The Art of Listening

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Communication, once thought of as a soft skill for physicians, is now recognized as an essential skill. This article asserts that listening is the foundation of good communication and that all physicians can become better listeners if they have the desire to improve and are intentional about how they approach listening. The authors share five strategies to help physicians improve their skills: listening with curiosity, reflective listening, empathic listening, listening for discrepancies and listening in silence.

Communication historically has been thought of as a secondary skill in medical practice. Consequently, medical schools paid little attention to the topic in the past.[1] Today, however, communication is a standard element in physician training. In fact, the Accreditation Council for Graduate Medical Education (ACGME) requires all resident physicians to demonstrate competency in the domain of communication such that they have the skills they need to effectively exchange information and collaborate with patients, their families and other health professionals.[2]

So what does it take for physicians to be successful communicators? Sir William Osler knew. The acclaimed father of modern medicine once told rising physicians: "Listen to your patient, he is telling you the diagnosis."[3] As Osler reminds us, listening is the cornerstone of good communication. But the art of listening is not easily mastered.

Although we listen to others each and every day—frequently without thinking—we often do not do this well. Being a *good* listener requires us to do more, and in order to cultivate the skills needed to become good listeners, we must have the desire to improve and a willingness to learn. Here we share a number of ways physicians who wish to become better listeners can learn this art.

Listening with Curiosity

Physicians are trained to be problem-solvers. As such, they develop many skills that allow for efficient daily functioning. One is to categorize information. For example, when patients come in, physicians quickly assign them to categories: black/white/Hispanic, male/female/transgender, young/middle-aged/old, drug-seeker/upstanding citizen. Physicians become faster at doing this with experience, and they may not realize they are even doing it.

Likewise, physicians also assign patients to categories related to illness (diabetic/heart-diseased/cancer, alcoholic/depressed/resilient, even compliant/noncompliant) and use a predetermined, automatic script when talking to them. These categories and scripts can get in the way of understanding what's truly happening with patients. For one thing, they can lead physicians to assume they already know all there is to know about a patient.

One way to interrupt this cycle is to consciously employ curiosity. The idea is to listen for personal connections with patients—comments about their family or livelihood, a story about their drive to the appointment. The goal is to pique your own curiosity about a patient as a person rather than a diagnosis. Simple comments such as "Tell me how life has changed since your diagnosis" or "What has been the most difficult aspect of your treatment" are impactful for patients. Again, going back to Osler's words, "The good physician treats the disease; the great physician treats the patient who has the disease."[3]

A key to listening with curiosity is to slow down. Although brief medical appointments and busy schedules make this challenging, it helps to remind yourself that taking the time to be curious can actually save time in the long run because patients will be more engaged in the visit and less resistant to taking action to improve their health.[4] When you listen with curiosity, you'll find yourself becoming less judgmental and better able to understand a patient from his or her perspective. This can be hard work, but it is arguably as important as making a diagnosis.

Reflective Listening

Reflective listening is a core listening skill. When employing reflective listening, the question is not "What can I do for this patient?" but rather "How does this person see him or herself?" The listener does not provide his or her own perspective on the situation. Instead, the focus is on understanding the patient's needs or thoughts.

Reflective listening requires you to listen to what the patient is saying at both the content level and the emotional level. Its purpose is to build rapport, help patients feel heard and understood, and clarify what they said while allowing them the opportunity to better understand their own thoughts about the situation. There are several approaches to reflective listening, all of which draw on a patient's own words:

Repetition: repeating a key part of the patient's statement

Patient: "Everything on my body hurts right now."

Physician: "Everything just hurts."

Paraphrasing: changing the patient's statement slightly

Patient: "I just don't understand, one minute she tells me to take that medication, the next she tells me to stop the medication."

Physician: "The instructions have been really confusing."

Summarizing: succinctly recapping the patient's statement

Physician: "Let me see if I have this right. (summarize and reflect)..."

These skills can be useful when you are trying to help a patient faced with a difficult situation or who is angry or resistant, or to ensure that a patient understands the instructions provided during the visit. The best way to start using reflective listening is to simply try it and then keep working at it. It may feel awkward at first, but it will become more natural with practice.

Empathic Listening

Empathy is the capacity to understand another person's perspective as if it was your own. Although it is similar to reflective listening, empathic listening has the added element of emotional understanding and unconditional acceptance that lets a patient know the listener is truly present and cares. In fact, it can be so powerful that if physicians do nothing but listen empathically, patients are highly likely to make lifestyle changes on their own.[5] Moreover, a physician's show of empathy has been found to contribute to patients' overall satisfaction with the encounter.[6]

Physicians see themselves as healers. Thus, as a patient speaks, their natural tendency is to formulate a differential diagnosis, fix a problem, cure a disease, or ameliorate pain and suffering. But most of the problems patients present with are complex, and physical problems frequently have strong emotional underpinnings. The challenge is how to effectively enter into a patient's world, consider his or her experiences and emotions, and relate to that patient as an individual. The way to do this is to listen with the intent to understand rather than to respond.[7] If done well, empathic listening can result in the patient feeling understood and valued.

The technique involves using simple statements that reflect understanding or name emotions. Examples of phrases that demonstrate empathic listening include:

"I respect how difficult this has been for you."

"You seem overwhelmed by having to take so many medications."

"This sounds really scary to you."

"It seems like you're feeling pretty down today."

Empathy also can be conveyed through eye contact, a gentle touch on the hand or a warm smile.

Listening for Discrepancies

There is often a discrepancy between patients' actions and their desired state of health. It may be the difference between their desire to lose weight and their current eating habits. Or the difference between their desire to stop smoking and daily use of cigarettes. Or the difference between wanting to decrease symptoms but refusing to take medications. When you listen for and identify such a gap, you can help the patient see it as well. This can be the starting point for a powerful conversation that can help bring present behaviors and desired behaviors into harmony.[4]

It is important to use the word "and" rather than "but" when pointing out these incongruities. Doing so highlights for the patient that both the present and desired state are important. It also challenges the patient to think about both simultaneously. For example, you might say to a patient: *"You have told me that eating healthy is really important to you because you want to control your diabetes and be there for your family, AND, at the same time you have told me that you are really discouraged because you have tried several times to eat more healthfully and you haven't been successful. What do you make of this dilemma?"*

As the patient starts discussing both aspects of the discrepancy, you are again challenged to listen intently—this time to identify barriers and strengths in regard to the patient moving toward better health. Once these barriers and strengths are identified, a conversation about how to change habits can follow.

Listening in Silence

Often, a well-meaning physician will ask an open-ended question only to step in almost immediately with a comment as the patient struggles to answer. Silence can be uncomfortable during a conversation. We may think it indicates that we don't know what to say or that a patient doesn't understand the question or may not feel safe enough to share what he is thinking or feeling. Perhaps worst of all, we may think of silence as time wasted. After all, we are in a setting where time is a precious commodity.

And yet, silence is invaluable. For one thing, it is very hard for someone to listen well when speaking. Consequently, the ability to tolerate silence is a key component of listening well. Silence allows space for thoughts to form, for ideas to take shape. With silence, we can convey acceptance, empathy and patience. Silence can communicate to a patient that he can take the time he needs with whatever it is he is experiencing. Most important, silence indicates to a patient that what he has to say is important and that you as his physician are willing to wait for it.

Still, tolerating silence can be difficult. It is challenging to resist the urge to fill the void it creates. Silently counting to 10 prior to asking a follow-up question can be helpful. Although those 10 seconds can

feel awkward, patients often make valuable comments at about the count of nine. Without allowing for silence, we risk missing out on important patient insights.

Osler knew this too. "Look wise, say nothing and grunt," he said. "Speech was given to conceal thought."[3] Put another way: God gave us two ears and one mouth for a reason.

Conclusion

Listening is the foundation of good communication. It is the way physicians can show respect for patients and learn important information about them. We can all become better listeners if we are committed to improving and are intentional about how we listen. A wise colleague once said, "It took a lot of years of practicing medicine for me to realize that patients didn't care about how much medical knowledge I had. Rather, they cared that I took the time to listen." MM

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