

## Patient-Doctor Communication: The Fundamental Skill of Medical Practice

The first visit for a patient is a crucial period that can either lead to the development of a therapeutic patient-doctor relationship or end in dissatisfaction on both sides and the search for another care provider. The medical interview goes well beyond the capture of medical information in order to make a diagnosis; it is the building block upon which the physician's relationship with the patient is made. The interview is filled with opportunities for patients to share information about themselves and for the physician to get to know the patient, so that the patient becomes a person, not just a medical problem. By understanding the patient, who they are, and the expectations that they have of the doctor, the doctor can formulate the appropriate medical judgments for that particular patient, as well as derive satisfaction from healthy patient-doctor relationship.

The verbal and non-verbal processes through which a doctor obtains and shares information with a patient, thereby developing a therapeutic relationship, is called patient-doctor communication. While communication with a patient may seem straightforward and intuitive, an effective patient-doctor interaction can be quite challenging, depending on the patient and his/her situation. It is up to the doctor to be able to find out about the patient and their medical issues regardless of how difficult or complex the patient's history may be. Only if the doctor understands the patient in their own context can the physician provide good care.

All patient-doctor interactions are influenced by the expectations of both parties. If the doctor has unfair expectations of the patient, or the interaction is affected by bias or unfair judgment, then an effective relationship will never develop. Likewise, if the patient's expectations of the doctor are not met, then the patient will not develop enough respect or trust for the physician to accept his/her suggestions. **The patient must feel at all times that they are treated with respect.**

The most intuitive of the patient's expectations is that the doctor to be competent and knowledgeable and to use all their knowledge and expertise in the patient's best interests.

The patient's expectations go well beyond clinical competence, however. Patients expect the doctor to be respectful, polite, sincere, and interested. They expect their doctor to behave and dress like a professional, with the appropriate demeanor, verbal and non-verbal skills. Thus, communication with a patient occurs not only with the words the doctor says, but with his/her actions, appearance, and body language. Behaviors that demonstrate patient respect include: being well-groomed, addressing the patient by name, introducing oneself, developing an agenda, avoiding judgmental behaviors, appropriate eye contact/facial expressions and posture.

Patients also expect the doctor to interact with them as a person, on the human level.

Patients expect their doctor to listen to not only what they say, but what they mean. They expect the doctor to facilitate their telling their story and to listen at the right time and ask questions at the right time. Facilitated listening assists the doctor in their efforts to develop **rappport** with their patients. The patient not only wants to respect the doctor, they expect the doctor to respect them. The patient wants the doctor to hear their story, use what they have heard and what they see (through physical exam and other tests) to make a diagnosis and then make suggestions for treatment that will be mutually agreeable to both doctor and patient. This means the doctor is going to have to gather data, determine a plan and then negotiate that plan with the patient through respectful give and take. The doctor's job is also to support, motivate, and encourage the patient, whether in health or illness.

The communication skills learned in medical school and practiced throughout a medical career will be the keys to facilitating the excellent care of the patient throughout the length of the patient-doctor relationship. Summarized below are some of the basic elements of communication during the medical interview/interaction with the patient. It is by no means inclusive and does not mandate a particular style; the individual physician will need to develop his/her own approach.

## 1. Initial encounter

The first impression a doctor makes on the patient is the most important one that occurs. In those first few moments, the patient is going to decide if he/she can feel comfortable sharing information with the doctor and most of this first impression is made not on what the doctor says, but how he/she says it and how he/she interacts with the patient.

- a. **First, be prepared! Know who the patient is before you walk through the door.** Don't fumble for a name after you are in the room. Never call a patient over the pediatric age group by their first name without their permission, it is disrespectful.
- b. **Make eye contact with the patient, shake their hand, and introduce yourself using your first and last name.** Also indicate your role to the patient. If you are a medical student make sure the patient knows that and does not assume you are the one in charge of their care. You cannot assume that the patient will know who you are.
- c. Most patients will be nervous meeting a doctor for the first time. **Your job is to try to set the patient at ease and to build rapport.** If appropriate you can consider an initial inquiry into non-medical areas of life to assist in developing a relationship with them as a person. This could be as simple as commenting on weekend plans, recent events, or anything to put you and the patient on common ground.
- d. Where you are positioned, relative to the patient is also important - Have a seat—it's intimidating to the patient for you to stand over them. The patient shouldn't have to look up to make eye contact with you.
- e. Once you've established rapport with the patient and introductions have been made, you can ask the patient to explain why they are here. **You need to let the patient tell you their story in their own words.**

## 2. Conducting the interview

- a. As the patient explains the chief complaint and the history of present illness, you can question the patient, first using **open-ended questions** ("*Tell me more about...*", "*Describe the pain for me...*"), done to obtain general information. This can be followed by more **direct/closed-ended** questions ("*Did you experience...*", "*Does the pain go anywhere?*") as needed for you to understand the problem. This should be done in a respectful, and non-abrupt, manner. Beware of asking questions that are too broad, however, as the patient may not be sure exactly what information you are looking for (i.e. "*Tell me about yourself*")
- b. You want to **avoid using leading questions** that might suggest to the patients what the desired answer is in addition, only **ask one question at a time**; presenting more than one question is confusing and inconsiderate.

- c. Keep the interview **organized and use transition statements** (which summarize and enable you to proceed) to move to other elements of the interview. Try not to jump around from one topic to another. The patient should be able to understand what the purpose of any question would be. If you do forget some questions under a particular category or line of questioning, it's okay to go back as long as you use a transition statement so the patient knows where you are going.
- d. Throughout the course of the interview, take the opportunity to learn about the patient and his/her family. This occurs not just in the formal family and social histories, but also during your ongoing conversation with the patient (*Who comprises the patient's family? Social support network? What activities does the patient participate in? What, if any, stressors exist that may be contributing to the patient's medical concern? What sources of support could be utilized when developing a treatment plan?*). Knowing about the patient and his/her environment will help you to better understand the patient in the context of his/her illness and will enable you to more effectively treat the patient. **Encourage the patient to ask questions** if they are not clear on what you have said, this will further develop trust and enhance your relationship with the patient.
- e. It takes patience and skill to listen accurately to a patient. It is often necessary throughout the course of the interview to verify what you have heard from the patient and elaborate on it. It is okay to **repeat, rephrase, or paraphrase** what the patient has said (eg. "...so you have had this pain for three weeks now and it really has you worried") and parrot it back to the patient for verification. In this way, the patient also knows that you are listening and understand what he/she is saying.

### 3. Responding to the Patient

How you respond to the patient throughout the course of the interview will determine not only how much information you will elicit, but will form the core of your ongoing working relationship with the patient. You need to respond to the patient's verbal and non-verbal cues about their illness in a concerned and respectful way. You need to **validate and legitimize** their emotions and worries, and be able to communicate that understanding back to the patient. This tells the patient that their emotional reaction is understandable, accepted and validated. **This is called empathy.** Without empathy, the patient will never develop any trust that you understand and sympathize with their situation and will help them (eg. "...I'm really worried about this lump". "It's completely natural for you to have concern, let me ask you some questions so we can figure out what's going on"). Below are some tips for **building rapport**:

- a. **Seeking patient emotional clues:** It is difficult for patients to disclose personal information about themselves or problems they may be experiencing. When the patient does reveal sensitive information, take a moment to explore what they have told you (*i.e. You mentioned you feel overwhelmed. Can you tell me more about that?*). Remember that not everything you will learn from the patient will be from what the patient tells you directly. The **patient's body language** may be telling you something different from what the patient is saying. It is appropriate to point out discrepancies to the patient and elicit their understanding about their cause. For example, if you are interviewing a patient that is very fidgety, you can say, "You seem quite nervous. Can

*you tell me why you might be a bit anxious?”* Pay attention to the clues, both verbal and non-verbal, from the patient that they may not be relating the whole problem.

- b. As the patient’s physician, you must put aside your own beliefs and values and refrain from projecting them onto the patient. The medical problem or issue is not about *you*, but about the patient and their belief system and you need to understand it from their perspective. **Avoid judgmental language or behaviors that the patient may interpret as disapproving.**
- c. **Providing encouragement - praising** to patients also strengthens the patient-doctor relationship. Reinforce the patient’s positive behaviors by offering them praise (eg... *“It sounds like cutting back on smoking has been difficult for you, but I’m glad to hear you have not given up trying”*). Acknowledging the patient in this way lets them know you are interested and supportive. You also want to build a **partnership** with your patient. This entails offering your support and that of other health professionals when appropriate.

Your non-verbal cues will tell the patient a great deal. Being attentive, making eye contact, and providing positive cues will encourage the patient to be open with you. Your body language should show that you are engaged; don’t sit back in the chair, rather lean forward and pay attention.

#### **4. Educating, negotiating and collaborating with the patient**

Once all the information is collected from the history, physical exam, and other testing, it is time to explain to the patient what you believe the problem to be (or at least to explain several possible diagnoses) and what the next steps should be, either for further work-up to arrive at a diagnosis, or for treatment. You need to explain this to the patient in language that they understand; **avoid the use of medical jargon or abbreviations**. You must ascertain that the patient understands the information you have provided by involving them in the conversation, not just talking at them. Assessing the patient’s understanding can be done in a non-condescending way by simply asking *“What will you tell your family about today’s visit?”* Elicit the patient’s feelings or concerns about the information (eg... *“What thoughts do you have about this so far?”*) and then respond appropriately. Establish their willingness to participate in the plan. Be supportive of the patient and their success in assuring improved health.

Although you can explain that this is what you recommend (and why), don’t assume that the patient will automatically agree with you. Engaging in a course of action has to be a **collaboration** between the patient and the doctor. If the patient does not agree with you or feels that they cannot follow your plan, they won’t. The plan needs to conform to the patient’s understanding, belief system, and values. You, as the physician, must be sensitive to the patient’s concerns and must explore any reasons why they would not be comfortable with a given plan (eg... *“What obstacles/factors would prevent you from being able to comply with this plan?”*). You may need to negotiate with the patient to arrive at a mutually acceptable course of action.

#### **5. Closing the interview**

At the end of the interview, it is important for you to establish that both you and the patient understand what occurred and what the plan is going to be. The easiest way to do this is to **summarize the encounter** for the patient and to get their agreement of your summary. You also need to make sure that all of the patient’s questions have been answered. The patient should leave knowing that all their

concerns have been addressed. It is also important for the patient to know that a partnership has been forged; they need to be able to depend on the fact that you will be there in the future for them should they need their doctor. In any given situation you may need to discuss the plan with your supervising physician however, if appropriate you should provide the patient you're your initial thoughts. Discuss with the patient the next steps in their care, you can set up follow-up for a specific reason or at the very least reassure the patient that they are welcome to come back to see you again.

