

The third person in the room: Frequency, role, and influence of companions during primary care medical encounters

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KEY POINTS FOR CLINICIANS

- Sixteen percent of adult patients have a companion present in the examination room during their ambulatory medical appointments.
- Companions are more common with older, less well educated, and more medically or socially complex patients.
- Companions participate actively during the encounter.
- Companions often improve patient and physician understanding during the encounter.

■ **OBJECTIVE** We wanted to characterize patient accompaniment to medical encounters and to explore the rationale and influence of the companion on the primary care medical encounter.

■ **STUDY DESIGN** This was a descriptive study.

■ **POPULATION** Academic general internal medicine physicians, patients, and patient companions participated.

■ **OUTCOMES MEASURED** We measured the frequency of waiting and examination room companions, the reasons for accompaniment, the influence on the encounter, and the overall helpfulness of the companion as assessed by patients and companions. We also determined the physician's assessment of the companion's influence, helpfulness, and behavior during the encounter.

■ **RESULTS** Companions were in the examination room for 16% of visits; 93% were family members. The rationales for waiting and examination room companions were to help with transportation, provide emotional support, and provide company. Examination room companions helped communicate concerns to the physician, remember the physician's advice, make decisions, and communicate their own concerns to the physician. Patients believed that examination room companions influenced 75% of medical encounters, mainly by improving communication between physician and

patient. Physicians agreed that examination room companions favorably influenced physician and patient understanding (60% and 46% of encounters, respectively). Patients indicated that waiting and examination room companions were very helpful for 71% and 83% of visits, respectively.

■ **CONCLUSIONS** Companions frequently accompany patients to their primary care medical encounters. They are often family members, and they assume important roles in enhancing patient and physician understanding.

■ **KEY WORDS** Communication; companions; relationship; patient-physician relationship. (*J Fam Pract* 2002; 51:00-00)

Traditionally, physician training focuses on an encounter between 2 people: the patient and the physician. In practice, a third person frequently accompanies a patient to the medical encounter. The American Medical Association Council on Scientific Affairs states that primary care physicians "need a strong and effective model to guide their relationships with family caregivers" and recommends that physicians tend to the needs of individuals assisting patients and to the patients themselves.¹ In family practice, family members commonly accompany one another,² but conflict between families and health care professionals can occur.³ Interviews with hospital counsel and medical staff have identified families as the primary difficulty in end of life situations.⁴ Nevertheless, family members provide invaluable information about the patient's broader psychological and sociocultural dimensions and the personal relationships that contribute to the patient's functional autonomy.⁵

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TABLE 1

Patient demographics and characteristics*

	Companion in examination room (A)	Patient alone (B)	P, A vs B	Companion in waiting room (C)	P, A vs C
Total	115	121		85	
Female	57 (54)	76 (73)	.19	58 (71)	.022
Age (y)					
18–44	21 (20)	39 (33)	<.001	16 (20)	.06
45–64	34 (33)	55 (46)		39 (49)	
≥65	49 (47)	26 (22)		25 (31)	
Race					
White	73 (72)	79 (66)	.09	56 (73)	.73
Black/African American	7 (7)	22 (18)		8 (10)	
Hispanic/Latino	16 (16)	14 (12)		11 (14)	
Other	5 (5)	5 (5)		2 (3)	
Education ≤ high school	57 (56)	40 (33)	<.001	48 (61)	.56
Income (US dollars/y)					
<15,000	47 (51)	61 (54)	.82	39 (53)	.50
15,000–35,000	23 (25)	29 (25)		22 (30)	
>35,000	23 (25)	24 (21)		13 (18)	
Self-noted health					
Poor/fair	58 (53)	53 (44)	.37	40 (48)	.13
Good	28 (25)	34 (28)		32 (38)	
Very good/excellent	24 (22)	34 (28)		12 (14)	
Medical and social complexity (MD rating)					
Simple/straightforward	6 (5)	27 (24)	<.001	11 (13)	<.001
Average	24 (21)	36 (32)		32 (39)	
Somewhat/very complex	83 (73)	51 (45)		39 (48)	
Patient visit type					
Return with primary provider	85 (75)	73 (64)	.16	51 (62)	.07
New with primary provider	18 (16)	28 (25)		15 (18)	
Episodic with provider other than primary	10 (9)	13 (12)		16 (20)	
Physician					
Faculty	68 (62)	55 (45)	.01	44 (52)	.19
Resident	42 (38)	66 (55)		40 (48)	

Some categories are missing data, so the columns do not equal n. Percentages were computed based on available data, and some columns equal 101% because of round-off error.

*Values are number (percentage) unless otherwise indicated.

Although common, third party involvement in adult medical care has not been well studied. This prospective study explored the frequency of companions, the reasons for accompaniment, and the companion's influence on the medical encounter from the perspective of the patient, the companion, and the physician.

METHODS

Setting, physicians, and patients

The study was conducted at the general internal

medicine practice of the University of Colorado Health Sciences Center. Fifteen full-time faculty and 42 internal medicine residents participated. A companion was defined as any person older than 18 years who accompanied a patient to a medical visit and was designated as an examination room companion if that person spent any portion of the visit in the examination room; otherwise, that person was designated as a waiting room companion. Persons employed solely to provide transportation services for patients were not considered companions.

TABLE 2

Patients' and companions' reports of companion's reasons for accompaniment and influence on the medical encounter*

	Patient's report			Companion's report		
	Companion in waiting room	Companion in examination room	<i>p</i> [†]	Companion in waiting room	Companion in examination room	<i>p</i> [†]
Companion's reasons for accompaniment						
Help with transportation	58 (69)	61 (55)	.05	64 (79)	66 (58)	.003
Provide company	39 (46)	58 (53)	.39	43 (53)	55 (49)	.59
Help communicate concerns to the doctor	6 (7)	56 (51)	<.001	5 (6)	60 (53)	<.001
Help remember physician's advice and instructions	4 (5)	51 (46)	<.001	5 (6)	54 (48)	<.001
Provide emotional support	20 (24)	48 (44)	.004	27 (33)	60 (53)	.006
Express concerns regarding the patient to the physician	6 (7)	41 (37)	<.001	9 (11)	51 (45)	<.001
Help make decisions	5 (6)	39 (35)	<.001	2 (2)	32 (28)	<.001
Help with language barriers	1 (1)	14 (13)	.003	0 (0)	12 (11)	<.002
Help with insurance or payment forms	7 (8)	11 (10)	.69	7 (9)	5 (4)	.23
Companion's influence on medical encounter						
<i>No influence or don't know</i>	57 (70)	28 (25)	<.001	58 (72)	24 (21)	<.001
<i>Companion influenced</i>						
Physician understanding	5 (6)	63 (57)	<.001	5 (6)	69 (61)	<.001
Patient understanding	3 (4)	59 (54)	<.001	10 (12)	68 (60)	<.001
Tests ordered	3 (4)	13 (12)	.039	1 (1)	12 (11)	.01
Prescribed treatment	1 (1)	26 (24)	<.001	4 (5)	26 (23)	<.001
Number of referrals	0 (0)	10 (9)	.005	1 (1)	6 (5)	.13
Length of visit	7 (8)	19 (17)	.07	6 (7)	20 (18)	.04

*Values are number (percentage) unless otherwise indicated.

[†]Difference between waiting room and examination room companion.

Study design

The study consisted of 2 parts: a prospective study to document the frequency of patient accompaniment by a third person to ambulatory medicine visits, and a survey of patients, companions, and physicians to explore the rationales and influence of the companion during the medical encounter. A professional research assistant was present for an average of 8 of 10 half-day clinics per week. To accomplish the first objective, a research assistant directly observed 1294 consecutive patient visits from September 22 to October 29, 1998. To accomplish the second objective, from mid-September to mid-November, a professional research assistant attempted to enroll all consecutive patients accompanied to their appointments. Unaccompanied patients were approached for consent at the convenience of the research assistant. Patients and their companions were approached for consent in the waiting room immediately before their visits.

For inclusion, patients and companions provided

consent and were literate in English. Patients, companions, and physicians independently completed self-administered questionnaires immediately after their visits. All were informed that responses were confidential and would not be disclosed to one another. This study was reviewed and approved by the Colorado Multiple Institutional Review Board.

Questionnaire development

The survey instruments were developed after a thorough review of existing research^{1,6-10} and refined by pilot testing and review with a professional survey consultant. Patients and companions completed demographic questions (Table 1). Patients rated their overall health, stated their relationship to the companion, and indicated the reasons for companion accompaniment (Table 2). Patients and companions indicated from a list of 7 items (Table 2) how the companion influenced the visit and rated the companion's helpfulness during the encounter (5-point Likert scale: 1 = very unhelpful to 5 = very helpful).

Physicians indicated whether they were the primary care provider and the visit type. They rated the “medical and social complexity” of the encounter and whether they had contact with a patient companion during any portion of the visit. Physicians indicated the examination room companion’s influence on the medical encounter from a list of 7 items (Table 3). Physicians indicated examination room companion behaviors during the medical encounter from a 9-item list (Table 4) and rated the examination room companion’s helpfulness. Copies of all questionnaires are available in an online appendix at the *Journal of Family Practice* Web site (<http://www.jfponline.com>).

Data analysis

Data were used from each member of a set regardless of survey completion by other set members. One patient had 2 examination room companions and 2 patients had 2 waiting room companions. In each case, both companions were surveyed. In the 2 cases in which a patient had waiting and examination room companions, the examination room companion was considered more influential for the medical encounter and only that person was surveyed.

The data were analyzed with SAS version 6.12 (SAS Inc, Cary, NC) using bivariate and multivariable methods. Comparisons were made between patient categories (patient alone, patient with examination room companion, patients with waiting room companion) using the chi-square statistic for categorical variables.

Multivariable analyses were conducted to explore the effects of various independent variables on the decision to bring a companion into the examination room. The outcome variables for the regression models were defined by patient status (patient alone, patient with examination room companion, patient with waiting room companion). All significant variables ($P \leq .05$) in bivariate analyses were entered into the multivariate analyses. Odds ratios (ORs) with 95% confidence intervals (CIs) were obtained for each variable in the model.

Patient and companion agreement on the reasons for accompaniment and influence on the medical encounter were measured with the kappa statistic. Kappas (κ) of 1.0 to .75 denote excellent agreement, .4 to .75 denote good agreement, and 0 to .4 denote marginal agreement.¹¹

TABLE 3

Physician report of examination room companion’s influence on the medical encounter*

	Decreased	No influence	Increased
Communication			
Physician’s understanding	1 (1)	43 (39)	66 (60)
Patient’s understanding	0 (0)	59 (54)	51 (46)
Resource use			
Time spent explaining/ counseling	9 (8)	66 (60)	35 (32)
Length of visit	6 (7)	75 (68)	28 (25)
Treatment recommended	2 (2)	106 (96)	2 (2)
Number of referrals	1 (1)	106 (96)	2 (2)
Number of tests ordered	2 (2)	106 (96)	1 (1)

n = 114.
*Values are number (percentage).

RESULTS

Of the 1294 patient visits, 834 (64%) were to faculty physicians and 451 (35%) were to resident physicians. Overall, companions were present for 29% (n = 374) of patient visits and accompanied the patient into the examination room for 16% (n = 212) of visits. Companions accompanied patients to 23% (n = 196) of faculty visits and 39% (n = 178) of resident visits ($P < .001$). Companions accompanied patients into the examination room for 13% (n = 111) and 22% (n = 101) of faculty and resident visits, respectively ($P = .98$).

Ninety-three percent (121/130) of unaccompanied patients and 92% (200/217) of consecutive patient-companion pairs approached for consent agreed to participate in the study. In 26 cases the patient or the companion refused to participate for 1

TABLE 4

Physician report of examination room companion’s behaviors

Behavior	n (%)
Active behaviors	
Clarified or expanded history	71 (65)
Supportive/encouraging toward patient	71 (65)
Asked questions/requested explanations	53 (48)
Discussed concerns about patient’s symptoms/problems	50 (45)
Made evaluation or treatment requests	19 (17)
Took notes	14 (13)
Distractive behaviors	
Discussed own symptoms	16 (15)
Discouraging/controlling toward patient	7 (6)
Passive behaviors	
Passive observer	17 (15)

n = 114.

of the following reasons: language barrier, too ill, lack of time, invasion of privacy, or uncomfortable with process of consent. Patients and physicians completed surveys for 97% of patient encounters, and companions completed surveys for 99% of patient encounters.

Comparisons between accompanied and unaccompanied patients are presented in Table 1. The fact that faculty physicians had a greater proportion of accompanied patients who received and completed surveys is likely due to the necessity of English literacy for inclusion into the survey study. At this practice site, patients cared for by residents are more likely to be non-English speaking and have a companion for the purpose of translation. Examination room companions were often the spouse or partner (55%), parents (17%), or less frequently roommate or friend (7%), whereas waiting room companions were commonly a spouse or partner (46%) or roommate or friend (24%). Overall, family members accounted for 93% of examination room companions and 76% of waiting room companions. Examination room companions were more likely to be female than waiting room companions (65% vs 51%, $P = .05$). Patients who were older, less well educated, and whose cases had greater medical or social complexity were more likely to have a companion in the examination room.

Patients' and companions' assessments of the reasons for accompaniment and the companions' influence on communication and resource use are shown in Table 2. The patients' and companions' stated reasons for companion accompaniment were in good agreement with the kappa statistic ranging from 0.41 for "help with insurance forms" to 0.61 for "help remember the physician's advice." Patients' and companions' agreement regarding the influence of the companion on the medical visit was less than 0.4, suggesting marginal agreement for tests ordered ($\kappa = .29$), prescribed treatment ($\kappa = .36$), and length of visit ($\kappa = .33$). There was good agreement for number of referrals ($\kappa = .45$) and for physician and patient understanding ($\kappa = .62$ and $.60$, respectively).

Table 3 displays the physicians' reports of the examination room companion's influence on the medical encounter. Table 4 shows the physicians' reports of the behavior of the examination room companions.

Patients regarded examination and waiting room companions as "very helpful" for 84% and 71% of visits, respectively, and as "very unhelpful" for 1% of visits. Of the 121 patients who came alone to their medical visits, 7% indicated that they considered bringing a companion to their visits and 16% thought a companion's presence would have been helpful.

Physicians regarded examination room companions as "somewhat to very helpful" for 66% of visits. When physicians did not have contact with a companion, they indicated that contact would have been helpful for 16% of patient encounters.

Multivariable analyses explored the effects of independent variables on the decision to bring a companion into the examination room. A physician rating of a case of having greater medical and social complexity was the only variable associated with companion accompaniment to the examination room vs not having a companion (OR, 1.7; 95% CI, 1.4–2.1). Patient characteristics and patients' reported reasons for accompaniment were factors influencing accompaniment into the examination room vs the waiting room. A need for help with communicating concerns to the physician (OR, 7.8; 95% CI, 2.4–25.6), help with remembering the physician's advice and instructions (OR, 7.1; 95% CI, 2.0–25.3), and greater medical and social complexity of cases (OR, 1.5; 95% CI, 1.1–2.0) were associated with being accompanied to the examination room over just the waiting room. In contrast, needing help with transportation was negatively associated with having a companion in the examination room vs the waiting room (OR, 0.2; 95% CI, 0.1–0.5).

DISCUSSION

Companions frequently accompany adult patients and participate in ambulatory medical encounters. We found that companions accompanied 29% of patients and were present in the examination room for 16% of outpatient medical encounters. Examination room companions often were present to aid communication with the physician and to help the patient remember instructions. Physicians, patients, and companions believed that physician and patient understanding often were favorably affected by the presence of a companion. A companion's presence in the examination room had beneficial effects on patient and physician understanding and very rarely had a negative effect. These findings reflect the results of previous studies in which approximately 33% of patients were accompanied to family medicine and geriatric encounters and 66% of these companions were present in the examination room.^{1,7–10,12,13} The only variable associated with accompaniment into the examination room vs presenting to one's appointment alone was a physician rating of greater medical and social complexity. This finding also corroborates the findings of other studies.^{7,14,15}

Some research has suggested a negative effect of a third person during the medical encounter. For example, older patients in triadic encounters raise fewer topics, are less assertive, and participate less in

humor and joint decision making.⁶ Other research has failed to find a benefit in health outcomes with the presence of a companion, and unaccompanied patients rated themselves as having greater understanding of their medical problems and greater faith that their physicians were doing everything possible for them than patients accompanied to their visits.¹⁵ Still others have found that physicians provide more information and time but less emotional support to accompanied patients.⁷

Unique to our study was the specific assessment of companion influence on various aspects of the medical encounter from the perspectives of the companion, patient, and physician. As expected, examination room companions had significant influence on aspects of communication. Examination room companions were generally considered helpful by patients and physicians. Physicians may use the companion and patient as barometers of the visit's accomplished goals. Hence, the time spent listening to a companion provide information about a patient's medical problems might be balanced by the provision of less emotional support to the patient, especially if the companion is providing that support. The physician may offer an explanation until confident that either party (patient or companion) has a complete understanding. As demonstrated by the results, physicians, patients, and companions thought that patient understanding was increased in approximately 50% of encounters by a companion's presence, and companions overwhelmingly were considered very helpful by patients.

Our study was limited to 1 urban, academic, general internal medicine practice and may not be generalizable to other settings. The method of assessing medical and social complexities was simple, and the very presence of an examination room companion may have biased physicians to rate these patients as having more complex problems than unaccompanied patients. Also, the longer period of the second part of the study necessary to enroll 200 patient-companion pairs, compared with the companion frequency data of the first part of the study, suggested that we did not enroll "consecutive" patient-companion pairs. This may be explained by the exclusion of patient-companion pairs when either party was not literate in English. Also, the logistics of obtaining consent and administering post visit questionnaires by a single research assistant interfered with the attempt to enroll all patient-companion pairs. Convenience enrollment of unaccompanied patients may have been biased. The effect of the companion on the medical encounter was not

verified by objective measures such as timing visit length. Further, patients, companions, and physicians rated the effect of the companion's presence immediately after the encounter; the full effect of the companion's presence might require more time to emerge.

Companions frequently accompany patients to their ambulatory general medicine visits. The companion is usually a family member who is present at the request of the patient. Companions assume important roles and are overwhelmingly considered helpful by patients. Nonetheless, some of the behaviors that contribute to an effective physician-patient relationship might be diluted by the presence of a companion. Future directions of study include (1) assessing the effect of the companion on the physician-patient relationship, including specific aspects of communication and behavior, and (2) determining whether companion involvement influences health outcomes or resource use.

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