In medicine, the ability to compassionately communicate information in a fashion that can be understood and considered by the patient is key to an effective patient–physician relationship. The Accreditation Council for Graduate Medical Education identified interpersonal and communication skills as one of six areas in which physicians need to demonstrate competence (1). In this Committee Opinion, interviewing techniques and communication skills are emphasized that will help the obstetrician–gynecologist to effectively elicit patient problems and communicate reasonable treatment plans in a busy office practice.

The benefits of skilled, successful communication in medicine are many. A physician who encourages open communication often will obtain more complete information, which enables a more accurate diagnosis and appropriate counseling. This, in turn, leads to improved patient adherence and enhancement of long-term health. This model of patient–physician communication, often termed the “partnership model,” increases patient involvement in care through negotiation and consensus building between the patient and physician (2, 3). In the partnership model of communication, physicians use a participatory style of conversation (3), where the amount of time spent talking by physicians compared with patients is fairly equal. The partnership model is one of several communication models shown to improve patient care and reduce the likelihood of litigation. Other models cited in educational materials of the American College of Obstetricians and Gynecologists include the GATHER (4) and RESPECT (5) models. The GATHER model, which is composed of six elements of counseling (1] greet, 2] ask, 3] tell, 4] help, 5] explain, and 6] return), is used to help physicians maximize communication as well as confidentiality. Advocated widely for use in communicating with adolescents and in family planning discussions, the GATHER model encourages physicians to greet patients in a friendly and respectful manner and to provide a summary of what will occur during the visit. It also encourages physicians to actively listen and help patients discuss their concerns without judgment, tell patients about all of their choices for treatment, explain the next steps in treatment, and arrange a return visit for follow-up. The RESPECT model includes seven core principles (1] rapport, 2] empathy, 3] support, 4] partnership, 5] explanations, 6] cultural competence, and 7] trust) to allow patients to speak freely and physicians to tailor treatment plans to an individual’s norms and beliefs. The RESPECT model has been widely used to promote physician awareness of their own cultural biases and to develop the rapport necessary to assist patients from different cultural backgrounds.

Culture and Gender in Patient Communication

Regardless of any discordance that may exist between a patient’s and practitioner’s backgrounds, cultural beliefs, or sexual orientation, increased sensitivity by a health care provider to the patient’s behaviors, feelings, and attitudes can increase patient and health care provider satisfaction. Two seminal studies have documented differences in how race and gender can affect care. Cooper and colleagues (6) found that African American patients were substantially less likely to report having equal speaking time (ie, participatory decision making) compared with white patients.
Schulman and colleagues (7) reported gender and racial differences in how physicians communicated about cardiac catheterization. The Institute of Medicine issued a report detailing the importance of patient-centered care and cross-cultural communication as a means of improving health care quality across patient groups (8).

**Developing Effective Communication**

Developing effective patient-physician communication requires that physicians are skilled in the conduct of patient-centered interviewing, able to converse in a caring, communicative fashion, and have the capability to engage in shared decision making with their patients (9). Physicians may wish to consider five steps for effective patient-centered interviewing. A brief description of each step and the actions to be taken to effectively accomplish patient-centered interviewing are presented in Table 1 (10). The following four qualities are important components of caring communication skills: 1) comfort, 2) acceptance, 3) responsiveness, and 4) empathy (11). Comfort and acceptance refer to the physician’s ability to deal with difficult topics without displaying uneasiness and accepting the attitudes a patient brings to the interview without showing irritation or intolerance. Responsiveness and empathy refer to the quality of reacting to indirect messages expressed by a patient. Using this system, the physician can gain an understanding of the patient’s point of view and incorporate it into treatment (12).

The following scenarios and responses represent clinical situations where these qualities can be applied.

- **Scenario 1:** An adolescent girl, accompanied by her mother, comes to you to discuss birth control options. During the discussion, the mother continues to express disagreement with her daughter’s decision to become sexually active and proceeds to the door in order to leave the examination room.

  **Effective response:** You ask the mother to remain in the room briefly so that you can explain to her and her daughter what will take place during this visit. After obtaining a general history from both mother and daughter, the physician requests that the mother allow private time for discussion with her daughter. Later, a member of the office staff escorts the mother back to the examination room. The physician encourages open communication between the mother and daughter and answers any further questions.

- **Scenario 2:** A physician enters the examination room and greets a long-term patient, noticing that she appears tearful. On further questioning, she states, “I’m just having a bad day.” The physician completes the routine history and examination without further discussion of her affect.

  **Effective response:** The physician shakes the patient’s hand, stating, “I’m sorry you’re having a hard time.

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<th>Table 1. The Five Steps for Patient-Centered Interviewing</th>
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|           |                  | Inform the patient that the style of questioning will now change (eg, “I am going to ask you several specific medical questions about your symptoms”)

Perhaps it will help to talk about it.” The physician is then able to detect signs of depression and to offer or refer her for treatment.

Shared decision making has been defined as a process where both patients and physicians share information, express treatment preferences, and agree on a treatment plan (13). The process is applicable when there are two or more reasonable medical options (14). The physician shares with the patient all relevant risk and benefit information on all reasonable treatment alternatives and the patient shares with the physician all relevant personal information that might make one treatment or side effect more or less tolerable than others (15). This relatively new paradigm of communication is a marked departure from the traditional doctor-centered model. A recent example of a national recommendation that emphasizes shared decision making, which also garnered much public attention, is the National Institutes of Health Consensus Panel on vaginal birth after cesarean delivery (16). The Consensus Panel recommended that the decision for vaginal birth after cesarean delivery or repeat cesarean delivery should occur only after a conversation between the patient and her physician, incorporating the risks and benefits and the patient’s preferences. Shared decision making can increase both patient engagement and reduce risk with resultant improved outcomes, satisfaction, and treatment adherence (17).

**Recommendations for the Obstetrician–Gynecologist**

The competing demands of clinical productivity (18), mounting paperwork, and the delivery of care to multiple patients, often with complex diagnoses (19, 20), can inhibit effective communication. Developing effective patient–physician communication skills requires a substantial commitment in an increasingly challenging environment with lower clinical reimbursements and higher expenses. In the long run, effective communication skills will save time by increasing patient adherence, thereby reducing the need for follow-up visits and visits of sufficient duration to provide an opportunity to address multiple patient concerns.

- Use patient-centered interviewing and caring communication skills in daily practice.
- Encourage patients to write down their questions in preparation for appointments. An organized list of questions can help to facilitate an effective conversation on topics important to the patient.
- If possible, hire a communications consultant to conduct a workshop on cultural and gender sensitivity for you and your office staff.
- Hire physician extenders with patient-centered interviewing skills to assist with established patients.
- E-mail has been slowly integrated into some medical practices. If possible, consider the use of e-mail as an alternative method for established patients to communicate with their physicians or nurses for follow-up questions (21, 22). E-mail should be used in accordance with the American Medical Association Guidelines for Physician–Patient Electronic Communications (http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/young-physicians-section/advocacy-resources/guidelines-physician-patient-electronic-communications.shtml).
- Advocate for sustainable practice models that allow for visits of sufficient duration to provide an opportunity to address multiple patient concerns.

**ACOG Resources**


**Other Resources**

The resources listed are for information purposes only. Referral to these resources and web sites does not imply the endorsement of the American College of Obstetricians and Gynecologists. This list is not meant to be comprehensive. The exclusion of a source or web site does not reflect the quality of that source or web site. Please note that web sites and URLs are subject to change without notice.

Institute for Healthcare Communication
http://www.healthcarecomm.org

Massachusetts General Hospital, Disparities Solutions Center
http://www2.massgeneral.org/disparitiessolutions


**References**


12. Suchman AL, Markakis K, Beckman HB, Frankel R. A model of empathic communication in the medical interview. JAMA 1997;277:678–82.