Practitioner interpersonal skills

Lesson 5.1.1 | Health psychology

Core ideas

Interpersonal skills are the communication behaviours that help a practitioner build a working relationship with a patient.

Active listening, empathy and clear explanations can help patients feel respected and understood.

Open questions can encourage patients to describe symptoms and concerns, while closed questions can check specific details.

Non-verbal behaviour, such as eye contact, posture, facial expression and tone, can change how caring or rushed the practitioner seems.

Good rapport can increase patient satisfaction, disclosure, understanding and willingness to follow advice.

Poor communication may lead to confusion, anxiety, low trust, missed information or weaker adherence to treatment.

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Key terms

Interpersonal skills: Communication behaviours used to build a helpful relationship with another person.

Rapport: A positive, trusting connection between practitioner and patient.

Active listening: Showing attention by listening carefully, checking meaning and responding appropriately.

Empathy: Understanding and showing concern for another person's feelings or situation.

Open question: A question that invites a fuller answer, such as asking how a symptom affects daily life.

Closed question: A question that asks for a short specific answer, such as yes, no or a number.

Non-verbal communication: Messages sent through body language, facial expression, eye contact and tone.

Adherence: Following agreed medical advice, such as taking medication or attending appointments.

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Further detail and evidence

Practitioner clothing is non-verbal information about role, professionalism and approachability. McKinstry and Wang (1991) asked 475 Scottish patients to rate photographs of doctors in different clothes. More traditional dress was generally preferred, especially by older patients. The task measured impressions, not clinical competence.

Verbal communication includes the terminology used, checking meaning and inviting questions. McKinlay (1975) compared actual understanding of medical terms with doctors' estimates in maternity-service users/underusers in Aberdeen. Users understood more, and doctors underestimated respondents' understanding. Do not reverse that finding into a universal claim that doctors overestimated it.

A familiar term can still have different everyday and technical meanings. Open questions can reveal a patient's interpretation; asking the person to explain a plan in their own words checks understanding more directly than asking only "Do you understand?"

Applying the ideas

A smart outfit can increase initial confidence without ensuring listening or empathy. A practitioner who notices uncertainty can clarify a term and check the patient's explanation. Evaluate clothing, words, tone and listening as interacting features of a consultation.

Evaluation and connections

Photographs standardise appearance but omit movement, voice and a real consultation. Local preferences may change over time and culture. Comprehension studies need reliable scoring and an appropriate vocabulary sample. Respectful communication avoids assuming that social class, age or limited technical vocabulary implies lack of intelligence.