



# Are You *Really* Listening?



We all think we are great listeners. We “listen” to chief complaints, we listen to histories of present illness, we listen to heart and lung sounds. We spend the better part of every day “listening.”

But are we *really* listening? Or are we just “hearing?” *Hearing* is the perception of sounds by the auditory nerves in the ear. *Listening* involves an attentiveness to hear with a purpose of understanding. Hearing is a temporal lobe function, while listening activates the frontal lobe, and it is this frontal lobe activity that generates “meaning” and “understanding” from sounds.

Well, since the goal of every patient encounter is to generate meaning and understanding from words and sounds, it stands to reason that we should be devoted to being the best “listeners” we can be.

But what does that mean? Can we learn to be better listeners? How can better listening improve patient outcomes? Can better listening improve efficiency and productivity?

Good listeners are almost universally skilled at “active listening.” Active listening involves an intentional focus with the purpose of understanding the person you are listening to. In medicine, understanding your patient is the single most important contributor to an effective history, and an effective history is, of course, the key to accurate diagnosis. Additionally, understanding is necessary for efficient processing of information and, therefore, contributes to more efficient encounters.

Here are some things you can do to be a more active listener:

- Be attentive! Easier said than done. Our offices are filled with distractions. In order to be attentive, you must stop all non-relevant activities and orient yourself to the encounter. Turn off your cell-phone. Review relevant material and organize your thoughts *before* entering the room.
- *Do not* pre-judge! Judgments will prejudice the listener and subvert the direction and content of the history. You will hear what you expect to hear when you pre-judge.
- Wait until the end of the encounter to offer opinions. You are there to hear what your patient has to say, not the other way around. Patients often ask your opinion about something before they have told their whole story. Resist the urge. Encourage them to tell you more. It reassures the patient that you really want to get it right.
- Be physically directed toward the patient. Things like eye

contact and leaning forward while listening show your patient you are interested

- Be responsive. Show appreciation for what the patient is telling you. This builds trust and encourages openness.
- Re-state and summarize. This is perhaps the most important step in history-taking. This ensures you understood correctly and demonstrates significant engagement. Often, the patient will give a disjointed history or timeline. We can help our patients organize their histories, but we must make sure that it represents the real story, not simply our interpretation.
- If you are unclear, ask open-ended, respectful questions. Statements like, “To be sure I am clear...” or “Can you tell me a little more about...” are disarming ways to get the information you need without insulting your patient’s ability to communicate.
- Be empathetic. Even when you don’t feel like it. You will be amazed at how far a little empathy goes.

Make a commitment to understanding the feelings behind the facts. Patient histories are not merely a collection of signs and symptoms. The patient’s emotional and interpretive response is critical to understanding the context of their experience. In order to offer the best solution, you must address the way your patient is experiencing their problem.

Active listening *can* be learned, but it does take practice. You’ve got to try it out, and it may feel awkward or forced at first. However, even the most feeble attempts tend to generate positive results and, with time, you will grow more confident. The rewards are obvious:

- more efficient encounters
- better outcomes
- higher patient satisfaction
- higher job satisfaction.

Four worthy goals indeed! ■

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