



Listening to your patient, a key factor for successful consultations in a clinical setting

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Abstract

A patient consultation with a doctor has no set rules, no guidelines, and no regular feedback but there are always patient expectations. The carer may initiate a conversation, but subsequently, the discussion has value by being patient-centered. The importance of attentive listening cannot be emphasized enough, with sincerity, respect, empathy and compassionate care.

While everyday communication takes place in society, the majority is non-verbal. Consider the impact of words, some emotions, and how one reacts with pleasure to good news or glumly with less happy content. Added to this in a professional interaction is the reason to meet, the need for

guidance, advice, management, and treatment. Understand that the most intimate personal history may be discussed, with the fullest expectation of confidentiality.

Time management is integral to a successful interview's outcome. Patients swiftly pick up on their doctor looking rushed or flustered.¹ The non-verbal cues such as facial expression, body posture, shoulder, and arm movements are hard to miss. Poor communication is the most commonly reported patient complaint to authorities when relating unsatisfactory physician interactions.² Most carers are very good at recognizing specific behavior patterns in patients, but frequently evade admission of their faults. Have we, as doctors, compressed time with patients into an efficiency role so that we may risk not having genuinely productive conversations with our patients? If so, is this the right path to follow in the future? How much time needs to be allocated for completed discussions and is there any

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contingency, if more time is needed, for both patient and doctor?³

Thorough history taking and proper examination are taught and prioritized early at medical schools. Understanding the social and family histories may be better places to start before eliciting technical data gathering.⁴ Recalling the background of a new patient and knowing their setting encourages a dynamic 360° review and helps to place the illness in context.⁵ Given the opportunity to talk, without interruption, patients have a longer opportunity to give complete histories. Organ systems are natural to discuss. More delicate and sensitive information is not and may contribute to presenting complaints. Cultures vary in their values and beliefs. The professionals' behavior and attitudes are also observed, and acknowledged, followed by engendered trust.⁶

The capacity to listen to patients is not limitless. Proper listening is manifestly essential. Risks arise when a diagnosis is made too rapidly, without hearing or eliciting the whole story and assimilating the relevant situation and patient's circumstances. Insufficient time is a factor. Being presumptive, and worse, a precept of "heard it all before" negates the conversation held, and here, the question of burnout arises too.

Critically, after ten minutes, one should be able to discern not only what the matter is, but also what matters to the patient, and how they feel.⁷ Active listening enables sharing information in both directions. Misalignment is minimized, and physician skills can build collaborative care plans. The concept of "unhurried medical care" may strengthen patient rapport and support.

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About the author

Qualifying from the University of Dundee, Scotland, UK, Dr. Mohamud Verjee was a general practitioner in Oxford until 1994 before moving to Calgary, Alberta, Canada. Appointed the Clerkship Director for Family Medicine at the University of Calgary, Alberta in 2003, he joined Weill Cornell Medicine - Qatar in 2007 to set up the Primary Care Clerkship. A practicing physician, faculty member, teacher, educator, researcher, writer, motivational speaker, and multiple award recipient, his academic fields of interest are widespread. They include disruptive innovation in learning, exploring the metaphorical spaces of narrative medicine, and teaching empathy to students.

An alum of the Harvard Macy Institute in Boston since 2009, he completed his MBA in Leadership & Sustainability in 2015. He was accorded Fellowship of the College of Family Physicians of Canada in 2014 and selected as a Senior Fellow in mental health research in 2017, at Clare College, Cambridge University, England. He holds the post of Assistant Dean, Medical Student Affairs, as well as a Co-Director of the Family Medicine Clerkship. Dr. Verjee started to play the violin over two years ago and added a cello to his repertoire last year. He continues to play squash, albeit in a more leisurely way than earlier at Dundee.