

# Making the most of visits with primary physicians

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A visit with your primary care physician may be limited to 10-15 minutes, tops. The National Institute on Aging, NIH, reports the following statistic: On average, the doctor waits about 18 seconds before interrupting you during an appointment. The clock is ticking the second your physician walks into the examination room and greets you.

This article provides tips on how to talk to your doctor, how to make the most of your appointment with your doctor, and what you can do to maximize the quality of your visit and of the care you receive. By preparing yourself for your doctor's visit, you can lay the groundwork for giving him/her the information needed to make an accurate diagnosis and to make decisions about care options with your input, as well as helping to create a positive, satisfying physician-patient relationship.

Ten tips for seniors:

1. Prior to your appointment, list the concerns that you most want to discuss with your physician. Prioritize your concerns — limit them to the top two or three — in order of importance to you. Write down specific questions that you want to pose. Time is limited so you will need to stay as focused as possible when bringing up your primary concerns, and asking questions about them.

2. Keep an updated list of health problems, diagnoses and your medications. You may be asked to bring a bag of all your medication bottles (including prescription drugs, over-the-counter drugs, etc.) with you. In addition, however, it is important to clarify to your nurse and

physician what you are actually taking, when and how. If you are keeping a log of what you are actually taking (drug name, dose, time taken, etc.), bring that with you. There is a distinction between drug prescription and drug utilization, and your physician needs both types of information to provide quality of care. Maintain a list of medications that you have been prescribed and when, note side effects (what were they specifically?), and indicate when they were discontinued and why.

3. Be prepared to identify changes in your physical, mental and cognitive status. The following are examples of what to think about before your appointment: Have new symptoms arisen that are adversely affecting your ability to attend to tasks, to be self-reliant, to be able to ambulate? Have you recently become more apathetic, depressed or anxious? Have family conflicts or financial difficulties arisen that have affected your health, mood or well-being? Are you having more problems with your memory or experiencing episodes of confusion? Are you worried that you are developing a more serious cognitive problem, such as dementia? If you have issues such as any of those listed above and you don't have time to address them in one appointment, ask the doctor when you can come back to discuss them.

4. Be specific when talking about your symptoms during your appointment. Describe what you are experiencing in detail, note date of onset and comment on frequency, duration and severity of the symptom. Let your doctor know if you have found that anything alleviates or worsens the symptom. For example, if you have pain in your lower back, provide information such as follows: I fell about one week

ago on my bedroom floor, and did not experience any immediate problems. However, in the last two days or so, back pain has gotten progressively worse, and pain is greatest in the morning. For the most part, I experience constant pain in my lower back, which is worse if I sit too long, lie down or try to sleep. Pain goes from my lower back area down my right leg into my right foot and toes. I find that the pain decreases if I am practically constantly in motion, which is difficult for me to do.

5. Have a simple strategy for taking notes during the visits, and listing self-reminders about what has been discussed. Consider bringing a small notebook and pen, writing notes directly on the sheet of paper where you've listed your concerns and questions, taping the encounter, or bringing someone with you to write down information.

6. Never hesitate to ask questions, to repeat information provided to you by the physician in order to ensure that you have understood what was discussed, and to insist that the doctor does not use excessive technical, medical jargon. Simply say: "Exactly what does that mean?" "Why is it important?" And "what does it mean for my health status and personal wellbeing in practical terms?"

7. Feel free to request that instructions be written down by the physician or his/her staff member before you leave the office.

8. You are in a partnership with your physician, and have the right to engage in shared decision making about treatment options (e.g., alternatives to psychotropic medications when you are being treated for mental health problems) and plans.

9. After the appointment, never hesitate

to call the doctor's office if you have any questions, need to clarify instructions, or want to report that your symptoms have become worse or have not improved. If you were prescribed a new drug, contact the doctor's office if you are having problems, if you are experiencing side effects and if you have made the decision not to start or not to continue taking a prescribed medication (and why).

10. When you consider the extent to which you wish for family members to be involved in your doctor visits, ask yourself the following questions: "Do I want someone else to come with me to the doctor visit?" "Do I want a family member to be part of the joint conversation, but to leave the room if I need to talk privately about a specific concern?" "What role do I want a family member to play?" "Do I prefer to go alone to doctor visits, or is it necessary for a family member to be included to provide his/her perspective, to ask questions, to translate information provided by the physician, to take notes, to remind me of issues that I had planned to address?" "Is it OK with me if my family member speaks privately with my physician, or contacts him/her directly?" "Has the physician requested or made it a requirement that a family member comes with me to my appointments?"

Several resources were used in writing this piece, some of which have been posted on the website for the Mental Health and Recovery Board of Ashland County (MHRB; [www.ashlandmhrb.org](http://www.ashlandmhrb.org)).

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# Communicating effectively with seniors when providing health care

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This article offers tips for physicians and other health care providers on how to better communicate with elderly patients.

Improvement of communication strategies can strengthen the patient-physician relationship, increase compliance with orders and instructions, increase understanding of information provided during the appointment, decrease the senior's anxiety and discomfort, increase patient satisfaction with the en-

counter, and maximize the quality of care provided. However, it should be noted that seniors are characterized by heterogeneity, and it will be necessary to customize approaches to meet the needs of a specific patient.

Tip for physicians and other health-care providers:

1. The following general pointers are easy to implement, and are reported to be effective in patient-physician encounters: (a) maintain eye contact, (b) talk directly, face-to-face, clearly and loudly, (c) use language

that is understandable to the nonprofessional person (avoid technical, medical jargon), and (d) minimize distractions. The patient should be encouraged to wear hearing aids if they are usually worn, so that hearing ability will be heightened.

2. Actively listen; the most common complaint by seniors about visits with physicians is the perception that their doctors are not listening. Provide sufficient time for seniors to ask questions, for you to provide information, and for you to connect well with

your patients.

3. Use an "outline" approach for framing discussions. Address one major topic at a time. Simplify information provided, and simplify your instructions. Supplement what you indicate verbally with written materials, charts and pictures. Consider taking another step to maximize understanding and to increase the likelihood of compliance: write down key points addressed, identify new medications prescribed, and write specific instructions so that patients can refer to them af-

ter appointments.

4. Repeat information and instructions (even verbatim), and assess the patient's comprehension of information and follow-up instructions provided.

5. Speak with the patient about the role she wishes for other family members to play during the appointments. Consider the extent to which you need or wish for a family member or caregiver to be engaged in the appointment, to supplement information provided by the senior, to answer questions, to be pre-

pared to remind the senior about instructions so that she will be compliant and follow-through on recommendations. Ask yourself the following: "At what point do I want a family member to definitely attend the appointment, request that this happen (with the patient's permission) or even require a family member to be present. How will I deal with the fact that different parties may provide discrepant information, that the caregiver may dominate the conversation."