

# Mind Your Mannerisms

Body language can have a lot to do with establishing rapport and trust and supporting long-term adherence.

Most human communication is non-verbal. This likely comes as no surprise to dermatologists, who often look for subtle clues to a patient's concerns, based on the individual's actions. Looking for body language clues is important, says Charleston, SC dermatologist Todd Schlesinger, MD, especially when addressing sensitive topics. "Once the patient opens the door, I think you would have to read their body language if they're interested in discussing it further, and then whether they are engaging with you in the conversation," he says.

If words account for roughly seven percent of human communication, that means that 93 percent of communication is via body language and paralinguistic clues.<sup>1</sup> It's not just what the physician reads from the patient but also what he or she conveys that makes a difference. In a recent analysis of barriers to adherence, poor physician communication was highlighted among the top obstacles.<sup>2</sup>

To increase patient comfort, mind your own non-verbal signals. "I am mindful to always sit down when I am speaking to a patient, especially about a sensitive topic or procedure," says Ashish Bhatia, MD. "Sitting versus standing has been shown to make patients feel that the doctor spent more time with them and also puts us at eye level, facilitating a more conversational environment."

## OPENING A DIALOGUE

A receptive body posture is conducive to a dialogue, and that is key to understanding patients' needs and outlining a successful treatment plan. "Certainly, we ask open ended questions. We allow the patient to express and voice their concerns. We provide direct, professional answers to their questions, but I think the dialogue is always very individual," Dr. Schlesinger reminds. "Some people are either not interested, or it takes a while for them to be open to the idea of discussing a new treatment, but some people are very open and

interested in discussing and are easy to move forward...A lot depends on your relationship with the patient and the level of body language, and their level of engagement."

Some body language considerations to keep in mind: **Be On the Level.** Meet the patient on their level. Don't stand over a patient who is seated. Sitting down suggests you care and are making time to talk.

**Mind Your Posture.** Crossed arms may suggest defensiveness or distance. Slouching could imply boredom.

**Watch Their Eyes.** Patients may avert their eyes when uncomfortable or embarrassed. Look for flushing or even giggling as signs of nervousness.

**Avoid Barriers.** Don't talk across a desk or, worse, a computer screen. Look directly at the patient

**Listen!** If a patient isn't engaging from the start or they suddenly stop responding, it may not be the right time for the conversation or you may need a strategy to re-engage the patient. In the case of elective procedures, it's wise to wait for the next visit. But when dealing with medical concerns and medication adherence, don't let the visit end with a disconnect. Consider whether something you've said—out loud or via your posture—has changed the climate and try to turn the conversation around. ■

*This article is adapted from "Open Secrets," a supplement to the February edition of Modern Aesthetics® magazine. Visit [ModernAesthetics.com](http://ModernAesthetics.com) to read the full article, which focused mainly on opening dialogue about sensitive aesthetic concerns.*

1. Borg J. Body language: 7 easy lessons to master the silent language. Upper Saddle River, USA: Pearson Education; 2010. pp. 94–95.  
2. Devine F, Edwards T, Feldman SR. Barriers to treatment: describing them from a different perspective. Patient Prefer Adherence. 2018 Jan 17;12:129–133.

