

History Taking Tips | Establishing Rapport

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Introduction

The definition of rapport

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

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

- 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.²
- It is worth working out your approach as history taking is a key step in the majority of diagnoses.¹
- 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.

You might also be interested in our **OSCE Flashcard Collection** which contains **over 2000 flashcards** that cover **clinical examination, procedures, communication skills** and **data interpretation**.

Be conversational

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

- 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

- 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

Cues

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

Opening gambit

- 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

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

Use silence

Engage the patient

Ask them

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

Active listening

- 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

- Their words back to them at an appropriate juncture (Chunking and Checking³).
- I have included this here as this also is a way to demonstrate you have been listening.

Open body language

- **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!

Coaching style questions

- 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?'

Aid the patient's retention

- 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

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

Finally – be kind

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

1. The Oxford Handbook of Clinical Medicine. 6th Ed; Longmore, Wilkinson, Rajapalan: 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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