

A 52-year-old female client comes into office for evaluation of pain and fatigue. Upon first interaction, patient opens the conversation with complaints of multiple health and non- health related issues.

A talkative patient is someone who speaks excessively, lacks focus and usually containing irrelevant or scattered information. This can be a result of loneliness or simply a need to talk to anyone who will listen. This talkative behavior can be good and mean they feel comfortable sharing. While excessive talking can mean increased comfort level, it can prevent information gathering essential for evaluation, diagnosis, and treatment. A professional and appropriate approach for interacting and addressing patient with excessive talking, is allowing the patient to speak uninterrupted while using active listening skills. One way to interrupt the patient in a respectful manor is to summarize and validate concerns. This will allow a graceful transition onto the next component of patient encounter. Active listening, empathetic responses, validation, and nonverbal communication such as head nodding with gesture or even silence can assist provider with gaining focus on what is important for patient (Wanko Keutchafo et al., 2020). Maintaining interview structure and sequence to ensure all elements are completed to satisfaction. A structure clinical encounter entails, initiating the session, information gathering, the physical assessment, explaining, planning and session closure. If patient continues to have more to say and the interview is nearing to end of the allotted time, acknowledge the need to continue this conversation and arrange for another visit. This will give patient assurance of being validated and an additional opportunity to discuss issues that may have been missed during this visit (Bickley, 2020).

Proper documentation of patient encounter is a vital part of a patient's chart. Documenting findings is important for assessment, planning and continuity of care. It is essential to document all findings including non-verbal communication, behavior, and thoughts. For instance, the documentation for this patient may look something like this: Client comes to the office today with multiple complaints related to pain. Patient verbalized vague and nonspecific descriptions of numerous issues. Patient was eager to share continued to speak for several minutes, however, lacked focus on any specific topic.

References:

Bickley, L. S. (2020). Bates' guide to physical examination and history taking (13th ed.). Wolters Kluwer Health. <https://pageburst.lis.elsevier.com/books/9781975109943>
Wanko Keutchafo, E. L., Kerr, J., & Jarvis, M. (2020). Evidence of nonverbal communication between nurses and older adults: A scoping review. BMC Nursing, 19(1). <https://doi.org/10.1186/s12912-020-00443-9>

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