

Active Listening in Informed Consent Discussions

By Norman M. Goldfarb

Concern is often voiced about the potential study participant's ("patient's") comprehension of the informed consent form and the discussion that follows. However, the discussion is a two-way affair, so *both* parties need to understand what the other is saying. During the informed consent discussion, potential study participants might not be the most effective communicators, especially given the foreign concepts and an unfamiliar, possibly stressful situation. The person obtaining consent must therefore make an extra effort to understand what the patient is saying — or would want to say if he or she were able to articulate his or her fully developed thoughts.

"Active listening" is a proven method of drawing out a person's thoughts and making sure you are really hearing what the other person is saying. With active listening, you can build trust and avoid misunderstandings. Patients will perceive that you are "really hearing" them, a rare commodity today.

According to Wikipedia, "active listening requires that the listener fully concentrate, understand, respond and then remember what is being said."

Let's unpack this sentence.

"Active Listening"

The "active" part of "active listening" refers to fully concentrating, understanding, responding and then remembering what is being said.

In a conversation, there are two basic types of listening: listening to understand and listening to respond. Listening to respond is not really listening, it is just hearing enough to start preparing a response and ignoring the rest. When engaging in active listening, listen to *hear* and understand. Focus your full attention on what the patient is saying, digest that, and *then* prepare your response. Taking very brief notes might be useful. It's OK to pause before responding. If your pause invites the patient to keep talking, say something like, "Give me a second while I think about what you just said."

"Fully Concentrating"

"Fully concentrating" is self-evident but requires practice, intention and an environment with minimal distractions.

"Understanding"

"Understanding" another person's thoughts requires patience and thoughtful confirmation. Having confidence in one's own level of understanding is difficult, because how can one really know what is in the mind of another person? This inherent problem is why the regulations do not require that patients understand the consent form, only that the information be presented in an understandable way. One way to feel confident that you really understand something is to ask the other person a question like, "If I understand you correctly, ..."

Understanding requires not just hearing the patient's words but also reading their non-verbal cues like facial expressions and body language like crossing legs. You can also

engage in active body-language techniques like eye contact, nodding your head, or “mirroring” the patient’s position to enhance their comfort and engagement.

People in different cultures communicate in different ways. While you can’t learn these differences for every culture, you can be aware they exist and be careful to not automatically interpret a patient’s words or gestures in the context of your own culture.

“Responding”

One way to respond to a patient’s statement is to repeat that statement back to the patient. Use a tone that conveys agreement (if that is the case) or a neutral tone that does not imply either agreement or disagreement. Non-neutral tones convey that you are judging the person, and many people do not like being judged. The tone you use can also affect your own attitude, so do not use a tone that conveys agreement until you are sure you agree.

This technique is called “reflective listening” For example, if the patient says, “I’m concerned about the visit schedule,” you respond by saying, “You are concerned about the visit schedule.” You can employ this technique in active listening or paraphrase the patient’s words by saying something less parrot-like, such as, “So, you think the visit schedule might be a problem for you?” In either case, your objective is to draw out the patient’s thinking without making assumptions.

So, for example, you should not respond by saying, “Will the visits interfere with your childcare schedule?” By making the assumption that the childcare is the problem, you might inadvertently lead the discussion down the wrong path. The real problem might be heavy traffic, and that problem might not come up again in the discussion. Or, you might confuse, distress or offend the patient because, for example, the child in question is living with the other parent after a divorce.

A paraphrased response is particularly useful in responding to a long, rambling statement with an unclear meaning that even the patient does not understand.

Another way to respond to a statement is, of course, to ask a follow-up question, e.g., “In what way would the visit schedule be a problem?” This question gets right to the point, but might prematurely focus the discussion. The right follow-up question might have been, “Do you foresee any other problems?”

If at all possible, avoid using the word “why” in questions because it tends to put people on the defensive. Instead, use a phrase like “in what way...” or “how do you see...”

Whatever response techniques you use, keep the discussion focused on the patient, not on you.

“Remembering”

“Remembering” is self-evident but it requires the discipline to store organized thoughts in your mind or take good notes.

Practice

Competence in active listening, like most things, requires practice. It is especially useful to record your practice discussions and then play them back to find missteps. In an actual informed consent discussion, you might want to ask the patient’s permission to record the discussion and then immediately delete the recording. Or, a third person knowledgeable about active listening can take notes and give you feedback later.

Conclusion

When you sit down with a patient for an informed consent discussion, it is easy to assume that their concerns will resemble those you have seen before. Creating a mental (or written) checklist of those concerns is useful but inadequate. Every person is different and it is those differences that are most likely to create misunderstandings and other problems. It is therefore essential to give full attention to both the talking and listening part of the discussion, fully engaging with patients to truly hear, understand and address their concerns.

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