Communication: A Basic Skill of Medical Practice

The patient will never care how much you know, until they know how much you care1.

B H N Yasmeen

Doctor-patient communication is an integral part of clinical practice as well as a major component of the process of health care2. When done well, such communication produces a therapeutic effect for the patient, as has been validated in controlled studies3. Hippocrates suggested that doctors may influence patients’ health4. Effective doctor-patient communication can be a source of motivation, incentive, reassurance, and support5. Therefore the first visit for a patient is a crucial encounter that can either lead to the development of a therapeutic patient-doctor relationship or end in dissatisfaction on both sides and the search for another health care provider. The medical interview goes well beyond the capture of medical information in order to make a diagnosis. It is the building block upon which the physician’s relationship with the patient is constructed. The interview is filled with opportunities for patients to share information about themselves and for the doctor to get to know the patient, so that the patient becomes a person, not just a medical problem or a case.

Let us know what communication really is: communication is the process of transferring message between a sender and a receiver through various methods (written words, nonverbal cues, spoken words). It is also the mechanism we use to establish and modify relationships. To develop advanced communication skill one should begins with simple interactions. Communication skills can be practiced everyday in settings that range from the social to the professional.

The following are the most fundamental elements of communication which may be helpful and lead to more productive patient-physician encounters and better overall clinical outcomes.

**eye contact**: During speaking or listening, the doctor should look into the eyes of the conversing patient/person to make the interaction more successful. Eye contact conveys interest and encourages the patient/person to be interested in doctor in return.

**empathy**: is a basic skill that doctors should develop to help them recognize the indirectly expressed emotions of their patients. Once recognized, these emotions need to be acknowledged and further explored during the patient-doctor encounter. Patient satisfaction is likely to be enhanced by doctors who acknowledge patients’ expressed emotions. Doctors who do this are less likely to be viewed as uncaring by their patients6.

**gestures**: These include gestures with hands and face. Doctor should make the whole body to talk and use smaller gestures for individuals and small groups. The gestures should get larger as the group that one is addressing increases in size.

**mixed messages**: A doctor should make words, gestures, facial expressions and tone match. Disciplining someone while smiling sends a mixed message and is therefore ineffective. If the doctor has to deliver a negative message, make his words, facial expressions, and tone match the message.

**body language**: can say so much more than a mouthful of words. An open stance with arms relaxed at doctors sides tells anyone around him that he is approachable and open to hearing what they have to say. Often, communication can be stopped before it starts by body language. Appropriate posture and an approachable stance can make even difficult conversations flow more smoothly.

**speak fluently**: A doctor should pronounce words correctly and use the right words and do not interrupt or talk over the other person—it breaks the flow of conversation.

**listening skills**: Not only the doctor should be able to speak effectively, he must listen to the other person’s words and engage in communication on what the other person is speaking about.

**get feedback**: from the patient to ensure that he was properly understood the conversation or instructions.

The manner in which a physician communicates information to a patient is as important as the information being communicated. Patients who understand their doctors are more likely to acknowledge health problems, understand their treatment options, modify their behavior accordingly, and follow their medication schedules7. In fact, research has shown that effective patient-physician communication can improve a patient’s health as quantifiably as many drugs—perhaps providing a partial explanation for the powerful placebo effect seen in clinical trials8. A more patient-centered encounter results in better patient as well as doctor satisfaction9. Satisfied patients are less likely to lodge
formal complaints or initiate malpractice complaints. Satisfied patients are advantageous for doctors in terms of greater job satisfaction, less work-related stress, and reduced burnout.

Communication skills involve both style and content. Certainly, each physician must develop his or her own style of communication. At the same time, many professional and academic organizations have now also defined key elements of communications skills needed by physicians. For example, the Accreditation Council for Graduate Medical Education recommends the following 5 key skills for the physician to become competent in communication:

1. listening effectively
2. eliciting information using effective questioning skills
3. providing information using effective explanatory skills
4. counseling and educating Patients
5. making informed decisions based on patient information and preference.

Its true these skills are not wholly formed on graduation from medical school or completion of medical residency. Strengthening one's communication skill set takes time and ongoing practice.

Based on emerging literature on the value of effective communication, medical students and postgraduates are increasingly given instruction on techniques for listening, explaining, questioning, counseling, and motivating. As such techniques are central to delivering a full and tailored health prescription, 65% of medical schools now teach communications skills. Training in patient-physician communication is now also objectively evaluated as a core competency in various accreditation settings, including the Comprehensive Osteopathic Medical Licensing Examination—USA—Performance Evaluation, the United States Medical Licensing Examination, and the American Board of Medical Specialties' certification.

Formal training programs have been created to enhance and measure specific communication skills. Many of these efforts, however, focus on medical schools and early postgraduate years and, therefore, remain isolated in academic settings. Thus, the communication skills of the busy physician often remain poorly developed, and the need for established physicians to become better communicators continues.

Until recently in the developing countries as well as in Bangladesh undergraduate or postgraduate training paid little attention to ensuring necessary skill of doctors to communicate well with patients. Fortunately in the last few years Bangladesh Medical and Dental Council has included training on communication skill in the internship programme schedule. We hope that, this training will potentially be effective to improve the communication between our new doctors and their patients. Ultimately the expected impacts will be a better health outcomes, higher compliance to therapeutic regimens in patients, higher patient and clinician satisfaction and a decrease in malpractice risk.

Every medical practitioner should be trained in essential communication skills for doctors. As because not all doctors are born with excellent communication skills, as they have different innate talents. Instead they can understand the theory of good doctor-patient communication, learn and practice these skills, and be capable of modifying their communication style if there is sufficient motivation and incentive for self-awareness, self-monitoring and training. Communication skills training has been found to improve doctor-patient communication. Some have said that medical education should go beyond skills training to encourage physicians’ responsiveness to the patients’ unique experience.

Therefore, having an effective communication skill training or not it is always expected—a good doctor-patient relationship which can increase job satisfaction and reinforce patients' self-confidence, motivation and positive view of their health status, which may influence their health outcomes.

References
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