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STAGES OF THE DOCTOR-PATIENT ENCOUNTER

Methodological guide for students for
the practical work within the subject:
MEDICAL PSYCHOLOGY

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This paper provides detailed information about what the physician-patient relationship in general is, but also the stages of meeting between the two subjects in particular. It also contains learning teaching methods that help raise the awareness of the doctor's responsibility in this special interpersonal relationship.

The methodological guide is intended for the students of SUMP "Nicolae Testemitanu" at the Medical Psychology course.

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STAGES OF THE DOCTOR-PATIENT ENCOUNTER

The purpose of the theme: ***to form in students (future doctors) the practical skills of effective communication with the patient in a medical environment.***

Objectives: The information provided to students on this subject will enable them to:

- define the concepts of interpersonal relationships and effective communication;
- characterize the specifics of the doctor-patient relationship;
- enumerate and describe the stages of the doctor-patient encounter;
- be aware of the importance of constructive communication, support of the doctor-patient relationship.

Topics for verifying student knowledge:

1. Interpersonal relationships.
2. General characteristics of the doctor-patient relationship
3. Stages of the doctor-patient encounter
4. Practical aspects of the doctor-patient communication.

Learning methods used: group work, brainstorming, think-pairs-present, Venn diagram, mosaic/jag-saw/zigzag technique, role playing.

THE CONTENTS OF THE LESSON

I. STAGE OF EVOCATION

Activity 1. **"Brainstorming"** technique - based on which the students will define the notion of communication, interpersonal communication and efficient communication between the doctor and the patient.

Activity 2. **"Think-Pairs-Present"** technique - students are expected to analyze the distinctive/important characteristics of interpersonal relationships individually, and then discuss them with other colleagues, and afterwards to present to the whole group the important details they have highlighted during the discussion.

Activity 3. **"Venn Diagram"** technique - students are to analyze in small groups (of 3-4 persons each) the communication barriers between the doctor and the patient separately. And then identify the common, overlapped issues that lead to inefficient communication.

Man by nature is a social being, he is the product of social factors. Social relations are multiple and act in different aspects: relations of sympathy, kinship, neighbourhood, economic relations, etc.

Among them a special place is occupied by interpersonal relationships, which represent a particular case of social relations. Interpersonal relationships are social relationships by being established between people and are oriented mostly by human necessities. Psychological support, love, esteem, status, the sense of security, prestige - are the main individual necessities that can be satisfied in the relationships between persons (people). The evolution of these necessities regulates the relationships between people. Interpersonal relationships are important from the individual (psychological) point of view and of society functioning (sociological point of view). A necessary and mandatory prerequisite for personal development is the pleasant inter-

personal environment, based on mutual acceptance, esteem, honesty and positive feedback.

The defining features (parameters) of interpersonal relationships are the conscious, direct, ethical and forming psychological connections between people.

Interpersonal relationships are *social* (objective) *connections* because they take place and depend on the social contexts in which individuals live.

The ***psychological*** **(subjective)** ***nature*** of the connection is determined by the fact that it involves two mental sources, both endowed with functions, characteristics, states and various emotions: the transmitter and receiver being the man with his own psychology.

The ***conscious nature*** highlights the following aspect: in order to establish such relationships, it is necessary for individuals to become aware of their existence and also of the existence of others, as well as of their necessities and characteristics, of the nature and purpose of the relations established between them.

The ***direct nature*** of interpersonal relationships is offered by the necessity of the "face to face" presence of the partners for the achievement of the perceptual connection between them.

The *ethical (moral) nature* is when man aims at achieving good or evil, either with himself, or with others. Behaviour becomes valorized, that is positive or negative, socially accepted or rejected.

Formative nature in relation to other people - is a way to get to know their fellows (entourage), but also a modality to know oneself; by acknowledging one's way of being (weak traits and strong traits, limits, etc.) People can shape (change) depending on others.

The functioning of interpersonal relationships is conditioned by the harmonious interaction of these features. In the doctor-patient relationship, the psychological and direct nature of the relationship is obvious, and the conscious one needs to be made so that the patient be-

comes convinced of what the doctor says and follows the prescriptions given by him.

Interpersonal relationships are of different types and can be classified according to several criteria. One criterion is to satisfy certain necessities or requirements of people:

- psychological necessities and requirements - manifested when people refer reciprocally one to each other: the necessity to know, to be acquainted with, to obtain some information about the interlocutor. Interpersonal relationships allow the possibility of a good knowledge and self-knowledge, ensuring a better organization of one's own life and activities.
- the need to communicate, to exchange information – message content with a great emotional load, involving feelings of compassion or generosity and solidarity between people – produce positive effects in the communication process.
- the need to be approved by others, to be part of their company and to share emotions and feelings.

Interpersonal relationships include, on one hand, some expectations (attitudes of receptivity) and contributions (attitudes of initiative), and, on the other hand, different intensity degrees of interactions.

The doctor-patient relationship is one of the main aspects of medical psychology. The personality of the patient is important, but equally important is the personality of the doctor who is in charge of the patient.

For medical psychology, studying the doctor-patient relationship is the very reason for its existence. The success of the medical act depends in the highest degree on the good functioning and organization of the place where care is given, on the professional conscience and doctor's prestige.

The meeting between the doctor and the patient is a dual *interpersonal relationship*, having as protagonist the patient - seeking qualified help and the doctor - who is able to provide this help. Very rarely, the doctor-patient contact is sought as an end in itself, as a need for a contact

between people, most often the contact is imposed by the disease situation, as a condition of a diagnosis and prescription of a treatment.

The relationship between the doctor and the patient is and can be regarded as a *social relationship* between two members of distinctive social groups by their skills, orientations, prestige: a group whose members require care and health maintenance, and another whose members provide help and care. The patient presents with a set of values, attitudes, beliefs and representations specific to the group to which he belongs. The doctor, however, belongs to a precise and socially determined professional group. His behaviour is established by specific rules: a certain status (position occupied in society), a certain social role (mode of behaviour associated to the status) and a certain insight into the disease.

The connection established between the doctor and the patient can also be regarded as a *psychological relationship*: it brings together, on one hand, people with different psychologies, and on the other hand, the doctor's medical professional experience with the experience of the patient.

At the same time, the established connection can also be regarded as a *cultural relationship*, which involves confronting different views, opinions, values, attitudes, behaviours, etc.

A key feature of the doctor-patient relationship is that this interaction takes place in an *institutionalized environment*: medical office, polyclinic, hospital. Even when it comes to visits to the patient's home - the relationship preserves the features of the institution’s rules.

In this relationship, *the doctor occupies the main place*, being - stated by M. Balint (1966) - a psychological support for the patient; between the doctor and the patient there must be an atmosphere of full trust, without which therapy is impossible. With his strong personality, the doctor provides protection, safety and support in the medical act to the patient.

In this relation, the doctor *co-participates sympathetically* to the

suffering of the patient. If the doctors manifest a close, compassion attitude towards the patient, giving explanations with patience - then the success of the therapy is greater. This was the attitude of the old clinicians who, although did not have many medical treatments at hand, had therapeutic successes due to psychotherapy and harmonious (positive, good) interpersonal relationships between the doctor and the patient. In this context, M. Balint distinguishes two types of understanding of the patient by the physician: intellectual understanding (objective, without the involvement of emotional aspects) and emotional understanding (of sympathetic co-participation, understanding and experiencing suffering by the doctor).

The doctor-patient connection is largely a *verbal communication relation*. In order to obtain details containing the required and mandatory information for diagnosis establishment, the doctor must take into account several aspects:

- the patient has little knowledge needed to describe the complaints in precise, concrete and clear terms;

- depending on the culture, the meaning of the words is also very different;

- the doctor should better exceed the views of the "expert" and try to see the situation in terms of the patient also;

- the doctor should avoid situations that might suggest the patient certain conditions, symptoms, etc.

For most of the patients, the dialogue with the doctor has a great value of support; the conversation itself being the essential element.

The doctor-patient communication is not resumed only to language problems. The doctor is the one who, in addition to understanding the disease, must also understand the patient - which would facilitate the emergence of a *relationship of knowledge* and comprehension.

The presentation of the patient to the doctor – besides the circumstances of emergency when brought by others - is made from personal

desire, after either accepting the idea of illness, or considering it probable, the patient feels a need for help from the doctor, who is socially appointed to offer it.

The multitude of the doctor-patient relationship facets makes the relationship between people of medicine special and complex.

This relationship (doctor-patient relationship) is initially a relationship of inequality, because its starting point is the request of a suffering man addressed to another person, based on the simple fact that the latter knows how to help him, heal him or relieve his suffering. Inequality arises both from the situation of addressing a request, which is a passive situation in itself, and from the suffering of the sick, which generates an emotional disability. Thus, this relationship gives real power to the medical staff (doctors, nurses etc.) on the body and mind of a person in a state of disease.

II. STAGE OF MEANING REALIZATION

Activity 4. **"Mosaic/Jig-saw/Zigzag"** technique - the students will form groups of 6 persons each. Each student will choose a number from 1 to 6, after which each number from 1 to 6 will form working teams. Each team will review the subject referred to it according to the logic of the text exposure. After that, each will return to its original group. Students, in turn, will present to the group colleagues the piece of the text studied. Thus, once all the components of the theme/text have been presented, the subjects have a complete/integral view on the subject studied.

The meeting between the doctor and the patient is a meeting between two different personalities with different positions. The patient can come up with different prejudices to the doctor, but the doctor has his own aspirations wanting the patient to meet them. These expecta-

tions are first of all related to the doctor's temperament. If the doctor is authoritarian, he will want a docile patient, if he is very busy, he will want a simpler case etc.

The patient comes to the doctor with the hope that he will be understood, that his suffering will be relieved, that the doctor will be competent, that he will find enough solicitude from the medical personnel.

THE DOCTOR-PATIENT MEETING IS MADE IN SEVERAL STAGES

The patient puts his hopes in the doctor, and the last one should better show understanding, compassion, gentleness, competence and much professionalism.

1.OBSERVATION – represents the deliberate, systematic pursuing of various behavioural manifestations of the individual and situational context. Observation content refers to: stable symptoms (bio-constitutional traits, height, weight) and physiognomy features (the aspect of the head, face, relations between the facial details, such as forehead, nose, chin, eyes and jaw); labile symptoms, flexible, mobile behaviours (verbal, motor, mnesic, intelligence); variety of behaviours; emotional expressions, attitudes.

Observation allows to capture natural (normal) behaviours of the individual and provides qualitative data.

2.CONVERSATION OR DISCUSSION - conducted between the doctor and the patient, involves a direct (face to face) relationship, complete sincerity of the investigated subject, encouraging the patients to manifest a behaviour of self-analysis, evaluation; the physician's ability to motivate the patient, and the presence of special qualities of the physician, such as sociability, empathy, flexibility, creativity, etc.

The patient needs to be encouraged to speak, to express himself

freely - the doctor being the person who stimulates and supports his monologue. This step is carried out in two periods of time:

- first period of time - is the most important and consists in listening carefully to what the patient is communicating and how he expresses himself. This will allow to observe the nature of the exposure and the verbal expressions used by the patient;

- the second period of time - is the one where other issues, topics will be approached. In order for the discussion to be effective it is necessary to comply with several conditions: it would be good for the patient and the doctor to sit one in front of each other at 90 degrees and at a distance of 1m (critical distance) - the patient being seen in profile, allows the doctor a better observation of his expressiveness.

In chronic diseases, the communication between the doctor and the patient obtains greater importance, the doctor, in addition to treating the disease, also intervenes in helping the patient to solve the problems created by the disease. For many chronic diseases, communication is the only form of treatment: recommendations, psychological support and information being essential in the process of adaptation to a new lifestyle more limited due to the disease.

3.*PHYSICAL EXAMINATION* – underlies the systematic diagnosis and allows the physician to highlight the symptoms. In the case of physical examination, hasty diagnosis will be avoided and no comments will be made referring to physical signs.

Clinical (physical) examination includes several steps:

a) *Inspection.* Once the patient enters the office, the doctor begins to study him. This inspection gives information on the corpulence, skin state, body hygiene, walking, facial expressions or gestures of the patient.

b) *Palpation.* Clinical investigation method by touching, in order to examine/study the physical properties (localization, shape, volume, etc.) of the tissues and organs, their topographical relationships and sensitivi-

ty in order to highlight the functional phenomena in the body. Palpation is particularly important in the examination of the abdomen and pelvis.

c) ***Percussion.*** Clinical investigation method, the technique of which consists in hitting with the percussion finger (right hand medius) on the middle finger of the left hand, which is applied to the region to be percussed. The physician percusses a part of the body with the hands to appreciate the sonority or resonance caused by this gesture. Percussion is practiced mainly on the chest and abdomen: it allows to appreciate the limits of certain organs, such as the liver or the relative sonority of the lungs. Knowing the standard percussion sound characteristic to each system and its changes in different pathologies, we can assess the state of the system itself.

d) ***Auscultation.*** A method of investigation, which perceives the emerging acoustic phenomena/internal sounds of the organism in order to control the functioning of an organ. Auscultation may be performed by direct contact of the ear with the affected part of the body or indirectly with a tool that amplifies the sounds - stethoscope.

Physical examination is essential for diagnosis establishment. Diagnosis establishment has a securing effect for both the physician and the patient. Medical attitude towards the disease may be seriously changed due to physical examination.

Physical examination primarily makes an approach to patient’s privacy, as it is a body proximity, which for some patients is very difficult to accept. However, a fair and thorough physical examination has also a securing effect for the patient, while for others it is an "intrusion".

In case of physical examination, the doctor must take into account such phenomena and therefore the body proximity to the patient must be done tactfully and carefully, and should especially give the necessary explanations on the procedures of examination, which will make the anxiety of the physical examination process decrease greatly.

4.DIAGNOSIS ESTABLISHMENT – is an important step in the doctor-patient relationship that requires intellectual effort from the doctor for the analysis and the comparison of the information provided by the patient, family, companions and of course by the laboratory analysis results. It involves a process of thinking and a particular (deductive) way of reasoning, where the professional experience proves to be very important. The errors that may occur at the time of diagnosis establishment are based on *three categories of causes:*

- the disease *(unclear symptoms, incomplete and incorrect history of the disease, etc.);*
- the doctor *(incompetence, presumption, shallowness, ignorance, subjection to the diagnosis of the hierarchically superior, etc.);*
- the patient *(subjectivity, the omission of some symptoms, susceptibility, low culture level, etc.).*

5.TREATMENT – is one of the most important stages of the doctor-patient meeting.

Medical prescription needs to be detailed, carried out carefully and unambiguously. In order to be accepted with confidence by the patient, it should be written with calm, without hesitation and with the necessary explanations. It is welcome that the patient is informed of the adverse reactions (side effects) that may occur after or during the administration of the preparations, but without inducing (suggesting) them.

6.RESUMING AUTONOMY OR RECOVERY – if the disease leads to an emotional regression, then the recovery involves a resuming of autonomy. As symptom relief takes place, the patient tends to regain independence. The double process - the regression and then autonomy resuming - corresponds therapeutically to the two phases of treatment and functional rehabilitation:

- *acute conditions* – where the doctor is active and the patient passive;

- *convalescence* – where the doctor serves as a guide or counselor.

The patient is again free to follow or not the prescribed regimen. He will feel and consider himself in good health when he finds the balance that will allow him to be independent of the physician.

The physician should avoid imposing to the patient his personal health ideal, to make him "at his countenance and likeness". It should be always taken into account the fact that the more the patient trusts the doctor, the more he will be disappointed if the doctor makes an error.

The quality of the medical act is reflected in the satisfaction of the patient and consists of a balance between what he expects of the medical act and what he receives. Satisfaction is given by the perception by the patient of his requirements and the extent to which they have been met.

III. STAGE OF REFLECTION

Activity 5. **"Role playing"** technique - where some students (randomly chosen) will try to simulate a possible "encounter between the doctor and the patient", taking into account all the details learned and discussed at the given lesson.

After that, each participant will try to tell what he/she has learned from this exercise, what he/she felt, what he/she would change, what skills/aptitudes would be needed to develop, etc. The other students, who were also observers, will also be involved in discussions about what they have seen: what they liked, what they would have done differently from their colleagues, etc.

And finally, it's very important to note: ***what they learned, understood from what they saw and done for their profession of a Good doctor.***

SELF-ASSESSMENT TEST

Read each question and tick the correct answers.

1. **Which of the following parameters ensures the harmonious functioning of interpersonal relationships?**

☐ a) Direct
☐ b) Economic
☐ c) Conscious
☐ d) Ethical
☐ e) Formative
☐ f) Psychological
☐ g) Juridical

2. **Indicate which are the types of physical examination.**

Percussion
☐ b) Auscultation
☐ c) Acupuncture
☐ d) Palpation
☐ e) Inspection

3. **List the causes of an erroneous diagnosis.**

☐ a) Disease
☐ b) Nurse
☐ c) Family
☐ d) Doctor
☐ e) Patient

4. **What are the main individual needs met in the process of connecting people?**

☐ a) Psychological support
☐ b) Love/affection
☐ c) Esteem

☐ d) Material support
☐ e) Security

5. Who is responsible for creating a positive, pleasant and constructive psychological climate in the doctor-patient relationship?

☐ a) Patient's family
☐ b) Health care assistant
☐ c) Patient
☐ d) Doctor
☐ e) Nurse

6. What components are needed for an effective communication?

☐ a) Empathy
☐ b) Professional/medical language
☐ c) Careful/active listening
☐ d) Encouragement
☐ e) Positive feedback

7. What tools does the doctor use for auscultation?

☐ a) Headphones
☐ b) Phone
☐ c) Stethoscope
☐ d) Ears
☐ e) Dictaphone

8. Which of the following features refers to the pathogenic interpersonal environment?

☐ a) Manipulation
☐ b) Hostility
☐ c) Encouragement
☐ d) Flexibility
☐ e) Aggression
☐ f) Empathy

9. Which of the parameters listed below is mandatory in the doctor-patient relationship?

- ☐ a) Economic
- ☐ b) Social
- ☐ c) Direct
- ☐ d) Ethical
- ☐ e) Juridical

10. What does percussion imply?

- ☐ a) Sonority
- ☐ b) Melody
- ☐ c) Polarity
- ☐ d) Resonance
- ☐ e) Limits of organs

11. What does the doctor pursue by inspecting the internal organs?

- ☐ a) Shape
- ☐ b) Volume
- ☐ c) Location
- ☐ d) Cause
- ☐ e) Place

12. Which of the following features refers to supportive interpersonal environment?

- ☐ a) Esteem
- ☐ b) Isolation
- ☐ c) Honesty
- ☐ d) Mutual acceptance
- ☐ e) Positive feedback
- ☐ f) Isolation

13. Which of the following aspects relate to inspection?

☐ a) The condition of the skin
☐ b) Body hygiene
☐ c) Social status
☐ d) Body/face language
☐ e) Walking
☐ f) Patient's clothing

14. Which of the following stereotypes may adversely affect the doctor-patient relationship?

☐ a) Age
☐ b) Intelligence
☐ c) Common sense
☐ d) Religion, race
☐ e) Gender
☐ f) Social affiliation

15. What is the most important stage of the doctor and patient encounter?

☐ a) Observation
☐ b) Physical examination
☐ c) Discussion
☐ d) Diagnosis
☐ e) Treatment

16. According to Hippocrates, what should the doctor treat?

☐ a) Disease
☐ b) Man
☐ c) Sick person
☐ d) Patient
☐ e) Child

17. What rules should the doctor follow when performing the physical examination?

- ☐ a) Avoid the comments on the signs on the patient's body
- ☐ b) Communicate to the patient what actions/manipulations he/she plans to do
- ☐ c) To take the patient’s clothes off
- ☐ d) To make observations on the clothing of the patient
- ☐ e) Express interest and care for the patient's feelings/sensations during the physical examination

18. Which of the following aspects refers to the defficient communication between the doctor and the patient?

- ☐ a) Professional attitude
- ☐ b) Mistrust in the doctor
- ☐ c) Interview styles
- ☐ d) Receptivity of the physician and the patient
- ☐ e) Patient's vision on his illness

19. What qualities would be necessary for a doctor to be a skillful interlocutor?

- ☐ a) Sociability
- ☐ b) Flexibility
- ☐ c) Stubbornness
- ☐ d) Diplomacy
- ☐ e) Creativity

20. Who is responsible for a good and harmonious relationship between the doctor and the patient?

- ☐ a) Nurse
- ☐ b) Doctor
- ☐ c) Both
- ☐ d) Patient's family
- ☐ e) Patient.

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