

# DEALING WITH PATIENTS

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- Rapport is a state of harmonious understanding with another individual or group that enables greater and easier communication.
- In other words, rapport is getting on well with another person, or group of people, by having things in common, this makes the communication process easier and usually more effective.

# RAPPORT

- Developing a relationship built on trust.



- **Building rapport, is the feeling of ‘being on the same wavelength or in tune with another person’.**
- **Rapport building is the most important aspect of communication.**



- Building rapport is analogies to strengthening a bridge over a river; the stronger the bridge, the more it can carry.



# RAPPORT HAPPENS AT MANY LEVELS

- The places and people you spend time with
- The way you look, sound, and behave
- The skills you have learned
- The values that you live by
- Your beliefs
- Your purpose in life

# BUILDING RAPPORT SKILLS ON NON-VERBAL COMMUNICATION

- Non-verbal communication elements include such things as:
  - Handshakes, nods, use of hands while talking (gestures),
  - Voice tone, speed, pauses
  - Distance, culturally appropriate eye-contact, body-position (e.g. leaning in, open posture).



# BUILDING RAPPORT THROUGHOUT THE INTERVIEW

- Asking questions
- Active Listening
- Encouraging Body Language
- Unconditioned positive regard
- Empathic understanding
- Giving Respect

# ACTIVE LISTENING

- This is a process that goes beyond merely hearing and making notes of what the patient says.
- It involves a simultaneous focus on the linguistic and the paralinguistic aspects of speech.
- The linguistic aspect refers to verbal features of speech.
- The paralinguistic refers to nonverbal features of speech such as timing, volume, pitch, accent, fluency, pauses, and ‘ums’ and ‘errs’.

- An understanding of body language of the patient is important for a doctor to communicate with the patient.
- Body language refers to the way a patient expresses himself through the use of non-verbal cues such as facial expressions, proximity to the doctor, use of gestures, body position, movements and eye contact.
- Active listening also involves customizing your style and language to match that of your patients or anybody you are listening to.

- Active listening also involves both good attention and considerable self-control.
- It requires the ability to resist internal distractions and the ability to initially suspend judgment (i.e., to hear what the person is saying before coming to a conclusion).
- Respect the pauses and silences of the patient which would mean not immediately jumping in and talking whenever the patient pauses for breath or reflects silently.

- **Active listening requires the provider to actively participate by paying attention, asking for clarification, and verbal tracking. Done properly, it is an important part of gathering clinical data and building rapport with your patient.**

# VERBAL TRACKING

- An important part of active listening is verbal tracking. Verbal tracking means staying with, and encouraging, your patient's topic of conversation by using Nonverbal and verbal expressions, such as head nods and minimal encouragers such as “can you tell me more?”
- Further use of verbal Basic Interviewing Skills for example, “uh-huh” may be a good minimal encourager for many of your patients, but for others it may convey a sense of arrogance.

## ■ Paraphrasing consists of:

- It refers to the process of repeating the last few words the patient said and summarizing what the patient has communicated so far, in your own words, and then ask him/her to validate if you have understood it correctly.
- Eg. You have told me about the weakness in your legs and lethargy that you feel after walking for only few yards. Is that right?

- **Funneling:** This refers to the use of questions to guide the conversation from a broader area to a more specific area. These should follow open ended questions.
- E.g. Now that you have described your complaint of feeling weak and lethargic, can you describe which specific part of the body were you referring to?



- **Selective Reflection:** Reflection is a technique to bring out the feelings attached to various symptoms and problems that a patient has stated. It refers to the method of repeating back to the patient a part of something s/he said that was emphasised in some way which seemed emotionally charged.
- E.g. how does it feel when you start to feel fatigued only walking for a few minutes. You told me earlier, that you were an athlete who could easily run a mile.

- **Empathy Building:** this refers to statement made by the doctor that make the patient see that his or her feelings have been well understood.
- It helps the patient understand that his/her feelings are valid and that the doctor would have felt the same if s/he was in the patient's place.
  - For e.g. “I can imagine how difficult it must be for you to live with your pain for such a long time”.

# BARRIERS TO EFFECTIVE LISTENING

- A preoccupied or anxious doctor
- Interrupting: this may result from the ability to process information more rapidly than patient's rate of speech
- Assuming you know more about the patient's situation than he/she does
- Anticipating what patient is going to say
- Environmental distractions
- Offensive remarks or value judgments on part of the doctor

# HANDLING DIFFICULT PATIENTS AND THEIR FAMILIES

- Health professionals find certain types of patients and their families exceedingly difficult to deal with. These include individuals who
  - have long, meaningless and repetitive discussions with the doctor
  - waste precious time.
  - become too dependent and clingy
  - ask for undue favours
  - become angry when things do not go their way

- make unprofessional demands.
- try to manipulate the doctor
- become rude or behave aggressively.
- refuse diagnostic tests and treatment.
- vague physical complaints, aches and pains,
- mental health problems and patients who may be drug users.

# MANAGEMENT

- The following steps may help in dealing with a difficult patient or family effectively:
- a) Have an understanding of the biopsychosocial model and integrated health care model and believe in the effectiveness of these well researched models.
- b) Train yourself well in principles of effective communication and counselling. Seek specialised training in handling of difficult patients by trying to form a relationship or bond with difficult patients in the ward. Looking at videos of how seniors ideally handle such patients and discussions with health team members will help educate you.

- c) Learn relaxation techniques to manage your own anger and feelings of frustration.
- d) Approach difficult patients with tolerance, patience and use of principles of active listening and unconditional positive regard, keeping you cool. Concentrate on breathing deeply and easily while listening to the angry patient or a family member.
- e) Do not take remarks being passed as personal insult' or challenge to your integrity or authority. Consider them a different viewpoint of an individual who is hurt or is uninformed and unguided.

- f) Allow the patient or family member to express anger and validate it by statements such as “your anger is understandable”, “I can understand your feelings”, “this must be frustrating for you’.
- g) Offer a chair and a calmer setting to discuss the issue at hand in more detail. Offer an apology or an explanation for any unintended offense but do not appear defensive. Stay calm, maintaining an open body posture, a safe distance and always keep an eye at the emergency exit. Always ask for assistance from colleagues or staff at the earliest signs of aggression or threatening postures by a patient or family members.



- h) For difficult patients in particular, define the objectives and duration of consultation in advance.
- i) Offer referral to a colleague or a senior consultant, particularly if you are not making any headway.
- j) Use humour while collecting further data, reassure, undertake detailed physical examination, and a more extensive diagnostic work up. or seek opinion from a mental health professional.
- k) Involve family members, friends or significant others in the life of the patient for support as well as help in understanding of the patient's issues.



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