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Teaching and Learning Moments

Learning to Show Patients You Are Listening From 3,000 Miles Away

“Hi, I am a student volunteer calling from your community health center. I would like to follow up on your referred resources and share current COVID-19 information if now is a good time. How have things been going for you?”

“Not good. I lost my job, I did not qualify for unemployment benefits, and I cannot go outside.” The patient’s voice was broken, concealing her tears. “I really do not know what to do…."

Click.

The line cut out. What did I do wrong?

This was my first time calling a patient with the Help Desk student volunteer program after COVID-19 hit the United States. I have been calling from my quarantine “home office” in California after being displaced from my undergraduate studies at Duke University. As a Community Resource Navigator, I volunteer for a federally qualified health center that provides primary and preventative care to residents of Durham, North Carolina. Of the center’s 34,000 patients, 55% are uninsured, 75% are low income, and 92% are ethnic minorities.1 With the guidance of case managers, we call patients after their clinic visits to provide nonmedical support, connecting them to resources such as food pantries and housing. As stay-at-home recommendations persist, we have transitioned to helping patients navigate unemployment benefits, stimulus checks, and what remains of Durham’s dwindling financial resources.

My training did not prepare me for the emotional challenge of hearing the pain in my first patient’s voice. I was overcome with sorrow, frustration, and helplessness. Was it my tone of voice or the script we had worked so hard to write? In failing her, I lost my confidence.

During our weekly case review, my teammates reminded me that one way to create a welcoming atmosphere is by actively listening. To address the patient’s emotions, I could try saying, “I’m sorry to hear that. I really wish things were different for you. I’m going to try my best to help you with what I can.”

During my next shift, I called her again and waited with anticipation as the phone rang. The moment I heard a voice, I dared to hope, but the words made my heart drop—“We are sorry, but this phone number has been disconnected. Goodbye.” I waited too long.

To regain my confidence, I repeated the program’s purpose in my head, practiced difficult role-play conversations with teammates, and continued my studies of each resource. The sincere gratitude I received from patients whom I helped gave me the motivation to be open in future calls while remaining professional and focused on their needs.

The Help Desk training aims to address core competencies for medical school. This one experience tested several. In particular, I realized the importance of showing that we are listening—not only listening to words but also placing them in the context of the patients’ lives to better understand their unique circumstances. Then, we are better able to help meet their needs and convey that we truly hear them. We cannot help patients navigate resources without listening and first navigating a conversation.

This professional communication skill is perhaps even more necessary today amidst the pandemic; however, listening with empathy can be harder when connecting with patients over the phone. Balancing emotions with professionalism requires acknowledging difficulty, being comfortable with discomfort, and remaining patient-centered. The week George Floyd was killed, the conversations shifted from ones of fear from the pandemic to ones of pain and uncertainty. Our team had to be comfortable with silence and wait for the patient to direct the interaction. As Black Lives Matter protests raged in the streets, police struggled for order across the country, and coronavirus cases increased once again, what options did we as students have to support those who needed it?

We could listen. It is often minute details such as the lack of internet, transportation, or a signature that can prevent people from completing an application for food stamps or the medication they need. By acknowledging patient experiences and reflecting on what we have heard, we can more effectively tailor the support we give to find patient-centered solutions.

The next time I called the patient, I heard a more deliberate voice that asked, “How are you? I heard about the police struggle for order through the media. Are you safe?”

This was my first time calling a patient 3,000 miles away. Learning to show patients you are listening requires practice and preparation. As a Community Resource Navigator, I am working on my ability to listen with empathy and show I am truly hearing patients. It is a difficult skill to develop, especially when we are overwhelmed and uncertain. Yet, it is something we must strive to master today amidst the pandemic; however, listening with empathy can be harder when connecting with patients over the phone.

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Reference


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