Editorial

The What and the How of Patient Education

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THE WHAT AND THE HOW OF PATIENT EDUCATION

When a doctor steps into an exam room, a flood of verbal and non-verbal communication begins to happen. After some pleasantries, the nimbleness of a sentence or question, one after another, has almost become second nature. Together, this fleshes out the case history. It's been said that a careful history will lead to a diagnosis 80% of the time,[1] even before any of the physical exam elements and review or order of ancillary tests.

But has genuine communication even taken place? Doctors tend to interrupt patients within 11 seconds.[2] This could throw a patient off and worse yet, make them feel as if they are not heard or fully listened to. Yes, some patients can talk for minutes on end which puts us behind schedule, but we can't ever know what circumstances they are living in and carry with them the day they're in our clinic.

How might we make the most of the patient encounter with such little time? Connecting to the patient as one human being to another is anything but simple. When we prepare to review the assessment and plan with a patient, there are many approaches that have as many varying degrees of efficacy as the treatments we are prescribing. So perhaps this necessitates an evidence-based approach as well.

The most common approach I've observed is spouting information – akin to dumping a bag of marbles on a table. There is some chaos and some order but perhaps confusion on what is happening. Much of this may be new information – after all, the patient made the appointment with a chief complaint or two or three in mind, seeking our expertise. The problem is that patients will forget 50-80% of what they've learned from us within the first 48 hours.[3] Some doctors may bring up a picture on the computer desktop or google images so the patient can visualize what is happening with their body and tie it back to their symptoms. There is likely no time for any video longer than 30 seconds. I've also seen an Emergency Room doctor pick up a dry erase marker to illustrate something on a whiteboard in the room.

By doing something different or unexpected, there is a higher chance of catching a patient's attention. How else can we make them an active listener? Spark curiosity. Simply listening and trying to passively absorb information really doesn't give the patient the best chance at remembering it. Discharge notes or brochures are helpful reference points for the days and weeks ahead, but let's make the most of the now. By making our patients curious, we trigger different parts of their brain,[4] similar to the biological processes that happens when we share stories with each other. Asking questions such as "Were you aware that …; Does this concern you? What if …" does not assume and instead, brings the patient into a place of curiosity and encourages them to actively respond to you. They are now participating in their care and increasing the chance of solidifying that really important information.

All in all, patients desire to be seen, heard, respected, and supported by their doctors and as a result, you can imagine the clinical outcomes will be ever more in their favor.

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