

# TIME-SAVERS TIP SHEET FOR PROVIDERS

## Excerpt from Language of Caring for Physicians: Communication Essentials for Patient-Centered Care

Given the pressures on your time every day, how can you save time while also elevating patient engagement, the patient experience, and patient outcomes? Here are two evidence-based best practices.

### Best Practice #1: Negotiate the Visit Agenda Together

Don't do a diagnostic dive until you establish the agenda together. Set priorities with the patient and establish the concept of time limits upfront.

**How does this save time?** By making the patient's main concerns top priority and using the time you have to focus on these, patients will be more likely to feel satisfied with the visit. You can clarify which agenda items will need to be postponed to another visit. And, you prevent those maddening doorknob questions ("Oh, doctor, one more thing!") on the way out.

### Two Steps

**Step 1:** Elicit all patient (and family) concerns upfront, and add your own.

- After establishing rapport, elicit all concerns. Listen and don't interrupt. Then, because the patient's first concern may not be the most important, encourage patients to express all of their concerns by asking, "What else? What else is concerning you?"
- Jot down all concerns, so you can refer to your list when you proceed to set the agenda together. Add any concerns that you want to address (e.g. chronic care and preventive health issues, and the like).

You might think you don't have time to listen to the patient's whole story, ask "what else" and encourage the patient to speak freely. However, research has shown that this takes just a few extra minutes upfront, and you save time by managing it more efficiently and effectively.

#### How might an agenda-setting conversation with a patient sound?

**Physician:** "So, it's been two days since your surgery. How are you feeling today?"

**Patient:** "Not great."

**Physician:** "Tell me all of your concerns and then we can work our way through the ones that are most important to talk about today."

(Patient talks and physician keeps asking, "And what else?")

**Physician:** "Great! And there are a couple of things I'd like to talk with you about, such as when you can expect to go home, and what you'll need to do to prevent infection once you get home. Now let's figure out which of your concerns and mine we want to be sure to address today. Then, if we can't finish with the other concerns in the time we have, we can arrange another time to talk about them. How does that sound to you?"

**Patient:** "Okay."

**Step 2:** Together, negotiate an agenda which is workable within your time constraints.

- Order the issues by medical urgency and the patient's level of distress.
- Discuss a priority order with the patient.
- Together agree on an agenda that fits your time constraints.
- Use partnership language: "We", "us" and "together".

### How might such a conversation sound?

The physician says, "We have a lot to discuss. You want help with your nausea, your knee pain and your back pain. And you want to discuss when to do your other knee. I want to be sure we discuss when you can plan on going home and your care after you return home. This is a lot. I'd like to agree on the priorities with you, and not try to handle all of it in this one conversation..."

## Best Practice #2: Teach-Back to Ensure Understanding

Toward the end of the visit, using open-ended (not yes-no) questions, check back with the patient to find out what s/he understood. Ensuring patients' understanding is critical to quality care and outcomes.

**How does this save time?** Regardless of how much time and care you take to explain things thoroughly, if the patient does not understand, you have not been effective. In this case, you can expect negative results that consume much more of your precious time and attention — patient anxiety, lack of adherence to the care plan, medication errors, missed appointments, adverse medical outcomes, and even lawsuits. Further, the patient is more likely to call or email you asking, "**Now what did you say I was supposed to do?**"

What to do	Examples
<p>1. To determine understanding, ask open-ended, questions.</p> <ul style="list-style-type: none"> <li>● Closed-ended or "yes-no" questions tell you nothing about what the patient understands or doesn't.</li> <li>● If you ask, "Is that clear?" or "Do you understand?" most people will say "yes" even if it isn't clear, because they don't want to appear slow. Others will say "yes" because they think they understand, but they really don't.</li> </ul>	<ul style="list-style-type: none"> <li>● "What questions do you have? I want to hear them."</li> <li>● "What can I go over so you feel really clear about what's going on?"</li> <li>● "What problems do you foresee with this plan?"</li> </ul>
<p>2. Use the "Teach-Back" technique (sometimes called the Tell-Back Collaborative Method).</p> <ul style="list-style-type: none"> <li>● Ask the person to restate what you've said in his/her own words.</li> <li>● As you ask, sound supportive and nonthreatening, so the patient doesn't feel tested or embarrassed.</li> </ul>	<ul style="list-style-type: none"> <li>● "I want to be sure I've explained this well. At this point, what's your understanding of your condition?"</li> <li>● "I want to be sure I've been clear. What do you understand to be the most important things to do when you get home?"</li> <li>● "Okay, Mr. Simpson, I bet when you get home, your daughter will ask you what we talked about today. What are you going to tell her?"</li> </ul>
<p>3. Listen; clarify any information gaps or misunderstandings, and check understanding again.</p>	<p>"Yes, and I just want to emphasize one important thing that I might not have explained well enough..."</p>

## Bottom Line

Time and quality don't have to be a trade-off. By managing your time efficiently and applying patient and family-centered communication skills, you can save time while achieving patient engagement and quality outcomes.



## NEW UPDATED VIDEOS

**Presented by Physicians:** Carla Rotering, MD; Pulmonologist, Banner Health; Jeremy Blanchard, MD, CMO, St. James Healthcare; and Naifa Busaidy, MD, Epidemiologist, MD Anderson Cancer Center

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4. The loss of relationships
5. The challenges of team-delivered care

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## Spoken from the Heart



*"Language of Caring for Physicians is helping my colleagues share that empathy and compassion that they felt when they took the oath in medical school. And delivering a great experience to patients by its nature delivers a great experience to us."*

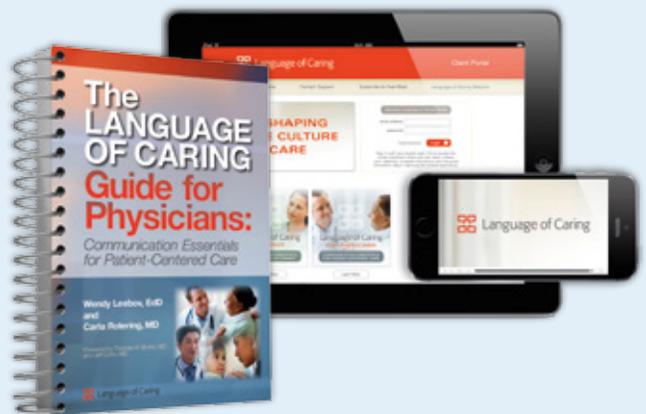
**Jeremy Blanchard, MD**  
Intensivist and Chief Medical Officer  
St. James Healthcare



*"The Language of Caring is like having my own personal guide teaching me the 'art' of medicine. My patients and even their family members are thanking me for the care and attention I have provided them even though the amount of time I spend with them hasn't changed. This should be made a mandatory course in every medical school curriculum."*

**Dr. Thomas Corson**  
Emergency Physician,  
Banner McKee Medical Center

## Comprehensive Resources



## Among Language of Caring Clients

- Adelante Healthcare (AZ)
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- PeaceHealth (Multi-State)
- Sisters of Providence (MA)
- Southeastern Regional Medical Center (NC)
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- Truman Medical Centers (MO)
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## Connect with us!

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