

# History Taking Tips | Establishing Rapport

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## Introduction

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### The definition of rapport

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| “a good understanding of someone and an ability to communicate well with them”<sup>4</sup>

### Some tips from professional practice and reading some key texts (see references)

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- Rapport building is not an exact science, it is part of the ‘Art’ of Medicine.
  - Part of the joy of the practice of Medicine is working out *your own approach* and adapting it to *this* patient in front of you.
  - Established doctors have a style that is largely consistent over time.
  - Self-awareness is key to ensuring your style is effective and being able to adapt it when needed.<sup>2</sup>
  - It is worth working out your approach as history taking is a key step in the majority of diagnoses.<sup>1</sup>
  - Trust makes consultations more enjoyable for both parties and can give a ‘lever’ for your words/advice to have more impact.
  - This article will not explore **ICE**, cues etc in detail. You can read this elsewhere.
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## Be conversational

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- You are two humans having a professional conversation.
  - It is like in any other friendly interaction.
  - Check whether the patient is comfortable.<sup>1</sup>
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## Set professional boundaries

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- Attire – dress appropriately, wear your name badge, demonstrate appropriate hygiene (e.g. bare to elbows in hospital settings)
- Introduce yourself and explain your role – ‘Hi, I am Dr Smith...’
- Explain why you are here – ‘I am here to discuss x if that’s OK.’
- Consent – if the patient does not agree to the consultation, stop and discuss with your senior
- Confidentiality – what the patient tells you will be confidential – unless there is a risk to them or others noted
- If information will be shared with others (e.g. within the healthcare team, tell the patient at the outset)

- Expectations of time – e.g. ‘We have 10 minutes, but if there is anything we don’t cover, we can cover it next time.’
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## **Establish trust**

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- Be honest
  - Be yourself – just the professional version of you!
  - The patient has social skills; these will detect if you are being authentic.
  - If you are, they are more likely to trust you.
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## **Stop and notice**

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### **Cues**

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What is the patient actually communicating with verbal and non-verbal cues?

### **Opening gambit**

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- The first thing the patient says is usually the only thing they have full control over (after this point they are often responding to the doctor).
- Often they have rehearsed this intro in the waiting room.

### **Curtain raiser**

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Unguarded remarks as they enter. More likely to say this if the doctor says less.

### **Use silence**

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## **Engage the patient**

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### **Ask them**

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e.g. What questions did you have? (allow time for them to answer, keeping an eye on time)

### **Active listening**

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- e.g. ‘Yes’, ‘mmm’ when appropriate
- Nod – when appropriate
- If they share sad news – acknowledge this – ‘I’m sorry to hear that’. Consider if this is relevant to the rest of the history and address as appropriate (for example in a Mental Health history)

### **Summarise**

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- Their words back to them at an appropriate juncture (Chunking and Checking <sup>3</sup>).

- I have included this here as this also is a way to demonstrate you have been listening.

## Open body language

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- **Face the patient** – Look at their face when they speak (learn to touch type or write without looking down – or signpost – ‘ I am just going to note this down’ so they understand why you are looking at something else)
  - **Show genuine interest** – Find one thing you genuinely like about them – even if it is only their socks!
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## Coaching style questions

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- Try adding a Coaching style question where appropriate – e.g. Lifestyle issues like smoking cessation, weight loss
  - ‘What are the barriers in your view?’
  - ‘How much do you want to change?’ (Scale of 1-10)
  - ‘How easy do you think it will be to change?’ (Scale of 1-10)
  - ‘What thoughts have you had about what you could do to improve your situation’
  - “What have you tried and what has worked?”
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## Aid the patient’s retention

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- Often patients find it hard to retain what you have said as they find the consultation emotionally charged.
  - Also, they may not be feeling too well!
  - Help them recall the key points:
    - Repeat the key points in a summary at the end
    - Ask them to repeat back a few key points
    - Invite them to take notes if they would like to
  - Give them written material to take away
  - Signpost them to good resources for follow on reading – written/websites/apps etc
  - Make sure you are happy with the content of these before recommending.
  - Reassure them that if they think of a question later on, they can have it addressed by (contacting you/your colleague/the ward/bring the question to the follow-up appointment etc).
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## Look after yourself

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Often consultations contain distressing information exchange. Be aware of you how you feel and seek help for yourself if needed.

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## Finally – be kind

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- This is vastly underrated and key to positive human interactions.
  - Be kind to your patient and kind to yourself.
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## References

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1. The Oxford Handbook of Clinical Medicine. 6<sup>th</sup> Ed; Longmore, Wilkinson, Rajappalan: p34.
  2. The New Consultation, Developing Doctor-Patient Communication. Pendleton, Schofield, Tate, Havelock: p41
  3. Geeky Medics. Information giving – an overview. Available from: [[LINK](#)].
  4. Cambridge dictionary. Definition of rapport. Available from: [[LINK](#)].
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