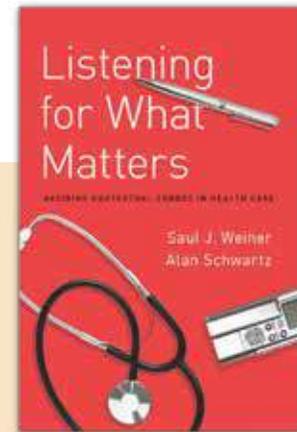


Listening for What Matters: Avoiding Contextual Errors in Health Care

Saul J. Weiner and Alan Schwartz

New York, NY, Oxford University Press, 2016; Softcover; 213 pages, \$39.95



Although clinical research is increasingly incorporating the patient's perspective earlier in the drug development process, one may wonder whether this patient-centered focus is also being applied to the doctor-patient relationship. Consider "Mrs Garcia," who repeatedly visited the emergency room because she kept missing her dialysis treatments. After each visit, she was discharged with the usual instructions stressing the importance of keeping her dialysis appointments. Sadly, this pattern continued until a resident asked her why she kept missing her appointments and discovered Mrs Garcia had to care for her children, who were in a hospital far from the dialysis treatment center. In response, the inpatient team arranged for Mrs Garcia to receive her dialysis treatments at the same hospital where her children were staying; thereafter, she kept her appointments and no longer had to visit the emergency room.

The story of Mrs Garcia underscores how important a physician's communication and thinking skills are. A patient may not receive appropriate care because, despite years of intensive medical education and training, physicians may miss contextual clues, or relevant factors in the patient's life, such as concern about finances, caring for a parent or child with medical needs, or the death of a child. If physicians are missing contextual clues that would suggest a different treatment approach than evidence-based medicine or clinical practice standards, how would that affect the treatment plan? This is a central question that Saul J. Weiner and Alan Schwartz attempt to address in *Listening for What Matters: Avoiding Contextual Errors in Health Care*.

Saul Weiner, who is a physician, and Alan Schwartz, who is a Professor of Medical Education, spent nearly 10 years searching for answers to this central question. Determining whether or not physicians were missing contextual clues would require more information than what appears in a patient's chart. Taking into consideration how other industries record phone calls for quality improvement, the authors suggested a similar approach could be used to achieve their objective, creating audio recordings of physician-patient interactions. Unannounced standardized patients (USPs)—actors who go undercover to portray patients—were recruited to audio-record their interactions with real physicians. The physicians were informed of the study beforehand and could choose to decline participation. Chapters 2 through 4 painstakingly describe their study methods, including steps taken to obtain institutional review board approval. The physician-USP audio recordings, patient charts, and medical bills were analyzed to determine whether physicians detected contextual clues and, if so, whether these clues factored into their treatment plans. The authors found that physicians were more likely than not to miss contextual clues, and if they did ask additional questions based on these clues, they were less likely to select the appropriate treatment.

The authors questioned whether failure to consider contextual clues may result in too little care, too many treatments, or both. Because such information was difficult to measure in their study with the USPs, the research team evaluated real patient-physician interactions in an observational study (Chapter 3—The Problem is Everywhere) and developed a basic tool to evaluate how well physicians

listen for these clues and design appropriate treatment plans (Chapter 4—What We Hear that Physicians Don't). The audio recordings were used to classify physician communication behaviors, and the authors were able to identify 6 characteristics based on critical thinking and good communication skills that best describe a physician who contextualizes care.

Because these skills are not formally taught in medical school, the authors developed and evaluated a workshop on medical decision making for fourth-year medical students. The preliminary findings were positive, and a great example of this program's success was the resident who asked Mrs Garcia why she was missing her dialysis appointments. Despite the successes of this pilot and subsequent expansion of this model to include other members of the health care team, there are

challenges to overcome if these gains are to last. The authors envision a quality improvement model in which audio recordings could be used as a source of feedback to improve decision-making skills. In addition, they hope this decision-making model will be incorporated in the medical education curriculum. It is not yet certain whether healthcare providers agree with all of their recommendations. Regardless, people in the healthcare field, regulators, medical educators, and patients may find this an interesting and informative perspective of the patient-physician relationship.

Reviewer: Eileen M. Girtten, MS

Eileen is a Principal Medical Writer with inVentiv Health Clinical.



Unlock the Secrets to Freelance Success

with this 3-part on-demand video series.

Relevant and practical advice
from industry professionals.

Run your business like a pro.

- Essential Ingredients of a Successful Freelance Business
- Bad Behaviors That Can Sabotage Your Business
- Getting the Clients You Deserve

► Unlock Now in AMWA Online Learning
www.amwa.org/freelance_success