Exploring Selected Research on Physician-Patient Communication: Some Practical Implications for Medical Students and Physicians

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- Presenting detailed information about how you are feeling
- Asking questions if desired information is not provided
- Checking your understanding of information that is given to you
- Expressing any concerns
Components of Patient Participation

- Information Seeking (questions and verifications)
- Assertive Utterances (e.g., expressed opinion, preference, recommendation, disagreement)
- Information Provision
- Expression of Affect (positive or negative emotions)
Patient Participation Studies


Key Characteristics

- Interviews audio taped and transcripts made.
- Patients’ and physicians’ discourse coded.
- Central question: How, and to extent, does patient participation influence physicians’ communication style?
- Same physicians were observed with high and low participation patients.
Results

- Physicians’ communication style significantly differed when interacting with high vs. low participation patients.
  - More patient-centered
  - More informative about treatment (e.g., benefits, risks, side effects, treatment options)
  - More informative about surgical procedures and prognosis
Patient Agendas

- About 40% of primary care patients have more than one complaint.
- Average number of complaints is about three.
- Often the first stated complaint isn’t main reason.
Beckman & Frankel (1984), Annals of Internal Medicine; Marvel et al. (1999), JAMA

- On average, physicians interrupt within 18-23 seconds.
- Most interruptions occur immediately after first complaint is stated.
- Most interruptions were closed questions.
- Most interrupted patients never completed their agenda, most of those who did were able to complete in less than 1 minute, no more than 2.5 minutes.
Three “Simple” Rules

- Be quiet and listen
- Resist temptation to ask questions
- Limit responses to continuers and “Is there something else you want to discuss?”