

A photograph of a woman with long dark hair, wearing a yellow cardigan over a black top with floral patterns, sitting and talking to a healthcare professional in a white lab coat. The background is a blurred clinical setting. The image is overlaid with a blue geometric pattern on the right side.

Improving Patient Outcomes with Active Listening

Breanna Becker, PT, DPT

Oregon Pain Guidance Webinar

Feb 26, 2024

Breanna Becker, PT, DPT

- Physical Therapist
 - Rural hospital outpatient in Lebanon OR
 - Adjunct faculty at George Fox University & Western University's DPT programs
- Patient-centered communication transformed my satisfaction and outcomes
- "You're the first provider who listened"



Epub 2021 Jul 28.

A Review of the Evidence and Recommendations on Communication Skills and the Patient-Provider Relationship: A Rome Foundation Working Team Report

Findings:

Interventions targeting patient-provider interactions improve:

- ✓ Population health
- ✓ Patient and provider experience
- ✓ Medical costs

Communication skills training leads to improved patient satisfaction and outcomes.

Today's Goal: Improve medical provider's confidence with patient-centered communication using an active listening approach.

Starting the encounter

1. Warm greeting
2. Elicit the patient's agenda
3. Negotiate and summarize the agenda

Patient-centered treatments & education

4. Elicit patient's perspective on treatment
5. Empathize as needed
6. "Ask-tell-ask" method for educating

Visit closure

7. Goal setting with shared decision making
8. Visit summary/take-away from the patient



How empathetic are health care providers?

- 954 patient encounters, 54 clinicians showed **NO CORRELATION** between physician self-reported empathy and patient perspectives ¹

How well do health care providers listen?

- **Only 36% of patients** were asked about their concerns/priorities
- For those patients who were asked their priorities, **the clinician interrupted the patient before they finished speaking 67% of the time** (11-16 seconds)
 - 1/9 patients were asked their priorities AND allowed to finish speaking. ²

If we can improve our ability to listen we can improve patient outcomes.

Meet Tonya: 50 y/o F with chronic low back pain



- 2004 back pain started
- 2005 lumbar laminectomy performed
 - Pain continued, given injections with short term improvements
 - “I guess I will just live with this”
- 2018: “Big stressors” entered her life
 - High fatigue
 - Severely limited by pain
 - Sent to PT for pre-operative trial





Putting patients in the center of their care starts with active listening.

- ✓ The patient is the source of information
- ✓ The doctor responds to patient cues
- ✓ The doctor attends to psychosocial factors & conveys understanding of impact of illness
- ✓ Doctors provide options for treatment
- ✓ Patient and doctor decide care plan together

We all have biases.
Perfect balance is not attainable.

Active Listening Skills for the Medical Encounter

Improving Patient Outcomes with Active Listening

Breanna Becker, PT, DPT
Oregon Pain Guidance Webinar Flyer



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.

¹ Back AL, Arnold RM, Baile WF, Tulsky JA, Fryer-Edwards K. Approaching difficult communication tasks in oncology. *CA Cancer J Clin.* 2005 May-Jun;55(3):164-77. <https://doi.org/10.3322/canjclin.55.3.164>. PMID: 15890639.

² Bernardo M, et al. Physicians' Self-Assessed Empathy Levels Do Not Correlate with Patients' Assessments. *PLoS One*, vol. 13, no. 5, 2018, pp. e0198488–e0198488. <https://doi.org/10.1371/journal.pone.0198488>.

³ Chandra S, Mohammadnezhad M, Ward P (2018) Trust and Communication in a Doctor-Patient Relationship: A Literature Review. *J Health Commun* 3:36. <https://doi.org/10.4172/2472-1654.100146>.

⁴ Drossman et al. A Review of the Evidence and Recommendations on Communication Skills and the Patient-Provider Relationship: A Rome Foundation Working Team Report. *Gastroenterology*. 2021 Nov;161(5):1670-1688. <https://doi.org/10.1053/j.gastro.2021.07.037>. Epub 2021 Jul 28. PMID: 34331912.

⁵ Gardner, T., Refsnauge, K., McAuley, J., Goodall, S., Hübscher, M., & Smith, L. (2015). Patient led goal setting in chronic low back pain—What goals are important to the patient and are they aligned to what we measure? *Patient Education and Counseling*, 98(8), 1035–1038. <https://doi.org/10.1016/j.pec.2015.04.012>.

⁶ Gutnick D, Reims, K, Davis, C, Gainforth, H, Jay, M, Cole, S: Brief Action Planning to Facilitate Behavior Change and Support

Patient Self-Management. *JCOM* 2014;11(1):17-29. Available at <https://centrecmi.ca/brief-action-planning/>

⁷ Hashim, MJ. Patient-Centered Communication: Basic Skills. *Am Fam Physician*. 2017 Jan 1;95(1):29-34. PMID: 28075109.

⁸ Howe LC, Leibowitz KA and Crum AJ (2019). When your doctor "gets it" and "gets you": the critical role of competence and warmth in the patient-provider interaction. *Front. Psychiatry* 10:475. <https://doi.org/10.3389/fpsyg.2019.00475>.

Reims K, Gutnick D, Davis C, Cole S: *Brief Action Planning: A White Paper*. (2013) Center for Collaboration, Motivation and Innovation. Hope, BC Canada, Sumas, WA USA.

⁹ Schwartz R, et al. Physician Empathy According to Physicians: A Multi-Specialty Qualitative Analysis. *Patient Education and Counseling*, vol. 104, no. 10, 2021, pp. 2425–31. <https://doi.org/10.1016/j.pec.2021.07.024>.

¹⁰ Singh Ospina N, Phillips KA, Rodriguez-Gutierrez R, Castaneda-Guarderas A, Gionfiddo MR, Branda ME, Montori VM. Eliciting the Patient's Agenda- Secondary Analysis of Recorded Clinical Encounters. *J Gen Intern Med*. 2019 Jan;34(1):36-40. <https://doi.org/10.1007/s11606-018-4540-5>. Epub 2018 Jul 2. PMID: 29968051; PMCID: PMC6318197.

¹¹ Vibe Fersum, K, Smith, A, Kvåle, A, Skouen, J, S., & O'Sullivan, P. (2019). Cognitive functional therapy in patients with non-specific chronic low back pain—a randomized controlled trial—year follow-up. *European Journal of Pain*, 23(8), 1416–1424. <https://doi.org/10.1002/ejp.1399>.

Starting the Encounter

1. Warm greeting

- Eye contact, smile, greet/acknowledge everyone by name

2. Eliciting the patient's agenda

- First time encounter: “Tell me your story.”¹ and “What are your treatment goals?”²
- Follow-up: “How can I help you today?” or “What are your priorities today?”
- 1-2 min of uninterrupted listening

3. Negotiate and summarize agenda

- Ask: “Is there something else?” until the patient says no.
- Negotiate: “With our visit time today, what do you want to make sure we cover?”
 - Or: “I know ... is your priority, I am also very concerned about your ... Could we start with ... first?”
- Summarize: “To summarize our plan ... Did I get that right or am I missing anything?”

1. Vibe Fersum et. al, 2019

2. Gardner et. al, 2015

An active listening approach: What was different this time?



Start of Encounter

- Asked about her story, stress, how her illness impacted her life
- Did not feel rushed
- Did not feel judged



Mid-Encounter: Treatments & Education

4. Elicit patient's perspectives on their condition and treatment

- “What is your understanding of your illness?”
- “What do you know about the treatment options available to you?”

5. Empathize as needed

- “It makes a lot of sense you would think/feel that way”
- “Thank you for sharing your perspective, I can see why you would be confused about –”

6. “Ask-tell-ask” method for educating (teach back)

- Ask to educate/inform: “Is it ok if I share some information on ... ?”
 - Or “Would you be interested in learning more about ... “
- Tell: educate with permission
- Ask for understanding: “Could you let me know what you understood so I know if I was clear?”

An active listening approach: What was different this time?



Mid-Encounter: Education & Treatments

- Given a variety of resources and options for treatment
- Decisions were hers



Visit Closure

7. Goal setting* with shared decision making

- “Based on what we discussed, what would be the next best step for you in terms of managing ... ?”

8. Visit summary/takeaways from the patient

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

Tonya Today



Visit Closure & Beyond

- Treatments fully based on achieving her meaningful goals
- She felt empowered and had the support and tools to get back to living her life



Find this webinar at: www.oregonpaininguidance.org

The screenshot shows the Oregon Pain Guidance website. The top navigation bar includes links for HOME, PAIN EDUCATION TOOLKIT, **TOOLKIT FOR CLINICIANS** (circled in red), PAIN TREATMENT GUIDELINES, and MED CALCULATOR. The OPG logo is prominently displayed, with the tagline "The Oregon state resource for healthcare professionals treating pain". Social media icons for Instagram, Facebook, and a search icon are visible in the top right.

The left sidebar menu lists various resources under "Toolkit for Clinicians": Complex Chronic Pain, Understanding Pain, Sleep, Nutrition, Activity, Mood, Social Support, Flare-Ups, Medications, What We Say Matters, Clinician Handbook, Assessment Tools, and **Webinars** (circled in red).

The main content area features a banner for a "Webinar on Improving Patient Outcomes with Active Listening" scheduled for Monday, Feb. 26th, from 12:00 - 12:30 pm (PST). The webinar is presented by Breanna Becker, PT, DPT. Below the banner, the text reads: "For Healthcare Providers: How to improve your confidence and outcomes with a patient-centered, active listening approach." The webinar date and time are reiterated as "February 26th, 12:00 - 12:30 pm (PST)". A link to join the webinar is provided: "Click here to join the webinar: <https://us02web.zoom.us/j/82598079491>". A brief description follows: "Actively listening involves using your body language, affect, and verbal communication to convey interest in your patient's priorities and perspectives to co-create a plan of care with them." The bottom of the page states: "Attend this webinar on Monday, February 26th from 12:00-12:30 pm PST to learn how you can".

Contact Information



Breanna Becker, PT, DPT

Email: breanna.beckerdpt@gmail.com

References

- Bernardo, Monica Oliveira, et al. “Physicians’ Self-Assessed Empathy Levels Do Not Correlate with Patients’ Assessments.” *PloS One*, vol. 13, no. 5, 2018, pp. e0198488–e0198488, <https://doi.org/10.1371/journal.pone.0198488>.
- Drossman DA, Chang L, Deutsch JK, Ford AC, Halpert A, Kroenke K, Nurko S, Ruddy J, Snyder J, Sperber A. A Review of the Evidence and Recommendations on Communication Skills and the Patient-Provider Relationship: A Rome Foundation Working Team Report. *Gastroenterology*. 2021 Nov;161(5):1670-1688.e7. <https://doi.org/10.1053/j.gastro.2021.07.037>.
- Gardner, T., Refshauge, K., McAuley, J., Goodall, S., Hübscher, M., & Smith, L. (2015). Patient led goal setting in chronic low back pain—What goals are important to the patient and are they aligned to what we measure? *Patient Education and Counseling*, 98(8), 1035–1038. <https://doi.org/10.1016/j.pec.2015.04.012>
- Hashim, M. Jawad. “Patient-Centered Communication: Basic Skills.” *American Family Physician*, vol. 95, no. 1, 2017, pp. 29–34.
- Reims K., Gutnick D., Davis C., Cole S. *Brief Action Planning: A White Paper*. (2013) Center for Collaboration, Motivation and Innovation. Hope, BC Canada, Sumas, WA USA.
- Singh Ospina N. Phillips KA. Rodriguez-Gutierrez R. Castaneda-Guarderas A. Gionfriddo MR. Branda ME. Montori VM. Eliciting the Patient's Agenda- Secondary Analysis of Recorded Clinical Encounters. *J Gen Intern Med*. 2019 Jan;34(1):36-40, <https://doi.org/10.1007/s11606-018-4540-5>.
- Vibe Fersum, K., Smith, A., Kvåle, A., Skouen, J. S., & O’Sullivan, P. (2019). Cognitive functional therapy in patients with non-specific chronic low back pain—a randomized controlled trial 3-year follow-up. *European Journal of Pain*, 23(8), 1416–1424. <https://doi.org/10.1002/ejp.1399>