



# What She Heard: the art of *rapid* *rapport*

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TARA  
MCSWIGAN  
HAS NO  
FINANCIAL  
NOR OTHER  
PERTINENT  
RELATIONSHIPS  
TO DISCLOSE

# Disclosures



# Objectives

- ▶ By the end of this session you should be able to:
  - ▶ Explain the key components of a quality visit
  - ▶ Identify intentional measures to promote a rapid rapport
  - ▶ Describe the challenges and benefits of rapport in the “rapid” setting



# What is rapport?

- ▶ rap·port ra-'pör. rə- : “a **friendly, harmonious relationship**. especially: a relationship characterized by agreement, mutual understanding, or empathy that makes communication possible or easy”
- ▶ “a **close and harmonious relationship** in which the people or groups concerned understand each other's feelings or ideas and communicate well.”



# “Rapid” rapport with patients

**Unique  
challenge in  
rapid settings**

- Emergency & urgent care medicine

**Can a patient  
visit be  
successful  
without rapport?**

- YES but....



# 3 parameters of patient satisfaction:



Perceived  
quality visit



Perceived  
meeting of  
one's needs



Perceived  
best use of  
resources



Key word....  
***perceived!!***

- ▶ Perceived “care” blend of our intentions with their expectations
- ▶ Can I really only address myself?
- ▶ Let’s consider....



# Build upon perceptions...

- Patient rapport
- Patient relationships
- Clinical outcomes





# Build upon perceptions...

**INHERENT BIAS:**  
How *MY*  
perceptions  
impact...

- Patient rapport
- Patient relationships
- Clinical outcomes



# Build upon perceptions...

**INHERENT BIAS:**  
How **MY**  
perceptions  
impact...

- Patient rapport
- Patient relationships
- Clinical outcomes

**REAL-TIME RECEPTION:**  
How **PATIENT**  
perceptions impact...



# Self- awareness



# Self- awareness

- White cis-female
- Middle-aged
- Wears scrubs
- Confident
- Energetic
- Engaging



# Self-awareness

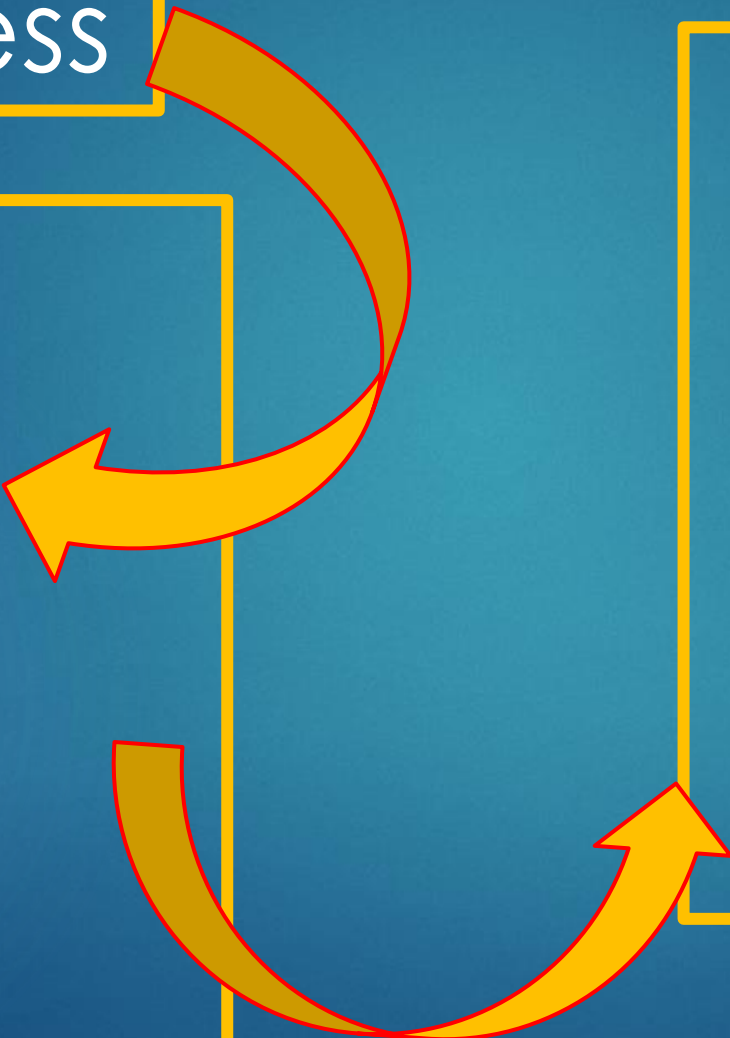
- White cis-female
- Middle-aged
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# Self- awareness

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

***YOUR TURN!!***



# Self-awareness



Self-analysis...how I **THINK** I am received



- White cis-female
- Middle-aged
- Wears scrubs
- Confident
- Energetic
- Engaging

- Average & relatable
- Non-intimidating
- Kind & understanding
- Easy to talk to



# Self-awareness



- White cis-female
- Middle-aged
- Wears scrubs
- Confident
- Energetic
- Engaging

Self-analysis...how you **THINK** you are received



- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





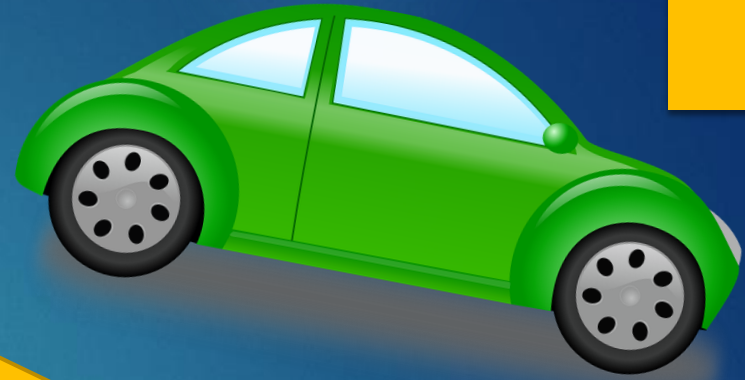
BUT...



...what actually happens on the other side of that door??



# Perceptions = RECEPTIONS



- White cis-female
- Middle-age
- Wears scrubs
- Happy
- Energetic
- Conversational



# What do we do???

1

**Patient centered & patient  
specific sensitivity**

2

**Check our OWN perceptions at  
the door**

3

**Practice with humility and  
willingness to learn**



# New Orleans Norah

①

**“Patient centered & patient  
specific sensitivity”**

Listen and consider.... What do YOU  
see and hear??



# Orbital cellulitis

## ► **Etiology:**

*Infection of soft tissues of preseptal and post orbital structures, typically preceded by bacterial sinusitis*

## ► **What's the emergency**

*Extensive infection surrounding ocular structures impair eye function and lead to secondary life-threatening complications*



# Chief complaint/history

- ▶ Facial pain surrounding eye/orbital structures
- ▶ Associated swelling, redness
- ▶ Cephalgia
- ▶ Recent upper respiratory infection



What  
did YOU  
think??



# In effort to be “patient-sensitive” ...

- ▶ Inclusive of different images/skin tones
- ▶ Intentional to put child of color first

**...but that's not what she heard.**





# Kentucky Kevin

②

**“Check our OWN perceptions  
at the door”**



# Chief complaint: rash, itchy left eye, bump on knee x months

- ▶ 28-year-old cis-white male
- ▶ Working here on job, from Kentucky
- ▶ Married to wife x 6 years
- ▶ Vitals normal, vision 20/15 OU, non-contact lens user



# Chief complaint: rash, itchy left eye, bump on knee x months

- ▶ 28-year-old cis-white male
- ▶ Working here on job, from Kentucky
- ▶ Married to wife x 6 years
- ▶ Vitals normal, vision 20/15 OU, non-contact lens user



- Rash that is NOT present at time of visit
- Woke of with minimal left eye irritation this AM
- Painless “bump” on left anterior knee, no known injury
- Sometimes right wrist hurts (not really today)
- Sometimes nauseated (but better if he eats)





ME!!!



What  
did YOU  
think??



In effort to check my own  
perceptions....

I waited,  
I listened,  
I stopped shaking my foot...

**AND THEN HE TOLD ME**





**Practice with humility and  
willingness to learn**

**#1**



# Key takeaways....

- ▶ QUALITY VISIT: MY INTENTIONS MESH WITH THEIR PERCEPTIONS
- ▶ RAPPORT CAN BE CHALLENGING YET ABLE TO BE ACCOMPLISHED WITH MINDFUL ATTENTION TO PATIENT NEEDS AND RECEPTION
- ▶ HUMILITY EMPOWERS US TO TRULY CARE





# Please share your feedback & stories!!!

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THANK YOU!!

