Required course: Bedside Manner 101

Why doctors shouldn't touch that door handle

BY JOANNIE M. SCHROF

Connie Cronin is the kind of nurse who loves to work the overnight shift on Christmas Eve to usher in the holiday with her patients. That's why she was so troubled one morning when she realized on the way home from work that she had all but ignored a patient ravaged with infections and confined to isolation. Cronin was the only person the patient would see all night, but because she was also the only nurse on duty, she avoided his gaze in her rush to finish her tasks. The next evening, she headed straight to the man's room, only to learn he had died. "I abandoned that man during his last hours on Earth," she says.

Virtually every health worker has a story of regret over care not given to a needy patient. Such episodes were once the exception, but today, caregivers say, they are becoming the rule. "Doctors get pressure from all sides to cut costs, and it takes their focus off the patient," says Ron Anderson, CEO of the Parkland Health & Hospital System in Dallas. He and Cronin joined 200 others last week at the first national conference on "relationship-centered" care.

Healthy talks. As the conference title suggests, most health professionals agree on the need for doctors and nurses alike to practice better bedside manners during increasingly short sessions with patients. Studies show that the greater rapport patients feel with a caregiver, the more likely they are to reveal key facts and to follow medical instructions. Yet, 6 in 10 doctors surveyed last year said medical school had poorly prepared them to talk with patients, and nearly 7 in 10 said insufficient time with patients was a "serious problem."

Still, health care workers can take a number of steps to improve their talks with patients, says Aaron Lazare, dean of the University of Massachusetts Medical School. For example, after asking, "What brings you here today?" a doctor should try not to interrupt the patient's reply. A recent study showed that a doctor usually breaks in after just 18 seconds, but a patient who is allowed to speak freely will finish in 2½ minutes. A second key question, the dean says, is, "What were you hoping I could do for you?" Doctors and nurses are often "knocked off their chair" by the answer, Lazare says. "Patients want to be told they don't have cancer. Other times, they say, 'Tell my wife not to leave me' or 'Tell my boss I can't work.' "

A clinician's biggest mistake, researchers say, is intimidating patients into silence by tapping a pencil impatiently or keeping one hand on the exam room door handle. "No visit should end without a doctor asking, 'Is there anything else you'd like to tell me?' " says Lazare. For their part, patients must speak up. Many people suffer from what medical professionals call the "good-patient syndrome," a reluctance to take up a nurse's time or a fear that a complaint isn't worth mentioning. A maddening number of patients, doctors say, wait until they are halfway out the door to bring up their most urgent concern.

To prevent these problems, Lazare and Mack Lipkin, coeditors of *The Medical Interview*, are helping medical and nursing schools create a list of communication "competencies," such as helping a patient discuss worries, eliciting a sexual history delicately, and delivering bad news gently. A few schools now require future health professionals to take a course each year to practice with actors simulating difficult cases. Students are videotaped so they can spot themselves backing away from a prostitute, sighing as an elderly man rambles, or flashing an angry glare when challenged. Soon, students may conduct mock physicals and be graded on bedside manner as part of medical licensing exams.

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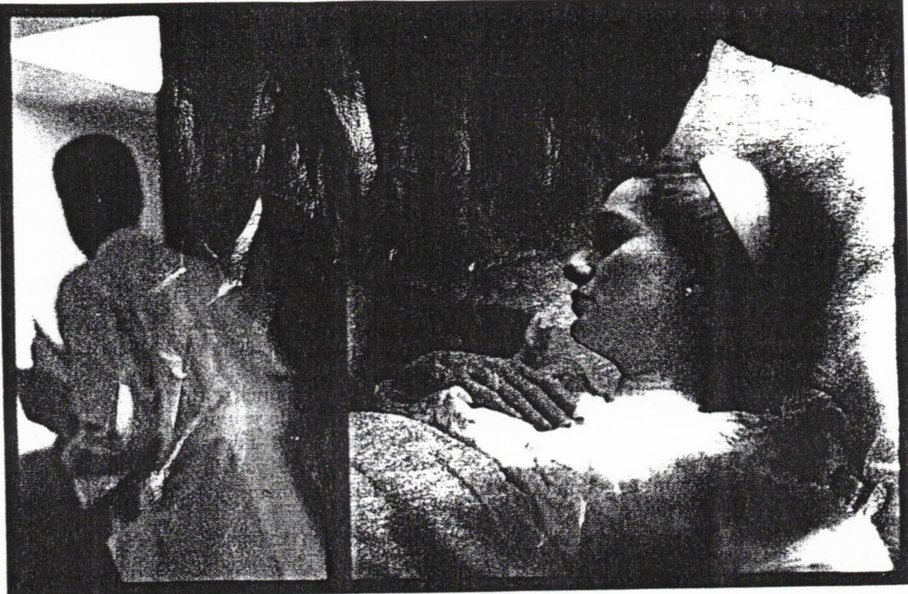

No matter what formal training is offered, nurses and doctors will always have to find their own ways of meeting a patient's needs. Cronin set up a network of nurses who were willing to cover for one another when the need arose. Thanks to that system, she was able to spend 45 minutes with a dying cancer patient while the woman waited for her husband in the middle of the night. He didn't arrive in time, but the patient had Cronin there to hold her hand through her final breath. ■