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## STRATEGIES AND TOOLS OF AN EFFECTIVE DOCTOR-PATIENT COMMUNICATION

*The article brings the issue of professional training of physicians to light. The main attention is laid upon the problem of professional communication in English language. Furthermore, the work highlights the problem of time management and quality of the services offered by a physician. The aspects of verbal and non-verbal communication are viewed as one of the key components of successful information exchange between a doctor and a patient. Also the work covers some psychological aspects of patients' behaviour that later are crystallized in different types of patients. The latter are analyzed from the perspective of their social behavior that is crucial for defining of at least two distinct types of patients, and the factors to consider are: their assertiveness, interest, and language pace. Consequently, the set of basic verbal and non-verbal characteristics a physician estimates are: eye contact, body movements, voice, posture. These get special kind of attention from the very onset of a doctor-patient communication. The investigation offers some universal issues that are crucial for a physician in the selection of linguistic and extra linguistic tools while interacting with a patient. Due to their colossal importance and maximal effectiveness in medical practice the previously mentioned issues are viewed as maximums of doctor-patient communication.*

**Key words:** doctor, patient, communication, frame, communicative event, behavioral model, professional language.

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## СТРАТЕГІЇ ТА ЗАСОБИ ЕФЕКТИВНОЇ КОМУНІКАЦІЇ МІЖ ЛІКАР-ПАЦІЄНТ

*Стаття висвітлює питання професійної підготовки лікарів. Основна увага у роботі приділяється проблемі професійного спілкування англійською мовою. Окрім того, стаття підкреслює проблему розподілення часу і якості послуг, наданих лікарем. Аспекти як вербального, так і невербального спілкування розглядаються в якості одного з ключових компонентів успішного обміну інформацією між лікарем та пацієнтом. У праці також зазначені певні психологічні аспекти поведінки пацієнтів, які в подальшому розкриваються у їх різних типах. Останні аналізуються з огляду на їх соціальну поведінку, яка є вирішальною для визначення щонайменше двох основних типів пацієнтів. Факторами, яким приділяється особлива увага є: впевненість, зацікавленість і темп мовлення. Отже, базовими вербальними та невербальними характеристиками, з якими зіштовхується лікар є: зоровий контакт, рухи тіла, голос та постава. Ці чинники привертають особливу увагу від самого початку спілкування лікаря і пацієнта. Дослідження пропонує деякі поради щодо вибору лікарем лінгвістичних та екстралінгвістичних засобів під час розмови з пацієнтом. Через їх колосальну важливість та безумовну ефективність в медичній практиці зазначені вище поради розглядаються в якості максимумів спілкування між лікарем та пацієнтом.*

**Ключові слова:** лікар, пацієнт, комунікація, фрейм, комунікативна подія, модель поведінки, професійна мова.

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## СТРАТЕГИИ И СРЕДСТВА ЭФЕКТИВНОЙ КОММУНИКАЦИИ ДОКТОР-ПАЦИЕНТ

*Статья освещает вопрос профессиональной подготовки врачей. Основное внимание уделяется проблеме профессиональной коммуникации на английском языке. Более того, эта работа подчеркивает проблему распределения времени и качества услуг врача. Вербальные и невербальные аспекты коммуникации рассматриваются в качестве одного из ключевых компонентов успешного обмена информации между доктором и пациентом. Эта работа также освещает некоторые психологические аспекты поведения пациентов, которые далее проявляются в их разных типах. Последние анализируются с точки зрения их социального поведения, решающего звена для обозначения по крайней мере двух типов пациентов. Факторы, которые были приняты во внимание: зрительный контакт, телодвижения, голос и поза. Эти критерии первоначально привлекают внимание с самого начала общения врача и пациента. Исследование предлагает некоторые советы врач касательно выбора лингвистических и экстралингвистических средств во время разговора с пациентом. Из-за их колоссального значения и особой эффективности в медицинском практике, советы, описанные выше, рассматриваются в качестве максимумов коммуникации между врачом и пациентом.*

**Ключевые слова:** доктор, пациент, коммуникация, фрейм, коммуникативное событие, модель поведения, профессиональный язык.

Modern tendencies in common medical practice tend to strive for searching for new methods of coping with the challenge number 1 the family medicine faces. The latter is primarily focused on the issue of time management awarded to general practitioners for patients' consultations. The measures taken are directed to the computerization of history-taking process that is viewed as an extremely effective time-saving solution [11, p. 3]. The same ideas are shared by P. Bingham, R.J. Lilfort, T. Chard, J. Bachman, I. Marks [4, p. 34-37; 3, p. 67; 13, p. 1307; 10, p. 549] referring to gynecology, cardiology, immunology and other medical specialties and as the result expanding the scope of investigation. Considering the modern advances in this area, the successful implementation of the computerized history is just on the pipeline. On one hand, the implementation of the computerized history taking may become a remedy for an overloaded health care systems, but on the other – it neglects the perception and basic cognitive image of the patient-

doctor interaction, due to the fact that artificial intelligence is not able to copy the original human characteristics of a physician that are of crucial importance in dealing with patients and collecting the most accurate feedback [2, p. 44]. So, regardless of the chosen strategy, the communication with the patient is an inevitable part of physician's work. Moreover the doctor-patient communication is of vital importance in medical practice that can be illustrated by its definitions offered by the prominent scientists: 1) «... a core clinical function...», «... an integral part of clinical practice...» [6]; 2) «... a key to a successful patient-physician relationship...» [5]; 3) «... a skill essential for the satisfaction of the patients' needs and expectations...» [1]. Thus, the **aim** of our study is to investigate some common verbal and non-verbal tools of effective communication between a patient and a doctor. The latter is reached via fulfillment of the following **tasks**: 1) to describe the footing of doctor-patient communication; 2) to devise the cognitive image of doctor-patient communication; 3) to identify the peculiarities of patients; 4) to describe the linguistic and extra linguistic factors influencing the quality of medical service; 5) to shape the principal strategies of communicating with the definite type of patients. The **object** of the article encompasses the fragments of medical discourse, whereas the **subject** of the research involves the linguistic and extra linguistic peculiarities of the analyzed texts.

The bases of communication process refers to its mental representation or the basic cognitive image recorded in the human mind and limited to a certain communicative event [8] that is embodied in various lexical units. The selection of these units is determined by some linguistic (language skills, grammar rules, active vocabulary etc.) and extra linguistic factors (social background, psychological characteristics etc.). For this purpose the frame structures as universal tools for coding mental information can be applied [9]. The communication between a physician and a patient is reflected through actional frame structure: **SOMEBODY/ SOMETHING ---- ACTS ON ---- SOMEBODY/ SOMETHING: *PHYSICIAN ---- treats ---- PATIENT***. The core components of communication are: **PHYSICIAN** and **PATIENT**. The product of their cooperation is a successful treatment. As far as in communicative situation the physician is primarily focused on the patient's wellbeing of their patients all the tools they apply in treatment contribute into a particular strategy. The latter is shaped in accordance with the types of the patient doctors deal with.

The patients can be classified accounting for social style model or «pattern of behavior that others can observe» [12, p.248]. J. Yanz offers 4 groups of patients according to their behaviour, including the level of assertiveness, the aspects they are mainly interested in and the pace they prefer [14, p. 26-33].

*Driver* type is sometimes hard to deal with due to some linguistic factors like: rapid pace of speech, careless selection of words, non-verbal side does not have much importance; and extra linguistic factors: personal leadership, not attentive to the details.

Analytical type requires much additional information. Its linguistic factors are: carefully selected lexical units, interrogative sentences, concluding phrases, slow pace of speech; extra linguistic factor is: establishment of non-verbal contact.

Expressive type prefers talking about emotions to stating bare facts. To the linguistic factors belong: not selected lexical units, prevalent descriptive sentences, harsh pace of speech, rare non-verbal; extra linguistic factors include: lack of emotions' control, difference between words and actions.

Amiable type concerns a variety of issues before making conclusions. Linguistic factors encompass: assessing sentences, slow pace of speech, non-verbal contact is given huge importance; and extra linguistic factors involve: sensitive nature.

To make the style identification procedure applicable in the medical practice it is offered to reduce the number of patients with Type I social style and those of Type II, according to the preferable lexical content each type (*Driver*, *Analytical*, *Expressive* and *Amiable*) explicates in terms of communicative situation and assessing the implicit goals set by each.

Type I covers characteristics of drivers and analytical type of people preferring information and facts prior to the expressing emotions, and Type II involves amiable and expressive ones concerning the fact that the emotive component of communication is awarded weighty importance.

To differentiate between patients Type I and Type II a physician has to account for at least some basic characteristics like: eye contact, body movements, voice, posture. Those patients establishing long and intense eye contact, having limited body movements, monotone voice, and rather formal posture can be assessed as Type I, whereas the patients with scattered and empathetic eye contact, mobile body movements, voice inflection, and informal posture are viewed as Type II patients. The latter division contributes to successful results of doctor patient-communication. Consequently, there is the need in working out the more accurate instructions for the physicians to quickly identify the patient and modify the kind of their professional conduct focusing on time management and avoiding misunderstandings or conflicts.

With Type I patients a doctor is advised:

- 1) to be formal and succinct;
- 2) to get down to business at once;
- 3) to be specific and logical;
- 4) to avoid interrupting;
- 5) to avoid trying to control the patient.

Common mistakes made while dealing with Type I patients:

1) «*Hello, Mr. Smith. How are your children? Hope they are ok. I have got your blood tests result and I am really sorry to inform you, that they are negative.*» The underlined words are not effective in case with Type I patients, because the example provides personal information. Taking into account the prevalent characteristic features of Type I patients, the sentences like «*Hello, Mr. Smith. Here are your blood tests results. Unfortunately, they are negative*» sound more natural.

2) (a) «*Can you believe it! You made the recovery so fast!*»; (b) «*You just lie still, old fellow,*» he boomed cheerfully at the patient (2). The statements are emotionally colored and do not correspond the tone Type I patients follow. The same data can be elicited in the way that it is interpreted by this kind of patients faster and easier: (a) «*Well done, Mr. Smith. Take care*»; (b) «*It seems to me that your information is incorrect.*»

Basic recommendations for dealing with Type II patients include:

- 1) Be friendly and informal.
- 2) Show your personal interest.
- 3) Be enthusiastic.

- 4) Give them time to make a decision.
- 5) Don't overload with facts and details.

Examples that might lead to misunderstanding or make Type II patients feel uncomfortable are:

1) «Mrs. Jones, you should visit cardiologist and make an ECG, Ultrasound and CT.» Such instructions, though they are correct and cramped with standards of medical English, can present difficulties for understanding and may be substituted by: «Mrs. Jones, I am really worried about you, so please visit a heart doctor and have pictures of your heart and the other organs taken.»

2) The following statement seems to be rather confusing for patients of Type II: «Mrs. Jones, we will now review the results of your blood tests. Your CPC, BMP, and LFTs were basically negative.» There is a need either to omit the usage of pure medical terms or provide the accurate explanation to them. The first option is usually excepted easier: «It's better to use: «Mrs. Jones, how are you? Is there anything that disturbs you? I've got your blood tests results and I'm really sorry to inform you that they could have been much better.»

The analysis of the social styles demonstrate that some principal or universal norms that influence the quality of doctor-patient communication and make it effective regardless of the behaviour models or the universal patterns which tend to maximize the effect of the communication need to be crystallized. Such universal norms can be viewed as maximums that accumulate general principles to stick to in order to achieve the highest level of mutual understanding between a physician and their patient applying the minimal set of verbal and non verbal tools in the shortest terms.

**Maximum of understanding:** patients want both to be UNDERSTOOD and to be UNDERSTANDABLE. Maximal understanding can be illustrated through the following:

- Do not put the onus on the patient, for example a medical professional may use questions: *Do you understand? Was it clear?*
- Avoid complicated medical terms and jargons for example: *Metastasis is the spreading of cancer cells to the other parts of the human body.*
- Use summarizing, for example: *I understood you. Now... – Can I just see if I've got this right...*

**Maximum of empathy:** patients require EMPATHY, in larger or smaller quantities. Not all patients according to the patterns of behaviour appreciate explicit kind of empathy, in this case a doctor has to implicate it. Basic issues are:

- Apologize if needed: *All of us are really busy. Sorry for wasting your time. I beg you pardon me for being late.*
- Use some drama: *I know how you feel. I can only imagine what you feel.*
- Believe in your patient: *This won't hurt at all – This will hurt just a little, but I truly believe you can cope with it.*

**Maximum of neutralism:** A doctor as any other medical professional must stay NEUTRAL:

- Don't be too emotional, for example: *Would you look at that! Oops, Fantastic!*
- Avoid personal advice, for example: *It is a universal demand to stick to the rules of hygiene in public places.*
- Always offer an alternative, for example: *Unfortunately, we are not able to see you on Tuesday. Are you available on Thursday?*

*Tuesday is full, unfortunately. Let's look for some alternative.*

The piece of speech like: «Shame on you! You treat this orphan better than you treat your own blood!» (1) can ruin the attempts to establish the Maximum of neutralist, because it contains an emotional reaction of a physician to a problem.

**Maximum of assertiveness:** Patients want their doctors to sound ASSERTIVE.

This maximum can be illustrated through the following examples:

«Absolutely,» the Doctor answered, smiling, «I'll take care of the paperwork right now», he finished (4);  
Don't worry, I'll have this sorted out.

To show the neglecting of Maximum of assertiveness, the next example may be used: «And again the doctor answered with uncharacteristic evasiveness: «We'll see.» (3). To make the previous sound assertive the reformulated sentence can be used, for example: «We'll rely upon the trusted medical devices.»

In order to provide the patient with the best type of treatment a physician has to establish the very specific kind of communication taking into account the time of care delivery, the type of the patient they work with, the specific parameters of communicative situation etc. Beyond the described, a physician is advised to pay attention to the kind of language they use in order to meet the requirements of every patient's type. A doctor must admit the set of procedures to follow as one strategy:

- 1) Identify the type of the patient.
- 2) Establish maximum of understanding, but still remain neutral.
- 3) Do your best to be empathetic and assertive simultaneously.

Following the offered order of the issues a doctor is able to manage time of the consulting, to bring relaxing atmosphere, to successfully establish the diagnosis and encourage treatment.

The scope for further investigation is shaped by devising the set of practical methods of coping with different stressful situations that emerge while dealing with the certain type of patient. Also the special attention must be paid to the investigation of mixed type of a patients.

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