



EDITORIAL

Tips to improve patient's experience in consultation

Consejos para mejorar la experiencia del paciente en la consulta

Laura A. Esquivel-Tunubala¹, Herney A. García-Perdomo^{1,2*}, and Carlos A. Pineda-Cañar³

¹UROGIV Research Group; ²Department of Surgery, Division of Urology/Urooncology; ³Department of Family Medicine. School of Medicine, Universidad Del Valle, Cali, Colombia

The physician-patient relationship is a complex consensual association based on trust, vulnerability, authority, empathy, and compassion¹. Its main objective is to achieve the best patient health outcomes possible. Nonetheless, factors affect how the goal is achieved, such as ineffective communication and low emotional intelligence².

Historically, health professionals have recognized how relevant the physician–patient relationship is and the patient's experience. Accordingly, patient satisfaction positively impacts clinical effectiveness, health outcomes, patient safety, and adherence to preventive care actions, medication, and clinical practice³. That is why we consider that physicians must use different strategies to improve patients' experiences in consultation. Consequently, we aimed to describe a few tips for improving a patient's experience in consultation.

Good communication is the main issue in the doctor–patient relationship, significantly affecting patient safety and satisfaction. According to Burgener, using the AIDET technique to communicate with patients will enhance their relationships with them. AIDET includes five communication behaviors: acknowledge, introduce, duration, explanation, and thank you. The technique consists of first acknowledging the patient by his name; also, the patient's companion, in the case, there is one, smiling and making eye contact (acknowledge). Second, the physician introduces themselves with their name, professional certification, and role in the patient's care

(introduce). The next step is letting the patient know which phases of the consultation and the approximate duration of each. Furthermore, explaining to the patient what is next, seeing other physicians, the treatment to receive, laboratory tests, other issues, and answering questions (explanation). Finally, thank the patient for their communication and cooperation and thank the patient's companion for support⁴.

Learning cultural metaphors of illness that is part of the cultural group is another vital strategy to improve communication⁵. Furthermore, explain the diagnosis and treatment options in a common language, using some active listening strategies to show the patient that you are paying attention. Using questions, affirmations, and non-verbal manifestations of attention, summarizing what they have said to make sure that you understand correctly⁶, and using the teach-back method, which consists of asking the patients to explain in their own words what they understood about their diagnosis, treatment, and self-care. These tools will also make communication more effective for both⁷.

Other ways of enhancing the patient's experience are being empathetic by recognizing and understanding the patient's feelings, concerns, and situations. This will communicate that you know and care about what they need⁸ – starting the appointment at the scheduled time. Furthermore, if this is not possible, informing the patients about any delays will reduce anxiety and increase tolerance. Apologizing for the delays can

positively impact emotions arising from the patient, such as irritation, anger, and frustration. Some ideas may include offering entertainment options such as magazines or televisions in the waiting room to make it more enjoyable⁹.

Being empathetic is the foundation of the patient experience. We understand empathy as the ability to connect with others and see their situation from their perspective and context rather than from our values and life view. It begins with a warm and kindly initial contact, represented by direct eye contact, a respectful greeting appropriate to the patient's cultural background and age, and a welcoming statement that makes the patient feel comfortable and shows our genuine interest in helping them¹⁰.

Following that, we ask the patient, in the most openended way possible, about the reasons for their visit to the clinic. This moment is crucial, but we recommend approaching it like news headlines. In other words, we only need a brief phrase that describes the different concerns of the patient. This moment may be intimidating for doctors, as we might think the patient will go on without limits, but 50% of patients will not take more than 90 s, and 90% will not take more than 3 min. The task, then, is to prioritize that list of issues and collectively determine if we can address all of them in this visit or if we need to defer some points from the list¹¹.

Next, we proceed to ask open-ended questions, actively listen, maintain a good posture, be mindful of our gestures, and, as mentioned before, use sounds and gestures to indicate that we are attentive and fully present with the patient. During this conversation, we pay attention to the emotional tone and cues regarding underlying concerns that may not be immediately apparent to respond empathetically.

Finally, we summarize the information and ask the patient to clarify or provide further details on anything that may not have been fully understood.

A third critical strategy is involving the patients in the decision-making process, which can be done by explaining the alternatives and the pros and cons. According to other authors, greater patient involvement in decision-making is associated with higher patient satisfaction¹²⁻¹⁴.

Patient-reported outcome measures (PROMs) can also help improve patients' experiences. PROMs are standardized, validated surveys that can be used to assess various health-relevant concepts, including patient care experience. Using this tool, physicians and care providers can learn more about the patient's preferences and values, valuable information for shared

decision-making, allowing the physician to propose treatment options that match the patient's preferences. It will also be possible to assess patient reports about their actual experiences with health-care services, giving them the opportunity to recognize which aspects need to be enhanced¹⁵.

In addition, physicians who wear white coats are perceived as more reliable, experienced, friendly, and professional than those who do not wear white coats. This will impact patient satisfaction¹⁶⁻¹⁹. Accordingly, we suggest wearing white coats during consultations. Nevertheless, we may highlight that patients' preferences can vary according to different sociodemographic characteristics, such as age¹⁹.

To conclude, we might like to emphasize that patients' well-being must be a vital physician's goal, which is why we encourage health-care professionals to put into practice the tips we describe in this document. Finally, thank the patient for their communication and cooperation. Furthermore, you may thank the patient's companion for their support.

Funding

The authors declare that they have not received funding.

Conflicts of interest

The authors declare no conflicts of interest.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article. Furthermore, they have acknowledged and followed the recommendations as per the SAGER guidelines, depending on the type and nature of the study.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Use of artificial intelligence for generating text. The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript nor for the creation of images, graphics, tables, or their corresponding captions.

References

- Chipidza FE, Wallwork RS, Stern TA. Impact of the doctor-patient relationship. Prim Care Companion CNS Disord. 2015;17:156-62.
- Honavar SG. Patient-physician relationship Communication is the key. Indian J Ophthalmol. 2018;66:1527-8.
- Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. BMJ Open. 2013;3:e001570.
- Burgener AM. Enhancing communication to improve patient safety and to increase patient satisfaction. Health Care Manag (Frederick). 2017;36:238-43.
- Pfaff C, Couper I. How do doctors learn the spoken language of their patients? S Afr Med J. 2009;99:520-2.
- Jahromi VK, Tabatabaee SS, Abdar ZE, Rajabi M. Active listening: the key of successful communication in hospital managers. Electron Physician. 2016;8:2123-8.
- Yen PH, Leasure AR. Use and effectiveness of the teach-back method in patient education and health outcomes. Fed Pract. 2019;36:284-9.
- Yu CC, Tan L, LE MK, Tang B, Liaw SY, Tierney T, et al. The development of empathy in the healthcare setting: a qualitative approach. BMC Med Educ. 2022;22:245.
- Chu H, Westbrook RA, Njue-Marendes S, Giordano TP, Dang BN. The psychology of the wait time experience - What clinics can do to manage the waiting experience for patients: a longitudinal, qualitative study. BMC Health Serv Res. 2019;19:459.
- Calgary-Cambridge. Guide to the Medical Interview Initiating the Session. Available from: https://www.physio-pedia.com/calgary-cambridge_guide_to_the_medical_interview_- initiating_the_session

- 11. Schrager S, Gaard S. What should you do when your patient brings a list? Fam Pract Manag. 2009;16:23-7.
- Birkeland S, Bismark M, Barry MJ, Möller S. Is greater patient involvement associated with higher satisfaction? Experimental evidence from a vignette survey. BMJ Qual Saf. 2022;31:86-93.
- Suh WS, Lee CK. Impact of shared-decision making on patient satisfaction. J Prev Med Public Health. 2010;43:26-34.
- Chia YY, Ekladious A. Australian public hospital inpatient satisfaction related to early patient involvement and shared decision-making in discharge planning. Intern Med J. 2021;51:891-5.
- Cella D, Hahn EA, Jensen SE, Butt Z, Nowinski CJ, Rothrock N, et al. Patient-Reported Outcomes in Performance Measurement. Research Triangle Park, NC: RTI Press; 2015.
- Petrilli CM, Saint S, Jennings JJ, Caruso A, Kuhn L, Snyder A, et al. Understanding patient preference for physician attire: a cross-sectional observational study of 10 academic medical centres in the USA. BMJ Open. 2018:8:e021239.
- Xun H, Chen J, Sun AH, Jenny HE, Liang F, Steinberg JP. Public perceptions of physician attire and professionalism in the US. JAMA Netw Open. 2021;4:e2117779.
- Rehman SU, Nietert PJ, Cope DW, Kilpatrick AO. What to wear today?
 Effect of doctor's attire on the trust and confidence of patients. Am J Med. 2005;118:1279-86.
- Kurihara H, Maeno T, Maeno T. Importance of physicians' attire: factors influencing the impression it makes on patients, a cross-sectional study. Asia Pac Fam Med. 2014;13:2.