2 Relationship: Overview of the performance areas

'Relationship' is the first of the RDMp clusters and is made up of three domains from the competence framework, these being:

- Communication & consulting skills
- Practising holistically
- Working with colleagues and in teams

As the name implies, all three of these domains are concerned with human relationships, which means that if we can master the art of communicating and engaging with people, we will go a long way toward demonstrating the competencies that are described in these domains. 'Relationship' abilities are not the same as diagnostic ones, but the two are related in that 'Relationship' allows connections of trust to be made between individuals so that the diagnostic and clinical management tasks can be facilitated. Let us look at the domains in a little more detail to illustrate this point.

The first two are both dependent upon good communication with patients. Put simply, communicating well involves being interested in the patients problem, listening actively and encouraging the patients contribution, sharing ideas, explaining well and then checking what the patient has understood.

Initially, communication may focus on the problem that the patient has come with, clarifying the nature of the problem in a way that helps us to think about clinical management options. As we can become more experienced and recognise that problems in primary care are generally more complex than making a diagnosis and giving treatment, we begin to explore the problem in a broader (or holistic) context.

This broader context encompasses aspects such as the social and psychological impact of the condition on the life of the patient and the patient's family. In addition, a holistic approach takes into account the patients feelings as well as their thinking.

Exploring these facets requires certain attitudes, such as interest and understanding along with more sophisticated communication skills to probe, clarify, challenge, negotiate and so on.

The ability to develop and maintain relationships is vital for the first two domains but is also important to the third domain which concerns teamworking. In the teamworking context, our relationship skills are evident in the way we find out about the team members and their roles, the efforts we make to communicate effectively, the feedback we give team members and any other efforts we make to encourage team development.
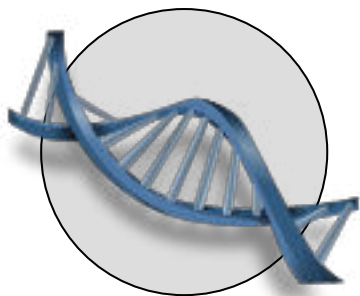
The insights that 'Relationship' gives us helps us to see that 'teamworking' is much more than making oneself accessible or knowing about the roles and responsibilities of team members.

The deeper features are our DNA. Although few in number, they underpin all the behaviours described in the competence framework and are described in terms of knowledge, skills, attitudes and personal qualities. The behaviours being tested in the 'Relationship' section are shown in the table below, where the categories indicate the degree of weighting.

The behaviours are shown in the left-hand column. We will describe these in greater detail to clarify what they are. As you read them, use the table to cross-reference them to the domains that they underpin. This will increase your understanding and help you to develop the skills you need for each area of performance. The weighting will help you here. For example, 'working with colleagues and in teams' requires relatively little empathy and sensitivity compared to teamworking and communication skills.

If you are (or your trainee is) having a problem with performance in a domain look at the underlying deeper features for guidance on where the problem might lie and therefore which behaviours need working on.

	Communication & consulting skills	Practising holistically	Working with colleagues and in teams
Empathy & sensitivity	High	High	
Team involvement & managing others		Medium	High
Communication skills	High		Medium

How would we know if empathy and sensitivity were poorly developed?

Does the doctor look uninterested in what the patient is saying?

Is the doctor passive or insufficiently active in encouraging the patient?

Does the doctor appear cold, authoritarian or insensitive to feelings?

Does the atmosphere being generated seem uncomfortable?

Empathy and sensitivity:

- Showing interest and understanding, when responding to needs and concerns of patients and team members.
- Being open and non-judgemental.
- Taking active measures to include people in discussion and to work cooperatively with them.
- Using tone of voice and body language to indicate warmth and thereby encourage people to contribute.
- Taking steps to create a safe and trusting atmosphere through language, demeanour and behaviour.

Communication skills:

- Using patient-centred questions that encourage contribution.
- Using open questions when possible and where appropriate (for example, closed questions are appropriate for certain elements of history taking).
- Modifying approaches as required by the situation, to improve communication. For example, in the way questions are asked, explanations are given and body language used.

Team involvement and managing others:

- Communicating with team members in a non-confrontational manner.
- Listening and showing respect for other people's views.
- Negotiating and where appropriate, compromising.
- Demonstrating an even-handed approach, treating people consistently and giving constructive feedback.
- Delegating and where needed, taking the lead.

How would we know if communication was poorly developed?

Are too many closed questions used in situations where open questions would have been more fruitful?

Does the doctor fail to adapt their verbal / nonverbal communication in line with what the patient or colleague needs?

How would you know if team involvement was poorly developed?

Does the doctor show favouritism toward some colleagues compared to others?

Is the doctor confrontational or unhelpfully critical?

Does the doctor fail to take account of other people's views and concerns?

Does the doctor fail to take action when concerns are expressed about his/her skills?