

Wait, just a second, is your doctor listening?

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On average, patients get about 11 seconds to explain the reasons for their visit before they are interrupted by their doctors. Also, only one in three doctors provides their patients with adequate opportunity to describe their situation. The pressure to rush consultations affects specialists more than primary care doctors says Naykky Singh Ospina of the University

of Florida, Gainesville and the Mayo Clinic in the US. She led research that investigated the clinical encounters between doctors and their patients, how the conversation between them starts, and whether patients are able to set the agenda. The study is in the *Journal of General Internal Medicine* which is the official journal of the Society of General Internal Medicine and is published by Springer.

The researchers analyzed the initial few minutes of consultations between 112 [patients](#) and their [doctors](#). These encounters were videotaped in various US clinics during training sessions for doctors. In their analyses, Singh Ospina and her colleagues noted whether, for instance, doctors invited patients to set the agenda through opening questions such as "How are you?" or "What can I do for you?" The researchers also recorded whether patients were interrupted when answering such questions, and in what manner.

In just over one third of the time (36 per cent), patients were able to put their agendas first. But patients who did get the chance to list their ailments were still interrupted seven out of every ten times, on average within 11 seconds of them starting to speak. In this study, patients who were not interrupted completed their opening statements within about six seconds.

Primary care doctors allowed more time than specialists and tended to interrupt less. According to Singh Ospina, specialists might often skip the introductory step of agenda setting because they already know why a patient has been referred.

"However, even in a specialty visit concerning a specific matter, it is invaluable to understand why the patients think they are at the appointment and what specific concerns they have related to the condition or its management," adds Singh Ospina.

She acknowledges that the frequency of interruptions not only depends on the type of practice being visited, but also relates to the complexity of each patient.

"If done respectfully and with the patient's best interest in mind, interruptions to the patient's discourse may clarify or focus the conversation, and thus benefit patients," she agrees. "Yet, it seems rather unlikely that an interruption, even to clarify or focus, could be beneficial at the early stage in the encounter."

Time constraints, not enough training on how to communicate with patients, and burnout experienced by physicians may stand in the way of a more patient-centred approach. Singh Ospina would like to see further studies exploring a possible link between a patient being given a chance to set his or her agenda, and the ultimate experience and outcomes of their visit to their doctor.

"Our results suggest that we are far from achieving patient-centred care," she says.

More information: Naykky Singh Ospina et al, Eliciting the Patient's Agenda- Secondary Analysis of Recorded Clinical Encounters, *Journal of General Internal Medicine* (2018). [DOI: 10.1007/s11606-018-4540-5](https://doi.org/10.1007/s11606-018-4540-5)

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