How to Build Rapport

Chapter FastFACTS

1. **Good communication basics include making direct eye contact, using open nonverbal communication, and facing the patient rather than your laptop.**
2. **Building rapport begins the minute you meet the patient.**
3. **Knowing background about the patient (e.g., job information) can help you make a diagnosis and may affect how you deliver information.**
4. **Being emotionally present will help you make a genuine connection to your patient.**
5. **Avoiding jargon and using "teachback" can help address literacy challenges.**

You have probably spent time during initial patient visits trying to get to know the patient and introducing yourself and your practice. But given the nature and time limitations of subsequent, often shorter visits, you may not take the time to make those connections. Yet building rapport "isn't a nicety that's restricted to the first visit, but one that needs to be re-established on a continuing basis," Ms. Belzer says. That's a challenge, but one in which good communication techniques can make a difference.

Those techniques help even when you know your established patients well, says Fred Ralston, Jr., MD, FACP, Fayetteville Medical Associates, Fayetteville, Tenn., and president of the

What emerging science says about Fibromyalgia pain:

It's the neurons talking.

Fibromyalgia is a **chronic widespread pain condition**[1]

So, why are the neurons talking?

Scientific evidence suggests that Fibromyalgia may be the result of central sensitization. Central sensitization[2-4]:

- Is believed to be an underlying cause of the amplified pain perception in the central nervous system
- Results from the excessive release of 2 important pain neurotransmitters, **substance P** and **glutamate**

Patients suffering from Fibromyalgia experience a range of symptoms including[5,6]

- **Allodynia**: a heightened sense of pain in response to normal stimuli (eg, a hug or handshake)
- **Hyperalgesia**: an amplified response to painful stimuli (eg, when a small pinprick causes a sharp, stabbing pain)

When your patients present with chronic widespread pain consider that they may have Fibromyalgia, and help them find solutions for the pain.

To learn more about Fibromyalgia, visit
www.FibroKnowledge.com

Listen to pain. Think Fibromyalgia.

References: 1. Wolfe F, Smythe HA, Yunus MB, et al. The American College of Rheumatology 1990 criteria for the classification of fibromyalgia: report of the Multicenter Criteria Committee. *Arthritis Rheum*. 1990;33(2):160-172. **2.** Staud R. Biology and therapy of fibromyalgia: pain in fibromyalgia syndrome. *Arthritis Res Ther*. 2006;8(3):208-214. **3.** Costigan M, Scholz J, Woolf CJ. Neuropathic pain: a maladaptive response of the nervous system to damage. *Annu Rev Neurosci*. 2009;32:1-32. **4.** Costigan M, Scholz J, Samad T, Woolf CJ. Pain. In: Siegel GJ, Albers RW, Brady ST, Price DL, eds. *Basic Neurochemistry: Molecular, Cellular and Medical Aspects*. 7th ed. Burlington, MA: Elsevier Academic Press; 2006:927-938. **5.** Dubinsky RM, Kabbani H, El-Chami Z, Boutwell C, Ali H. Practice parameter: treatment of postherpetic neuralgia. *Neurology*. 2004;63:959-965. **6.** Goldenberg DL, Burckhardt C, Crofford L. Management of fibromyalgia syndrome. *JAMA*. 2004;292(19):2388-2395.

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American College of Physicians (ACP). Dr. Ralston notes that it's easier to "say what you have to say" the more you know about a patient and his or her family and that "the more you know about a person, the more you know how far you need to push, and when to quit" when discussing a patient's health concerns. Nonetheless, you need to re-establish rapport at each visit, he says. Doing so is an art, one that you get better at over time, he notes.

"Don't be in a hurry, immediately writing in a chart or typing in a computer to start documentation— [that] indicates that you have only a limited amount of time to see [your patient]."

Joseph W. Stubbs, MD
Internist
Albany, Ga.
Immediate Past President
American College of Physicians

A Basics Refresher

Before you get to the "art" of communication, Ms. Belzer recommends using the following techniques to develop a bond with patients at each patient visit:

- Use direct eye contact.
- Refer to the patient by his or her preferred form of address; jot a note to yourself whether your patient prefers "Joe," "Joseph," or "Mr. Jones."
- Use open nonverbal communication, such as smiling, keeping your arms or legs uncrossed, and looking warmly at the patient.
- Face the patient rather than your laptop (with your computer on your lap, glance often at the patient rather than staring at the screen).
- Show an authentic interest in the patient as a human being: Ask a question about the patient's job, family, or interests. Pick up on cues from the patient's responses that might indicate issues other than the presenting problem.

It's not enough to listen actively; you must also demonstrate that you are listening to the patient through your verbal and nonverbal behaviors. Verbal strategies include questioning (e.g., seeking clarification or gaining more information) and summarizing what you heard the patient say (which shows that you have heard the patient and serves as a check for accuracy). Nonverbal strategies include posture (leaning slightly forward), open body language (uncrossed limbs), and direct eye contact.

Put yourself in the patient's position and speak in a way that best suits the individual so that your messages are clear and understandable. Find out what patients know—or *think* they know—about the problem, and replace misinformation with accurate information (without making the patient feel foolish or lose face). Here are other tips:

- Don't assume that the patient knows terms like "myocardial infarction," for example. When you first use a medical term with a patient, explain its meaning.
- Draw diagrams to illustrate a problem or treatment.
- Identify the patient's level of understanding about a diagnosis or treatment plan.
- Be aware that some information patients glean from the Internet may have created misperceptions–which can affect physician-patient trust as well as adherence to your recommendations.
- Make sure that the patient who has researched his or her problem understands what he or she read.
- Consider if your patient formed a belief about a treatment based on something he or she heard on a television drama or read in a tabloid.

Dr. Stubbs advises physicians to establish their tone and body language when they first walk in the exam room, whether the patient is new or established. He suggests immediately greeting

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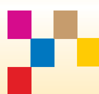

the patients with a handshake, making eye contact, and giving a personal greeting by asking how they are or how their family is doing. He notes that this doesn't have to take long. "Don't be in a hurry, immediately writing in a chart or typing in a computer to start documentation— [that] indicates that you have only a limited amount of time to see them," he says. "This creates a ten-

"Instead of engaging patients and preaching to [your patients] ...don't interrupt them. Sit down, use open-ended questions, listen actively, and be sincere."

Craig M. Wax, DO
Family Physician
Mullica Hill, N.J.

sion with the patient that paradoxically can cause the meeting to last longer and certainly [be] less rewarding."

All physicians interviewed for this issue agreed that building rapport begins the moment you meet the patient. "The first thing I do to establish rapport is establish eye contact with the patient, shake their hand firmly, and smile—indicating that I am glad to see them," explains Dr. Stubbs. "I then ask a question more about their broader life than just their healthcare issues; for example, 'How have you been this summer?' I may incorporate knowledge about their life, such as a new grandchild or family event, and inquire about that. I then try to frame the purpose of the visit; for example, follow up to see how the blood pressure or other chronic conditions have been doing, or to assess a new problem. I then let them clarify the issues that they feel are important for the visit, and we go from there." Dr. Multack makes sure that he is seated level with a patient instead of talking down to him or her.

Simple choices like body position, facial expression, choice of words, information depth, and speech patterns can greatly affect the quality of communication between a physician and his or her patients, according to John M. Travaline, MD, et al., in the 2005 article "Patient-physician communication: why and how" in *The*

Journal of the American Osteopathic Association. Dr. Travaline and his colleagues say these are conscious choices that can be customized and learned in order to fit particular patients in clinical situations. These choices—basic though some may seem—have a profound impact on patients' involvement and engagement in their care because they connect confidence, competence, and rapport, says Debra Roter, DrPH, MPH, professor of health, behavior, and society at Johns Hopkins University Bloomberg School of Public Health and founder and CEO of RIASWorks, LLC, Baltimore, Md. "Patients want to infer that their physicians are competent by the way they convey information to them, and if they are respectful. …They want to feel that their doctor has a sense of who they are and is committed to them."

Effective Listening

Are you cutting off your patients after they've listed their concerns for about 12 seconds? That's typical of a physician who is in a hurry and is concerned about seeing a certain number of patients each day, according to Dr. Multack. It's also a clear sign that your communication skills need work, Dr. Wax says. "Instead of engaging patients and preaching to [your patients] …don't interrupt them," he advises. "Sit down, use open-ended questions, listen actively, and be sincere." In fact, Dr. Multack doesn't write anything down until he's done talking to a patient, but before he sees the next patient.

Active listening is listening for meaning in what your patient says. Its goal is to improve mutual understanding between you and your patient. Often people do not listen attentively to each other due to distractions or because they are thinking about what they are going to say in response. Active listening can improve outcomes, improve cross-cultural communication, resolve con-

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flict and build trust, avoid misunderstandings, and get people to open up about their problems and worries. Practice being an active listener. Focus on your patient when he or she is speaking, avoid judgment (listen only), demonstrate interest, ask questions to clarify, and avoid interruptions. For those patients with a list of symptoms, Dr. Stubbs advises letting them talk and "empty their basket of problems." Then when you think they are done, ask, "Is that all?" Then go from there to address each issue on the patient's list of concerns.

Given the time pressures of office visits, bring in other providers to enhance your communication efforts. "[Seeing] six to eight patients an hour is too many from quality measures and quality improvement standards," Dr. Reynolds says. His solution: The doctor does not have to be the only communicator. "Doctor-patient communication can be facilitated by a medical assistant or nurse, who has the opportunity to provide more patient education that a doctor has time for," he suggests. (See "Learning From Other Customer Service Successes".)

Responding

Once your patient has explained his or her concerns, build rapport by the nature of your response. Dr. Carmona says rapport begins with knowing how patients want to receive information—who wants a lot of detail about diagnosis and treatment, for example, and who doesn't. Regardless, make sure that your response is not rushed or abrupt. As appropriate, he notes, hold a patient's hand or give a hug if needed. Be aware of cultural differences and literacy issues that might affect your response (see "The Challenge of Cultural Diversity" and "Speaking So That You Are Understood"). Dr. Reynolds recommends asking open-ended questions, which allow patients to communicate their symptoms, resulting in an easier diagnosis.

Your patients will feel that you have listened once you ask pointed questions not just about their concern or their disease but also about other aspects of their life that may be a factor, Dr. Levy says. For example, he asks a parent where the child goes to school or what's going on in the home. This information may help him pinpoint a diagnosis. "If there is a known epidemic in a school, for instance, or if there has been an event that may be

Learning From Other Customer Service Successes

Taking a page from how the Disney Company approaches communication may enhance communication in your practice. Ms. Belzer likes to look at what other companies with exemplary customer service have done and consider those ideas for improving medical practice and patient care.

At Disney, she says, they train employees to pay extra attention to detail and to be friendly. If a patient is fearful and anxious, having friendly people around can be very important and contribute to this patient's healing, she notes. "Disney believes that every interaction is an opportunity to connect, and in this case, connecting with a patient during his visit to the office can be very important, from a smile to kind words," she says.

Another Disney communication technique is called the "onstage technique," which means not acting as if you feel bad (when you really do) that staff members (or, as Disney calls them, "cast members") assume the role of the best service professional they can possibly be, regardless of what is going on in their life outside of work. If a receptionist is having a bad day, it helps if she considers herself "onstage" whenever she's in contact with or visible to a patient. After all, people in the reception area will notice if someone at the front desk is angrily throwing paper into the wastebasket, snapping at a co-worker, or acting out in other ways. Being "onstage," staff members realize that how they are seen by patients—even through a glass window—reflects on the physicians and the practice as a whole.

traumatic for a young child, such as a death or an accident, this becomes relevant to making a diagnosis. Pediatricians have to take an ecologic view of their patients."

Dr. Ralston points out that understanding a little about the patient's job, family, and approach to healthcare can make a difference in how he delivers information. "In case of someone who doesn't exercise and smokes, you learn how far you can go when talking to them about their health," he explains. "You try to frame the information or advice in a way that's likely to change what they do." Dr. Reynolds gets to know patients by asking about their family, vacation, or summer plans. "It's okay to ask patients questions about their family, jobs, or relationships, so we develop a relationship and global picture of the individual. Asking patients questions helps keep communication open and provides less of a barrier for patients to address issues on their mind," he explains.

The Challenge of Cultural Diversity

How culturally diverse is your practice? Today's physicians are challenged with providing healthcare for patients from many different cultures who have different levels of acculturation, different languages, varying socioeconomic status, and various ways of understanding healthcare and illness. The number of immigrants has quadrupled since 1970, increasing from 9.6 million to 37.9 million, according to the U.S. Center for Immigration Studies; and demographic changes are expected to continue to impact healthcare over the next ten years.

Because differences in agendas, concerns, expectations, meanings, and values between physicians and patients are largely determined by social and cultural factors, it is critical to understand your patients' cultural values, according to Arthur Kleinman, MD, professor of medical anthropology, department of global health and social medicine, Harvard Medical School. For example, particular illnesses, such as clinical depression, are marked with shame in some cultures. These values shape patients' impressions of healthcare as well as their comprehension and understanding of treatment outcomes.

In order to better meet the needs of culturally diverse patients, physician practices today may consider employing interpreters and community health workers, and hiring culturally diverse staff members. You might include family members in discussions with a patient who has limited knowledge of English in order to fully understand the patient's concerns and to communicate treatment effectively.

When it's time for you to respond, be sure you're presenting that information in a way your patient will be open to. For example, Joseph A. Liebermann III, MD, professor of family medicine at Jefferson Medical College of Thomas Jefferson University and associate editor of the *Delaware Medical Journal*, recommends the "BATHE Technique" to help physicians make the most of their time with patients. This approach divides the patient interview into five parts: Background ("Tell me what has been happening"), Affect ("How do you feel about that?"), Trouble ("What's upsetting you most about it?"), Handling ("How are you handling the situation?"), and Empathy ("That must have been difficult"). "Organize your thoughts so that the information you present to your patient is ordered, reasonable, and logical. Present the information in an easy-to-understand or

down-to-earth way, with encouragement and non-threatening, non-verbal communication," Dr. Wax advises. "[Patients] don't want to be told what to do as if they're a misbehaving child."

Dr. Ralston believes that personalizing medical advice limits the authoritarian tone. "I try to personalize information whenever I can. For example, these days people rush to get an MRI or other expensive test when they have back pain. If they know me, I'll say, 'If you were my mom or my sister, I'd tell you to wait' instead of saying, 'This is what I recommend,'" he says.

"Patients refuse to accept vital information for many reasons. Sometimes they are frightened and cannot assimilate information, sometimes they are overwhelmed by the sheer quantity of information, and sometimes patients would rather enjoy life in the moment rather than think about medical issues.

Ronald M. Epstein, MD
Professor of family medicine, psychiatry, and oncology
Director, Rochester Center to Improve Communication in Health Care
University of Rochester Medical Center
Rochester, N.Y.

In addition, the nature of your response can impact patient involvement with their care. Dr. Epstein, et al, wrote in the Feb. 4, 2010, issue of *The New England Journal of Medicine*, "…Patients should always be fully informed, not only so that they can make the best possible decisions, but also because information helps them to make sense of and cope with illness." Ms. Belzer cites an example of a patient who is not sure she should have an ovary removed despite the presence of an ovarian tumor. In this case, it helps to give the patient choices: "If you do this, here are the benefits and the downsides." She says, "Letting the patient make choices with the physician gives that patient a feeling of empowerment."

According to Dr. Epstein, et al, physicians must decide

Speaking So That You Are Understood

A key rule about health literacy is not to make any assumptions about a patient, advises Amy Wilson-Stronks, the Joint Commission's project director for health disparities in the division of standards and survey methods. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions, according to an IOM report on health literacy. It has gained increasing recognition as a challenge in healthcare. The Joint Commission points out that 29% of the American population has only basic reading literacy skills, while 14% have below-basic reading literacy skills

Ms. Wilson-Stronks says jargon can be a real stumbling block for some patients, especially if the patient's first language is not English. "Patients who have basic literacy challenges may be hesitant to tell their doctor that they did not understand something. They may feel burdensome if they do so," she says. She advises physicians to speak clearly, use plain language, and notice a patient's body language and other cues that may indicate whether he or she understands what you just said. Medication details are particularly challenging—for patients of all literacy levels. She recommends writing down and clearly explaining medication names, dosages,

whether taking time to provide information to patients will detract from other important duties, like making decisions or promoting adherence to clinical treatment regimens. Physicians are generally comfortable withholding information in two situations: if there is an urgent need to intervene, "the benefits of early intervention often outweigh the potential harms of incomplete or delayed disclosure"; or if a patient is not cognitively capable of understanding the information (in which case, it should be provided to a relative or surrogate). Some patients may choose not to receive vital information by repeatedly changing the subject or through silence. In this case Dr. Epstein recommends informing a healthcare proxy, along with exploring the possible reasons why a patient refuses to accept this information. "Patients refuse to accept vital information for many reasons. Sometimes they are frightened and cannot assimilate information, sometimes they are overwhelmed by the sheer quantity of information, and sometimes patients would rather enjoy life in the moment rather than think about medical issues," Dr. Epstein explains.

and dosing instructions. Her other tips for communicating with patients with low literacy levels include the following:

- Assume that every patient will have some degree of difficulty understanding what you discuss.
- Be sensitive to how well the patient understands you.
- Don't use jargon and "medicalese."
- Evaluate your patient education materials for effective meaning and use.
- Educate patients in various ways, such as by using illustrations or pictures and simple written materials, and by speaking to them at a level they can understand.
- Provide instructions written in simple terms.
- Use teachback—i.e., ask patients to explain back what you just said to determine if they truly understand you.
- Create a trusting environment so patients feel comfortable saying, "I don't understand that."
- Pay special attention to patients with limited English.
- Make sure an interpreter is available.

The Key Ingredient

As you balance your time and your response, Ms. Belzer points out the aspect that makes your communication effort really work: being present emotionally so that you can make a genuine connection with the patient. As part of that effort, give full explanations for recommendations; give your patient the sense that you are not rushed even when you are; and "listen between the lines," she says.

Those efforts will overlap other aspects of how you manage your practice, she says. "Make an occasional follow-up call to see how a diabetic patient is tolerating a new med, consider communicating with patients via e-mail ... or have your staff contact patients at home before their appointment to let them know if you're way behind schedule and they can come later in the day," she suggests. "Encourage your staff to think creatively about improving communication with patients—during visits as well as between visits—and put 'quality of patient relationships' as a special category in employees' performance appraisals."