Establishing rapport

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Establishing rapport

- The physician ,in order to be effective, should **speak softly, be well-dressed, have quiet ways and have eyes that do not wander**
- Personal appearance is an important non-verbal communication

Cont…

- Lack of *eye contact* may be interpreted as a *lack of concern*
- A genuine smile can be helpful in quickly establishing a friendly atmosphere and developing a warm interpersonal relationships

Cont…

- Posture:- standing erect, moving briskly with head up and stomach in is better than *slouching*
- Listless or lethargic appearance can be interpreted as lack of concern.

Cont…

- Review the chart:-

patients believe that well informed physician is truly interested in them

Respect

- Pt.must believe that the physician values their comments and opinions before trusting him or her with information of a more personal nature
- Mutual respect is important.
- Problems of the physician's side:

  lack of security and of self-confidence.

- *Give +ve statements about others*:- pts. do not respect a physician who is building himself up by tearing someone else down.
- **Know your feeling and do not act on them** " clenching of the physician's fist is a clinical sign of the hysterical patients.

Cont. Respect

The more patients that physicians see, and the more overloaded their practices, the more likely they are to describe pt. Complaints as trivial, inappropriate, or bothersome.

Measures of rapport patient's satisfaction

- Most studies indicate that pt. Satisfaction depends on information, and the degree to which the pt. Understands the illness (more than doing full examination and investigation .
- Even pt.with chronic disease has Qs to be answered.
- Increase satisfaction leads to increase compliance

- Factors which interfere with the patient satisfaction :-

1. Poor communication
2. Perception of physician insensitivity
3. Office foul-up e.g appointment delay, billing mistake, and frustration with the telephone system

Communication and rapport

- The majority of complaints against physicians are simply the results of a lack of communication between Dr. and pt.
- Failure of communication can also affect the outcome of treatment, often as seriously as can an error in treatment.
- Easy accessibility enhance better communication

cont

- Establishing an open channel is the first element of the communication process and influence all that follows.

  (as face-to-face conversation in clinical setting).
- The recognition of pt's true thoughts and feeling is a central skill in establishing and maintaining rapport
- Face-to-face communication may be intended or unintended.
- Intended messages:

Verbal and non-verbal cues to transmit a message (strong,unafraid, and willing to face reality)

- Unintended message(unaware):- e.g tremor of the hand (in fact he is afraid)

Verbal communication

- Refer to the wards literally transmitted and account for around 10% of the communication only
- C/O,PMH,FH,DH….
- Explore :-

1. Slips of the tongue
2. Major areas of omission
3. Why he is telling me that

4. Reason for attendance:

- *Oh; by the way doc.*
- *Child as a ticket*
- Known pt (OPD) vs. new (as in ER where Dr talk more than the pt.)
- The pt. cultural background and educational level should be considered
- Avoid medical terminology

Non – verbal communication

- One third of the communication
- It conducts the personal attitude and emotions
- Elements:-

1. Paralanguage (voice effects)
2. Kinesics (body language)
3. Touch
4. Proxemics (spatial factors

cont

5. Physical characteristics (e.g age)
6. Artifacts (clothes and accessories)
7. Environmental factors (furniture, décor,…)

Paralanguage

- Rather than concentrating on what the pt. is saying but on how he is saying it
- Velocity, tone, volume, sighs, grunts, pauses, and inflections
- Sarcasm is a common example of a contradiction between vocal and verbal messages.

Touch

- Should be appropriate and socially acceptable
- Touching can an effective method for communicating or compassion and can break down some of the defensive barriers to communication.
- It can be done by handshaking or application of the Lt.hand to the upper or lower arm
- The limp or "wet dishrag" handshake indicates lack of interest or insincerity, especially if it is rapidly withdrawn
- A moist palm is a sign of nervousness or apprehension
- The "half way there" fingers – only handshake indicate reluctance or indecision.
- Pt. Often feel better after a

cont

routine physical examination.

- *The magic of touch* can be good medicine, especially when combined with concern, support, and reassurance.
- Infants deprived of touch and stroking suffer mental and physical deterioration (adults also require stroking to maintain a healthy emotional state)

Kinesics

- The study of non-verbal gestures, or body movements, and their meaning as a form communication
- Body language alone does not reveal the entire behavioral image any more than does verbal language alone (they are meaningful only when considered in the context of a person's total behavioral pattern
- If they are different: non-verbal message message is more accurate than verbal message
- Positive verbal communication as "you are looking better today" when accompanied by –ve non-verbal cues will be interpreted by the pt. As insincere.
- Premature reassurance may be interpreted as rejection

Cont…

Reassurance should be:-

genuine,realistic, and given only after a thorough evaluation of the problem.

The physician will see the fear and uncertainty in the pt's face only if he or she is looking at the pt. Rather than the medical record.

Body position

- Tense persons sets erect with a fairly rigid posture.
- Moderately relaxed lean forward 20 degrees& side lean 10
- Higher pt. Satisfaction is ass. with physician's forward body lean, rotation of the torso toward the pt., relaxation of the chin in his hands, and gaze directly at the pt.
- Pt. Feel more comfort and less helpless while sitting

Mirroring

- When good rapport exists between two persons, each will mirror the other's movements.
- If the physician notices sudden disruption of mirroring activity by the patient, more attention should be focused on the comment that led to the change of position *

Head position

- Head is held forward in anger, backward in defiance, anxiety, or fear, and downward in sadness, shame, or guilt.
- Tilting the head to one side indicates interest, and attention.
- The physician should sit forward in the chair with an interested, attentive facial expression and the head slightly tilted.*

Face

- The facial expression of emotions, when undisguised, is independent of culture and is identical throughout the world. (especially the eyebrows, eyes, and the forehead)**

Micro-expressions

- Most facial expressions last more than one second, but micro-expressions last only one fifth of a second (the time to blink the eye)
- Easily missed if the physician is not carefully observing pt.
- It occurs when the pt. Begins to show a true facial expression, senses this and immediately neutralizes or masks the expression

Eyes

- The principle organ of expression.
- When anonymity is desired, only the eyes need to be covered.
- Eyebrows have 40 different positions of expression and eyelids 23
- Even the lower eyelids alone can convey considerable information*
- Pupils dilate when seeing something pleasant
- They constrict if unpleasant
- Dilated pupil indicate interest and vice versa
- The best method for conveying sincerity is frequent eye contact
- A listener who doesn't maintain eye contact, but continue to look down, or away from the speaker may be shy, depressed, or rejecting (speaker or his comments)

Eyes cont

- Prolonged eye contact or staring can be offensive.
- The acceptability of eye contact varies significantly among different cultures
- Patients are most comfortable when the physician looks at them approximately 50% of the time and are uncomfortable when eye contact is avoided
- The frequency of eye contact also can provide clues to whether pt. Is anxious or depressed
- Anxious pts: their eyes blink frequently or darted back and forth, they can't maintain eye contact, stroke them selves more (hand on hand, hand on face), smile less, have rigid torsos, afraid to move, and have rapid R.R.

Eyes cont.

- Depressed pts:

1. Maintain eye contact only 1/4th as normal
2. Have downward contraction of the mouth and a downward angling of the head

- In case of abdominal pain : pt. with organic disease keep more eye contact during abdominal examination than those with non-specific pain

Hands

- Sadness: flaccid, and droopy hands.
- Anxiety: fidgety or grasping hands, shake when holding a pen
- Anger: clenched hands
- Confidence & assurance in the comments being made(steepling)*
- Palms outward: a warm & friendly greeting
- Urge to interrupt : slight raising of the hands or the index finger, pulling at the ear lobe, or raising to the lips (NB/ it may also indicate hidden information : attempt to suppress a comment)

The "THINKING position" :

1. Index finger across the lips
2. Index finger extended along the cheek

Cont.

3. One sitting with elbows on the table and hands clenched in front of the mouth.

Arms

- Crossed arms :

1. Defensive posture, or disagreement *
2. sign of insecurity
3. Position of comfort

- The resistant position (in anger):

Clenched fists held tightly against the body in a holding-back manner (preventing them from hitting) *

Legs

- Crossed legs :

1. Common position of comfort
2. Protection (shutting out) against the outside world (will not give diagnostic information, will not follow instructions)*

- Anxious or scared person :

1. Sit forward in the chair
2. Feet in the ready-to-run position

Cont

- Angry person:

  place the feet widely apart in a position of instability

Sad person :

Move in a slow circular pattern

Preening gesture

- Be carefull of the seductive patients

(more than expected of peering gestures)

Respiratory avoidance response

- Frequent clearing of the throat when no phlegm or mucous is present.(it can be a non-verbal indication of disgust or rejection)
- NOSE-RUB: *

(not vigorous & repeated as that used normally to relieve itch)

Soft, one or two tight strokes

describes a split between inner thoughts and outward action

Associated with :

1. Lying
2. The struggle to appear calm while suppressing anger or discomfort

Verbal – non verbal mismatch

- Clues that pt. Is not telling the truth:-

1. “how is the relation between you and your wife?” “fine” while looking sad and avoiding eye contact
2. Asymmetrical facial expression
3. Prolonged smile
4. Expression of a amazement

Proxemics "(spatial factors)"

- The study of how people unconsciously structure the space around them.
- It varies with culture:

1. In north American (body bubble or distance gaze)*
2. In middle east (no body bubbles (proper to invade this area)

- The arm's length is a good measure of appropriate personal distance for most people
- The space can be divided into:

1. Intimate space :range from close physical contact to 18 inches
2. Personal space :18 in to 4 feet
3. Social space : 4F – 12F
4. Public space : >12F

- Placing a desk between 2 persons shifts personal to social space

Hidden or masked communication(concern)

- The average person has a symptom about every 6 days, he visits a physician only once / 4months
- Those who visit more frequently tends to have a higher level of anxiety, fear, grief, or frustrations
- If the physician deals only with the symptom (e.g headache), the real concern (e.g. meningitis) may go undetected, and the result will be a dissatisfied & a non-compliant patient
- Investigate the pt's current life stresses when visits are made if there is no change in clinical status

Patient expectations

- Rapport and satisfaction will be enhanced if the physician identifies and satisfies the patient's expectations for the visit

Hand –on- the –doorknob syndrome

- The patient's parting phrase is sometimes a clue to the primary reason for the visit
- With the hand on the door, escape is readily accessible if the physician's reaction is unfavorable
- Because of the fear of rejection or humiliation, the pt. May test the physician with minor complaints before

Mentioning the real reason for the visit

- Ask your pt. Routinely at the end of a visit "is there any thing we have not covered or any thing else you would like to ask me"
- Apprehension regarding cancer is widespread, and often the only cure for this fear is a therapeutic conversation with the physician

cont

- "Oh, by the way doctor" is a variation of the hand – on – doorknob syndrome
- About 20% of the patients raise their new problems at the end of the visit

Listening well

- A good family physician must be a good listener
- It is the most important communication skill essential to rapport
- The physician, to be a good listener should bend forward, maintain eye contact, appear relaxed yet attentive, and be non-judgmental
- The less physician will say the more the pt. Will say

Silence

- Silence can be as effective mean of eliciting information as direct questions
- It should be used only when the physician is relatively certain that there is more information to follow the last statement
- A shift of position, or a nod and a smile, properly timed and coupled with silence, can be more effective than a comment

Interruption

- Physicians usually use closed- ended questions to interrupt the pt. and thereby inappropriately control the interview
- This prematurely terminates opportunities for pts. to present their primary concern
- Male physicians tend to interrupt more often than female physicians

Interviewing effectively

- The skilled family physician can spend 10 minute with a pt. & the pt. Feels it was 20 minutes
- Even the busiest physician can accomplish wonders in a few minutes by indicating that their full attention is on the patient
- Please conclude every interview with the statement " is their any thing else bothering you that we have not discussed?
- Rather than assuming that the pt. Have understood the instructions, ask them to repeat as they understood
- use the pt's name or ask him what he prefer to be called as
- Use "how can I help you? Rather than "what brings you here today?"

Cont

- Facilitating techniques

- and then?
- Repeating a portion of the statement just made.

- Humor

two-edged sward

Can be used to break the ice and to show “We are together”

- Confrontation

-you look unhappy

-We do not seem to be communicating very well. Can you tell me what is wrong?

- Summarizing (paraphrasing)

- brief restatement of what the patient has said can give both the interviewer and the pt. a chance to correct errors or misunderstanding.
- A summary gives the pt. an opportunity to add

cont

more details but also let him know that you are listening

- "let me see if I have understood you correctly"
- It can be used to change the subject by the physician

- Concluding a history

-to avoid leaving gaps in H/O

"is there any thing else you would like to mention ?"

- It can be of little value if the physician "at the same time" :

1. Put away the pen and pad
2. Closes the chart
3. Start edging toward the door

- Open ended question

-the single most valuable rapport-promoting element of the verbal communication

To be effective, physician

cont

should appear relaxed and ready to listen regardless of the amount of pressure from waiting patients

-once it becomes apparent that more time is necessary than is available, a new appointment should be made so that adequate time is assured

- Signals that discourage communication:

-people can turn off the speaker if they frequently comment “yes” in a manner that conveys disinterest or impatience

- Confidentiality:

-is a cardinal principle of professionalism

-pt. Should feel secure that their information is kept secret (esp.adolescents)