*For the Office-based Teacher of Family Medicine*_____

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Feature Editor

Editor's Note: Teaching communication skills to learners is an important responsibility of office-based teachers. In this month's column, John F. Clabby, PhD, and Robert O'Connor, MD, of UMDNJ-Robert Wood Johnson Medical School describe how to teach mirroring techniques, which learners can easily use to build rapport with patients.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Teaching Learners to Use Mirroring: Rapport Lessons From Neurolinguistic Programming

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There is a renewed emphasis on the need to teach and assess communication skills. The Association of American Medical Colleges encourages both medical schools and residencies to include communication skills in their curricula.[1,2] In addition, the Federation of State Medical Boards, the National Board of Medical Examiners, and the Educational Commission for Foreign Medical Graduates have collaborated to develop the US Medical Licensing Examination-Step 2 Clinical Skills, which includes an assessment of students' ability to establish rapport and communicate with patients.[3,4] In the Kalamazoo

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Consensus statement, participants in the Bayer-Fetzer Conference on Communication in Medical Education concluded that "a strong, therapeutic, and effective relationship is the *sine qua non* of physician-patient communication."[5]

An important aspect of developing therapeutic relationships with patients is the building of rapport. Teaching learners to build rapport presents a number of challenges. One is that there is not a clear consensus on what constitutes positive rapport building. In one study, faculty examined the same videotape segment of a rapport-building exchange and had divergent observations of the quality of the rapport building, ranging from positive to inadequate and even negative.[1] A second challenge is that faculty are not consistent in evaluating a learner's rapport-building skills across an encounter. In this same

study, 72% of the faculty identified specific rapport skills demonstrated in the early phase of the interview, but only 25% were able to identify those same rapport-building skills later in the same interview.[1]

Neurolinguistic programming (NLP) offers a mirroring approach that office-based teachers can use to teach learners how to build rapport with their patients. Neurolinguistic programming resulted from John Grinder and Richard Bandler's detailed observations and analysis of the words, voice tone, and body language used by expert therapists to establish rapport and effect changes in others. These expert therapists included Milton Erickson, a hypnotherapist and psychiatrist; Fritz Perls, a psychotherapist; Virginia Satir, a family therapist; and Gregory Bateson, an anthropologist and social psychologist.[6] In their observations, Grinder

and Bandler noted that Ms Satir matched her predicates (verbs, adverbs, and adjectives) to those used by her clients.[7] Further study revealed that such mirroring was common to the artistry used by all four experts in communication. Mirroring techniques, both physical and verbal, can easily be adapted into the methods in which learners interview patients and take their histories.

Physical Mirroring

As a post-polio patient, Dr Erickson was severely restricted in his movements, yet as a physician, he was a master at building rapport by subtly mirroring his patients' body language. In mirroring his patients, he would not directly imitate the patient but would simply tilt his head at an angle similar to the angle of his patient's and/or respond with body movements comparable to those performed by the patient. It is important for the learner to understand the difference between imitating and mirroring. In response to the patient who crosses his/her left leg over the right, the imitator will duplicate the patient's movement by crossing his/her left leg over his/her right. However, the physician practicing physical mirroring will do the opposite by crossing the right leg over the left, as if the patient was looking in a mirror. In teaching learners to use physical mirroring techniques, office-based teachers should remind learners that a key aspect of physical mirroring is to be subtle and inexact since being obvious may decrease rapport. Therefore, the physician's mirroring should lag behind the patient by a few seconds to several minutes.

Verbal Mirroring

In casual conversation outside the office, doctors often nod their heads and say "Okay," "I see," "Uh huh," etc. When they repeatedly use this in the office to confirm they have heard what the patient just said, they may appear disingenuous and lose a valuable opportunity to build rapport. In contrast, some degree of quietness on the part of the physician can be soothing. In addition, maintaining an appropriate amount of eye contact that is considered respectful in the patient's culture may demonstrate the doctor's interest in the patient.

In addition to these helpful interview techniques, there is more to the teaching of verbal mirroring. It is important for the learner to understand the difference between paraphrasing and verbal mirroring. Paraphrasing involves editing and summarizing the patient's words and, therefore, it risks distorting what the patient says. Verbal mirroring occurs when the physician approximates the patient's voice tone and repeats the patient's last few words or word and occasionally uses a slight questioning inflection. This mirroring process avoids distorting the patient's words and encourages the patient to say more.

The usefulness of verbal mirroring can be demonstrated by considering how a physician interviews a patient who presents with a cough. An interview in which the physician simply nods his/her head or states "Okay" may go as follows:

Doctor: Do you have any major medical problems?

Patient: No, I'm pretty healthy.

Doctor: Okay. (and/or head nod) Ever have any surgeries?

Patient: Never.

Doctor: Okay. (and/or head nod) Do you have any allergies to medicine?

Patient: Not that I know of.

Doctor: Okay. (and/or head nod). Do you smoke any cigarettes?

Patient: Oh, my goodness, no. Never.

Doctor: Okay. (and/or head nod). Do you drink any alcohol?

The patient sees the same slight head nods and hears the same "Okay" to questions about allergies, smoking, and alcohol use. Up to this point, the doctor may appear more interested in going through a standard list of questions than in understanding the patient's real concern.

Now assume this doctor uses physical and verbal mirroring with a questioning inflection of his/her voice tone. This encounter may go as follows:

Doctor: Do you have any major medical problems?

Patient: No, I'm pretty healthy.

Doctor: You're pretty healthy. (pause) Ever have any surgeries?

Patient: No . . . never.

Doctor: Never? (pause) Do you have any allergies to medicine?

Patient: None that I know of.

Doctor: None. (pause) Do you smoke any cigarettes?

Patient: Oh, my goodness, no. Never.

Doctor: Never? (pause)

Patient: Never. My father was just diagnosed with lung cancer, and he smoked all his life.

This is an example of how mirroring can lead to better rapport and more-effective communication with the patient. When the patient says, "Oh, my goodness, no. Never," the doctor has no idea why the word "never" was used. By physically mirroring and then saying the word "never" and pausing, it reminds the patient of the emotion underlying him/her to say "never." This creates an opportunity for the patient to explain if the "never" was significant. When the patient elaborates by disclosing his/her father's diagnosis of lung cancer, the interview becomes infinitely more productive.

Conclusions

Office-based teachers can easily teach learners to include physical and verbal mirroring techniques in their patient encounters since it requires only a slight adjustment on the part of the physician. Although patients may give benign answers for many questions, the use of this approach will enable the learner to discover information and emotions that are critical to patients' care. As

a result, learners may build better rapport with their patients, and this is the bedrock on which effective physician-patient communication is built.

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