PATIENT SAFETY/RISK MANAGEMENT ARTICLE

Patient-Centered Communications: Building Patient Rapport

As more hospitalized medical patients are cared for by hospitalists, both the patient and the physician are challenged to develop an effective patient-physician relationship.

Hospitalists usually meet their patients for the first time at admission and care for them for a limited time before handing off care to a colleague. The challenges created by this situation can lead to poor outcomes and decrease the patient’s trust in the hospitalist and, potentially, the hospital. Communication skills can help hospitalists overcome these barriers by ensuring a clear exchange of information that engenders patient trust.

How Does Communication Influence Whether a Malpractice Claim Is Filed?
Research in the 1990s documented that communication and the patient-physician relationship are potent predictors of whether patients decide to file medical malpractice claims. In a review of The Doctors Company’s closed claims from 2005 to 2010, communication was noted as a risk management issue in 40 percent of the cases.

Incomplete communication during the initial assessment and during the hospital course can cause or contribute to poor patient outcomes. The patient’s presenting symptoms or medical history may not be completely elicited, or the doctor may not present information in a clear manner. These issues can compromise the patient’s ability to understand and adhere to the treatment plan. In addition, patients who do not trust their physicians or feel that the physician does not care about them are more likely to file claims, even if there is no negligence.

A Model of Patient-Centered Communication
A model of patient-centered communication can be used to address the issue of developing effective communication and a healthy patient-physician relationship (Figure 1). Key tasks in the model are eliciting patient concerns and addressing both informational and emotional aspects of the concerns. Eliciting and responding to patient concerns is important.

Skills for Success: Elicit and Respond
Though most patients present with more than one pre-visit concern, many patients’ concerns are not addressed. Concerns may not be elicited because the physician doesn’t inquire about them, or the physician may interrupt the patient before he or she can finish describing the issue. Physicians may also assume that patients have only one concern. If information is not presented clearly, patients may report that their concerns are not addressed. Physicians frequently miss and, thus, do not address emotional aspects of concerns.

Table 1 summarizes key skills for eliciting concerns and responding to information and emotional aspects. Eliciting concerns should be done at the beginning of the visit using an open-ended question. When the patient discloses a concern, the physician should acknowledge it. The physician can then inquire about the patient’s other concerns, a technique called “emptying.” Usually patients have no more than three concerns. If there are a high number of concerns, the physician and the patient can set an agenda prioritizing the concerns that are most pressing for the patient and leave the others for another time.

Next, the physician addresses and responds to the informational and emotional aspects of the patient’s concerns. The “Ask-Tell-Ask” technique ensures that relevant information is given and received by bracketing each piece of information with a question to the patient. This technique focuses first on the information to be given and then on ensuring it was understood. To respond to emotion, physicians should show empathy: Acknowledge the emotion, provide respect and support, and explore the source of the patient’s distress. The acronym “NURSE” (Name-Understand-Respect-Support-Explore)
describes empathic responses that physicians can provide. Though physicians may worry that responding to emotion will take too much time, it is not associated with longer visit lengths, and as little as 40 seconds of empathy can increase patient satisfaction.

Conclusion

Eliciting and addressing patient concerns builds rapport and increases patient understanding and adherence. Learning key skills to develop an effective and satisfying patient-physician relationship is an important step for physicians in decreasing the likelihood of medical malpractice claims and increasing positive patient outcomes.

References

4. Ibid.
6. Ibid.
7. Ibid.
13. Ibid.

*This article originally appeared in The Doctor’s Advocate, third quarter 2011 (www.thedoctors.com/advocate).*

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**FIGURE 1: Model of patient-centered communication.**

Informational

Emotional

Concerns

STEP 1
Elicit Concerns

STEP 2
Address Concerns

Satisfaction
Rapport
Trust
Understanding
Adherence
TABLE 1: Communication skills for eliciting and responding to informational and emotional aspects of patient concerns.

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<thead>
<tr>
<th>Function</th>
<th>Skills</th>
<th>Example</th>
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<tr>
<td>Elicit concerns</td>
<td>Open-ended questions</td>
<td>“I’m hoping to ask you some questions and discuss the treatment plan. But first, could you tell me what you’d like to talk with me about—so we can be sure to address that?”</td>
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<td></td>
<td>Acknowledging and emptying</td>
<td>“Okay, we’ll make sure to discuss that. What else would you like to talk about?”</td>
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| Communicate information clearly | Ask-Tell-Ask            | Patient: “I don’t understand the treatment for pneumonia.”
Doctor (Ask): “Would it help if I give you an overview?”
Patient: “That would be great.”
Doctor (Tell): “We’ll give you antibiotics in the IV for a few days here in the hospital, then send you home with some pills for a week.”
Doctor (Ask): “Does that answer your question?” |
| Show empathy              | **NURSE** (Name-Understand-
Respect-Support-Explore) | Patient: “It will just be so hard if I can’t take care of my family.”
Doctor: 
Name: “You sound worried.”
Understand: “I can understand how you would feel that way.”
Respect: “It sounds like you have been so strong for them.”
Support: “We’ll work on this together.”
Explore: “What worries you most?” |