

Special Feature

## How to establish trust in few minutes: A communication guide for every practitioner

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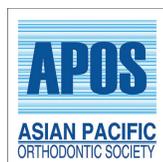
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### ABSTRACT

Today, every service provider strives to deliver a fulfilling customer experience. It has been proven that the human dimension in a customer experience has the longest lasting impact on a customer's emotional well-being. For health-care practitioners, the patient experience offers several opportunities to enhance the human dimension by building a genuine connect with each patient. This article talks about three essential communication skills, RAPPOR T BUILDING, EFFECTIVE PROBING, AND CHECK FOR UNDERSTANDING. Rapport building is the ability to connect with anyone through friendly dialogue. Effective probing is a conversational style of questioning using a mix of open- and closed-ended probes. Check for understanding is an active listening tool, where you confirm your perception of the other person's words to ensure you are always on the same page. Three skills work together to help you master the art of building an instant connect within few minutes. You will learn the benefits of each of these skills along with step-by-step actions you can take to make them part of daily conversations. Applying these skills will make your patients feel valued as individuals. As a result, they will trust you with ease and follow your advice with greater dedication, leading to their better physical and emotional well-being.

**Keywords:** Communication skills, Rapport, Probing, Paraphrasing, Questions, Patient needs, Patient experience, Human dimension, Dialogue

### THE HUMAN DIMENSION

As a service designer and behavioral trainer, I work with clients in the healthcare, lifestyle, and retail space to humanize the experience they provide their customers. An experience is a series of interactions that occur between the service provider and their customer. It is not just one moment, but the entire journey. Each moment has three key dimensions – emotional, functional, and sensorial. When we design each moment in that journey around the customer's holistic needs, we make that experience more human that means it becomes easy, efficient, and enjoyable for everyone involved. Imagine your stay at five-star hotel. Your functional needs are met – great air conditioning, hygiene, etc., your sensorial senses are overwhelmed with beautiful aroma and a feathery pillow, but if the hotel staff at the front desk does not smile at you, you are going to reconsider staying at that hotel. The human dimension has been proved to have the longest lasting impact on a person's sense of fulfillment and well-being. The human dimension has the ability to compensate for shortcomings in other areas.

Now, when it comes to the patient experience, a patient has a complex set of emotional, functional, and sensorial needs. The functionality of course is critical for every patient who first thinks “Does

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the doctor have the expertise and tools to cure my condition?” The sensorial aspect comes from the environment, “Does the clinic or hospital positively soothe my senses?” The human dimension comes down to how the doctor makes you feel, not necessarily as a medical expert, but a human being who is in the position to help you. You think, “Does he care about my suffering? Can I trust him? Can I speak openly with him?”

Three dimensions of a patient’s needs	Examples
Emotional	Personal touch, feel cared for, trust, transparency, assurance
Functional	Doctor’s expertise, experience, equipment, infrastructure, hygiene
Sensorial	Colors, smells, comfort, music

Given that, most patients suffer from feelings of helplessness and anxiety that heightens their physical discomfort, their emotional needs for care and comfort are as important as their functional needs. Eventually, it is the human dimension that will define the quality of your interaction with patients and also their ability to benefit from any treatment you provide. And when we look at the patient experience as a journey, it is not just their interaction with you. Imagine what happens to your patient when she meets the front desk assistant who does not even make eye contact or smile? The human dimension is paramount across the board, at every point of interaction. It is the human dimension that eventually makes us choose one medical practitioner over another.

## ESSENTIAL COMMUNICATION SKILLS

This article talks about some specific behavioral skills that any medical practitioner can apply to enhance the human

dimension when interacting with their patients. RAPPORT BUILDING, EFFECTIVE PROBING, AND CHECK FOR UNDERSTANDING are will help you establish an instant sense of comfort and trust with any patient. When patients feel valued as individuals and open up, they can work with you with greater dedication, leading to their better physical and emotional well-being. The below table provides an overview of these skills for anyone who prefers a ready reckoner. I go on to elaborate upon each skill with examples.

## RAPPORT BUILDING

“Rapport is power” states Tony Robbins.<sup>[1]</sup> When we have the ability to build a human connection with anyone, we are powerful. The skill of rapport building puts the other person at ease, they start to feel valued as individuals and start to trust us. If medical professionals make a practice of spending even a couple of minutes to build a rapport before they get into the diagnostic phase, the patient will be relaxed and ready to have further dialogue. More so, the patient will identify with you as an individual versus just another doctor and want to cultivate a long-term relationship. Building rapport goes beyond just making “small talk.” It is the art of making conversation with a stranger with the intention of establishing a sense of commonality.

### Rapport triggers

People trust people who are in some way similar to them. People with extrovert personalities may find making rapport comes naturally, but even an introvert can cultivate the skill by identifying some rapport triggers that lead to neutral and casual interactions. I call it a “trigger” because it is usually

Skill	What is it?	Why is it helpful?	When to use it?	How to do it?
1. Rapport building	Rapport building is the ability to connect with anyone through friendly dialogue. It is created by establishing a sense of commonality with the other person	Rapport is a powerful skill to use because it puts people at ease, they trust us and open up. It helps people to feel valued as individuals	Shortly after we greet and welcome someone, before we smoothly transition to business	1. Identify neutral and general topics that trigger conversation 2. Ask a question to show interest in the other person 3. Listen actively and respond with positive feedback
2. Effective probing	A conversational style of questioning that invites someone to open up about their needs and situation	Helps you to understand the patient’s unique and complete set of needs (explicit, implicit, and latent). The advice you prescribe will be more accurate but also the patient will perceive it as personalized	After you have established rapport and before you provide advice	1. Start with an open-ended probe 2. Ask a mix of follow-up open and closed questions 3. End with a closed-ended probe 4. Ask for permission before asking and position potentially sensitive probes
3. Check for understanding	An active listening tool, where you confirm your understanding of the other person’s words	It ensures you are on the same page as your patient and helps you to control the conversation	When you want to transition from the diagnostic phase to provide advice	1. Paraphrase your patients key points in your own words 2. Follow it up with a closed-ended confirming question

that one opening question that is required to start the conversation. Find some common triggers in the below chart.

Rapport triggers	Examples of trigger questions
Neutral topics– weather, sports, festival, news	“How was your Diwali?” “There is a match on today. Are you a cricket fan?” “Did you have a problem getting here in the rain?” “Did you see the headlines today?”
Personal interest– family, work, live, neighborhood, observation– compliments	“Who referred you to me?” “How do you know them?” “What work do you do?” “Do you live close by?” “That’s a great watch. Where did you get it?”

Usually with practice, we all find common triggers that work well for us. And when you cannot think of any, simple asking someone how they are doing or how their day has been can do the job. A good way to ensure your efforts are helping build a healthy rapport is to make sure both parties are interacting equally.

### Two-way dialogue

A rapport is a two-way dialogue. If you are asking a stream of questions without offering neutral and engaged responses, it may come across to the patient as an interrogation. If you start talking too much about yourself and it is a one-way monolog with the patient listening, then it comes across as self-promotion. A two-way dialogue is when both parties listen actively to each other, building on each other statements with comments that show interest and curiosity. A rapport builder uses follow-up questions that are related to the topic at hand or then simply establishes commonality with comments like “me too” or “I feel the same way.” Asking questions does not lead to rapport, finding common ground does.

To summarize, building rapport has three key steps:

1. Identify neutral and general topics that trigger conversation.
2. Ask a question to show interest in the other person.
3. Listen actively and respond with positive feedback.

After a few minutes of rapport building, we sense its time to ease into the next phase of interaction. That is usually the diagnostic phase, where you need to understand the patient’s condition.

### EFFECTIVE PROBING

Effective probing is a conversational style of questioning that makes someone open up about their needs and situation.

Every individual has unique problems and their own personal way to express their symptoms. Even though we may be expert in diagnosis, it is critical to understand the complete situation before we prescribe a solution. A premature prescription can break the trust we have established and also plant doubts in the mind of the patient. When we show interest and ask questions, the patient will accept and understand whatever we recommend to them with more confidence. We also avoid falling into the trap of basing our diagnosis on assumptions and past experiences. Therefore, it is important to ask sufficient questions before moving to the prescriptive phase.

### Levels of need

Hence, often, patients express only their explicit symptoms and concerns. We call these explicit because the person knows about them and expresses them with no hesitation. Implicit needs and concerns are often not expressed by the patient. This happens because even though the patient is aware of them, they do not express them to doctor, because perhaps they do not think its relevant or hold some hesitation. Latent symptoms are those the patient is unaware of. He either lacks the knowledge or has not had the opportunity to think about it. For a correct and complete diagnosis, a medical practitioner needs to uncover the patients explicit, implicit, and latent needs.

Levels of need	
Explicit needs	The person knows about them and expresses them with no hesitation
Implicit needs	The person knows about them but does not express them
Latent needs	The person does not know about them, maybe because he has not had the opportunity to think about them

### Two kinds of probes

So what kind of questions can we ask to efficiently uncover everything we need to know? There are largely two different kind of probes: Open ended and close ended. Open-ended questions are useful when we want to elicit more information, want the patient to be descriptive, share whatever is on their mind without feeling restricted to any specific response. We can uncover their implicit and latent needs by understanding their deeper thoughts and feelings, usually using open-ended probes. Whenever we want specific responses, need to confirm, or clarify something, we will use a closed-ended probe. The below table clarifies the key differences in open- and closed-ended probes.

Type of probe	Open ended	Close ended
Use it when you want a	Subjective, descriptive response to initiate, expand, get the big picture	Specific fact or yes/no response To clarify, confirm or extract data
Starts with	What? How? Why? Tell me	Which? When? Is? Are? Do?
Examples	“Why do you feel this way?” “How did this happen?” “What options have you already explored?”	“When did this start?” “Which part is the most sensitive?” “Are you allergic to any medicine?”

### Using both probes

It is always useful to start with open-ended questions. Like a typical job interview that starts with “tell me about yourself” instead of a series of specific questions. A simple “how are you feeling?” or “what can I do for you?” allows the other person to express themselves. It saves time because from the beginning you will gather lots of useful information and then ask follow-up questions to dig deeper. Follow-up questions are usually a mix of open-ended and closed-ended questions. And whenever we need to again expand on a point by knowing the reason behind a particular statement, we can again use open-ended questions. When we need to close the conversation or a particular topic and streamline the responses we are getting, we usually end with a closed-ended probe such as “So shall we agree upon this?” “Are you satisfied with this?” “Let’s move forward?” “Will you follow this treatment?”

### Permission and positioning probes

Even if you master open- and closed-ended questions, often probing is not that straightforward. Medical practitioners need to ask sensitive or very personal questions. Even though most patients understand that it is part of the diagnostic process, the following two techniques ensure you will put the patient at ease and not offend them.

1. **Permission to probe:** It is good etiquette to ask for permission before asking certain questions that may be intrusive or off topic. The patient is talking to you about a root canal and you notice some strong mouth odor. You suspect it could be related to a particular pattern of food consumption. Take permission to go in this new direction of questioning, “while examining you, I have made some additional observations. May I ask you some questions about your diet?” That prepares them for your next line of questioning. The above example also shows the application of the second skill, positioning the probe.

2. **Positioning of probes:** I find this very useful when jumping topics or asking questions that may seem out of context or offensive. Positioning simply means explaining the context of the question before asking it. In the above example the first part, “while examining you, I have made some additional observations” is the positioning. It is not a question itself, but a statement that comes before the question. Here is another example, “Since we haven’t seen much improvement, I have to ask if your following the maintenance procedures diligently?” Now directly asking someone if they have followed procedures without the positioning may come across as too direct or harsh.

You can use the above two, separately or together along with open- and closed-ended questions. It will give you feel confidence when asking sensitive or difficult questions.

A recap of the flow of steps for effective probing is as follows:

1. Start with an open-ended probe.
2. Ask a mix of follow-up open and closed questions.
3. End with a closed-ended probe.
4. Ask for permission before asking and position potentially sensitive probes.

And finally when you have a complete understanding it's always effective to check your understanding with the patient.

### CHECK FOR UNDERSTANDING

Check for understanding is an important skill that demonstrates to the patient that you are actively listening to their needs. It has two key benefits that help a medical practitioner navigate the conversation smoothly. First, it ensures you are on the same page as your patient and secondly, it helps you to control and move the conversation in the direction you desire.

### Power of paraphrasing

Imagine a conversation where the patient has expressed several symptoms and concerns. When you paraphrase the key points, the patient has the opportunity to add further clarity and both parties can avoid any misunderstanding. A simple action demonstrates to the patient that the medical practitioner is truly cares. It empowers the medical practitioner to confidently provide advice, and as a result, the patient will confidently accept the advice.

Paraphrasing is also very helpful when someone is going off on a tangent. We can paraphrase the points that we want to focus on and bring the conversation back on course. It is a polite way to change the subject, without having to abruptly cut someone off. Imagine a patient starts to talk at length in a repetitive manner about their condition. To demonstrate you have understood them and its time to move forward, you can paraphrase their key concerns with a question “I have understood your main issue is hypersensitivity to cold,” shall we discuss “how we can

take care of this?” Hearing you express their concerns, especially when the patient is anxious will put them at ease.

**Closed-ended confirmation probe**

Usually, the most natural way to check for understanding is to follow a paraphrase of the patient needs with a confirming closed-ended probe. “So If I understand correctly, you are experiencing shooting pain on the right side of your face as well as some swelling? Is that right?”

Making sure you close it with a question will encourage the patient to provide you with a specific response. If the response is positive, you move on to providing advice. If the response is negative, then you go back to probing to clarify their needs once again.

In the below table, you will find some examples of paraphrasing and closed-ended probes that work together.

Paraphrases usually start like this	Closed-ended confirming probes sound like this
“I would like to be sure”.....	“Is my understanding correct?”
“Let me see if I have understood you correctly”	“This is most important to you?”
“You are saying that...”	“Shall we proceed accordingly?”
“I can see you ..”	“These are your priorities?”
“So you believe...”	
“Can I recap what you said/have/said?”	

To summarize, you can check for understanding by following these steps:

1. Paraphrase your patients key points in your own words
2. Follow it up with a closed-ended confirming question

Paraphrasing is a powerful active listening tool that helps one transition from the diagnostic phase to providing advice.

However, it can be applied several times in a conversation whenever one feels the need to ensure they are on the same page.

**THE ROAD TO SKILL DEVELOPMENT**

Having trained professionals for the past 20 years has provided me with a realistic lens on the process of behavioral change. It is a slow, daily effort. We recommend practicing one skill at a time by consciously incorporating it in daily interactions for a period of 10–15 days. It is also helpful to have coach; a boss or colleague who can observe you with patients and provide feedback on how you applied a skill. Of course, nothing is more powerful than self-evaluation, to understand which communication skills require more practice. Adoption of even one of these skills will help you build better understanding of people, enhancing the human dimension to provide a superior patient experience.

**Declaration of patient consent**

Patient’s consent not required as there are no patients in this study.

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There are no conflicts of interest.

**REFERENCE**

1. Robbins T. Best Methods to Build Rapport. Available from: <https://www.youtu.be>. [Last accessed on 2015 Oct 05].

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