

Improving Patient Outcomes with Active Listening

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HOW WE COMMUNICATE WITH OUR PATIENTS MATTERS

Research tells us patients want two things from providers: warmth (someone who “gets me”) and competence (someone who “gets it”).¹

- Patients are interrupted by physicians every 11-16 seconds after they begin to answer a question, when it would only take 6 more seconds for them to finish their response.²
- Providers’ self-assessment of empathy does not correlate with whether or not patients experience empathy from their provider, i.e. thinking you are empathetic does not mean you are.³
- Clinical empathy is associated with improved outcomes including higher patient satisfaction, decreased symptom severity, and decreased symptom duration.^{4,5}
- Active listening skills build clinical empathy, making patients feel heard and seen, and are simple enough to be implemented immediately.

WHAT IS ACTIVE LISTENING

Actively listening involves using your body language, affect, and verbal communication to convey interest in your patient’s priorities and perspectives in order to co-create a plan of care with them.

BRINGING ACTIVE LISTENING INTO YOUR APPOINTMENTS^{6,7}

1. STARTING THE ENCOUNTER

Greet your patient warmly.

- Establish eye contact, smile, greet and acknowledge everyone by name.

Elicit your patient’s agenda.

- Demonstrate your attentiveness to your patient’s needs by asking, “How can I help you today?” or “What are your priorities for today’s visit?”

- For first time encounters consider starting with “Tell me your story” to allow the patient to lead, followed by “What are your goals—what kinds of personal or social activities do you want to get back to doing?”^{8,9}

Offer 1-2 min of uninterrupted focus on your patient while they respond.

- Refrain from looking at the computer screen for at least the first 60 seconds of your interaction.
- Practice non-verbal listening techniques like eye contact, leaning in, and nodding while your patient speaks.
- Practice verbal listening techniques like continuer phrases (“mm-hmm”).

List all of the agenda items and negotiate the agenda.

- Ask “Is there something else?” until the patient replies no. Getting all of your patient’s concerns on the table early in a visit saves time later on and reduces the likelihood of concerns arising late in the visit.
- Negotiate based on what you and your patient perceive to be the highest order concerns:
 - Ask, “Which of these is most concerning to you?”
 - Or, “Because we have limited time, which of these things do you want to make sure we cover today?”
 - Or, “I know ... is your priority, I am also very concerned about your ... Could we start with ... first?”

Summarize the conversation to ensure you and your patient are on the same page.

- “Let me summarize what we’ve discussed so far ...”
- “Let me make sure I’m hearing you right, ...”

2. MID ENCOUNTER: TREATMENTS AND EDUCATION

Elicit your patient’s perspective on their concerns and treatment.

- For discussing their understanding of their condition and its impact on their lives:
 - “What is your understanding of your illness?”
 - “How has your illness affected your daily life?”

- “What is worrying you the most?”
- “What do you think is the cause of... ?”
- For discussing treatment:
 - “What do you know about the treatment options available to you?”

Empathize by legitimizing, supporting, and partnering with them as patients with rational beliefs.

- “Thank you for sharing your perspective, I can see why you would be confused about... .”
- “It makes a lot of sense you would feel that way.”
- “You are handling a lot right now, how can I/my team best support you?”

Educate your patient using the “ask-tell-ask” approach¹⁰ to ensure shared take-aways and improve their engagement and learning throughout the visit.

- Ask if your patient is interested in the information and perspective you can provide. For example,
 - “Can I share what your treatment options are for...?”

- “Research points to some simple lifestyle changes that can improve your condition. Would you be interested in hearing more about that?”
- “What do you already know about your condition and treatment options?”
- “What information are you looking for?”
- Ask for understanding after providing the education
 - “What are you taking away from that discussion?”
 - “What are you hearing?”

3. CLOSURE

Work with your patient to set goals via shared decision-making. This will increase your patient’s compliance and satisfaction with their treatment.¹¹

- “Based on what we discussed, what would be the best next step for you in terms of managing your [blood pressure], [diet], [weight], [chronic pain], etc.?”

Ask the patient for their after-visit take-away

- “What is the main thing you’re taking away from today’s visit?”

REFERENCES:

For more on patient-directed goal setting and specifically the brief action planning approach visit <https://centrecmi.ca/> or read the article by [Reims et. al, 2013](#), linked here and referenced below.

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