Doctor, can you hear me?

Effective patient-physician communication

When Diana S. Curran, MD, an associate professor of ob-gyn and director of the ob-gyn residency program at the University of Michigan, goes on rounds with her residents, the young doctors will often compete to use the most impressive medical terminology.

“Meanwhile, the patient’s eyes are rolling back in her head!” Dr. Curran declared. “I know residents have gone through years of academic training to use those words, but I pull them out of the room and tell them to use them with me, not with the patient.”

Overuse of “medical speak” is just one of many potential barriers to effective communication between physicians and their patients. Others include widely varying levels of health literacy among patients, ever-growing demands on doctors that limit the time they can spend with each patient, increasingly complex medical technology and treatment options, lack of awareness of the cultural context of a patient’s health-related behavior, and the anxiety and apprehension that many people experience when going to the doctor. Four new Committee Opinions from The College address this important issue, and provide guidance for ob-gyns on how to talk and how to listen so their patients can get the most out of every encounter.

Patients and physicians should work together as partners, says the opinion titled Effective Patient-Physician Communication. Two models that can help them reach that goal are the GATHER (Greet, Ask, Tell, Help, Explain, and Return) and RESPECT (Rapport, Empathy, Support, Partnership, Explanations, Cultural Competence, and Trust) models.

“Both of these models promote respectful patient-provider communication—basically, breaking it down for the doctor into simple steps,” said Wanda K. Nicholson, MD, MPH, MBA, associate professor of ob-gyn at the University of North Carolina-Chapel Hill.

“For example, ‘Greet’ means introducing yourself respectfully to the patient and hearing her introduce herself to you, making her more comfortable with you. Then you ‘Ask’ what problem the patient is presenting with, listening not just to the hard core medical facts, but also to the psychosocial issues that the patient is presenting with.”

Perhaps the most important element of the GATHER model, said Dr. Nicholson, is the ‘Return’ element. That’s when the physician finds out if she really was listening to her patient, and if her patient really understood what she had to say. “You ask the patient what questions she has and make sure that she can repeat back to you, in her own words, her understanding of what you talked about and what the next steps will be.”

Often, the doctor will be surprised by what the patient heard, versus what the doctor said, or tried to communicate. As another recent College Committee Opinion on health literacy points out, nearly half of all Americans have difficulty understanding health information.

“People feel very vulnerable being in an exam gown, so I’ll talk to my patients with their clothes on. ‘Pants always beats no pants,’” she said. “People feel very vulnerable being in an exam gown, so I’ll talk to my patients with their clothes on first, and then have them undress and examine them. Afterward, if I have more follow-up, I’ll let them get dressed before we chat more.”

“All physicians are looking for tools, like these opinions, that they can use to help each patient experience a high degree of satisfaction,” said Dr. Nicholson.

Committee Opinions #490, Partnering With Patients to Improve Safety; #491, Health Literacy; #492, Effective Patient-Physician Communication; and #493, Cultural Sensitivity and Awareness in the Delivery of Health Care are published in the May 2011 issue of the Green Journal, and are online under Publications at www.acog.org.