The Importance of Nonverbal Information in the Clinical Encounter

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Introduction

• Effective communication crucial in clinical encounter

• Nonverbal refers to anything besides spoken word – gestures, expressions, mannerisms, positioning, etc.

• Physicians rated better at nonverbal communication have fewer malpractice claims, better patient compliance, fewer cancellations (Roter 2006)
Thesis Statement

• Medical education should include the subjects of observation and nonverbal cues in order to improve communication skills in future physicians and improve patient outcomes.
Literature Review

• The limbic system is responsible for emotional processing of the environment and results in instantaneous nonverbal reaction through thalamic relays (Catani 2013)

• Nonverbal reactions are instinctual, instantaneous, and not easily replicated or masked

• Single nonverbal cues alone not useful; use context and multiple cues indicating same emotional state
Literature Review

• Nonverbal cues can be broadly classified into those of low or high confidence (see Figures 1-6)

• Decoding these cues requires skilled practice in observation and interpretation of the cues

• Knowledge of these cues gives insight into patient comfort/discomfort; can aid in establishing rapport, steering conversation, and reaching diagnosis
High Confidence Cues

• These cues indicate an emotional state of comfort, safety, satisfaction, victory, dominance, good feeling
• Can indicate when patient feels pleased or relieved
Low Confidence Cues

- These cues indicate fear, discomfort, unhappiness, powerlessness, lack of confidence
- Common emotions in medical encounter
- Often manifest in form of subconscious attempt to comfort oneself or “self-pacify”
Rapidly tapping feet or “happy feet” are considered one of the most reliable indicators of high confidence.
Hands clasped behind head is a form of spreading out one’s body and is considered a dominance or very high confidence pose.
Dilated pupils are considered one of the truest and fastest indicators of happiness to a recent stimulation. Poker players sometimes look for this to see when an opponent makes their hand.
Shielding/covering the eyes is a way of blocking out external stimuli and can signify high aversion to what was just seen or heard.
Touching the neck is an extremely common way of self-pacifying. Protecting the neck is an instinctual reaction when danger or discomfort is sensed and can indicate someone’s emotional state of fear or uncertainty.
The woman on the left can be seen crossing her ankles and hiding them far back under her chair. This is considered a low confidence nonverbal cue because she is folding her body and withdrawing the space she occupies.
Conclusion

• Little formal education exists about observation or nonverbal communication in medical school

• Practice at observation and knowledge of cues can lead to recognition of cues, with numerous benefits for patient relationship and outcomes

• Include nonverbal assessment of standardized patient encounters and formal lectures on discreet tells of high and low confidence

• Encourage daily practice at observation
References