

Giving two minutes of time

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Patient experience is shaped by much more than the size of a hospital, the expertise of its clinicians, or the available clinical resources. At the heart of every meaningful encounter is a personal connection. Without this connection, the best resources and the most specialised care can fall short, leaving both the patient and clinician unfulfilled.

In this editorial, I want to delve into how we, as wound and stoma care clinicians, can create patient experiences that go beyond the confines of marketing campaigns. We know that patients feel deeply, and the care we provide becomes etched in their memories. These memories don't just influence patient outcomes—they play a crucial role in how patients embrace the future after an intervention and how they respond to ongoing care. For some, this journey leads to complete healing; for others, it involves significant lifestyle changes, permanent body alterations, or even loss.

Our awareness of how we communicate in the first two minutes of a patient encounter can be the key to building clinical trust, openness, adherence, and acceptance. By giving a patient just two minutes of uninterrupted time to share their story—instead of the average 11 seconds before interruption¹—we can gather nearly 80% of the information we need to make informed decisions and establish a strong two-way communication channel by reflecting back the essence of what they've shared.^{1,2} This simple act positions us as listening clinicians, and more importantly, it helps the patient feel recognised as a person with a relevant problem, deserving of our time. In today's fast-paced medical world, where time is a scarce commodity, this can come as a profound and pleasant surprise to patients.

If that initial encounter doesn't establish a core value of worthiness, no other concerns may be communicated, potentially setting clinicians up for failure. Sadly, there's no formula for identifying these concerns without a trusting patient-clinician relationship. Many of these issues are deeply personal or embarrassing and may only come to light over time. We might never know that a high-protein diet wasn't followed because there wasn't enough food for the rest of the family, or that a patient wasn't using diabetic foot offloading because shoes weren't allowed indoors. We might not even realise that a patient is crying themselves to sleep each night, grieving their current situation.

As part of the International Interprofessional Wound Care Group, we prioritise patient-centered concerns as an academic priority that significantly influences clinical outcomes and patient experiences. Our next conference, taking place on 8 and 9 March 2024 at the ADNEC Centre in Abu Dhabi, UAE, is an opportunity for you to share your patient-centered experiences. We want to hear how a trust-based relationship led to outcomes that exceeded expectations and became valuable learning moments.

Remember, two minutes of uninterrupted listening has the power to establish transformative care and in doing so, create memories that heal.

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