observing skills

Week 1
- Introduction
- Non-verbal behavior
- Information-gathering
- Conveying empathy

Week 2
- Background
- Video I
- Discussion
- Video II
- Discussion

In the age of the Internet, why would anyone want to see a doctor?
- Special experience
- Special skills
- Sharing vulnerability

Time Spent Relating to Patients in Med School – and Afterwards

Purposes of the Medical Encounter
- Help the patient by
  - Relieving suffering
  - Maximizing functioning
Basic Unit of Clinical Work

- **History**
  - Chief Complaint
  - History of Present Illness
  - Past Medical History
  - Family History
  - Social History
  - Review of Systems
- **Physical Exam**

[Other Clinical Work]

- Selection and interpretation of lab tests
- Diagnostic procedures
- Therapeutic procedures

Communication of Clinical Work

- "**Write-up**" (medical record, chart)
  - and oral presentation ("rounds" and consultation)
  - History
  - Physical
  - Laboratory Tests
  - Differential Diagnosis ➔
    - Impression/Assessment
  - Plan

Functions of the Medical Interview

- Gather data and understand
- Develop rapport and respond to emotions
- Educate and motivate

  ➔ Begin both diagnostic and healing processes

An Analogy

- A social conversation is to a medical interview as...
  - tying your shoes is to performing brain surgery.

The Patient-Centered Interview

- Focuses on the patient’s needs
- Activates the patient to play a larger role
- Is characterized by “active listening”
- Has a positive impact on patient outcome
**Evidence: Expressing Concerns**
- Patients who express more of their concerns are more satisfied and more likely to comply with medical regimens
  - ↓ headaches, ↓ BP, ↓ days lost from work, ↓ functional limitations
  - ↑ overall health ratings
  - Same duration of interview!

**Expressing Concerns**
- “Not really” actually means “I’m not going to tell you until I really know you’ll try to understand what I’m saying.”

**Evidence: Specific Requests**
- Often not obvious, not predictable
- When elicited → more satisfaction whether or not granted
- Satisfaction more related to non-technical interventions than technical ones

**Mc Whinney’s Taxonomy of Medical Help-Seeking Behavior**
- Limits of tolerance for symptom
- Limits of tolerance for anxiety about symptom
- Problems of living presenting as symptoms
- Preventive/routine care
- Administrative reasons

**Evidence: Patient’s Own Explanation of Illness (“Health Belief Model”)**
- Attending to patient’s beliefs → better recall, more commitment to Rx plan
- Correlates with satisfaction

**Evidence: Patient’s Expression of Feeling**
- M.D.s who express awareness of patient’s concerns and feelings → better outcome of care
Evidence: Giving Patients Information

- Strong positive correlation between patient satisfaction and perceived amount of information received
- Information-giving resulted in ↓ pain med requirement and ↓ length of stay

Evidence: Involving Patient in Developing Treatment Plan

- Improved rate of kept follow-up appointments
- Improved functional capacity
- Improved physiologic parameters

Communication Factors That Increase Patient Adherence

- Information exchange and patient education
- Negotiation of mutual expectation
- Ensuring patient plays an active role in the interaction
- Positive affect from the clinician

Communication Behaviors of “No Claim” Primary Care Physicians

- Longer visits
- More orienting statements
- More humor, more laughter
- More facilitating comments

Patient-Centered Interview

- Allows patients to express their concerns
- Seeks patients’ specific requests
- Elicits patients’ explanations of their illnesses
- Facilitates patients’ expression of feeling
- Gives patients information
- Involves patients in developing a plan for evaluation and treatment
- IMPROVES SATISFACTION AND OUTCOME

A good physician can talk to anyone…
But a great physician can listen to anyone.

Non-Verbal Behavior

(behavior that BEFITS a physician)
- Body posture and movements
- Eye contact
- Facial expression
- Inflection, tone of voice and rate of speech
- Touch
- Space between doctor and patient

Verbal Techniques That Enhance Information-Gathering

(behavior that BEFITS a physician)
- Body posture and movements
- Eye contact
- Facial expression
- Inflection, tone of voice and rate of speech
- Touch
- Space between doctor and patient
Verbal Techniques That Enhance Information-Gathering

(FOCUS on information)
- Facilitations
- Open-ended questions
- Clarification and direction
- Understanding by checking
- Surveying problems

Verbal Techniques That Enhance Information-Gathering

More Information

(PREP for more information)
- Priorities for the patient
- Expectations that the patient has
- Patient's ideas about the meaning of the illness

Non-verbal and verbal techniques

- BEFITS
- FOCUS
- PREP

Process of Empathy

Four stages:
- Identification
- Incorporation
- Reverberation
- Detachment
Process of Empathy

- Identification
  - Comprehend feelings and situation
- Incorporation
  - Allow patient’s experience to penetrate awareness

Process of Empathy

- Reverberation
  - Physician’s knowledge of patient interacts with physician’s past experience
- Detachment
  - Physician returns to present frame of reference

Process of Empathy

- Patient may feel “blessed in my soul”

Skills that Convey Empathic Understanding
(REALLY PREPARE for understanding)

- Reflection
- Legitimation
- Personal support
- Partnership
- Respect

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