
In The Name Of God

# Physician–patient relationship

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# Introduction

In medicine, the patient-centered approach is based on interpersonal skills, including communication, structuring the medical interview, and empathy.

Interpersonal skills are defined as the presence of verbal and nonverbal behaviors in the context of personal interactions with the patient or the patient's family.

Indeed, interpersonal skills are one of the essential skills to be taught in medical curricula and are among the most appreciated by patients

We use interpersonal skills daily when we talk and interact with others. Interpersonal skills include communication skills such as listening, speaking, and asking questions.

Good communication between doctor and patient is vital for all medical consultations. Doctors must build relationships, show empathy, gather information, explain concepts, and plan treatment with their patients.

Medical students must prove they are competent in interpersonal and communication skills before graduating.

# Five Fundamentals of Patient Communication

| | |
|---|---|
| Acknowledge | Being attentive and greeting the patient in a positive manner |
| Introduce | Giving your name, your role, and your skill set |
| Duration | Giving a reasonable time expectation |
| Explanation | Making sure the patient is knowledgeable and informed |
| Thank you | Showing appreciation to the patient for her cooperation |

# The RESPECT Model

The RESPECT model, widely used to promote physicians' awareness of their own cultural biases and develop their rapport with patients from different cultural backgrounds, includes seven core elements.

1) Rapport

2) Empathy

3) Support

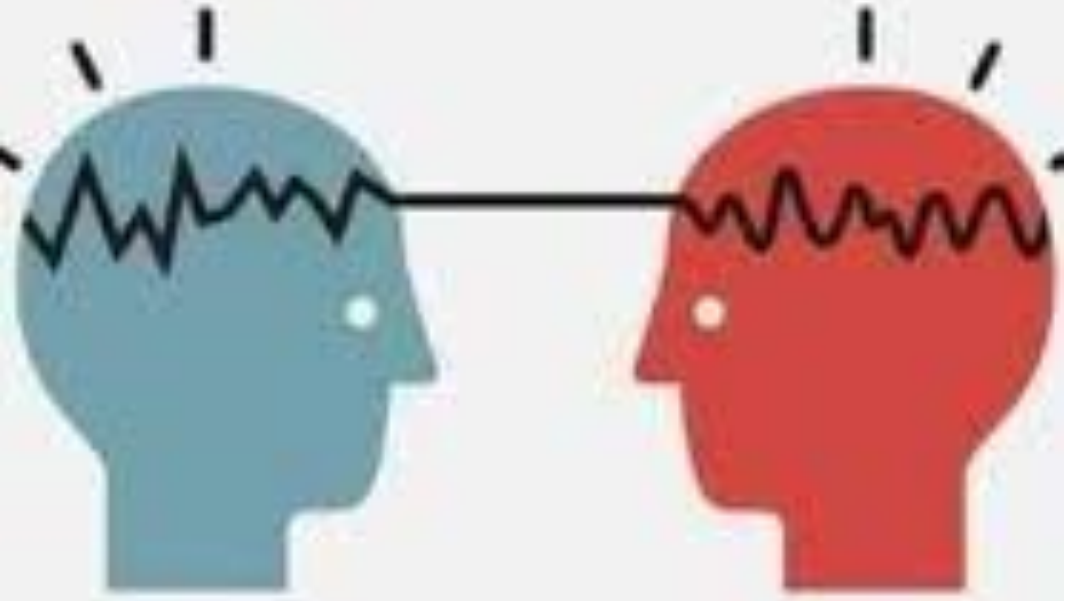
4) Partnership

5) Explanations

6) cultural competence

7) trust

# Rapport



- Connect on a social level.
- See the patient's point of view.
- Consciously attempt to suspend judgment.
- Recognize and avoid making assumptions.

# Empathy

- Remember that the patient has come to you for help.
- Seek out and understand the patient's rationale for her behaviors or illness.
- Verbally acknowledge and legitimize the patient's feelings.

# Support

- Ask about and try to understand barriers to care and compliance.
- Help the patient overcome barriers.
- Involve family members if appropriate.
- Reassure the patient you are and will be available to help.

# Partnership

- Be flexible with regard to issues of control.
- Negotiate roles when necessary.
- Stress that you will be working together to address medical problems.

# Explanations

- Check often for understanding.
- Use verbal clarification techniques.

# Cultural Competence

- **Respect** the patient and her culture and beliefs.
- Understand that the patient's view of you may be defined by ethnic or cultural stereotypes.
- Be aware of your own biases and preconceptions.
- Know your **limitations** in addressing medical issues across cultures.
- Understand your **personal** style and recognize when it may not be working with a given patient

# Trust

- Self-disclosure may be an issue for some patients.
- Take the necessary time and consciously work to establish trust.

# Developing Effective Communication

Developing effective patient–physician communication requires skill in conducting patient-centered interviews; conversing in a caring, communicative fashion; and engaging in shared decision-making with patients.

Physicians may consider five steps for effective patient-centered interviewing.

The following four qualities are important components of caring, effective communication skills:

- Comfort (comfort and acceptance refer to the physician's ability to discuss difficult topics without displaying uneasiness)
- Acceptance (the ability to accept the patient's attitudes without showing irritation or intolerance)
- Responsiveness
- Empathy

Responsiveness and empathy refer to the ability to react positively to indirect messages expressed by a patient.

# Five steps of patient interview

| | |
|---|---|
| Step 1. Set the stage for the interview (30–60 s) | 1. Welcome the patient<br>2. Use the patient's name<br>3. Introduce yourself and identify specific role<br>4. Ensure patient readiness and privacy<br>5. Remove barriers to communication (sit down)<br>6. Ensure comfort and put the patient at ease |
| Step 2. Elicit chief concern and set an agenda (1–2 min) | 7. Indicate time available<br>8. Forecast what you would like to have happen in the interview<br>9. Obtain a list of *all* issues the patient wants to discuss<br>10. Summarize and finalize the agenda |
| Step 3. Begin the interview with non-focusing skills that help the patient to express herself (30–60 s) | 11. Start with open-ended request/question<br>12. Use nonfocusing open-ended skills (attentive listening)<br>13. Obtain additional data from nonverbal sources |
| Step 4. Use focusing skills to learn 3 things: Symptom Story, Personal Context, and Emotional Context (3–10 min) | 14. Elicit symptom story<br>15. Elicit personal context<br>16. Elicit emotional context<br>17. Respond to feelings/emotions<br>18. Expand the story |
| Step 5. Transition to middle of the interview (clinician-centered phase) (30–60 s) | 19. Brief summary<br>20. Check accuracy<br>21. Indicate that both content and style of inquiry will change if the patient is ready |

# Inequality in Patient Communication

Differences between physicians and patients, including culture, gender, race, and religion, can introduce bias into the patient–physician communication.

# Decision Making

An extension of the partnership model is the concept of *shared decision making*, which is defined as a process where both patients and physicians share information, express treatment preferences, and agree on a treatment plan.

The process is applicable if two or more reasonable medical options exist. The physician shares with the patient the relevant risk and benefit information on all reasonable treatment alternatives and the patient shares with the physician all relevant personal information that might make one treatment more or less tolerable than others.

# Humility

Humility is everything in medicine.

Prideful doctors simply don’t succeed: they make mistakes, they’re unliked, and they fail to connect with their patients.

In medical school, the emphasis is finding the right answer and getting the best score on exams. However, humility helps you become a better learner because you’re willing to admit when you’re wrong and you’re never afraid to ask for help.

Someday, when you get a patient and don’t know what the diagnosis is, you need to be ready to admit that, ask for help, and keep your patient safe.

# Compassion and Empathy

Developing compassion and empathy is a must for medical students. After all, the golden rule will apply to your patients: treat others how you want to be treated. The only way you can figure out how you would want to be treated in a situation is to be able to put yourself in that person's shoes.

On the other hand, maybe you are a naturally compassionate and empathetic person at heart, but you have no way to show that in your application.

# Communication (Written, Verbal, and Non-Verbal)

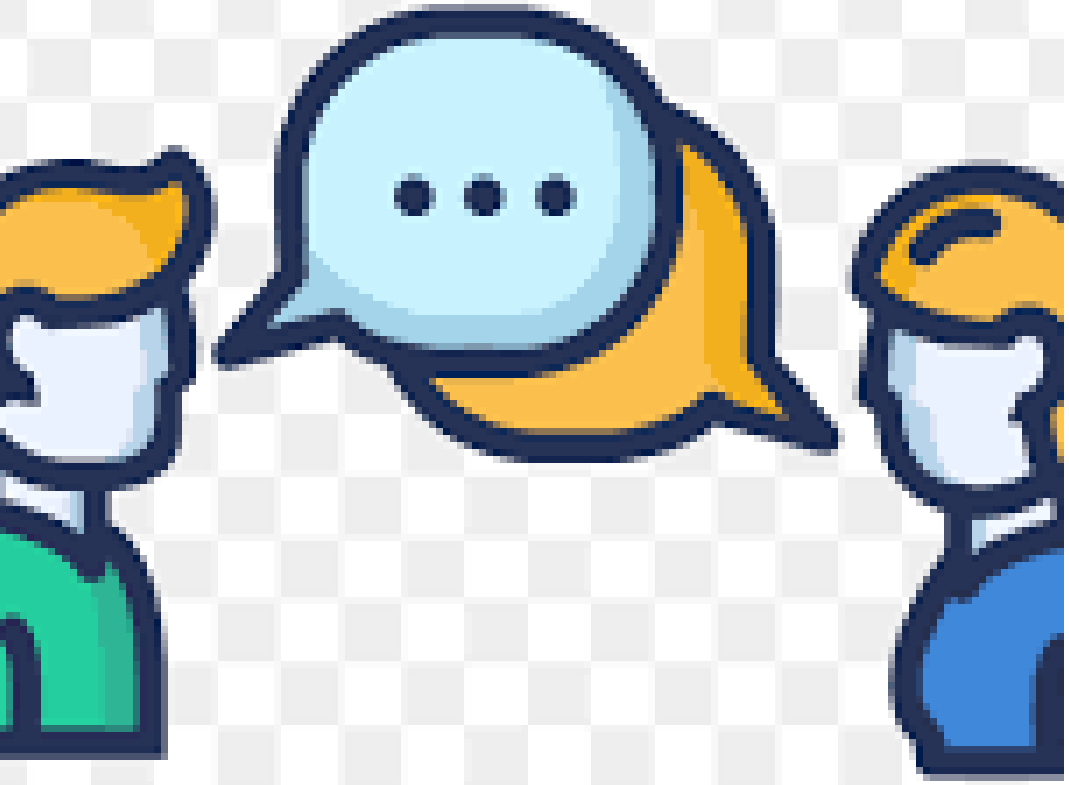
Many medical students are unaware of the number of social interactions involved in being a doctor. Naturally, you know you have to communicate with your patient, but you also have to communicate with other doctors, administrative staff, nurses, and a patient's family and friends.

There are three areas of communication you need to master: written, verbal, and nonverbal.

# Written Communication

Consider all of the emails, reports, notes, letters, and more you need to write as a doctor. Especially when you're first immersed in clinical experiences, you'll be doing a lot of paperwork and administrative tasks. Writing well will help you in so many areas of your life and career, all while improving your relationships, minimizing conflict, and getting your messages across clearly and accurately.

# Verbal Communication



Unsurprisingly, you will be talking with a lot of people in medical school as well as in your workplace when you graduate. You know the importance of words and how they impact others, and you will find yourself in emotionally charged conversations with patients and families, so being a solid verbal communicator is critical .

# Nonverbal Communication

While experts are unsure about what percentage of communication is nonverbal, nearly every study suggests it’s above 55%. That means every conversation you have is affected more by your body language than what you actually say. Nonverbal communication can set patients at ease and instill confidence in your colleagues — or it can do the opposite.

# Leadership

Leadership is a necessary soft skill for just about anyone, medical student or otherwise. However, the importance of knowing how to lead others in an empowering – not overbearing – way cannot be overstated. You'll become a stronger figure of authority, more trustworthy, and more likable as a doctor, peer, and boss.

As a doctor, you'll be in charge of other people. Whether you are the head of a care team or you run your own practice, becoming a better leader will enrich your med school application and your life in general.

# Adaptability to Change


One soft skill that isn't discussed nearly enough in the medical world is being adaptable to change; you may also have heard of this concept as being flexible.

Technology is evolving rapidly, and the limits of what is possible is constantly changing in the healthcare field. Inevitably, you'll encounter new technology, new diagnoses, new patients, and a constant shifting of theories and treatments.

# The C - L - A - S - S Protocol
# A protocol for all medical interviews

Five Key Steps for Clinical Interviews

C - CONTEXT The physical setup of the area you choose for the interview

L - LISTENING SKILLS: How to be an effective listener

A – ACKNOWLEDGE: How to validate, explore and address emotions and concerns

S – STRATEGY: How to provide a management plan that the patient can understand

S – SUMMARY: How to summarize and clarify the conversation ensuring comprehension

# c: context

A private area with no distractions

## Physical Space

- Choose an area where you can have a private conversation.
- Your eyes should be at the same level as the patient and/or family member (sit down if you need to).
- There should be no physical barriers between you.
- If you are behind a desk, have the patient and/or family members sit across the corner.
- Have a box of tissues available.

## Family Members/Friends

- The patient should be seated closest to you.

## Body Language

- Present a relaxed demeanor.
- Maintain eye contact except when the patient becomes upset.

## Touch

- Only touch a non-threatening area (hand or forearm).
- Be aware of cultural issues that may not allow touching.

# L - LISTENING SKILLS
# Be an effective listener

## Open Ended Questions

- "How did you manage with the new treatment?"
- "Can you tell me more about your concerns?"
- "How have you been feeling?"

## Facilitating

- Allow the patient to speak without interrupting them.
- Nod to let the patient know you are following them.
- Repeat a keyword from the patient's last sentence in your first sentence.

## Clarifying

- "So, if I understand you correctly, you are saying…"
- "Tell me more about that."

## Time & Interruptions

- If there are time constraints, let the patient know ahead of time.
- Pagers and phone calls – don't answer, but if you must, apologize to the patient before answering.
- Try to prepare the patient if you know you will be interrupted.

# A - ACKNOWLEDGE EMOTIONS Explore, identify, and respond to the emotion.

## The Empathic Response

- Identify the emotion.
- Identify the cause of the emotion.
- Respond by showing you have made the connection between the emotion and the cause. “That must have felt terrible when…” “Most people would be upset about this.”
- You don’t have to have the same feelings as the patient.
- You don’t have to agree with the patient’s feelings.

# S –STRATEGY
# Propose a plan that the patient will understand

## The Plan

- Appraise in your mind or clarify with the patient their expectations of treatment and outcome.
- Decide what the best medical plan would be for the patient.
- Recommend a strategy on how to proceed.
- Evaluate the patient's response.
- Collaborate and agree on the plan.

# S –SUMMARY
# Closing the interview

## Final Thoughts

- Summarize the discussion in a clear and concise manner.
- Check the patient's understanding.
- Ask if the patient has any other questions for you.
- If you don't have time for further questions, suggest that they can be addressed at the next appointment.
- Make a clear contract for a follow-up visit.


Thank you
for your
attention