

Developing Rapport

Non-Verbal Behaviour: Doctors need to recognise non-verbal cues from the patient and be aware of their own non-verbal behaviour. Non-verbal communication consists of a variety of behaviours:

- **Posture:** sitting, standing, erect, relaxed
- **Proximity:** use of space, physical distance between and positioning of communicators
- **Touch:** handshake, pat, physical contact during physical examination
- **Body movements:** hand and arm gestures, fidgeting, nodding, foot and leg movements
- **Facial expression:** raised eyebrows, frown, smiling, crying
- **Eye behaviour:** eye contact, gaze, staring
- **Vocal cues:** pitch, rate, volume, rhythm, silence, pause, intonation, speech errors
- **Use of time:** early, late, on time, over time, rushed, slow to respond
- **Physical presence:** race, gender, body shape, clothing, grooming
- **Environmental cues:** location, furniture placement, lighting, temperature, colour

Non-verbal Communication:

- is continuous
- can mediate between a comfortable and uncomfortable silence
- can occur in several modes at once
- operates at the edge of our awareness
- most responsible for communicating attitudes, emotions and affect
- very important when someone is unable or unwilling to express feelings verbally

Harrigan et al (1985) have demonstrated that **doctors who face their patients directly, make more eye contact and maintain open arm postures are regarded as more empathic, interested and warm.**

Larsen and Smith (1981) have demonstrated in family medicine that **touch, closer distance, leaning forward, body orientation and gaze, is related to patient satisfaction as well as to patient understanding.**

Silverman, Kurtz and Draper, 2006 p.125

See activities on non-verbal communication in this section of the module.

Acceptance Having discovered the patient's thoughts and feelings, the doctor's initial response *should not be immediate reassurance, rebuttal or agreement*, but "an accepting response". The accepting response:

- provides a way to accept non-judgementally what the patient says

- acknowledges the legitimacy of the patient having their own views and feelings
- values the patient's contribution

Acknowledge the patient's thought or feeling by *naming, restating or summarising*:

So, you're worried that

Acknowledge the patient's right to feel or think as they do by using *legitimising comments*:

I can understand why you want to get that checked out.

Come to a "*full stop*", use attentive silence and appropriate non-verbal behaviour to make space for the patient to say more.

Avoid the tendency to counter with "*yes, but...*"

Remember that acceptance is not agreement but an acknowledgement of the patient's views.

Empathy is the ability to see the problem from the patient's position and should not be confused with sympathy, which is a feeling of pity or concern from outside the patient's position. It is a two-stage process:

1. the understanding and sensitive appreciation of another person's predicament or feelings
2. the communication of that understanding back to the patient in a supportive way.

Empathic statements are supportive comments that specifically link the "I" of the doctor and the "you" of the patient.

I can see that your husband's memory loss has been very difficult for you to cope with.

I can appreciate how difficult this is for you to talk about.

I can sense how angry you have been feeling about your illness.

I can see that you have been very upset by her behaviour.

I can understand that it must be frightening for you to know the pain might keep coming back.

Ways to show support to the patient:

- Concern

I'm concerned that you'll be going home and might not be able to cope....

- Understanding

I can certainly understand how you might feel angry about....

- Willingness to help

If there is anything else I can do for Jack, please let me know.

Although as I say we can't cure cancer, I can help with any symptoms it might cause, so please tell me right away if anything happens.

- Partnership

We'll have to work together to get on top of this, so let's

- Acknowledge coping efforts and appropriate self-care

You've done exactly the right things in getting the temperature down.

I think you've coped really well....

- Sensitivity

I'm sorry if this examination is embarrassing for you. I'll try to make it as quick and easy as I can.

Involving the patient

Sharing of thoughts is another example of encouraging the patient's involvement.

What I'm thinking now is how to sort out if this pain is coming from your neck or your shoulder.

Sometimes it's difficult to work out whether abdominal pain is due to a physical illness or is related to stress.

Providing rationale for why you are doing something helps to reduce uncertainty in the patient.

The doctor needs to explain **why** they are performing parts of the examination so as not to leave the patient confused or leave yourself open to medico-legal attack.

Ask permission to perform each task in a physical examination to display courtesy and demonstrate sensitivity.

You have a sore throat but I also need to see if any of your other glands are swollen, so I need to check your groin.

I'm going to in order to assess.....

Can I just get you to hop up on the bed please because I need to check...?

I need to examine ... so would you mind lifting up your shirt

I need to examine ... so if you would hop up on to the bed and take off your underpants and cover yourself with this sheet.

Is it ok if Ias I need to check?

Can I ask you to?