



Exploring non-verbal communication with trainees for general practice

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Background

Communication skills development is one of the cornerstones of training for general practice. The subtleties of non-verbal communication (NVC) can add much to a consultation^[1,2] but trainees can struggle to recognise the significance of the unspoken aspects of this interaction. A lack of awareness of the significance of NVC on the consultation can have unintended negative consequences on the doctor-patient relationship^[3] as “..non-verbal behaviours are less under conscious control and are difficult to modify.”^[4]

Further, anecdotal evidence suggests that with an increasing emphasis on trainee assessment by performance through simulated surgeries, there can be a mismatch between the words spoken and the accompanying NVC. Increasingly this is emerging as a factor common to candidates who fail CSA assessment.

Aim

The aim of this project was to design a teaching session on NVC which would raise the awareness of trainees about their own and their patients' non-verbal behaviour in the consultation as part of the curriculum for GP training.

A teaching resource was developed over several months, drawing on expert input, observations of early pilot sessions, feedback from participants and discussion with educators skilled in interactive approaches to teaching.

What we did

A pilot two hour education session was planned for 20 ST3 GP trainees in Southampton, followed by a similar session for 13 ST2 trainees. The sessions were integrated into their weekly Day Release Programme.

The session included:

- An introduction to theories and principles of NVC, drawing on a range of texts from academic social and behaviourist psychology to more popular readings;
- Observed role-play in small groups with feedback. This focused on doctor-patient interaction during the opening and closing of the consultation;
- Film clips showing examples of poor doctor-patient communication;
- Discussion of specific elements of NVC: e.g. handshaking, mirroring of gestures and posture, unintended 'non-verbal leakage,' and the impact of the computer on interaction during the consultation;
- A summary of 'take away' points on NVC for trainees to reflect on and try out when consulting back in practice.

What they said

Feedback was gathered from the trainees at the end of the sessions. Overall the NVC session was rated 'excellent' and trainees reported the following main areas of learning:

- Increased awareness about NVC generally;
- Appreciation of time to reflect on own NVC;
- Raised awareness about the effects of mirroring NVC;
- The opportunity to role play subtle aspects of NVC;
- Raised awareness about how to close a consultation.

In addition, the trainees were asked how the session could be further developed. These suggestions led to the development of a bespoke DVD resource showing examples of effective and ineffective non-verbal behaviour in simulated consultations.

Anecdotal feedback four months later from a small number of participants indicated that trainees had discussed the session and topic with their trainer, had actively tried to alter their non-verbal communication when consulting with patients and had read more widely about this aspect of communication.

Conclusion

This was a well-received educational session which demonstrated the desire and need for teaching on the non-verbal aspects of communication between doctors and patients. Through it trainees became more aware of the impact of their and their patients' NVC, and tuned into these to both regulate their own behaviour and to manage the consultation more actively.

Next steps

We are further developing the educational resources that may be used in the session so that it can be tailored to trainees at different stages of training.

We conclude that specific teaching about NVC should be integrated into the current GP training curriculum and reinforced at intervals to maintain the impact on learning.

References

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