

Do Clinician Interruptions Affect Patient-Rated Clinician Empathy in Specialty Visits?

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INTRODUCTION:

Prior evidence suggests that clinicians tend to interrupt patients when they are describing their problem, which may impact many outcomes of the visit such as patient fear of progression or recurrence of their underlying pathology. Using transcripts of audio and video recordings from musculoskeletal (MSK) specialty visits, we asked what factors are associated with: 1) Perceived clinician empathy, including time a patient spends describing the problem and time to the first interruption? 2) Duration of patient symptom description? 3) Duration between the end of greeting and first non-active listening interruption?

METHODS:

We analyzed transcripts of 194 adult patients seeking MSK specialty care with a median age of 47 ± 13 years. Participants completed post-visit surveys of perceived clinician empathy, symptoms of depression, catastrophic thinking, and health anxiety. A non-active listening interruption was defined as the clinician halting ideas being conveyed by the patient leading to a change in topic. Factors associated with the patient-rated clinician empathy, patient problem description duration, and time until the first non-active listening interruption were sought in bivariate and multivariable analyses.

RESULTS:

The patient's narrative was interrupted in 144 (74%) visits. The duration of each visit was a median of 12 minutes [Interquartile range [IQR] 9-16 minutes). The median time patients spent describing their symptoms was 139 seconds (IQR 84-225 seconds). The median duration between the end of the initial greeting and the first interruption was 60 seconds (IQR 30-103 seconds). Clinician interruption was associated with short duration of symptom description, but not with greater perceived clinician empathy or time to first interruption. Empathy was associated with greater accommodation of pain (Regression coefficient [95% Confidence Interval] = 0.015 [0.0005 to 0.30]; $P=0.04$).

DISCUSSION AND CONCLUSION:

Clinician interruption was associated with shorter symptom presentation, but not with perceived clinician empathy. While active listening and avoidance of interruption are important communication tactics, other aspects of the patient-clinician relationship may have more impact on patient experience.