For the Office-based Teacher of Family Medicine

William Huang, MD
Feature Editor

Editor’s Note: In this month’s column, Terry Shlimbaum, MD, and Nancy Ruddy, PhD, of the Hunterdon Medical Center Family Residency Program, Flemington, NJ, propose the “A’s” and “Ex’s” model to help teachers and learners remember important elements in a patient encounter that contribute to both physician and patient satisfaction.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate Family Medicine citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Teaching Essential Elements of Routine Encounters: The “A”s and “Ex”s of Achieving Patient-Physician Satisfaction

Terry E. Shlimbaum, MD; Nancy B. Ruddy, PhD

As physicians, we strive for the perfect mix of interpersonal skills and technical competence to create winning, mutually satisfying encounters. If we can discern our patient’s concerns and agendas, and use our knowledge and communication expertise to address these concerns, satisfaction will be consistently achieved.1-4

Although the “bread and butter” of a physician’s schedule are patients who have relatively simple problems with predictable agendas and questions, students and residents, even those with excellent interpersonal skills, often find routine visits to be unsatisfying. This may be due to the fact that less-experienced clinicians tend to have more difficulty determining the patient’s agenda, while experienced physicians have learned what patients really want and to anticipate these needs. Anticipating the patient’s agenda is a key interpersonal skills competency that teachers should strive to help their learners demonstrate.5 The following model serves as a useful teaching tool to help learners analyze routine visits during precepting:

Encounter Satisfaction = Acknowledgment + Anticipation + Experience + Expectation + Explanation. ES = 2A + 3Ex.

Acknowledgment
Acknowledgment of a patient’s symptoms and a thorough review of the history and context of those symptoms reassures the patient that the doctor listened carefully and appreciated his/her concerns. Multiple studies have shown that effective communication, empathy, and attentiveness to patients’ concerns relates to patient satisfaction.3,4,6-8 Patients need to know that the physician or learner understood their problem and how it affects them. To acknowledge and demonstrate their comprehension of a patient’s concern, learners can review the history with the patient and add their perception of how the condition affects the patient’s life. For example, the learner can say to the patient, “You have told me that...”

(Fam Med 2006;38(7):469-71.)

From the Hunterdon Medical Center Family Medicine Residency Program, Flemington, NJ.
these joint pains started 2 weeks ago without any associated injury, and they are now disabling and affecting your daily activities.”

Anticipation
Physicians often can anticipate the questions or concerns that patients with a certain symptom are likely to have. A failure to anticipate patient expectations or concerns can create barriers for further communication since patients may perceive a lack of understanding.9,10 For example, failing to anticipate that a person with a prolonged viral syndrome may want an antibiotic, or not realizing that a person with a severe headache may fear a brain tumor compromises the encounter. Frequent call backs, complaints, and record transfers follow such failures. Learners must anticipate their patients’ needs and address them during the encounter to avoid frustration and dissatisfaction for both the learner and the patient. Teachers can help learners accomplish this by reviewing the chief complaint with them before the patient encounter as well as during the precepting discussion. In reviewing or discussing the patient’s chief complaint, teachers can ask learners questions such as, “What do you think most people with a headache are concerned about?” or “What do you think the person with acute low back pain expects from this visit?” to help them anticipate the patient’s real concern.

Experience
Physicians who share their experience with the presenting problem establish credibility and appear knowledgeable to the patient.5,11,12 For example, the physician may say, “In a typical day, I see two to three people with . . .” or “In my experience . . .” to reassure the patient that he/she sees a problem frequently and has a track record in this area. Students and residents often struggle with their relative inexperience and may be uncomfortable reassuring the patient in this way without direct training in how to do so. To offset their lack of experience, learners can either share knowledge related to classroom experience by saying “When we learned about this in class, our professor said that . . .” or by referring to recent research articles.

Expectation
Expectation refers to explaining the physician’s expectations about the usual course of an illness. Imparting these expectations gives the patient guidelines for what is considered “normal” and symptoms or signs that are “cause for concern.” Including this element in the closing forces the physician to be specific and knowledgeable about the true course of certain illnesses. By learning to give an appropriate range of “normal” courses, students and residents can avoid many post-encounter problems.

Explanation
The extent to which the patients understand their problems is positively correlated with patient satisfaction.3,13,14 Artful, experienced clinicians customize the explanation to the person’s ability to comprehend, based on their intellectual and emotional status. Anatomical models and patient handouts can be helpful. Certain patients may benefit from a slower, simpler explanation or the opportunity to meet with a patient educator. Teachers must help learners to assess a patient’s comprehension of a diagnosis or management plan and take the time to carefully explain items without the use of medical terms, which learners often use without realizing it.

Application of the Model During a Patient Encounter and During the Precepting Process
Frequently, learners will intermingle different parts of the visit, such as diagnosing and offering treatment before listening to the complete history and examining the patient. This intermingling can lead to confusion and miscommunication. To communicate more effectively, it is usually best to separate the data collection (history and physical exam) from many tasks of this model, especially the “Ex”s (experience, expectation, and explanation), which are best performed at the close of the visit when patients are most ready to listen.

Reviewing the “A”s and “Ex”s with learners during the precepting process allows them to distill the critical components of a successful encounter and determine if they have completed each task. Similar to the BATHE15 mnemonic that gives learners an approach to handling psychosocial issues, this formula helps them address key elements of the physician-patient encounter in a more-medical, yet still patient-centered, way. As learners have more successful, satisfying routine encounters, they will excel at establishing healing relationships. In addition, higher satisfaction with routine encounters can have a major impact on one’s overall contentment and practice.

Summary
Learners may have unsatisfying encounters when people present with frequently encountered problems. In these cases, establishing a healing relationship requires a special skill set, which most physicians learn from experience. Teaching learners the essential components for addressing patients’ concerns in a knowledgeable and empathetic manner may circumvent some of the frustration and dissatisfaction that less-seasoned clinicians experience with routine encounters. This model can serve as a valuable teaching tool to help learners evaluate their own performance with routine encounters and to target areas in need of improvement.
Acknowledgment: A seminar of similar content to this paper was presented with instructional videos at the Society of Teachers of Family Medicine 2005 Northeast Region Meeting in Hershey, Pa.

Corresponding Author: Address correspondence to Dr Shlimbaum, Hunterdon Medical Center Family Medicine Residency Program, Flemington, NJ 08822. 609-397-3535. Fax: 609-397-0301. shlimbaum.terry@hunterdonhealthcare.org.

REFERENCES