EDUCATIONAL REVIEW

Effective communication skills for a medical professional

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A final year medical student walks into the ward during his posting along with other eight of his peers, asks the staff nurse at the counter for some HIV patient which is to be discussed on that days posting. Sister shows bed No. 7 and hands over case sheet and student goes through the entire history and goes to bed No. 7. Student asks all the details in the proforma and asks later in the history "How many sexual partners did you have in your lifetime?" patient says "only my wife". Student says "one gets HIV at least most of the times, because of multiple sexual partners, I know you must be having more than one, just accept it…" patient gets annoyed with student's behavior, after which he never disclosed complete history.

One can find out what went wrong with this student's communication…

Medicine is an art as much as science. It not only depends on the knowledge of science but also depends on the art of communication. A patient feels half cured with the sweet and convincing talks of the doctor. Medications take care of only other half of the illness. A doctor's communication and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients.[1,2] Communication skills not only includes what the doctor talks, but it also includes letting the patient talk, ability to listen, ability to respond when patient talks by either verbal or non-verbal gestures, ability to console and convince and counsel and also the doctors' bedside manner, which patients judge as a major indicator of their doctors' general competence[3]. Terry Canale, an American Orthopaedician said "The patient will never care how much you know, until they know how much you care." Therefore a good doctor should show empathy towards patient and not sympathy. Equal emphasis has to be paid for teaching 'Affective' domain of learning in medical education along with 'Cognitive' and 'Psychomotor' domains. These are the core clinical skills in the practice of medicine, which ultimately achieve best clinical outcomes and patient satisfaction, which are essential for the effective delivery of health care.[4,5]

Studies have demonstrated that improved doctor-patient communication tends to increase the patient involvement and adherence to recommended therapy; influence patient satisfaction, adherence, and health care utilization; and improve quality of care and health outcomes.[6,9] Improved patient satisfaction may be because of the doctors ability to decrease patients' distress and susceptibility to symptoms of depression or anxiety.[10,12] Breaking bad news to patients is a complex and challenging communication task in the practice of medicine and this can only be done by effective relationship building with the patients.[13,14]

But unfortunately it has been observed that communication skills tend to decline as medical students progress through their medical education, and over time doctors in training tend to lose their focus on holistic patient care.[15] In addition, the emotional and physical brutality of medical training, particularly during internship and residency, and increased patient load in the clinics suppresses empathy, substitutes techniques and procedures for talk, and may even result in derision of patients.[15] Therefore a continued effort will have to be made throughout the carrier of medical profession to build effective communication skills.

The three main goals of doctor-patient communication are creating a good interpersonal relationship, facilitating exchange of information, and including patients in decision making.[2,6,16] There are five currently used models of doctorpatient communication in the medical field. These are

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1. Bayer Institute for Health Care Communication E4 Model[17]
2. Three Function Model/Brown Interview Checklist[18]
3. The CalgaryCambridge Observation Guide[19]
4. Patient-centered clinical method[20]
5. SEGUE Framework for teaching and assessing communication skills[21]

All these models explain how to achieve good communication with the patients developed by different medical institutions/ associations across the world. Taking all the above models into account, a consensus was reached in the conference held in Kalamazoo, Michigan in the year 1999, on 'Physician Patient communication in Medical Education' by 21 experts in Medical Education, using the three goals outlined above to guide and ground discussion.[22] The group's perspective on essential elements is consistent with the task approach, a concept that has been well supported in communication skills teaching since the early 1980s.[23] Task approach is the best approach in teaching communication skills. As noted by Makoul and Schofield, "focusing on tasks provides a sense of purpose for learning communication skills.[22] The task approach also preserves the individuality of learners by encouraging them to develop a repertoire of strategies and skills, and respond to patients in a flexible way." The fundamental communication task is to build a relationship.

Build a Relationship

A strong, therapeutic, and effective relationship is the sine qua non of doctor patient communication.[24,25] The Kalamazoo consensus endorses a patient-centered, or relationship-centered, approach to care, which emphasizes both the patient's disease and his or her illness experience.[26,27] This requires eliciting the patient's story of illness while guiding the interview through a process of diagnostic reasoning. It also requires an awareness that the ideas, feelings, and values of both the patient and the doctor influence the relationship.[23,28,29] Further, this approach regards the doctor patient relationship as a partnership, and respects patients' active participation in decision making.[30-32] The task of building a relationship is also required for working with patients' families and support networks. In essence, building a relationship is an ongoing task within and across encounters: it undergirds the more sequentially ordered sets of tasks identified below.

I. Open the Discussion

llow the patient to complete his or her opening statement

Elicit the patient's full set of concerns

Establish/maintain a personal connection

ii. Gather Information

Use open-ended and closed-ended questions appropriately

Structure, clarify, and summarize information

Actively listen using nonverbal (e.g., eye contact) and verbal (e.g., words of encouragement) techniques

iii. Understand the Patient's Perspective

Explore contextual factors (e.g., family, culture, gender, age, socioeconomic status, spirituality)

Explore beliefs, concerns, and expectations about health and illness

Acknowledge and respond to the patient's ideas, feelings, and values

iv. Share Information

Use language the patient can understand

Check for understanding

Encourage questions

v. Reach Agreement on Problems and Plans

Encourage the patient to participate in decisions to the extent he or she desires

Check the patient's willingness and ability to follow the plan

Identify and enlist resources and supports

vi. Provide Closure

Ask whether the patient has other issues or concerns

Summarize and affirm agreement with the plan of action

Discuss follow-up (e.g., next visit, plan for unexpected outcomes)

Conclusion

This consensus in effective doctor patient communication provides a coherent framework for teaching and assessing communication skills, determining relevant knowledge and attitudes, and evaluating educational programs. In addition, the outline can inform the development of specific standards in this domain. Continuous efforts to address these essential elements across practice settings will help increase the efficiency and effectiveness of physician patient communication,[34] enhance patient and physician satisfaction,[8] and improve health outcomes.[1,5,22]

Therefore it is necessary to add communication training within the undergraduate curriculum, as this is given less attention in medical institutes in our country. Studies have shown that the potential for students to exercise newly acquired skills in a real-world setting is the most favoured and probably the most effective method of teaching communication and elaborate self-reflection

consolidates learning success. It would be worthwhile to offer students the possibility to reflect on and practice their communication skills at an early stage of their degree program, as this approach will enable them to acquire and expand these competencies throughout the curriculum for later use.[35] The educational methods should include instruction (lectures and manuals), group discussion, modelling, role play with feedback, and review of video or audio recordings of real or simulated doctorpatient interactions, generally conducted in individual or small group settings. There are certain modular training available for varied period of time during the entire course of medicine in the western countries, which should be adopted in our country too for the development of a better doctor.

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