The Physical Examination as Nonverbal Communication: A Phenomenological Study with Family Doctors
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Background: Physical examination is an inherent component of clinical practice. Whilst the focus of physical examination is diagnosis, it can be a form of reassurance, nonverbal communication and an expression of humanity and care. Research predominantly presents physical examination as a diagnostic process situated within hospital medicine; less is known about physical examination in the context of an ongoing doctor-patient relationship, from a community perspective. The aim of this study is to explore the value of physical examination as a form of communication in clinical practice, in the context of family medicine.

Methods: Qualitative, phenomenological study. Semi-structured interviews with a purposive sample of family physicians (male, female, older, younger, urban, rural), working in Canada, n=15. Physicians were asked to describe, in detail, their experiences of self-selected, specific instances of physical examination. Interviews were recorded, transcribed and analyzed using template analysis. Starting with apriori codes, informed by literature review, a template consisting of horizontal and vertical themes was developed and refined as interviews progressed. Following this descriptive anecdotes were constructed and findings considered in relation to writing by Merleau-Ponty, Levinas, and Sartre. Researcher reflexivity was used as a tool to inform and develop the findings. Findings have been triangulated via workshops with family doctors (n=3) as a means of establishing trustworthiness.

Findings: In family medicine, physical examination acts as a form of embodied, nonverbal communication. The doctor-patient relationship confers permission for physical examination which is viewed by family doctors as a key component of their job. Physical examination plays an important means for the physician to validate patient, and physician concerns. Issues of gender, ethnicity and prior experiences are important for both physician, and patient, and are negotiated in a moment-to-moment dynamic, specific to context. Physical examination plays a significant role in doctor-patient trust and pathic expression, particularly if abnormal findings are identified. When encountering the unexpected, physicians describe embodied reactions, whereby time is paused. Physical, cognitive and affective awareness conflux within a crystallized instant, which we termed ‘the pregnant pause’.

Discussion: Physicians experience a tension between their role as evidence-based practitioners, their tactic (tactile) knowledge of the patient, and their own experience. Many physicians describe their practice as ‘old school’ (even recent graduates) whereby they justify the need to do physical examination in the interests of the doctor-patient relationship rather than diagnostic probability.

Implications relate to teaching physical examination and the communication strategies inherent, which are not always elaborated in medical education.