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Communication skills for medical students: An overview

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ABSTRACT

Communication is a process which allows us to share our ideas with other people and poor communication leads to lots of misunderstandings and mishaps. Effective communication plays a role even in the medical field; doctors and medical students have to deal with people from different cultural background and different needs. This review discusses the need for communication skills, and also the different components of effective communication. There are also certain situations in the medical profession which requires special communication skill like while breaking bad news, eliciting sexual history, resolving conflicts, which are also discussed in the review. Further gradual changes in policies in the medical curriculum to introduce and evaluate communication skills among medical students while bring a welcome change in the attitude progress and achievements of medical students.

KEY WORDS: Communication skills, Indian medical students, art of consultation

INTRODUCTION

The process of communication is what allows us to interact with other people, without it we would be unable to share knowledge or experiences with anything outside of ourselves. It includes listening and understanding with passion and respect as well as expressing views and ideas and passing information to others in a clear manner [1,2]. Poor communication causes a lot of misunderstanding and hinders work. The ability to communicate effectively and sensitively is the central dogma to all medical activities. There is evidence that good communication improves history taking skills that lead to accurate diagnosis. Patient's compliance with their treatment plan and patient's satisfaction with the care they receive also bears a direct relationship with good communication, so it is imperative that medical professionals possess good communication skills to deliver their professional duties to the fullest extent [3-5]. Curriculum in many medical universities lacks or gives less importance to teach communication skills, even though literature suggests that communication error can lead to major problems in health care system. Hence in the present review we have attempted to discuss the different types of communications, components of effective communication, obstacles and areas for grooming tomorrow's doctors to get expertise in the art of skillful communication. The area which requires expert communication skills like breaking bad news, resolving conflicts, eliciting sexual history and dealing with

uncooperative patients and relatives have been with special consideration.

WHY DO DOCTORS NEED COMMUNICATION SKILLS?

About 80% of doctor's work involves communication such as speaking, listening and writing. But what we hear like the tone of the voice, vocal clarity and expressiveness conveys only 40% of the message. Facial expression, posture, eye contact, touch and gesture can convey 50% of the message and words can convey only 10% of the message. So doctors have to priorities their way of communication according to the situation and person. This can be achieved only by prior training.

Working places like medical colleges and hospital generally witness five types of communication relationship: Collaborative, negotiate, competitive, conflictive and non-recognition. The diagram [Figure 1] below also illustrates there are connected to each other [6,7]. A study by Marteau *et al.* had showed an increased level of confidence among students who underwent training in communication skills, and they were more productive during their clinical postings [8]. Moreover, inadequate communication by doctors leads to distress among patients and their families.

Today patient's perception of a good doctor is based on good verbal and non-verbal skills, approachable personal attributes and finally knowledge of their subjects.

Nowadays in India medical schools recruit students from various parts of our country who came with different social and cultural background. Studies have documented the lack of interactions among differentially cultured students which may hinder their learning process and eventually the health care system [9]. In order to break the culture barrier proper training in communication skills becomes a mandate for present day medical students and this can be achieved by having interactive lectures, role playing, and self-reflective journal assignment. Our present curriculum in India does not provide sufficient training in communication skills at the undergraduate level, and some drastic steps should be taken that give due importance to this aspect when curriculum is revised in the future.

Components of Communication

Communicating effectively with patients involves the core skills of questioning, active listening and facilitating. Three major parts of the communication process are:

- Sender
- Message
- Receiver.

Communication takes place only if the receiver understands the sender's message. It requires the participation of both sender and receiver [10].

TYPES OF COMMUNICATION

Verbal Communication

It is the ability to explain and present your ideas in simple English to diverse audiences, using appropriate styles and approaches, and understanding of the importance of the non-verbal clues in oral communication. Oral communication requires the background skills of presenting, audience awareness, personal presentation and body language.

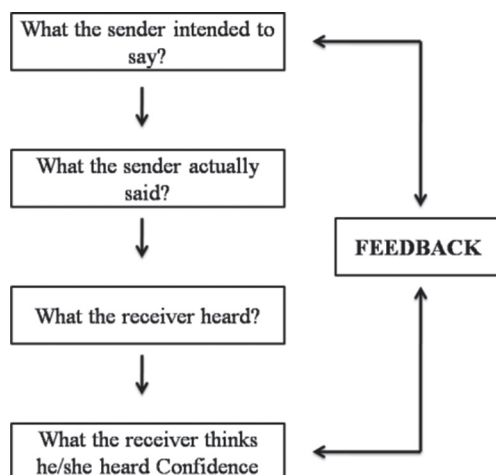


Figure 1: Flow chart for communication

Techniques for Effective Verbal Communication

- Organize your thoughts
 - Have key points
 - Eliminate unnecessary information.
- Speak directly to the person(s) concerned
 - Keep eye contact
 - Make statements personal.
- Make I statements if opinion is yours
- Own your feelings: Don't guess others feelings or opinion
- Practice listening checks [11].

Non-verbal Communication

It is the ability to enhance the expression of ideas and concepts through the use of body language, gestures, facial expressions and tones of voice and also the use of pictures, icons and symbols. Non-verbal communication requires background skills such as audience awareness, personal presentation and body language [11,12]. Key techniques to make non-verbal communication more effective [Figure 2].

LISTENING

Communication is a two-way process of talking and listening of which listening is more essential and important.

Different stages of the listening process [Table 1].

Listening allows you to make and keep healthy relationships [13]. It makes people confide in you and can lead to lucky breaks. Stephen Covey says in his seven habits of highly effective people "seek first to understand, than to be understood" [14]. Listening allows patients to talk without undue interruption thus helps doctors to concentrate on what the patient says and to understand their feelings as they speak. Be alert to verbal and non-verbal cues. To demonstrate your attention, use appropriate body language and facilitate comments. Allow pauses or silences. Leave time at the end of the interview to summarize what the patient has said and ask if they have anything to add. Some common pitfalls to be avoided while listening are:

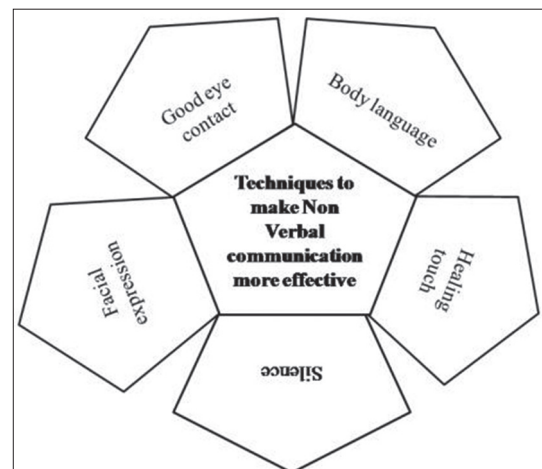


Figure 2: Techniques to make non verbal communication more effective

Not allowing the patient to tell their story in their own words, asking too many questions, unnecessary interruptions and thereby failing to pick-up important verbal and non-verbal cues [14,15].

STRATEGIES TO BECOME A BETTER LISTENER

Poor listening creates misunderstandings, waste of time and even allows for mistakes [16].

Following are some key to effective listening [17]:

1. Show understanding and acceptance by using non-verbal behaviors like tone of voice, facial expression, gestures, eye contact, and postures
2. Take personal responsibility for understanding what you hear
3. Concentrate and make good effort to focus on the person speaking
4. Listen without interrupting, disagreeing or offering explanations
5. Use body language to show that you are involved in the conversation
6. Ask questions to be certain you are interrupting the message correctly
7. Take notes as necessary.

Role of Communication Skills in Conflict Solving

Conflict is inevitable in the medical profession. It can lead to no win situation or can also result in some revolutionary changes. Effective communication can help to resolve conflict amicably [18].

Points to be a successful conflict resolver:

1. Separate people from problem
2. Understand the people
3. List options
4. Make proposals.

How to avoid conflict [19][Table 2].

Role of communication skills in conducting artful negotiations:

Communication skills are necessary for doctors to conduct artful negotiations which they have to do throughout their carrier.

Table 1: Stages of the listening process

Hearing
Focusing on the message
Comprehending and interpreting
Analyzing and evaluating
Remembering

Table 2: How to avoid conflicts

Don't	Instead try this
Ask people why	It looks like you are angry
Feed frustration	That must be a big disappointment for you
Tell people you know how they feel	It is scary to use the stove for the first time
Comment on a behavior	Butter is not for smearing let's paint for an art work

Steps of artful negotiations:

1. Preparations
 - What do you want? In which areas you are willing to compromise? What is the worst thing that could happen?
2. Discussions
 - What is their point of view? Am I listening?
3. Proposal and counter proposal
 - You make the first offer. What is their counter offer?
4. Agreement and disagreement.
 - Is there a disagreement. Return to the discussion stage. Is a time out required? Return to the preparation.

History taking and communication

Doctors should try to explore the patient's problems to discover the biomedical perspective and the background information and ensure that information gathered is accurate, complete and mutually understood. During the course of history taking doctors should try to develop a continuing supportive environment and collaborative relationship [20].

The following skills should be demonstrated to ensure a smooth doctor-patient relationship during history taking [18]:

- a. Empathy
- b. Genuineness
- c. Respect.

Empathy

It is the ability to understand the patients experiences and feelings accurately as well as to demonstrate that understanding to the patient. It is an active process. It is more than sympathy or feeling sorry for someone.

How to be empathetic to the patient?

Do not ignore what the patient says or avoid minimizing his or her symptoms. Instead reflect back to the patient. Don't interrupt. Empathy requires listening. Remain quiet and let the patient talk. Silence can be helpful, don't be afraid of it. Use open-ended questions.

RESPECT

Appear interested and ready to listen.

Use your posture to do this:

- a. S: Sit square to the patient
- b. O: Open to the patient
- c. L: Lean in toward the patient
- d. E: Eye contact with the patient
- e. R: Relax.

Make sure that the patient is comfortable; be aware of patient's personal space (can vary among cultures). Continue to consider the patient's comfort during history and physical. Maintain a professional appearance with proper dress code and name tag.

Maintain the privacy, keep doors and curtains closed. Introduce yourself to the patient and explain your role. Shake hands but don't force physical contact if patient is uncomfortable. History taking process requires modification and special communication skills in patients with a compound fracture in accident and emergency department, patients with acute chest pain in coronary care unit and in the management of critically ill patient.

Some special practical hints for taking history

- Take every opportunity you are given to interview patients
- Be prepared to spend time with patients
- Use every skill to obtain a good history
- If taking notes are essential explain the patients its reason
- Establish intermittent eye contact while taking notes. Don't give the impression that your notes are more important then what patients say.

Information giving

Another important aspect of the medical profession is information giving which requires a lot of communication skills.

Importance of giving information:

- Patient's level of anxiety and stress will decrease
- The outcome of procedure will be better who are fully informed before any procedure
- Patient's satisfaction about their care will be higher if they fully inform
- Patient compliance with treatment will be better.

GUIDELINES FOR GIVING INFORMATION TO THE PATIENTS

Describe what information you are planning to give:

- Results of the physical examination
- Results of a biochemical test
- Diagnosis (or provisional diagnosis)
- Cause of problem
- Necessary further investigations
- Treatment planned
- Prognosis.

Breaking bad news

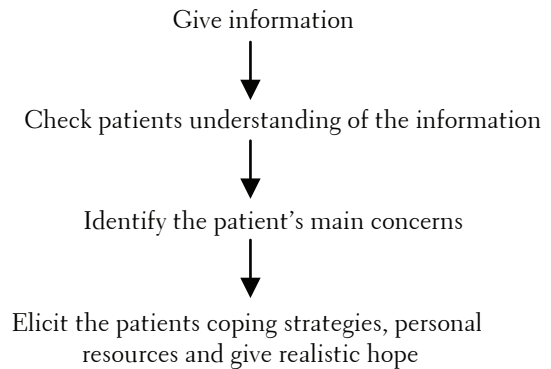
There are personnel, professional and social reasons why giving bad news to the patient is difficult. Giving bad news require time, a setting free from distractions or interruptions, empathy, active listening and humility to say that you may not have an answer to certain questions. Elicit the patient's own resources for coping and install realistic hope. It is also important to ensure that colleagues know what the patient has been told. Provide support for the patients relatives and your professional colleagues [21,22].

Why it is difficult to give bad news?

- The messenger will feel responsible and think that he may be blamed
- Possible inhibition because of personnel experience of loss

- Reluctant to change the existing patient-doctor relationship
- Fear of patient's emotional reaction
- Uncertainty to what may happen next and not having answers for some questions like:
 - To whom should the bad news to be given?
 - Who should give the bad news?
 - When should the bad news be given?
 - How should the bad news be given?

The process of breaking bad news:



There are some obvious things which should not be done while breaking bad news. Not to give bad news at the end of physical examination while the patient is still undressed. Not to give the bad news in the corridors or through telephone.

Role of communication skills in eliciting sexual history

Emerging medical and social problems such as HIV/AIDS confront us with complex and sensitive issues which may be raised with the patients. Cultural taboos, fear of upsetting patients and lack of skills in sexual counseling are obstacles to more open communication about sexual matters in health care settings. There is a tendency to make assumptions about life style and behavior where stereotypic views are held which actually can lead to disastrous consequences. Sexual problems invariably have an impact on other relationships. Special skills should be learned which can help in counseling patients about sexual matters which bears a lot on their management [23][Table 3].

Why communication skills are required for eliciting sexual history:

- It may be embarrassing for the patient and doctor
- The patient may misinterpret the purpose of the discussion and feel that their lifestyle is being judged on condemned
- The patient may begin to worry about something that was not previously a problem.

Table 3: The do's and don'ts of discussing sexual matter include

Be purposeful	Don't make assumptions
Remain professional	Don't be stereotype
Address relationship	Don't judge people
Ask questions when you don't understand a term or activity	
Ask questions about sexual activities rather than lifestyle	
Address confidentiality and privacy	

ROLE OF COMMUNICATION SKILLS IN DEALING WITH FAMILY MEMBERS

Illness not only has an impact on individuals but also affects the close family and relatives. Family members usually provide practical and emotional support, so it is important to address their personal concerns and their role in care giving. Drawing a family tree provides a graphic representation of relationships and clues to patterns of illness between generations. The patient family can influence treatment compliance. Secrets can create an impasse in care and interfere with personal and professional relationships.

Following are some of the key points that should be kept in mind, while communicating to family members of patients:

1. Anticipate and address problems that affect other family members
2. Should try to provide emotional and social support
3. Provide understanding of beliefs about illness and treatment
4. Try to provide information about family history
5. Help avoid or overcome compliance problem
6. Provide possible practical support to the family.

Guidelines for helping uncommunicative patients:

1. Be prepared to spend time on consultation
2. Don't get bored, frustrated or angry
3. Observe the patient carefully, be alert and respond to their verbal and non-verbal cues
4. Show empathy by your own body language (e.g., lean forward and maintain eye contact)
5. Explain the purpose of the interview why you want the information
6. Use facilitators language e.g., I can see that you're finding it difficult to talk about this
7. Use more closed questions than open questions, if this seems appropriate.

If security is summoned try to supervise their actions so that you maintain some control over the situation [24,25].

What should not be done with patients with communication difficulties?

Don't:

1. Tell them what to do and think
2. Speak louder
3. Use another person as conduit for communicating in front of patient
4. Become impatient and angry
5. Offer meaningless reassurance.

Communication with Difficult Patients

Difficult patient's situations in medical encounters:

1. The silent and reticent patient
2. The rambling or talkative patient
3. The vague patient
4. The angry patient
5. Depressed and sad patient

6. The denial and anxious patient
7. The dependent and demanding patient
8. The dramatic and manipulative patient
9. Maniac and restless patient
10. Superior patient
11. Breaking bad news
12. Caring for dying patient.

How to deal with difficult people?

When communicating with patients who seem withdrawn, anxious or angry, try to understand the underlying reasons for their behavior and adapt your style to facilitate communication. Notion of appropriateness or normality is not fixed they depend on the individual culture and life experiences of both doctor and patient. When confronted with an angry patient, do not do anything that may escalate the threat of violence. Act conservatively and try to prevent situations from becoming worse by being attentive and concerned. Do not avoid patients with disability, especially those whose hearing, speech and memory is impaired [Table 1]. Use both verbal and non-verbal forms of communication creatively, Use an interpreter where necessary. It can be helpful and important to ask the interpreter to translate exactly what the patient has said. Check that the patient has understood what has been said. Allow time.

Counseling for Seeking Permission to Do Procedures

This is another important area in medical practice which requires adequate communication skill. To perform any procedure for either diagnostic or therapeutic purpose first priority is to give adequate information so that patient can take a decision voluntarily. Before doing procedure patient has every right to know:

1. Detail of diagnosis and prognosis
2. Uncertainties of diagnosis and prognosis
3. Option for treatment
4. Purpose and associated risk of the procedure
5. Advice if a proposed treatment is experimented
6. How and when the patient's condition will be reassessed
7. Name of the doctor whether a trainee or student will be included
8. Right to seek second option
9. Cost of treatment.

Self-assessment of Communication

Questions to ask yourself after each consultation [26]:

1. Was I curious?
2. Do I know significantly more about this person as a human being than before they came through the door?
3. Did I listen?
4. Did I make an acceptable working diagnosis?
5. Did I explore their beliefs?
6. Did I use their beliefs when I started explaining?
7. Did I share options for investigations or treatment?
8. Did I share in decision making?
9. Did I make some attempt to see that my patient understood?
10. Did I develop good doctor-patient relationship?

Art of Consultation

Some of the key points for a successful consultation as follows [27].

How to initiate consultation?

1. Establishing a supportive environment
2. Developing an awareness of the patient's emotional state
3. Identifying as far as possible all the problems on issues that the patient has come to discuss
4. Establishing an agreed agenda or plan for the consultation
5. Enabling the patient to become part of a collaborative process.

Closing the Interview

- Conforming the established plan of care
- Clarifying next steps for both doctor and patient
- Establishing contingency plans
- Maximizing patient adherence and health outcomes
- Making efficient use of time in the consultation
- Continuing to allow the patient to feel part of a collaborative process and to build the doctor-patient relationship.

Barriers of communication can be classified into internal and external:

- Internal:
 - Communicator:
 - Unwillingness to say things differently
 - Unwillingness to relate to others differently
 - Unwillingness to learn new approaches
 - Lack of self confidence
 - Lack of enthusiasm
 - Voice of quality
 - Prejudice
 - Disagreement between verbal and non-verbal messages
 - Negative self-image
 - Lack of motivation and training
 - Language and vocabulary level
 - Lack of self-awareness.
 - Receiver:
 - Selective perception
 - Unwillingness to change
 - Lack of interest in topic/subject
 - Prejudice and belief and system
 - Here and now internal and external factors.
- External:
 - Environment:
 - The venue
 - Effect of noise
 - Temperature of the room.

Other people – status, education.

Time [13,28]

The importance of teaching communication skills in the medical curriculum is now widely recognized. Communicating effectively with patients requires complex skills to enable doctors to take accurate patient histories, consider the

patient perspective, involve patients in the interview process and attend to their emotional wellbeing, and initiate a process of clinical reasoning. Adequate and effective communication has been found to be an essential component of quality patient care. A systematic review of 40 years of published studies confirmed that good doctor-patient communication impacts on a range of patient outcomes. In contrast, deficiencies in communication have been shown to be associated with medical errors and negative patient experiences. Doctors should have considerable training in doctor-patient communication, both as medical students and post-graduate, with communication skills integrated into most medical curricula. The overwhelming evidence in support of communication skills training has resulted in a number of studies in which the researchers have attempted to identify the most effective ways of teaching these skills. In a recent systematic review, Berkhof *et al.* identified that a combination of didactic and practical components appeared to have the most significant positive impact on communication skills improvement. Use of stimulated patients was found to provide a safe, low anxiety learning experience where students could learn from feedback and build competence and confidence. Real patients were beneficial as they are seen as more authentic and could present actual abnormal physical findings and unique insights from the patient's perspective. Authentic human contact in a social context during the early years can help medical students learn and develop appropriate attitudes towards their studies and future practice. However, there is a need for these experiences to be supported by a range of other teaching methods in an integrated approach [29-32].

Doctor patient satisfaction is essential to maintain a relation long between a doctor and patient in terms of ethical and humanity background. Concepts of various models in doctor and patient relationship includes: Paternalistic model (priestly) here physician act as a guardian of the patients implementing the best to the patient independent of patient's preferences next is an informative model: Patient values are well defined physician play a vital role as an expert he/she, may get expert opinion if he is not aware of diagnostic and therapeutic interventions. The conception of the patient sovereignty is preserved and is patient control over medical decision making in interpretive model: Physician plays like adviser to patient requires elucidation and patient values are not fixed in this model. It is self-understanding how various medical care are provided. Deliberative model: As a friend and guide doctor has discussion with his patients objectives are shared and patients are empowered other alternate health-related values their worthiness importance in the treatment. Instrumental model: In this model patient values are irrelevant physician targets some goals irrespective of the patient for the welfare of the society. e.g., Willowbrow hepatitis study [33,34].

CONCLUSION

At the conclusion of the teaching module on communication skills students should be able to:

- Demonstrate skills to effectively communicate through both verbal and non-verbal channels
- Describe and utilize appropriate communication principles
- Perform patient centered interview using an integrated approach
- Describe the framework for and demonstrate taking a comprehensive medical history
- Summarize health information in verbal reports clearly and with sensitivity
- Appraise their own communication skills and those of others
- Acknowledge the importance of non-judgmental interviewing
- Identify some broad issues in cross cultural communication
- Describe the key gender, cultural and ethical issues when communicating with patients, their families and carers.

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