## Starter:

1. What do you think should be included in your introduction to the roleplay?
2. How does the fact that the patient is known or unknown change this?

## Key things to consider?

| A. Indicators of relationship building |  |
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| A1 | initiating the interaction appropriately (greeting, introductions, nature of interview) |
| A2 | demonstrating an attentive and respectful attitude |
| A3 | adopting a non-judgemental approach |
| A4 | showing empathy for feelings/predicament/emotional state |


| CRITERIA | HOW CAN WE MEET IT? |
| :---: | :---: |
| A2 - Demonstrating a respectful and attentive attitude | Use active listening - no interruption, non-verbal noises (wait until they have finished speaking), nodding head, verbal "Hmm", "I see", "Right", echoing (repeat word or short phrase from patient - "Pain") <br> - Ask for permission - "Is it ok if I ask you about...?", "...if that's ok?", "Is that ok?", "...if you don't mind" |
| A3-Adopting a non-judgmental approach | Use tentative language - "It would be better if you could...", "It would be beneficial for your health if you....", "Smoking may cause a number of conditions" Avoid immediate rebuttal - "What do you know about...?", "I can totally understand why... but...." Use science and research - "Drinking excessive amounts of alcohol has been shown to have effects on the liver", "Patients who adopt a heathy lifestyle have experiencing better overall mental health" <br> Use encouraging language - "I know it's very hard to stop smoking but I really want to encourage you" |
| A4-Showing empathy for feelings/predicament/emotional state | VALIDATE, EMPATHISE + SUPPORT <br> "I can understand how difficult this must be for you." <br> "I can appreciate your concerns" <br> "If I were in your shoes, I would feel..." - BE CAREFUL <br> "I cannot imagine how difficult it must be." - more serious <br> "I would feel the same way in your situation" <br> "It's completely normal to feel like that" <br> "Try not to worry because + reassure" <br> "You're in safe hands" <br> "Please accept my condolences" - for bereavement <br> "I'm really sorry to hear that" <br> "I'm so so sorry to hear that" |

## A. Indicators of relationship building

A1 Initiating the interaction appropriately (greeting, introductions, nature of interview)
A2 Demonstrating an attentive and respectful attitude

A3 Demonstrating a non-judgemental approach

A4 Showing empathy for
feelings/predicament/emotional state

Initiating the interview appropriately helps establish rapport and a supportive environment. Initiation involves greeting the patient, introducing yourself, clarifying the patient's name and clarifying your role in their care. The nature of the interview can be explained and if necessary negotiated.
Throughout the interview, demonstrating attentiveness and respect establishes trust with the patient, lays down the foundation for a collaborative relationship and ensures that the patient understands your motivation to help. Examples of such behaviour would include attending to the patient's comfort, asking permission and consent to proceed, and being sensitive to potentially embarrassing or distressing matters.
Accepting the patient's perspective and views reassuringly and non-judgementally without initial rebuttal is a key component of relationship building. A judgemental response to patients' ideas and concerns devalues their contributions. A non-judgemental response would include accepting the patient's perspective and acknowledging the legitimacy of the patient to hold their own views and feelings.
Empathy is one of the key skills of building the relationship. Empathy involves the understanding and sensitive appreciation of another person's predicament or feelings and the communication of that understanding back to the patient in a supportive way. This can be achieved through both non-verbal and verbal behaviours. Even with audio alone, some non-verbal behaviours such as the use of silence and appropriate voice tone in response to a patient's expression of feelings can be observed. Verbal empathy makes this more explicit by specifically naming and appreciating the patient's emotions or predicament.

