



# Rapport Skills and Techniques

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# Conflict of Interest Disclosure Statement

- The presenter has no conflicts to declare.

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# Learning Objectives

- 1.) Basics of rapport building
- 2.) Discuss specific techniques to assist and connect with patients who have chronic illness
- 3.) Develop ideas for your own self-evaluation plan to improve your patient interactions

# What exactly is rapport?

- Norfolk et. al, described therapeutic rapport: as an empathic, shared understanding of problem-specific perspectives in which the primary goal is to use this understanding to collaboratively develop solutions to the problem....
- How do you define rapport?
  - What tells you that you have a good rapport with your patient?
    - (Providers are not always good at assessing rapport)

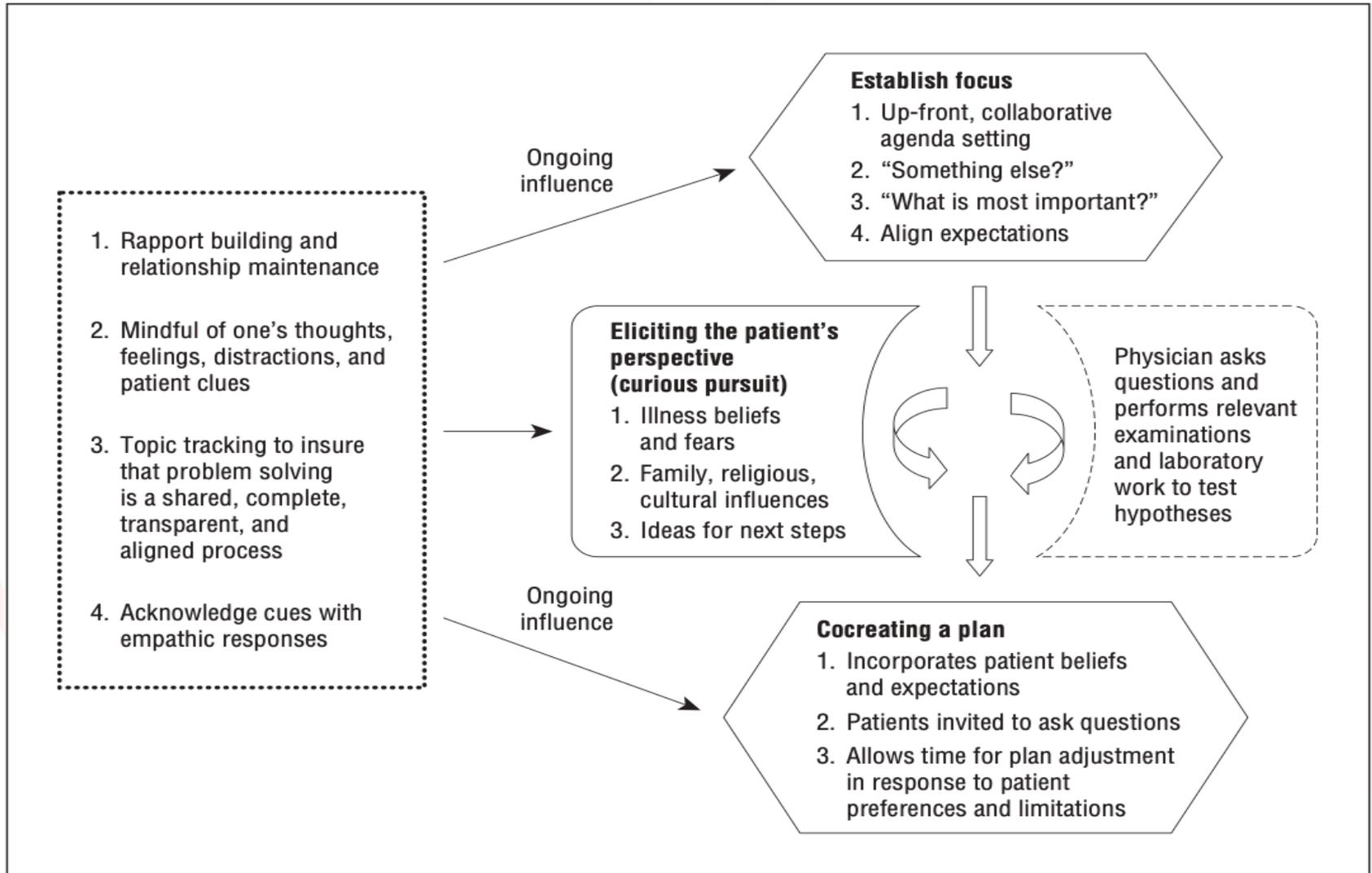
Casella, S. M. (2015).

# What kind of relationship do you have with your patient?

- Active Passive Model- “Physician acting upon the patient, who is treated as an inanimate object.” Think emergency room or true emergency situations.
- Guidance Cooperation Model- “A doctor is placed in a position of power due to having medical knowledge...MD makes recommendations and patient is expected to comply.”
- Mutual Participation Model- “Equal partnership between the doctor and the patient. The patient is viewed as an expert in their life.” Meeting the patient's goals even if they are not our own.

Chipidza, et. al, (2015)

# The visit



Mauksch et. al, (2008)

# Rapport Basics

- Rapport is created faster than you think and is sometimes started before the visit even starts.
  - Think about your own medical experiences
- Greet the patient
  - Greet the room-stop and ask who is with a patient “Hi, who do you have with you today?”
- Call every person by their name

# Rapport Basics Cont.

- Smile and Direct eye contact (Don't just stare at the computer)
- Demonstrate interest in the patient
  - How is your day going? Do you have plans after this visit?  
What are some fun things you like to do during your day?

# Advanced Rapport

- Communicate warmth and compassion
- Show courtesy and respect
- Listen and reflect
- Involve your patient as part of the team
  - Shared-decision making
    - Offering options and involving the patient

# Advanced Rapport-MI

- Utilizing elements from Motivational Interviewing can also help with rapport building and creating meaningful dialogue.
- Use OARS
  - Opened Questions
  - Affirmations
  - Reflective Listening
  - Summary statements
- Rapport building is even more important when seeing people virtually as the physical connection is often lost. A recent study on HIV patients and the usage of telemedicine found that patients had lower rapport with virtual providers.
  - Feeling rushed
  - Less involvement from providers
  - Loss of emotional connection

# HIV and Rapport

- Patients starting with a HIV provider often experience high levels of anxiety.
- Five things were shown to assist with improving patient experiences.
  - Reassurance
  - Eliciting questions
  - Showing lab results with explanation
  - Avoid judgmental statements or language
    - “How did you get HIV?”
    - “Seems like all IV drug users get HIV”
- Affective reassurances (empathy and warmth) is important, but cognitive reassurance may be more valuable for HIV patients.

Flickinger et. al, (2016)

# Rapport Over time

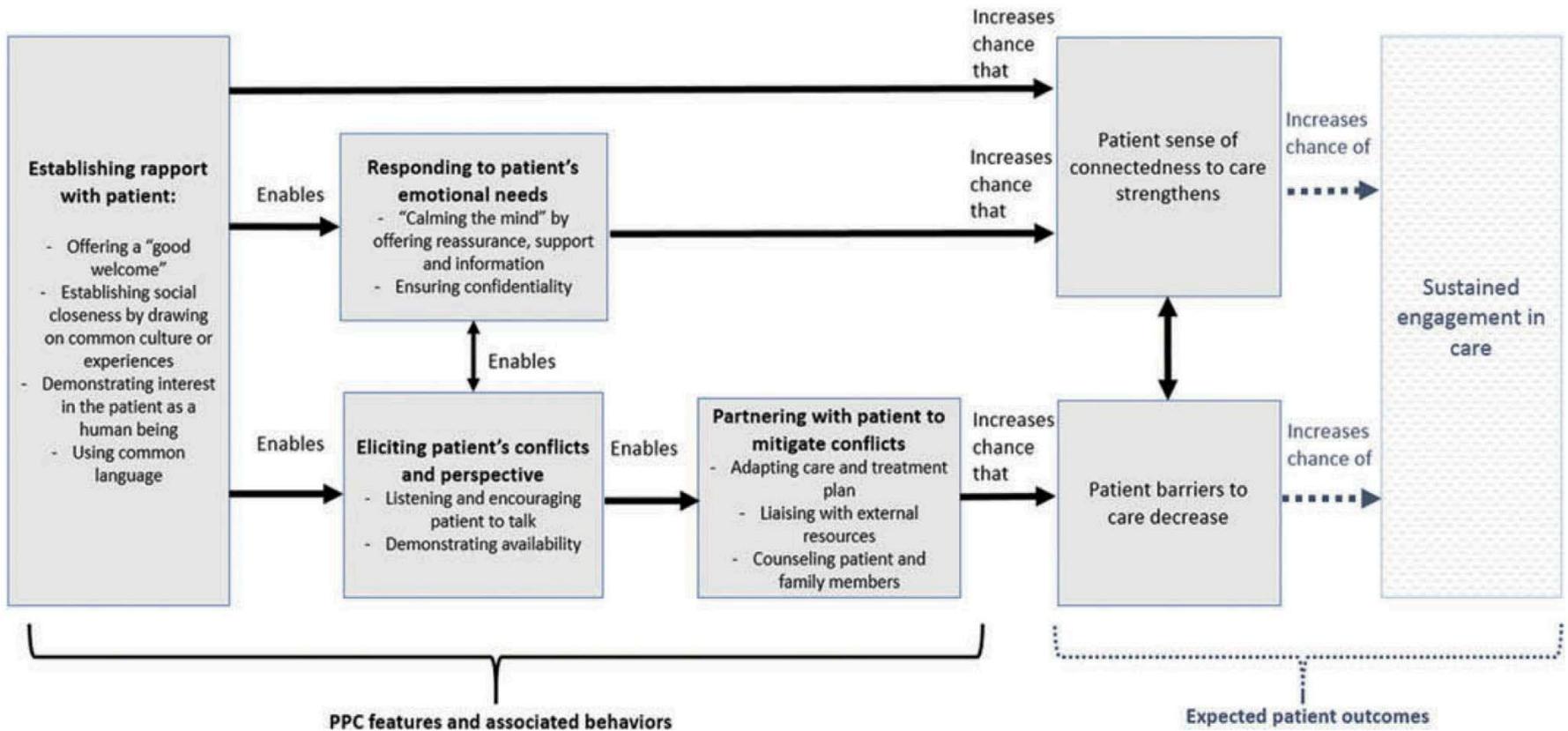


Fig. 1. Patient-provider communication features, behaviors, and processes in sustaining engagement.

Screenshot

# Other interventions

- Perspective taking experiences- steps to understand the patient's perspective. Role playing with other providers or staff.
- Medical improve classes
- Physician Coaching
- Peer Coaching

# Summary

- Rapport can start before the visit and is something that is maintained over time.
- There are many ways to build rapport with patients and some of these may even decrease visit times.
- Continue to seek out feedback from peers or engage in continued education to assist in patient provider communication development.

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# Resources

- Clinical Consultation Center  
<http://nccc.ucsf.edu/>
  - HIV Management
  - Perinatal HIV
  - HIV PrEP
  - HIV PEP line
  - HCV Management
  - Substance Use Management
- AETC National HIV Curriculum  
<https://aidsetc.org/nhc>
- [Core Concepts - Primary Care Management - Basic HIV Primary Care - National HIV Curriculum \(uw.edu\)](#)
- AETC National Coordinating Resource Center  
<https://targethiv.org/library/aetc-national-coordinating-resource-center-0>
- Additional trainings  
[scaetcecho@salud.unm.edu](mailto:scaetcecho@salud.unm.edu)