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Patient-Centred Interviewing Part III: Five Provocative Questions

SUMMARY

The literature review of select studies on doctor-patient communication seeks to answer some of the frequently expressed questions and doubts about patient-centred interviewing. Studies from Canada, the United States, Britain and Holland, mostly in family practice, provide us with a rich source of data to ponder. The five questions we ask are: Do patient-centred consultations make a difference to patient outcomes? Are patient-centred doctors medically competent? Are patient-centred visits long? Are physicians consistent in their interview styles from patient to patient? How do students learn the patient-centred approach? (*Can Fam Physician* 1989; 35:159-161.)

Key words: doctor-patient relationship, patient-centred medicine, patient-centred interview

RÉSUMÉ

L'auteur passe en revue certaines études concernant la communication médecin-patient et tente de répondre aux questions et aux doutes souvent exprimés au sujet de l'entrevue centrée sur le patient. Les études publiées au Canada, aux États-Unis, en Grande-Bretagne et en Hollande, la majorité par des médecins de famille, nous fournissent pour réflexion une riche source de données. L'auteur pose cinq questions: les consultations centrées sur le patient sont-elles capables de procurer des résultats différents? Les médecins dont l'approche est centrée sur le patient sont-ils médicalement compétents? Les visites centrées sur le patient sont-elles trop longues? Les médecins sont-ils capables d'uniformiser leur style d'entrevue d'un patient à l'autre? Comment cette approche centrée sur le patient est-elle enseignée aux étudiants?

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THIS REVIEW covers research on the difficult questions relating to doctor-patient communication in general and the patient-centred approach in particular. We are repeatedly asked these five questions: Does the patient-centred approach make a difference to the patient? Are patient-centred doctors competent medically? Are patient-centred visits

long? Are physicians consistently patient-centred from one visit to the next? How do students learn the patient-centred approach?

The previous papers in this series have described two aspects of patient-centred interviewing: understanding the patient's experience and finding common ground.^{1,2} This select literature review summarizes the results of studies that have evaluated the degree to which physicians succeed in eliciting the patients' experience and/or finding common ground. The challenging task for investigators has been to develop valid indicators of such success.

Does It Make a Difference?

Are patient-centred consultations associated with better outcomes than consultations not scored as patient-centred?

A body of recent research leads to the conclusion that patient-centred consultations are associated with subsequent patient satisfaction and compliance, reduction of concern, symptom reduction, and physiologic status. Stewart conducted a study of 140 adult patients with a combination of chronic illnesses and self-limiting conditions who visited 24 family physicians. She found that patients expressing feelings were more likely to be satisfied and compliant 10 days later than those who did not express their feelings or were not encouraged to do so by their physician.³ In particular, the proportion of patient expressions of feelings and opinions was significantly associated with patient satisfaction. In addition, there was an association between physicians' encouragement of patients' expressions of feelings and both patient compli-

ance (self-report) and patient satisfaction (with personal qualities of the physician).

Henbest conducted a study of 73 adult patients with one new symptom visiting six family physicians.⁴ He showed that high-scoring consultations (on patient-centredness) were related to:

- decreased patient concern about the presenting symptom;
- patient's perception that the presenting problems were fully discussed;
- patient's perception that the doctor had fully understood his/her reasons for the visit.

A study of 272 patients presenting to family physicians with a new complaint of headache found that a good outcome at one year was associated with the patient's assessment that they had had the opportunity to discuss their problem fully on the first visit.⁵

Bass and colleagues report a study of 193 patients with new episodes of common symptoms (non-respiratory).⁶ After controlling for demographic, psychological, and social variables, the only element related to the resolution of the symptom was doctor-patient agreement about the nature of the problem.

Greenfield and Kaplan have conducted experiments in which diabetic and hypertensive patients were educated to be more assertive in expressing their expectations and asking questions of their physician.⁷⁻⁹ The experimental patients showed better functional status and physiologic outcomes (blood-glucose and blood-pressure readings) than control patients. Audiotape analysis of the doctor-patient interaction showed that patients who were more controlling, showed more emotion (particularly negative emotion), and improved their effectiveness in eliciting information from the doctors showed better functional status, blood-glucose control, and blood-pressure control.

We conclude that important patient outcomes are improved by communication between doctors and pa-

tients that is characterized by full expression of the patients' problems, leading to a mutual understanding.

Even in the face of this evidence of the benefits of a patient-centred approach in an office visit, criticisms of this notion are heard from many quarters.

Are Patient-Centred Doctors Medically Incompetent?

The first of such skeptical questions is: Are patient-centred doctors medically incompetent? The skeptics word this question negatively. They worry that patient-centred physicians attend to the patient's agenda (illness) because they do not know enough about the doctor's agenda (disease). The research question is, therefore, are patient-centred scores inversely related to scores reflecting medical competence?

One answer comes from a study of six community physicians and 73 audiotaped consultations in their practices.⁴ The Spearman Rank correlation was $r^s = .092$ (i.e., close to zero with $p = .219$), indicating that patient-centred consultations (scale of 1-4) are related neither to very high nor to very low medical competence scores (scale of 1-9).

Kraan and colleagues, practising in Holland, studied 28 recently graduated family physicians' performance during videotaped interviews with simulated patients.¹⁰ Their ratings of interview performance were related to a medical knowledge progress test taken in their fourth year of medical school. The correlations were found to be relatively low and statistically insignificant; medical knowledge had a correlation with a score on exploring the reasons for encounter of -0.13 , not significant (N.S.); a score on history taking of -0.15 , N.S.; a score for presenting solutions of -0.03 , N.S.; a score on structuring the interview of 0.06 , N.S.; and a basic interviewing skills score of -0.24 , N.S.

There seems to be no support for the notion that the better the inter-

viewing skills the worse the medical competence.

Are Patient-Centred Visits Long?

This query is usually phrased as an objection: "Patient-centred interviews will take too long!"

We considered this question in our study of 24 family physicians and 133 visits.¹¹ As the patient-centred score increased, length of the visit also increased until the score reached the optimum (a score of 4). At this point, the length of the visits decreased dramatically (replicated on three of our patient-centred measures).

For example, when the patient-centred score for eliciting feelings was lowest at 1, the visits averaged 7.8 minutes; score of 2: 9.8 minutes; score of 3: 12.0 minutes; score of 4: 10.4 minutes. When the score for facilitating by the physician was low at 1, the visits averaged 7.8 minutes; score of 2: 10.9 minutes; highest scores of 3: 8.5 minutes.

We interpret these findings to mean that physicians who are struggling with the patient-centred concepts, but not fully utilizing and integrating them, engage in longer interviews compared to doctors who have mastered the approach, or doctors who have very low scores on patient-centredness.

Consistency of Physicians' Scores

The study of 73 consultations of six physicians showed significant differences in scores among the physicians but, on average, the wider the ranges in scores, the more patient-centred was the physician.⁴ If this result is replicated elsewhere, we think it may mean that physicians who tend to have high average scores are, in fact, flexible in style, whereas physicians who are less patient-centred (i.e., show very small ranges in scores). This conclusion was supported by Byrne and Long, who found that their subjects had doctor-centred

styles of practice and were closely consistent from patient to patient.¹²

How do Students Learn the Patient-Centred Approach?

We have many years of experience with residents, graduate students, and community physicians taking Continuing Medical Education courses. All the teaching is conducted in small, supportive, peer groups which meet weekly over weeks or months. One study of residents showed that after two months in the Family Medicine program, with no specific course on the patient-centred method, they had significantly increased the number of expectations, feelings and fears expressed by their patients and used more facilitations.¹² However, the proportion of patient expressions which the residents cut off actually increased somewhat, indicating that they had difficulties accepting and integrating the new data they were able to elicit from the patients. We acknowledge with our students the awkward and self-conscious stages of learning the patient-centred approach and now incorporate tape-review sessions, role-playing sessions, and coaching in the everyday practice setting to increase the students' confidence and skills. We also acknowledge that until the skills are mastered at a high level, the visits are likely to be of longer duration. We must provide a protective and supportive environment which permits the student enough time to move through these awkward stages to full integration of patient-centred interviewing into their practices.

Conclusions

This sampling of international studies provides us with partial answers to our five provocative questions. Continued research is required to substantiate the findings but, more important, to evaluate rigorously programs that teach patient-centred interviewing, especially in terms of ultimate patient outcomes. ■

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