

Agenda Setting in the Medical Interview

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Curious about why some patients have hidden agendas and withhold information, Beckman and Frankel sought to discover if these behaviors were, at least in part, influenced by physicians' solicitation of, and response to, patients' concerns.¹ What they found was that physicians typically redirected and focused the medical interview before patients had completed their statement of concerns -- interrupting them on an average of 18 seconds, usually after the statement of one concern. (When allowed to complete their statements, most patients took less than 60 seconds to do so.) Once interrupted, however, patients rarely went on to complete their statements. These findings, along with the finding of other studies that patients often brought multiple concerns and did not always state their most important concern first, led Beckman and Frankel to suggest that over-directed interviewing techniques may well defeat the purpose of soliciting patients' concerns.²

More than ten years later, in the mid-1990s, Marvel et al found little change in physicians' solicitation of patients concerns. Where physicians asked patients about their concerns (occurring only 75% of the time) completion was allowed only 28% of the time -- with a redirection and focus of the medical interview occurring on an average of 23 seconds into the patients' statements. Those patients allowed to complete their statements took an average of 9 seconds longer for a total of 32 seconds. Conclusions of this study were: a) an incomplete setting of the agenda is associated with late - arising concerns and missed opportunities for data collection; and b) when patients are allowed to complete their statements, it is likely more data will be obtained and a more efficient interview will occur.³

Eliciting the patient's agenda

An interesting finding of these studies was that expressions generally considered to be facilitators of open-ended interviewing, (i.e. repeating patients' words..."chest pain", and elaborator requests ..."tell me more about...") instead served to interrupt the interview by inviting more information about their stated concern, rather than a continuation of their lists of concerns. Responses found to encourage continuation were "mmh hmh," "go on," "I see," and "anything else?" Indications that the solicitation was completed included: a patient's statement of completion (i.e. "that's all"); a patient's question of concern (i.e. "Is my abdominal pain serious?"); or a negative response when the physician asks if the patient is done ("Anything else?"... "No.").⁴

Physicians' solicitations need not be limited to the opening portion of the visit. It may be appropriate to come back to them later on. One, reportedly useful, style of solicitation was to shift from an open-ended question ("What brings you here?"), to an elaborator request ("tell me more about your pain"), then back to an open-ended question ("Anything else?") and so on. Asking closed-ended questions ("When does your stomach hurt?"); making an elaborator request; or even making a statement about the complaint ("That sounds serious.") are described

by Marvel et al as some of the actions which led to non-completion of patients' statements of concerns.⁵ Important lessons to be learned from these studies, then, are: a) to determine the major concerns brought by patients, practitioners first need to hear all of those patients' concerns; and b) to accomplish this, practitioners will need to understand which of their own words and actions will encourage, and which will discourage, full disclosure.

¹ H.B. Beckman and R.M. Frankel, "The Effect of Physician Behavior on the Collection of Data," *Annals of Internal Medicine* 101 (1984:692-696).

² Ibid

³ M.K. Marvel, et al., "Soliciting the Patient's Agenda: Have We Improved?," *JAMA* 281(3):283, (Jan. 20, 1999).

⁴ See notes 1 and 3

⁵ See note 3

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