

DOCTOR-PATIENT COMMUNICATION I.

VERBAL COMMUNICATION

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REMEMBER

What makes a doctor good doctor?



from the aspect of the patients

- **72%** the most important the personal doc-pat. relationship (pays attention, listens to the patient, demonstrates empathy)
- **28%** the most important **the skill and the knowledge** (competence, efficiency, time management)

FOR THINKING... COMMUNICATION



- Is it important?

POWER



- Why is it important?

INFLUENCE

MAKE AN EFFECT



How Do We Acquire Information?



7% meaning of the words (verbal)

38% paralinguistic (non-verbal)

55% body language (non-verbal)

How Do We Acquire Information?



- **Verbal**

words that are spoken

the pure information

„power of words“

„ the art of silence“ and the

„pregnant pause“

How Do We Acquire Information?

- **Non verbal**

Strengthening relationships
Substituting for spoken words
Reinforcing meaning
Regulating conversation



Vocal signals 5x, facial expression 8x
We believe more in this instinct
Confirm or contradict

LEVELS OF COMMUNICATION

VERBAL

- Channel with the most complicated codes
 - Words and linguistic units
 - Emotional association!
- Expressive capability
 - People differ in their word use
 - Adapt to the patient's vocabulary
- Multiple layers of regulation
 - Special etiquette
 - Prohibited words
 - „Taboos“ specific to social groups and communities

Verbal communication – meaning of the words

For example

- ~~Dr: Well, Mrs Arthur, there is nothing to worry about. You have multinodular goitre, but this is a benign condition. There are a several more tests we want to run to rule out any peculiarities. I will arrange a special scan and biopsy of the enlarged lump. Will this be okay with you?~~
- Mrs. A: So you are certain it is not serious, doctor?
- Dr: Absolutely. Lets speak to the nurse regarding the arrangements of the test and I will see you in a month. Goodbye.
- Mrs A: Well, goodbye doctor, thank you.



For example

- Dr: Well, Mrs Arthur, there is nothing to worry about. You have **multinodular goitre**, but this is a **benign** condition. There are a several more tests we want to run to rule out any peculiarities. I will arrange a **special scan** and **biopsy** of the enlarged lump. Will this be okay with you?
- Mrs. A: So you are certain it is not serious, doctor?
- Dr: Absolutely. Lets speak to the nurse regarding the arrangements of the test and I will see you in a month. Goodbye.
- Mrs A: Well, goodbye doctor, thank you.



Our Vocabulary



ENSURE YOU ARE UNDRESTOOD!

- Avoid the use of Latin
- Avoid professional jargon
- Adopt your speech to the patient, be sensitive to cultural background and emotional status
- The face is a mirror, study the patient's reflections

THE POWER OF VOCABULARY

Suggestive communication

- **SUGGESTION**

- Negative

- Positive

- Altered state of consciousness

- Changed

- Narrowed consciousness

- Decoding



Effective Tools of Suggestion

- CONCENTRATE UPON THE GOAL: Sign only the goal. Let the subconsciousness to determine the method of reaching ! One central thought define one triggered answer
„Relax ! Stop bleeding!“
- DO, NOT TRY !
„I'll try to position this pipe“ ⇒ „I am going to insert this pipe“
- OFFER THE POSSIBILITY OF CHOICE:
„May I take blood from your right or left arm?“
- IMAGINATION: The desired event should be represented by host of visual imagery.
- MOTIVATION: *„It is much better for both you and your baby...“*
„You are closer and closer to have independently dining...“
- FIX IDIOMATIC EXPRESSIONS: *„Give it a chance ...“*
„The sooner the better...“



Effective Tools of Suggestion

- POSITIVITY: „Don't tense your muscle” ⇒ „Relax”
- VOLUNTEERISM: „Take a big breath” ⇒ „Your breathing is deeper”
- TIMING: „Relax , your treatment has been started, the injection will effect in a few minutes.”
„Slowly the pain (this strange feeling) stops, you feel increasingly better.”
- QUANTITY: Realize only one or two effects
- REPETITION: „Press, press, press” ⇒ „Press ... yes... go on ... very good job”
- QUESTIONS: Promote the attraction of attention. And the answer can explore the desired effect.
„Do you feel better, now?”
„Tell me, when you feel better!”

THE ART OF SILENCE



- Importance of psychological and emotional attention
- Sometimes it is more important than acting
- Dying patients

Have a break!



DOCTOR-PATIENT COMMUNICATION II.

NON-VERBAL COMMUNICATION

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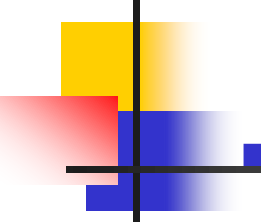
NON VERBAL COMMUNICATION

**„The most important thing in
communication is hearing
what isn't said“**

(Peter Drucker)

LEVELS OF COMMUNICATION

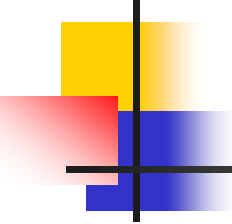
NON VERBAL

- 
- ~~Checking the communicative relationship~~
 - Setting up – start with non verbal approach
 - Sustaining – most feed back via non verbal channels
 - Closing
 - Presentation of the self
 - Personal traits
 - Our status
 - Physical characteristics
 - Expression of emotional state
 - Vocal signals 5x, facial expression 8x
 - Expression of attitude → more honest

ELEMENTS OF NON-VERBAL COMMUNICATION

- **Paralinguistics** (vocalisation, intonation: tone, pitch, volume) **38%**
- Proxemics (physical space)
- Gestures / Postures
- Facial expression **55%**
- Eye contact
- Haptics (touch)
- Appearance

PARALINGUISTICS in medicine

- 
- The voice of the doctor
 - The voice of the patient

 - Speak calmly, slowly and with certainty
 - Good articulation
 - Avoid:
 - threatening
 - preaching
 - criticism
 - mockery, irony...
 - Observe the patient

PROXEMICS

- ENVIRONMENT
- SPACE
- TIME
- DISTANCE



The surgery

- Symbolizes respect
- Reduces anxiety
- Increase patient's confidence
- Initiates welcomeness
- Secure





Time and Duration

Reasonable wait
(considered by pt.)

10-30 min: 80%



Usual wait

(reported by pt.)

20-60 min: 60%

Amount of time: Indicator of respect

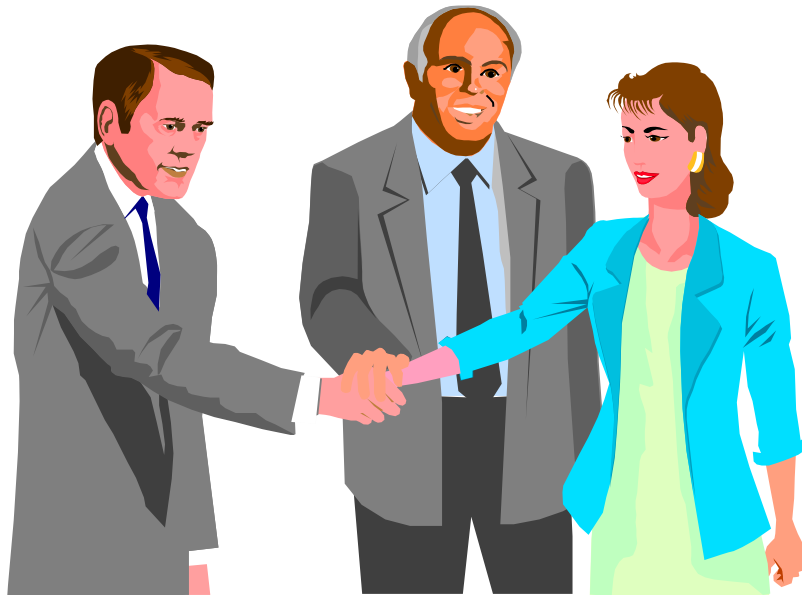
Avoid glancing at the clock during a consultation

- use words...
- consider signposting at the beginning...



Distance

- 15-45 cm intimate zone
- 40-120 cm personal zone
- 1,2-3,6 m social zone
- Over 3,6 m public zone





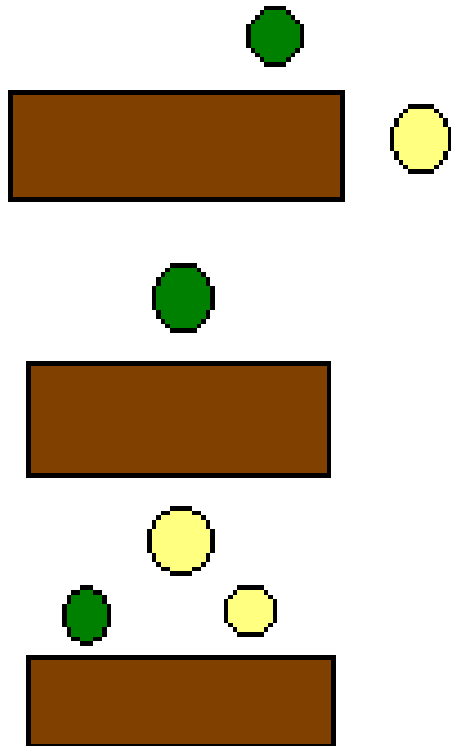
Distance from your patient

- Beyond the intimate zone, but inside the personal zone (3-4 feet)
- Easily hear one another
- Touch, if and when deemed suitably appropriate
- No barriers (your desk)
- Face the pt. fully (shoulders parallel)

→ **Advisory position**



Positions



- **Advisory**
- **Competitive**
- **Cooperative**

Advisory



Competitive



Cooperative





The optimal office environment

- Advisory position
- Distance
- Eliminating disturbing factors (noise, telephone, other persons, sharp light)

GENERAL COMFORT



GESTURES

- Reflect thoughts not yet found in speech
- Can influence, clarify the verbal message
- Many types (hand, head, legs)

- **Evaluate your gestures: acquire or change**



???

- **This ultimate gesture is known everywhere, it's absolutely universal**
- **It's rarely, if ever, misunderstood. Primitive tribes and world leaders know and use this gesture.**
- **This particular gesture actually releases chemicals, called endorphins, which results in a mild form of euphoria.**
- **This gesture may help you ease out of difficult situations.**

The smile



Your smile

Pleasant dimension
in your opener, the
first few seconds

???



When doctors wearing a FACEMASK...



- has a significant negative impact on the patient's perceived empathy
- diminish the positive effects of relational continuity
- absence of visual cues
- distort speech clarity and reduce speech volume

Ka Man Wong, C. et al: Effect of facemasks on empathy and relational continuity: a randomised controlled trial in primary care. *BMC Fam Pract.*, 2013, 14., 200

Tips to communicate effectively while wearing a facemask



- Obtain the person's attention before speaking – try saying their name
- Speak clearly, and a little more loudly and slowly
- Repeat or rephrase
- Maintain appropriate eye contact
- Reduce or remove background noise
- Use simple hand gestures and body language where appropriate
- Consider using alternative communication methods (writing the message or simply use text on your smart phone)
- Don't be afraid to check for understanding of key details
- **BE PATIENT, CONSCIENTIOUS AND MINDFUL!**

Gesticulation



Dominance, Distance

- Steepling (touching together of fingertips)
- Chin or beard-stroking

Warmth and Encouragement

- Head nod
- + vocal cues („uh huh“ or murmur)

Head



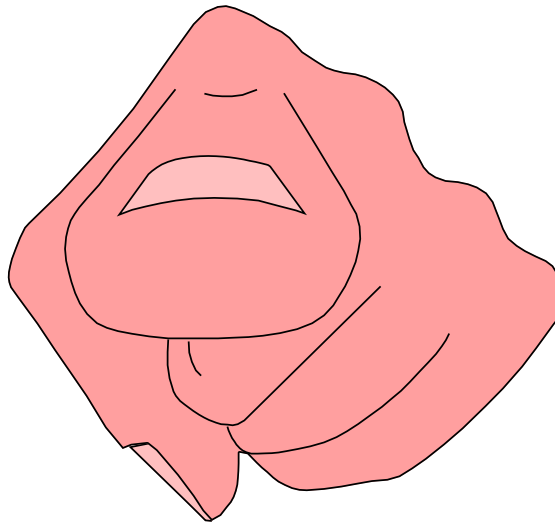
- **Neutral**
- **Head is up**
anger, self-confidence,
provoking, coquettish
- **Head is back**
protest, fear
- **Head is down**
humbleness, respect,
sadness, shame,
remorse, guiltiness
- **Head is aside**
attention, interest, and
also sexual interest

Hands, palms



Powerful commanding,
ordering, aggressive

truth, **openness**,
respect
honesty, trustfull,
obidience....



Okay, agreement

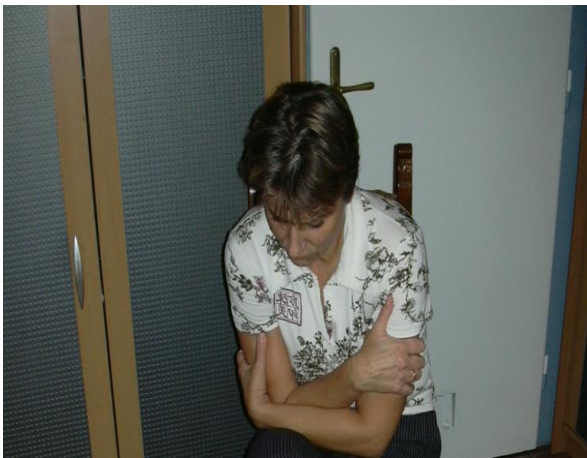
Arms



Second prominent part of the body (after the face)

Open arms

**Welcome..., sincereness,
openness, trust...**



Crossed arms

**in childhood hiding behind...,
defence, disagreement**



Legs



**Least-controlled
area of the body**

POSTURE

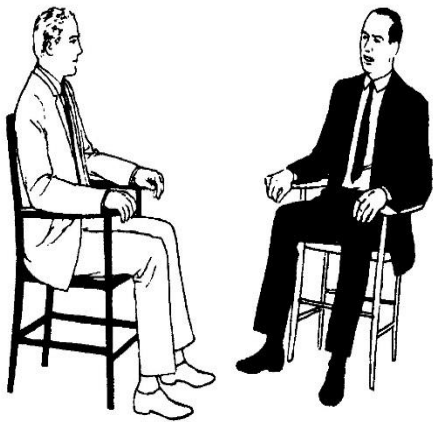


- Movement of the body
 - From place to place
 - Dynamics
 - Speed
 - Different forms

- Position of the body
 - Distance
 - Angle of body
 - Shape of body

- Closed - Open

Body Posture



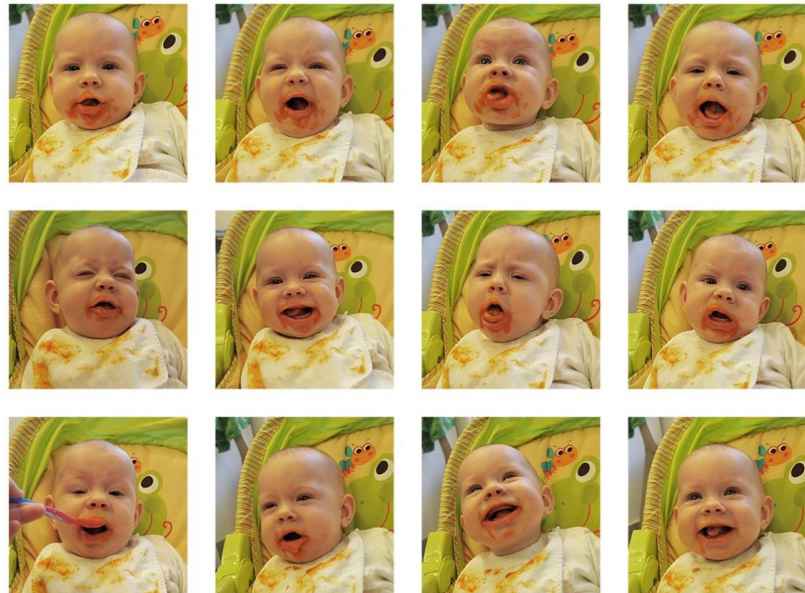
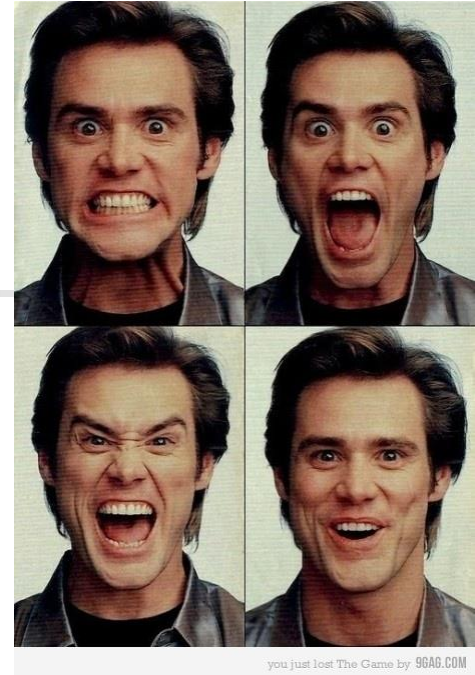
66. Két szakértő „Lincoln-féle” testtartással



- The sign associated with **nervousness** is the straight, upright, stretched position.
- **Moderate comfort** is when the body leans 20 degree ahead and tilts 10 degree aside.
- **Total comfort** is when the body leans 20 degree back, and more than 10 degree aside.

FACIAL EXPRESSIONS

- Particularly important in expression of **emotions**
- Socio-cultural effects: rules that vary from culture to culture
- Individual „style“
- Six basic emotions (Ekman)
– primary emotions



Basic emotions

(Paul Ekman)

- Genetically inherited
- Universally recognised

- Happiness
- Sadness
- Fear
- Disgust
- Anger
- Surprise



EYE CONTACT



- **Window to the soul**
- **Nearly 40 positions exist regarding the eyebrow and 20 displays of the eyelash reveal the inner state/emotions**
- **Instinctively use**

Eye contact

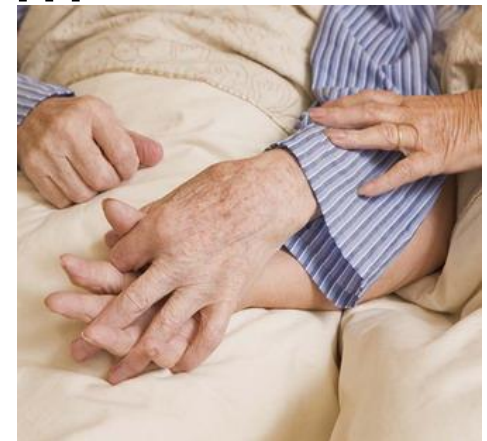
- **Good eye contact (50-70% of the time) – interested and comfortable**
- **Depressed patients have less than 25%**
- **Lack of genuine eye contact**
- **Blink rate - stress level**
- **Staring – aversive type**
- **Non-aggressive visual attention**



HAPTICS - Touch

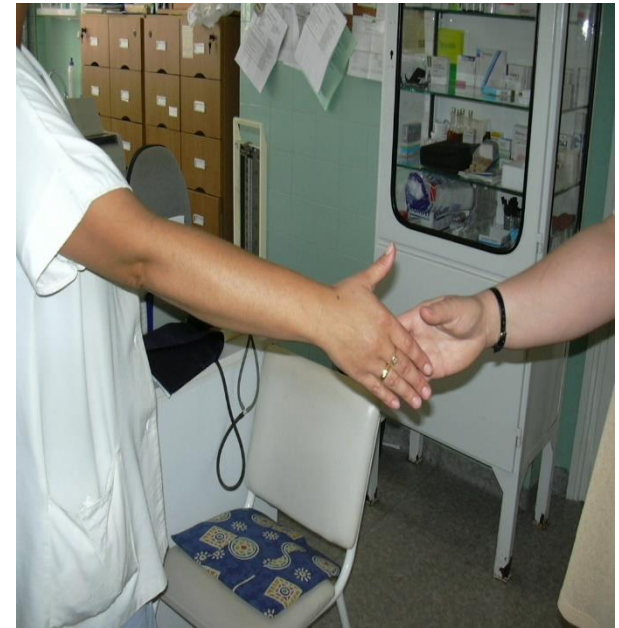


- Situations in which it's preferable not to speak or no need to speak
- **Therapeutic touches (TT)** – encouragement or emotional support
e.g. touch on the shoulder or arm
- Different countries, different cultures (cultural expectancies)



Handshake

- Acceptable form of touch in healthcare.
- Greeting ritual and leave-taking ritual
- Degree of firmness
- Duration
- Type of interlock
- Firm, brief handshake



APPEARANCE -Doctor

- Symbols, emblems
 - culturally-regulated stereotypes
 - individual preferences
- Our dress-white coat: symbolic
 - Pleasant feelings
 - Signifies of dominance
- Cosmetics, Body scent, Hair/Fur, Perfume, Fingernails etc...
 - May offend or risk injury →find an alternative
- Be aware of your personal appearance, a professional approach is important to build trust and confidence. – **STRONG MESSAGE**



Appearance - Patient

Importance of first impression

- The patient's appearance: mood, diseases, social background
- Preconceptions !

CHANGES



POSITIVE BODY LANGUAGE



Open cooperative behavior

Smile

Interest

Moderate eye contact

Calm, certain voice

Opened posture and arms

Moderate gestures

**Movement: way you walk,
handshake**



NEGATIVE BODY LANGUAGE

Closed, defensive behavior

Trembling voice

Slow speech

Worried facial expressions

Avoiding eye contact

Defensive positioning of arms and legs

Covering of mouth

Big distance

Aggressive, offensive behavior

Harsh tone of voice

Rapid speech

Harsh facial expression

Too much eye contact

Dominant posture

Threatening movements

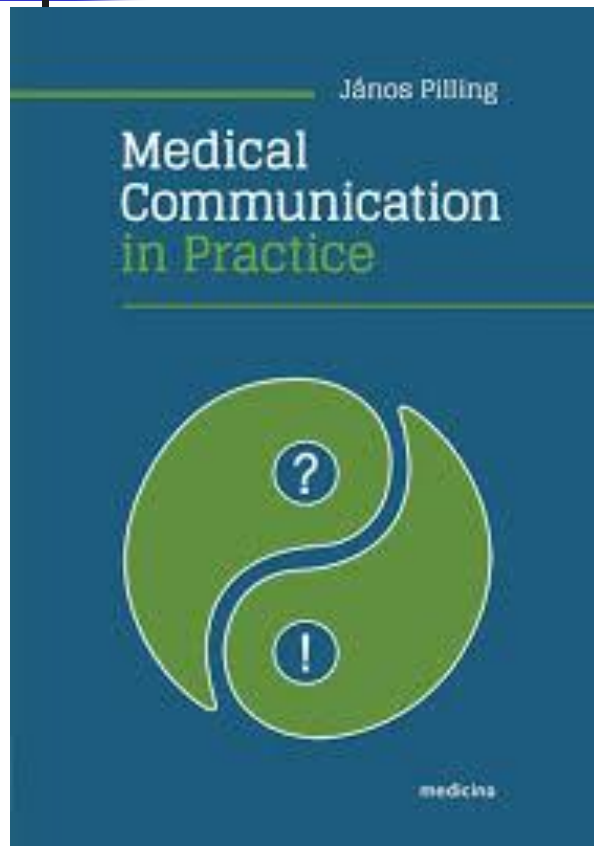
Disturbing distance

How to improve your nonverbal communication skills?



- Pay attention to your own behaviors
- Become a student of others
- Look for incongruent nonverbal cues
- Think before you act
- Ask before you assume
- Be fully present
- Consider the context
- Practice, practice, practice ...

Literature



Pilling, J: Medical Communication in Practice (Medicina Book Publisher)

- **Pilling, J: Medical communication, Medicina 2011**
- Allan&Barbara Peas: Why Men don't listen &Women can't read the Maps, 2000
- Allan&Barbara Peas: Body Language, 1988
- Gary Imai: Body Language and Non Verbal Communication
- Peter Tate: The Doctor's Communication Handbook Redcliff 2008



TAKE-AWAY MESSAGE

„Doctors who communicate poorly may never be forgiven,
Those who do it well never will be forgotten.“

**THANK YOU
FOR YOUR ATTENTION!**

