Techniques for Terminating Patient-Physician Encounters in Primary Care Settings

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Abstract

Background: Physicians in the community work on a tight and often pressured schedule; verbal and non-verbal techniques to terminate the patient-physician encounter are therefore necessary.

Objectives: To characterize ways of terminating the encounter.

Methods: Using a structured questionnaire we observed seven family physicians and nine consultants and recorded patient-physician encounters to assess techniques for terminating the encounter.

Results: In all, 320 encounters were recorded, 179 (55.9%) by consultants and 141 (44.1%) by family physicians. The mean duration of the encounters was 9.02 ± 5.34 minutes. The mean duration of encounters with family physicians was longer than with consultants (10.39 vs. 7.93 minutes, $P < 0.001$). In most cases the encounter ended with the patient receiving printed documentation from the physician (no difference between family physicians and with consultants). Consultants were more likely to end the encounter with a positive concluding remark such as "feel good" or "be well" ($P < 0.01$). There was no single occasion where termination of the encounter was initiated by the patient.

Conclusions: Giving a printed document to the patient appears to be perceived by both patients and physicians as an accepted way to end an encounter. Another good way to end the encounter is a positive comment such as "feel good" or "be well."

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Optimal use of the doctor's time is a challenge to healthcare systems. Since the doctor's time is an important resource, improvement in the quality of the patient-physician encounter could have a positive effect on the patient-physician relationship and increase patient satisfaction with the healthcare system.

The mean duration of the encounter can range from 6–10 minutes [1] up to 16.3 minutes [2]. In a recent study from northern Israel in which 235 patient-physician encounters between patients and family physicians were documented, the mean duration of encounters was 10.5 minutes [3]. The existing means to terminate a patient-physician encounter have a potentially important effect on the duration of the meeting itself and on the ability of the physician and the healthcare system to keep to an appointment schedule on the one hand, without having a negative effect on the quality of care on the other.

Previous studies [4,5] have described techniques of body language and non-verbal communication between patients and physicians, but to our knowledge there have been no descriptions to date of ways used by community-based physicians to end a patient-physician encounter. The aim of this study was to evaluate the use of various techniques to this end.

Materials and Methods

Study group

The study population included 16 physicians: 7 board-certified family physicians who practice in clinics in the southern district of the Clalit Health Services and 9 consultants (3 ear, nose and throat specialists, 3 dermatologists and 3 orthopedic surgeons) from primary care clinics in the same region. The physicians were selected at random from the district's list of physicians. The study population also included patients treated in the clinics served by the study physicians. Clalit Health Services is the largest health management organization in Israel, providing healthcare to about 60% of the country's population.

The study instrument

The study instrument was an anonymous questionnaire that was completed during the patient-physician encounter by two investigators (O.B. and V.K.). The questionnaire was divided into two parts: the first part related to the physician's demographic background, and the second part to the patient's demographic background as well as the patient-physician encounter including how the encounter ended. The questionnaire included a list of 13 possible ways for ending patient-physician encounters. The investigator could mark as many options as was considered relevant for each encounter. We did not include pleasantries such as "goodbye" and "see you again" as possible options for positive context since these greetings were found, in our pilot observation, to occur at the end of all patient encounters.

Twenty consecutive patient-physician encounters were documented for each participating physician after their consent to participate was obtained. The physicians were not aware of the goals of the study. The Helsinki Committee of the Soroka Medical Center approved the study.

Results

Physician characteristics

There were 16 physicians in the study: 7 board-certified family physicians and 9 consultants (3 ENT specialists, 3 dermatologists and 3 orthopedic surgeons). Ten were males (63%) and 14

ENT = ear, nose and throat

Table 1. Physician characteristics (n=16)

	No.	%
Specialization		
Family medicine	7	43.8
Orthopedic surgery	3	18.8
ENT	3	18.8
Dermatology	3	18.8
Gender		
Male	10	63.0
Female	6	37.0
Country of birth		
Israel	1	6.3
United States	1	6.3
Eastern Europe (including former USSR)	15	87.5
Country where medical studies were completed		
Israel	3	18.8
Eastern Europe (including former USSR)	13	81.2
Years working as physician		
Mean ± SD	20.3 ± 9.2	
Range	9–35	

Table 2. Patient characteristics (n=320)

	No.	(%)
Gender		
Male	143	45
Female	177	55
Age		
Mean ± SD	47.7 ± 21.0	
Range	3–87	
Country of birth		
Israel	109	34
Eastern Europe (including former USSR)	118	37
Asia/Africa	80	25
Other	13	4

(87.5%) were immigrants from Eastern European countries. Table 1 presents sociodemographic data on the study physicians.

Patient characteristics

In all, 320 encounters were documented. Of these, 177 (55%) were with female patients. The mean age of the patients was 47.7 years. Altogether, 118 patients (37%) were from countries of the former Soviet Union and 109 (34%) were Israeli-born. Table 2 presents the sociodemographic characteristics of the patient population.

Characteristics of patient-physician encounters [Table 3]

Of the 320 documented encounters 179 (55.9%) were with consultants and 141 (44.1%) with family physicians. The mean duration of the encounters was 9.02 ± 5.34 minutes. In 198 of the 320 cases (61.9%) the encounter ended with the handing over of a written document from the physician to the patient, such as prescriptions for medications, referrals to laboratory tests, referrals to consultants (family physicians), or the consultant's opinions,

Table 3. Characteristics of termination of the patient-physician encounter (n=320)

	No.	%
Duration of encounter		
Mean ± SD	9.02 ± 5.34	
Range	2–37	
Act of termination*		
Physician handed over a document**	198	61.9
Physician made a positive comment	142	44.46
Physician formally announced that the encounter was over	53	16.6
Physician got up and opened the door	34	10.6
Handshake	16	5.0
Physician got up	15	4.7
Physician repeated the same thing several times	12	3.8
Physician looked at watch	12	3.8
Physician left the room	7	2.2
Physician made a closing statement in another context	4	1.3
Pat on the back	2	0.6
Patient initiated termination of encounter	0	
Other	1	0.3
Patient's reaction*		
Patient left when notified that the encounter was over	230	71.9
Patient continued to ask questions	71	22.9
Patient left the room and then returned	14	4.4
Patient got to the door and then turned around to ask another question	13	4.1
Another way to continue the encounter	3	0.9
Another reaction	1	0.3

* More than one answer is possible

** Prescriptions for medications, referrals to laboratory tests, referrals to consultants (family physicians), consultant's opinions.

and in 142 cases (44.4%) the physician made a closing remark in a positive context such as "feel good" or "be well," etc.

Although there was more than one possible way for the meeting to conclude, not one single documented encounter ended by patient initiative. In 230 cases (71.9%) the patient left the room after the terminating act, in 71 cases (22.2%) the patient continued to ask one or two more questions, and in 14 cases (4.4%) the patient left the room only to return to ask another question. In 89 encounters (27.8%) there was a documented interruption of the patient-physician encounter such as a telephone call, entrance of a staff member into the room, etc.

Characteristics of consultant compared to family physician encounters [Table 4]

Encounters with family physicians were longer than those with consultants (10.39 vs. 7.93 minutes, $P < 0.001$). As stated above, most encounters ended with the physician giving the patient a written document. In this respect there was no significant difference between family physicians and consultants. Consultants more often ended the encounter with a positive statement such as "feel good," "be well," compared to family physicians (50.8% vs. 36.2%, $P < 0.01$). There were no significant differences in terms of what the patient did at the end of the encounter in

Table 4. Comparison between family physicians and consultants

	Family physicians	Consultants	*P*
Duration of encounter			< 0.0001
Mean ± SD	10.4 ± 6,7	7.9 ± 3.6	
Range	2-37	2-20	
Act of termination (%)*			
Physician handed over paper document	63.8	60.3	NS
Physician made a positive statement	36.2	50.8	<0.01
Physician formally announced that the encounter was over	20.6	13.4	NS
Physician got up and opened the door	13.5	8.4	NS
Handshake	7.8	2.2	<0.05
Physician got up	5.7	4.5	NS
Physician repeated the same thing several times	5.0	2.8	NS
Physician looked at watch	2.8	4.5	NS
Physician left the room	3.5	1.1	NS
Physician made a closing statement in another context	1.4	1.1	NS
Pat on the back	0	1.1	NS
Patient initiated termination of encounter	0	0	NS
Other	0	0.6	NS
Patient's reaction (%)*			
Patient left when notified that the encounter was over	70.9	72.6	NS
Patient continued to ask questions	22.0	22.3	NS
Patient left the room and then returned	3.5	4.5	NS
Patient got to the door and then turned around to ask another question	6.4	2.8	NS
Another way to continue the encounter	1.4	0.6	NS
Another reaction	0.7	0	NS

* More than one answer is possible

NS = not significant

all tested parameters. More interruptions were documented for encounters with family physicians than with consultants (37.6% vs. 20.1%, $P < 0.0001$).

Discussion

The mean duration of all documented encounters was 9.02 minutes, but the mean duration of encounters with family physicians was significantly longer at 10.39 minutes than those with consultants. This finding is similar to another report from northern Israel in which the mean duration of family physician encounters was 10.5 minutes [3]. Physicians have a tight and sometimes intense work schedule so verbal and non-verbal techniques to terminate the encounter are important. On the one hand there is a need to end the encounter on time in order to enable the physician to keep to the pre-set schedule. On the other hand it is important to give the patient the feeling that the physician is relating to him/her appropriately, including a suitable and normative means of ending the encounter.

In the majority of cases the terminating act involved handing over a written document to the patient. It appears that this act is considered acceptable to patients and physicians alike, and it has symbolic meaning as a way to end the encounter. Consultants were significantly more likely to use a positive sentence such as "feel good" or "be well" to end the encounter than were family physicians. Ironically, one might expect that family physicians, who have ongoing relationships with the patients, would adopt this act for terminating encounters. Residents in the family medicine training program in Beer Sheva have participated, since 1988, in a course on patient-centered medicine [6]. The first level of this course relates to doctor-patient communication. Despite this, only one-third of the family physicians used a positive statement to end the encounter. Possible explanations for this result include daily workload and its resulting physical and emotional toll on the physician. Also, there may be a difference in the nature of the patient-physician encounter between family physicians and consultants. For consultants the end of the encounter is usually also the end of their relationship with the patient, whereas family physicians have an ongoing relationship with the patient following the specific encounter. Another reason for the difference may be that consultants are paid according to the number of visits, whereas family physicians receive a global fee. This may also be the reason why consultants have shorter encounters. Other possible explanations for the shorter encounter of consultants compared to family physicians is that consultants usually focus on biomedical problems while family physicians conduct more biopsychosocial encounters with their patients. In the ongoing relationship between family physicians and patients any encounter may include issues that are not directly related to the principal complaint that led to the visit, necessitating a longer encounter.

It is striking that not one encounter was terminated by the patient's initiative. It is possible that most of the patients would have preferred a longer encounter, or that they feel a respect for the physician that is manifested by their expectation that the physicians should have the prerogative of terminating the encounter.

Interruptions of patient-physician encounters are another aspect worthy of discussion; there was at least one interruption in 27.8% of the encounters, and significantly more interruptions of encounters with family physicians. The mean number of interruptions per encounter with family physicians was 0.38, which is less than the 1.3 interruptions in another study [7].

The issue of an invitation for a follow-up visit was not dealt with because it is not within the scope of this study. Although investigation of this issue might have contributed to the discussion, we feel that the methodology used, despite this limitation, is valid.

In this study we attempted to characterize ways in which patient-physician encounters are terminated in the primary care setting. Sixteen physicians were selected at random for this study so we cannot generalize the results to all primary care physicians. However, we do hope that the results of the study will help improve the quality of physicians' daily work in this setting.

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