

Educational support materials for ABIM's *Care for the Underserved* Module

Module #13

Patients use varied narrative styles to relate their symptoms and concerns. The content, vocabulary, and narrative style of the history will be influenced many factors. These include, among others: the patient's expectations of the visit and the role of patient and clinician; comfort with the physician/health provider; the patient's cognitive, linguistic, and educational status; the patient's understanding of the significance of the symptoms; the presence or absence of embarrassment or other strong emotion about symptoms; and many other cultural norms. (1) The clinician's questions, ethnicity, responses and general approach to the patient will also have an impact on the patient's communication style.

Some authors have noted that patients of lower socio-economic status may use more informal vocabulary and a seemingly more circuitous conversational style, a "casual register discourse." (2) A patient-centered, culturally competent approach (3,4) suggest that empowering the patient is most likely to be achieved by listening closely, asking clarifying questions, and reflecting back to the patient what you understood as the key points of the story. Allowing patients to tell their own story improves outcomes in care. Patients who talk more with their physicians (rather than answer yes or no questions) have better overall health ratings; fewer functional limitations; miss fewer days from work; have lower blood pressures; and are more satisfied with their care. (5)

Physicians often fear that listening to patients tell their own stories without interruption will take inordinate amounts of time. In one famous study of patient-provider communication, patients were interrupted within about 18 seconds after they had begun to discuss their concerns. Allowing the patient to complete a full list of concerns; however, took an average of one minute and never more than three minutes. (6)

Hippocrates wrote that patients could recover health through "contentment with the goodness of the physician." (5). In recent years there has been renewed emphasis placed on the importance of listening to patient's stories (7,8) as a means to understand the patient, as well as to develop empathy and a therapeutic alliance. The doctor-patient relationship is not just a mechanism to make diagnoses; it is itself potent therapy.

For further information, see the following:

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2. RK Payne, P Devol, TD Smith. *Bridges Out of Poverty; Strategies for Professionals and Communities*. Highlands

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3. Patient EducCouns. Holmstrom I, Roing M. 2010 May;79(2):167-72. Epub 2009 Sep 11. The relation between patient-centeredness and patient empowerment: a discussion on concepts.
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 5. Lipkin M, Putman S, Lazare A, eds. 1995 The Medical Interview: Clinical Care, Education and Research.
 6. Beckman HB, Frankel RM. The effect of physician behavior on the collection of data. Ann Intern Med 1984;101:692-6.
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 8. Charon R N Engl J Med 2004; 350:862-864 <http://www.nejm.org/toc/nejm/350/9/>. Narratives and Medicine.