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Review Article

Introducing Training on Doctor-Patient Communication Skill among the Pre-Intern Physicians: A Suggested Model

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Abstract

Proper doctor-patient communication produces therapeutic benefit on the patient. The arts and tips of communication skill can change the feelings of a patient forever. Good communication skill should have verbal, non-verbal and para-verbal components. Unfortunately, many postgraduate doctors of our country cannot satisfy the demand of their patients due to lack of training on communication skills. In this paper, a model for communication skill training has been proposed for newly graduated doctors which includes formal lecture, video demonstration, role play and evaluation by creating different scenarios. The selected time for communication skill training would be the time gap between publication of result of final professional MBBS and starting the internship training. With increasing demand of creating more communicative physicians, implementation and further recommendations on communication skill training for new graduates are encouraged.

Key words: Communication skill; doctor-patient relationship; internship; empathic approach.

Introduction

Patient-physician communication is an integral part of clinical practice. When done well, such communication produces a therapeutic effect for the patient[1-4]. Unfortunately, the communication skills of busy physician often remain poorly developed due to isolated academic settings in early postgraduate years. Serious miscommunication is a potential pitfall, especially in terms of patents' understanding, expectation and involvement in treatment [5-8]. Today, patients recognize that they are not passive recipients, but are members of expert authority that takes part in decision making [9]. Though doctor-patient communication is an integral component of high quality health-care, there are always lots of dissatisfactions about the attitude of physicians towards patients and this scenario is very common in our country. A large number of our patients are going abroad every year for treatment of medical conditions that can be nicely handled by our physicians, this scenario not only causes loss of huge foreign currency, but also loss of image of our nation [10]. The current paper summarizes the components of good communication skill, the barriers, the importance of communication skill training for intern doctors as well introduces an assessment scale for evaluation of intern doctors' communication skills.

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Materials and methods

In this review, Google scholar has been used as search engine. The papers were searched using key terms 'doctor-patient relationship', 'communication skills' 'internship training' 'arts of communication' and selected reviewing the abstracts for their relevance to this specific study. How many were actually extracted & studied? How many relevant were being used ultimately?

Communication skill: what and when:

Communication is the way how a physician interacts with the patient; it lies at the heart of good medical practice. 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. A physician practices communication skill thousands and millions throughout his lifetime [11-14]. The arts and tips of communication skill can change the feelings of a patient forever. The most important fields of practicing communication skill are critical care, palliative care, oncology, surgery. Timely and organized communication session with patients and relatives, relieves the anxiety, improve confidence, allows mental preparation, reduces hospital burden and minimizes unfavorable incidences [15,16].

Components of good communication skill:

According to the psychologist Albrt Mehrabian, among the total meaning of a spoken message, 55% comes from facial

expressions and other non-verbal communication, 38% comes from tone and language and 7% comes from actual meaning of the words. Good communication skill should have verbal, non-verbal and paraverbal components [17].

Verbal:
The art of talking, communicating and giving information, which includes course and prognosis of disease, various treatment option available, nature, cost, yield of investigation and risk/ benefit of invasive procedure available.

Non-verbal:
Attentive gesture, correct posture, eye contact, active listening, encouraging the patient to talk, etc.

Para-verbal:
Tone, pitch, volume, pacing of voice[18].
The Accreditation council for graduate medical education recommends that a physician should become competent in five key communication skills: listening effectively, eliciting information, providing information, counseling patients and making informed decisions [19]. Some practical steps to improve patient-physician rapport include:

Ensuring a comfortable environment for discussion:
During discussion, the patient and physician must have comfortable environment and surroundings with appropriate privacy, if applicable. A noisy, messy, poorly eliminated room makes physically unacceptable circumstances. The physician's appropriate body language at a tidy, quiet room increases confidence of audiences.

Assessing prior understanding:
It is important to know what the patient or attendant already knows, that will help the physician to determine the point from which discussion may start [6,20].

Assessing expectations of patient:
With proper communication skill, physician should assess any desire or concerns of patient in a clear and understandable manner. It will guide the doctor to focus on those special issues.

Being empathic:
Empathy is the basic skill with which a physician recognizes and acknowledges expressed or unexpressed emotions of a patient, considering himself in the position of patient [21-23].

Telling the truth:
Telling the truth is a divine quality. Physician must provide true information clearly and understandable in a step-wise fashion. Euphemism may soften the delivery of sad news; however, can be extremely misleading and confusing.

Being hopeful:
In situations where medical therapy fails, hope can be conveyed to the family by reassurance and offering palliative therapy. At the point of imminent death of a patient, family should be discussed about ways to provide maximum comfort and minimal sufferings of dying patient [24].

Silence, when appropriate:
It is said that "silence is golden", when appropriate [25]. Proper body language with appropriate pause allows time to the listener to absorb new information and formulate any question. During breaking a bad news, silence gives enough scope to the recipient to express his or her emotions and reactions.

Being prepared for any reaction:
As a human being, any patient has inherent tendency to react in response to an unacceptable fact. That tendency varies from person to person, and a physician must be prepared ahead to response sincerely when reaction comes from patient [26-28].

The barriers & problems of communication skill:

Several barriers have been identified between doctor-patient relationships. Barriers on part of physician include authoritarian or dismissive attitude, hurried approach, work overload, use of jargon, language barrier and poor experience on patient's cultural background. Barriers on behalf of patient include physical or mental impediment, anxiety, fear, misconceptions and conflicting sources of information [29-30].

Importance of communication skill training for intern doctors:

Communication is the heart and art of medicine and a central component in the delivery of health care. The main goals of current doctor-patient communication are creating a good interpersonal relationship, facilitating exchange of information, and including patients in decision making. Effective doctor-patient communication can be a source of motivation, re-assurance, support and positive view of patient about their health. However, being human being, doctors have different innate talents which are subjected to be modified and refined if properly guided. The internship is a transition from a medical student to a certified doctor, when a new graduate takes formal training on basic skills of patient management. Many countries offer formal training and workshops on communication for freshly graduated doctors before they start internship [31-35].

Until recently, the content, structure and function of communication skill has received very little attention in undergraduate studies in Bangladesh. As a result, the new graduates, while at internship training, have to handle difficult clinical scenario at new environment without prior orientation. Even if supervised, mishandling of those situations sometimes create miscommunication, patient dissatisfaction and loss of confidence on behalf of doctors. In addition, medical profession requires a high level of interpersonal communication with colleagues, co-workers and seniors in a clear manner by means of verbal or written cues. This requires an understanding on common terms and manners of paper-works as well as documentation.

Introducing communication skill training for intern doctors:

The authors propose introducing and including formal training for communication skills for graduated doctors in

our country in order to improve patient outcome as well as reduce unpleasant circumstances.

The selected time for communication skill training would be the time gap between publication of result of final professional MBBS and starting the internship training. Before starting internship, all interns must acquire the communication skill training certificate, endorsed by the supervisors. The proposed model is as follows:

Day 0: Introduction + Pre-test	
8.00am - 9.00am	Registration, colour coding, distribution of program schedule
9.00am - 10.30am	Introduction & inaugural session
10.30am - 11.00am	Tea break
11.00am - 1.30pm	Pre-test
1.30pm - 1.45pm	Lunch
1.45pm- 2.00pm	Investigator's meeting

Day 1: Training	
8.30am - 8.45am	Lecture 1: Introduction to communication skill
8.45am - 8.55am	Video 1: Taking consent for a procedure
8.55am - 9.10 am	Lecture 2: Components of communication skill
9.10am - 9.20am	Video 2: Information giving
9.20am - 9.35am	Lecture 3: Barriers of doctor-patient Communication
9.35am - 9.45am	Video 3: Practising autonomy
9.45am - 9.55am	Video 4: Telling the truth
10.00am - 10.30am	Tea break
10.30am -12.30 pm	Small group teaching (role play + group discussion)
12.30pm - 1.00pm	Review & reflection
1.00pm - 1.20pm	Lunch

Day 2: Training	
8.45am - 8.55am	Video 5: Breaking bad news
8.55am - 9.05am	Video 6: Maintaining confidentiality of patient
9.05am - 9.15am	Video 7: Communication with colleague
9.15am - 9.25am	Video 8 Reaction to annoyed attendant
9.25am - 9.35am	Video 9: Handling with fault of self/ colleague
9.35am - 9.35am	Video 10: Doing justice to patient
9.45am - 10.00am	Review
10.00am - 10.30am	Tea break
10.30am- 12.30am	Small group teaching (role play + group discussion)
12.30am - 1.00pm	Review
1.00pm - 1.30pm	Lunch

Day 3: Post-test + Closing Session	
9.00am - 12.00pm	Post-test (experimental & control group)
12.00pm -12.30pm	Closing program
12.40pm - 1.00pm	Lunch

The trainers of the model would be consultants and teachers from clinical subjects, selected by heads of clinical departments. Surrogates and volunteers can be encouraged from existing interns and medical officers.

Conclusion

There is a need for inclusion of communication skill training after the end of graduation and before starting internship. This window period is vital, because this is the time when young doctors are mentally relaxed and ready to learn new techniques necessary for the upcoming internship. A model for communication skill training has been proposed which includes formal lecture, video demonstration, role play and evaluation by creating different scenarios. This model can be applied to a small group of newly graduated physicians and the difference in outcome can be assessed. If appropriate, it can further be implemented and included in the curriculum with the aim of producing more communicative physicians.

Conflicts of interest

The authors have no conflict of interest.

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