Spontaneous talking time at start of consultation in outpatient clinic: cohort study

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The average patient visiting a doctor in the United States gets 22 seconds for his initial statement, then the doctor takes the lead. This style of communication is probably based on the assumption that patients will mess up the time schedule if allowed to talk as long as they wish. But for how long do patients actually talk, at least initially? We found only one study, from a neurological practice, investigating this question.

Participants, methods, and results

We investigated a sequential cohort of patients from the outpatient clinic of the department of internal medicine at the university hospital in Basle. The study protocol was approved by the university’s ethics committee. Inclusion criteria were sufficient knowledge of the German language, first contact with the outpatient clinic, and mental competence. We informed doctors about the purpose of the study and told patients that we were interested in their opinion concerning the service provided. We asked doctors to activate a stop watch surreptitiously at the start of the communication and press it again when patients indicated that they had completed their story—for example, with a statement such as: “That’s all, doctor!” if uninterrupted by their doctors.

Mean spontaneous talking time was 92 seconds (SD 105 seconds; median 59 seconds; figure), and 78% (258) of patients had finished their initial statement in two minutes. Seven patients talked for longer than five minutes. In all cases doctors felt that the patients were giving important information and should not be interrupted. No other sociodemographic variable (education, income, civil status, type of employment, and sex) had a significant influence on spontaneous talking time except for age (r = 0.41; P < 0.001; 17-29 years: 77 (105) seconds; 30-49 years: 92 (93) seconds; 50-87 years: 108 (114) seconds).
Comment

Doctors do not risk being swamped by their patients’ complaints if they listen until a patient indicates that his or her list of complaints is complete. Even in a busy practice driven by time constraints and financial pressure, two minutes of listening should be possible and will be sufficient for nearly 80% of patients. We gathered data in a tertiary referral centre that is characterised by a selection of difficult patients with complex histories. Patients in less selected groups might need even less time to complete their initial statement.

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Contributors: WL participated in the design and conducted most of the analyses. AKe contributed to data collection and analyses, MD was the project manager. AKi was involved in design and analysis. SR (then head of the outpatient clinic) organised data collection and coordination with standard routines in the clinic; BW provided training in patient-centred communication. The paper was written mainly by WL and MD. WL is guarantor.

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