ACUPUNCTURE today

PATIENT EDUCATION

The Listening Ear

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The Internet is a wonderful source of information. It is also a fantastic source of misinformation. I would say that at least half of the patients that come to see me have already researched their symptoms online and self-diagnosed with some of the most horrible rare syndromes yet to be defined. It is important to listen to what they say, but sometimes you have to go beyond and listen "between the lines." If you must talk, ask leading questions about their symptoms. Let them give you as much information as they can.

A patient may present with hand pain, but you need them to define where the pain is. Pain in the fingers does not always mean carpal tunnel syndrome. Don't take what they say at face value. Process the information. Just because a patient says they have carpal tunnel does not mean that is the real diagnosis. Ask. Get information. Remember back to diagnosis class; an exam should be done to confirm what you already suspect based on your consult. Ask leading questions to determine the cause, nature and extent of the complaint. The best way to get information in your consult is to ask questions and listen.

In his article "The First 50 Words," Dr. Amaro talked about this.1 If you listen, a patient will tell you exactly what is wrong with them, usually in the first 50 words of your consult. But, you have to listen to what they say. To follow the example above, a patient might come in reporting a diagnosis of carpal tunnel syndrome, but actually have pain from the shoulder down to the arm. Patients don't want to feel stupid in front of their doctor; they are going to try to define what is going on. However, you must listen to what they say to get the full picture beyond just the diagnosis written on the intake sheet.

Another common misdiagnosis patients often give is "sciatica." Most lay people will define any and all leg pain as sciatica. As you consult, listen to where the patient says their pain actually is. Is it down the back of the leg, or along the lateral fascia? Does the pain travel down, or just stay in the gluteals? Asking leading questions about the nature of the pain can help you quickly determine the actual diagnosis.

Another important note is that often, patients will say what they think the doctor wants to hear. Sometimes you need to give them time to work around to what they actually want to say. Patients often have fears, concerns, or doubts about how you can help them. It is necessary to let them voice these concerns so you can address them up front. Hear the concerns.

Finally, just listen. In this world, people have become so insulated from one another by technology. There is great therapeutic value in allowing someone to voice their complaints and concerns and just "get it off their chest." Don't be tempted to cut a patient off and launch into your sales pitch about the benefits of your care; let them say what they need to say. When a patient feels you have listened, they will trust you more. You took the time to listen and understand; you have built a relationship with the patient. You may not gain a great deal from the encounter, but patients will be more comfortable when they feel they can speak freely. They will likely trust you more than another doc who raced through a consult and exam and poked them with a few needles as they ran

out the door. Sometimes listening just means letting the patient talk out their complaint. Acupuncturists are often known for being approachable and patient friendly. A big part of that is listening and making the patient feel comfortable with you.

Taking the time to listen is not always easy. Some patients just want to talk because they have someone to talk to. Others will ramble on forever if you let them. But most patients will trust you more and respect you if you take the time to really listen to them and hear their complaints and concerns. Not only does it help you earn their trust, but it will provide you with valuable insight into what is actually going on.

Reference

1. Amaro J. The first 50 words. *Dynamic Chiropractic* Nov. 4, 1994;12:23.

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