

Interpersonal Communication Skills for Massage Therapy Clinical Impression

A Person-Centered Approach to The Clinical Encounter

Adopting a person-centered model of care gives therapists a better understanding of an individual's symptoms by capturing the patient's narrative. It can also help identify meaningful goals and direct the most appropriate intervention based on pain presentation, functional limitations, and psychosocial factors. The added value of a person-centered model is that even when underlying mechanisms are unclear, by understanding the patient's functional limitations and how pain is affecting their activities of daily life we can still formulate a meaningful treatment plan.

Practices to Help Establish a Meaningful Connection with Patients in The Clinical Encounter

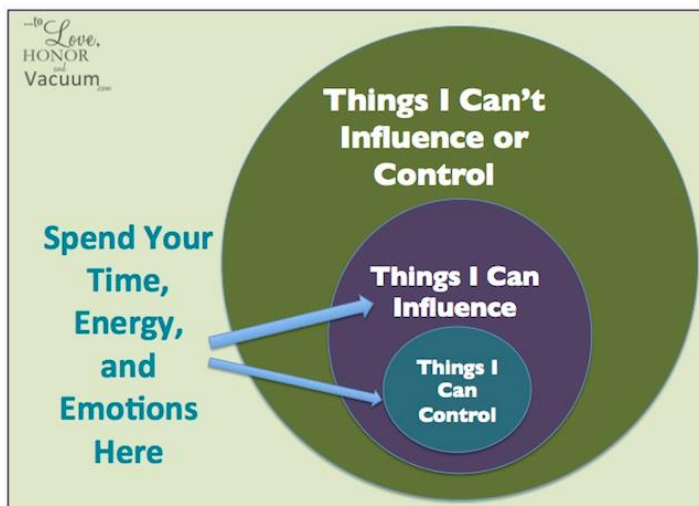
- Prepare with intention (take a moment to prepare and focus before greeting a patient);
 - Listen intently and completely (sit down, lean forward, avoid interruptions);
 - Agree on what matters most (find out what the patient cares about and incorporate these priorities into the visit agenda);
 - Connect with the patient's story (consider life circumstances that influence the patient's health; acknowledge positive efforts; celebrate successes);
 - Explore emotional cues (notice, name, and validate the patient's emotions)
- (Zulman et al., 2020)

A person-centered clinical assessment & massage treatment

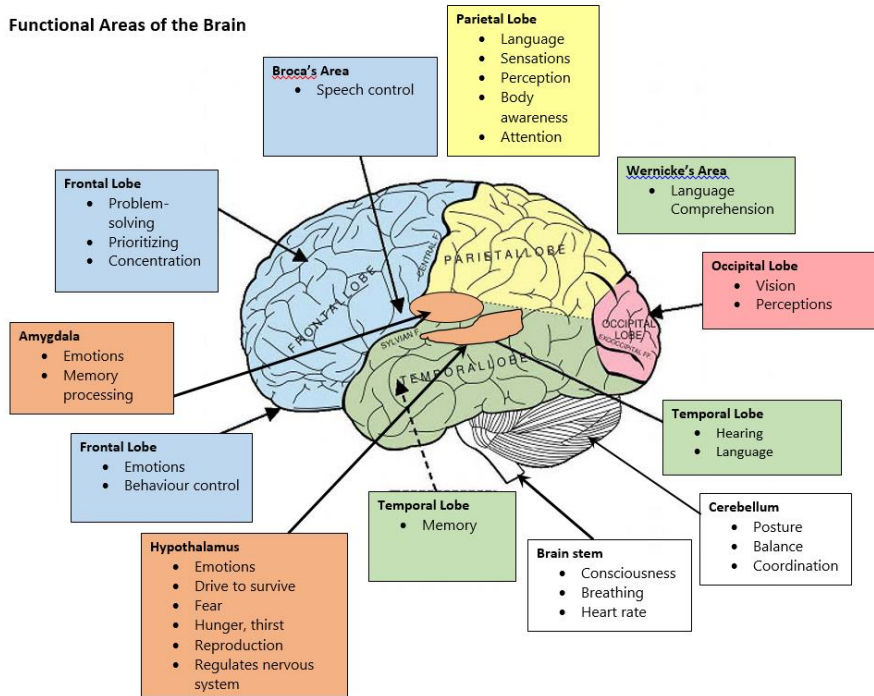
- A person-centered clinical assessment & treatment is one that seeks to better understand the complex web of interactions in the patient's history, physiology and lifestyle. If adopted widely a person-centered model of care helps to reconceptualize pain leading to improved patient-clinician relationships, improved self-efficacy, and better health outcomes for patients with pain.

Communication with Brain in Mind

Attention and Emotions

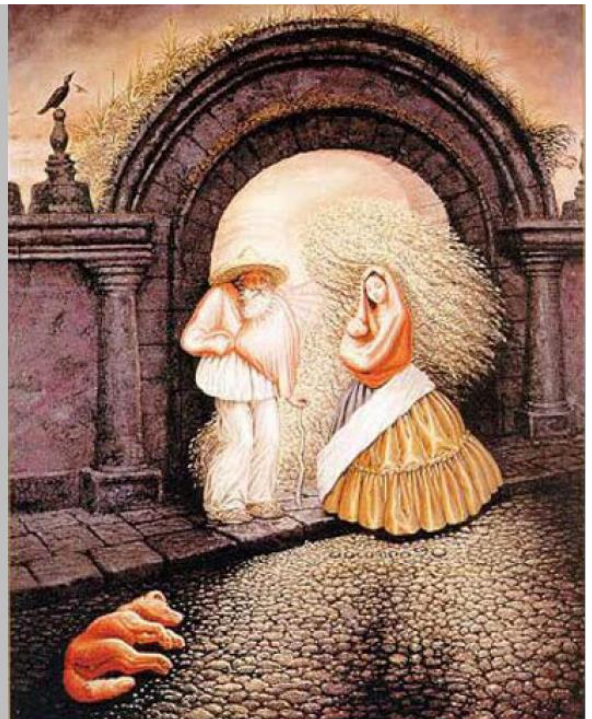


Functional Areas of the Brain



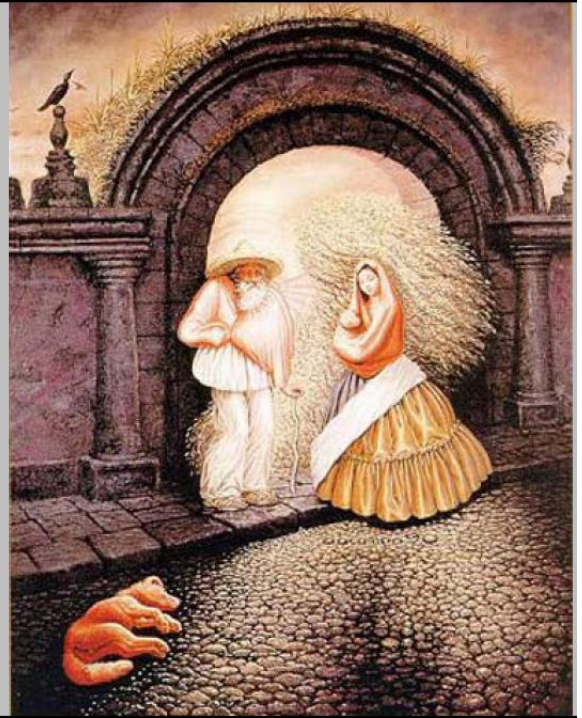
Alerting/Orienting

Can you find the nine people in this image?



Awareness/Orienting

- How to look
- What to look for
- Past experience
- What you have seen before



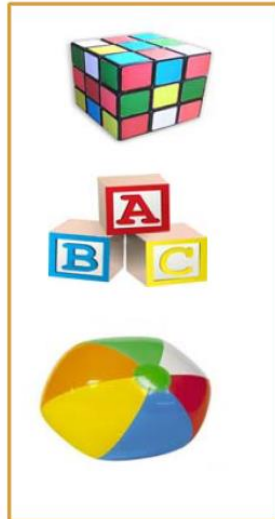
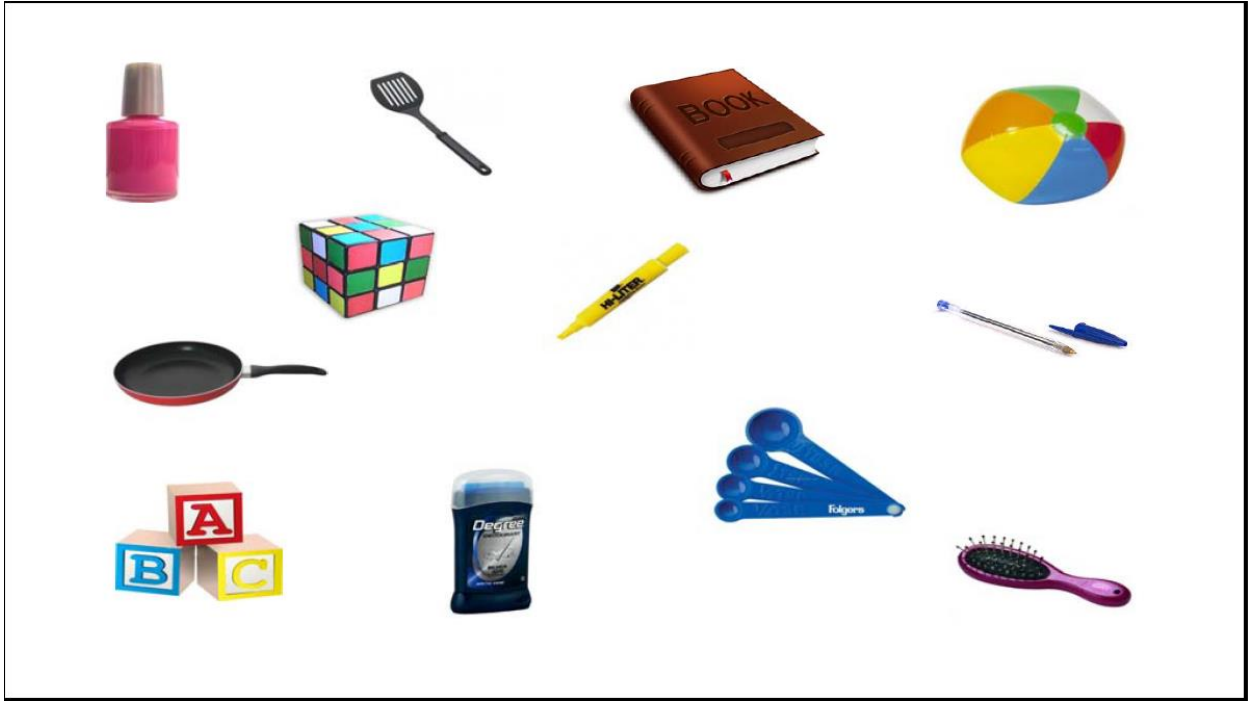
What is Memory?

“Information” that has been stored and can be “remembered” (retrieved).

Recognition – a measure of memory in which the person **recognizes** information (MCQ)

Recall – a measure of memory in which the person must **retrieve** information learned earlier (Short answer)

Transfer – a measure of memory that assesses whether the information can be **applied in new situations** (practical setting)



Working Memory

Key characteristics

- Limited capacity (4 +/- 2)
- Temporary (10-15 seconds)
- Different in novices and experts
- Interacts with long term memory



Interpersonal Communication Skills

- Listening Skills
- Intake Interview
- The RESPECT Model

Listening Skills: Attending behaviors

- eye contact
- body posture
- voice tone
- verbal tracking
- silence
- clarifications (verbal prompt)
- paraphrasing
- reflection of feeling
- summarization

Intake Interview

Intake components include the following :

- identify and explore “chief complaint”
- take personal history and info
- review current functioning

Table 1. Five Step Patient-Centered Interviewing ↵

Step 1. Set the stage for the interview (30–60 s)	1. Welcome the patient
	2. Use the patient's name
	3. Introduce yourself and identify specific role
	4. Ensure patient readiness and privacy
	5. Remove barriers to communication (sit down)
	6. Ensure comfort and put the patient at ease
Step 2. Elicit chief concern and set an agenda (1–2 min)	7. Indicate time available
	8. Forecast what you would like to have happen in the interview
	9. Obtain a list of <i>all</i> issues the patient wants to discuss
	10. Summarize and finalize the agenda
Step 3. Begin the interview with non-focusing skills that help the patient to express herself (30–60 s)	11. Start with open-ended request/question
	12. Use nonfocusing open-ended skills (attentive listening)
	13. Obtain additional data from nonverbal sources
Step 4. Use focusing skills to learn 3 things: Symptom Story, Personal Context, and Emotional Context (3–10 min)	14. Elicit symptom story
	15. Elicit personal context
	16. Elicit emotional context
	17. Respond to feelings/emotions
	18. Expand the story
Step 5. Transition to middle of the interview (clinician-centered phase) (30–60 s)	19. Brief summary
	20. Check accuracy
	21. Indicate that both content and style of inquiry will change if the patient is ready

Reprinted with permission. Fortin AH 6th, D'Amena FC, Frankel RM, Smith RC. *Smith's patient-centered interviewing: an evidence-based method*. 3rd ed. New York (NY): McGraw Hill Medical; 2012.

The RESPECT Model

1 Mutha, S., Allen, C. & Welch, M. (2002). *Toward culturally competent care: A toolbox for teaching communication strategies*. San Francisco, CA: Center for Health Professions, University of California, San Francisco.

The RESPECT Model

- The RESPECT Model can help RMT remain effective and patient-centered in all of your communication with patients. Whether it is verbal, nonverbal, or written, is that RMT remain open and maintain a sense of respect for your patients.

Rapport

- Connect on a social level
- See the patient's point of view
- Consciously suspend judgment
- Recognize and avoid making assumptions

Empathy

- Remember that the patient has come to you for help.
- Seek out and understand the patient's rationale for her behaviors or illness.
- Verbally acknowledge and legitimize the patient's feelings.

Support

- Ask about and try to understand barriers to care and compliance.
- Help the patient overcome barriers.
- Involve family members if appropriate.
- Reassure the patient you are and will be available to help.

Partnership

- Be flexible with regard to issues of control.
- Negotiate roles when necessary.
- Stress that you will be working together to address medical problems.

Explanations

- Check often for understanding.
- Use verbal clarification techniques.

Cultural Competence

- Respect the patient and her culture and beliefs.
- Understand that the patient's view of you may be defined by ethnic or cultural stereotypes.
- Be aware of your own biases and preconceptions.
- Know your limitations in addressing medical issues across cultures.
- Understand your personal style and recognize when it may not be working with a given patient.

Trust

- Self-disclosure may be an issue for some patients who are not accustomed to Western medical approaches.
- Take the necessary time and consciously work to establish trust.

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Questions and Answers

1. What is the RESPECT Model in clinical communication?
2. How to establish a meaningful connection with patients in the Clinical encounter?
3. What is the attending behaviors listening skills in clinical interview?