



Short Communication

Communication Skills' In Medicine

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Abstract

Communication skill is a dynamic process which involves an exchange of information between two parties to convey thoughts or feelings. There are two types of communication skills, verbal (spoken words), and non-verbal (body language, visual images, written words). Communication is the most important factor for effective medical interview (from simple history taking to breaking bad news). Principles of effective communication include good planning, show of empathy and learning how to handle difficult emotional outbreaks. In conclusion, communication skills play an important role in achieving good medical practice and should be a part of training programmes of students and doctors.

Keywords: Communication skills, Medical education, Continuing professional education.

INTRODUCTION

The Communication Process

- ✚ Is a process by which information is exchanged between individuals through a common system of symbols, signs or information? So it is the process by which we relate and interact with other people.
- ✚ It is a mutual process between 2 sides (Dialogue) not a one sided monologue.
- ✚ 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.
- ✚ Therefore communication is a dynamic process...through this process we convey a thought or feeling to someone else. How it is received depends on a set of events, stimuli, that person is exposed to. How you say what you say plays an important role in communication.

COMMUNICATION THEORY

Communication is natural process which may be intentional or unintentional
It may involve conventional or non-conventional signals.
It may occur through spoken or other modes. But to have effective communication the theory said

Communication is a learned skill or a series of learned skills which is based on 3 pillars:

- Accuracy
- Efficiency
- Supportiveness

All combine to contribute to effectiveness of communication

Experience is a poor teacher: it needs observation with well intentioned, constructive, detailed and descriptive feedback plus rehearsal to effect change.

Communication is an art and like other arts it is a learned skill, which is influenced by presence of special gift or talent in some persons.

Types of Communication

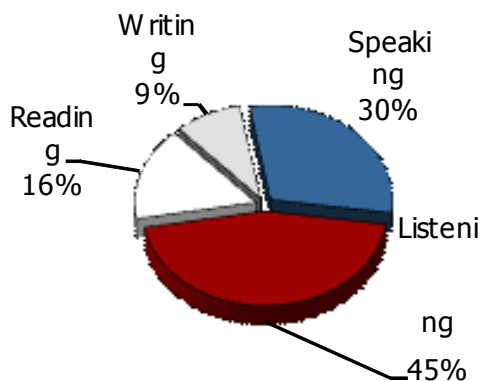
Verbal Spoken Word and listening

Non verbal

- ✓ Body language
- ✓ Visual Images
- ✓ written

All communication methods are important but the spoken word is the most common used one and about 70 % or all our communication efforts are:

Misunderstood, misinterpreted, rejected, disliked, distorted, or not heard (in the same language, same culture. That is why we should train our self for effective communication.



COMMUNICATION AND MEDICINE

Communication is essential for all aspects of life, and effective communication is the basis of mutual understanding and trust. So it is very important in medicine.

Historically the emphasis was on the biomedical model in medical training which places more value on technical proficiency than on communication skills. Recently learning communication skills and evidence based practice become the corner stones of modern medicine.

Doctors need to learn essentials of good communication more than other professionals because patients are humans with sensitive needs. Doctors cannot practice medicine without effective communication skills. And poor communication causes a lot of medico-legal and ethical problems. Therefore doctors need communication training to:-

- ✓ Acquire knowledge of the basic features of verbal and non-verbal communication.
- ✓ Learn how to take a medical history from patients and relatives.
- ✓ Know about illness behavior, physician and patient roles, and relevant cultural beliefs.
- ✓ Learn how to draw up a plan for an interview, open and close interviews, explain the purpose and summary
- ✓ Know how to communicate with patients who have a learning disability.
- ✓ Gain further experience of doctor-patient communication with different types of patient (e.g. male, female, different social and ethnic groups, school age children and elderly people).
- ✓ Learn the basic principles of clinical problem solving.

How Communication is done?

The medical interview is the most common communication usually encounter between the doctor and the patient. It can be classified according to the purpose of the interview into 4 types:

- History taking
- Breaking bad news
- Consultations
- Obtaining informed consent

But others type of communications is necessary like with

- ✓ Nurses and auxiliary staff
- ✓ Colleagues
- ✓ Administrators
- ✓ Evidence in court
- ✓ Reporting research findings
- ✓ Talking to the media
- ✓ Public and legislature

Effective communication

Ensures good working relationship

Increases patients satisfaction

Increases patients understanding of illness and management

Improves patients compliance with treatment

Ensures an interaction rather than a direct transmission process (telling someone what to do or only listening is not enough)

Principles of effective communication

Requires planning and thinking in terms of outcomes.

Follows the helical model (i.e. what I say influences what you say in a spiral fashion and coming back around the spiral of communication at a little different level each time is essential).

Shows empathy and learn how to handle emotional outbreaks.

Communicate as a team patient, family, physician, and other health care providers

Communication with peers i.e. Mutual trust and respect, exchange information, ask your seniors, do your share of work, Communicate with patients in peers, Seminar and workshops help in good communication.

Barriers to effective communication

- ✓ Personal attitudes e.g., some clinicians focus often on relieving patients' bodily pain, less often on their emotional distress, seldom on their suffering, and Some of them view suffering as beyond their professional responsibilities
- ✓ Language

- ✓ Time management
- ✓ Working environment
- ✓ Ignorance
- ✓ Human failings (tiredness, stress)
- ✓ Inconsistency in providing information

How to develop a good (Doctors - Patients' Relationship)

- ✓ Gauging the correct amount, and type of information to give to each individual patient.
- ✓ Providing explanations that the patient can remember and understand and which relate to the patient's illness framework.
- ✓ Using an interactive approach to ensure a shared understanding of the problem with the patient.
- ✓ Involving the patient and collaborative planning increase the patient's commitment and adherence to plans made.
- ✓ Continuing to build a relationship and provide a supportive attitude.
- ✓ Establishing a supportive environment.
- ✓ Developing an awareness of the patient's emotional state.
- ✓ Identifying as far as possible all the problems or issues that the patient has come to discuss.
- ✓ Establishing an agreed agenda or plan for the consultation.
- ✓ Enabling the patient to become part of a collaborative process
- ✓ Closing the interview
- ✓ Confirming 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 for the future.

Questions to ask yourself after each consultation

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

DIFFICULT SITUATIONS

Dealing with emotional Patients

- ✓ Set an example: don't ask patients to calm down, *model* calmness.
- ✓ Get patients' attention: lower your voice, move so they must turn in your direction.
- ✓ Encourage them to sit down but let them control their emotions at their pace.
- ✓ Listen not just to the patient's needs, but also for underlying issues/concerns and unexpressed expectations.
- ✓ The use of "uh- huh" and "um" has been shown to help patients settle down on their own. Feels like a lot of time, but really isn't.
- ✓ Avoid arguments, use disarming statements.
- ✓ Consider rolling with the resistance and agreeing with the patient if possible.
- ✓ Take a step back from the demand and ask probing questions to find underlying concerns. This may change a rant into a conversation.
- ✓ Don't assume things, ask to find out
- ✓ Don't get emotionally involved, keep your professional attitude.
- ✓ Don't give false reassuring comments.
- ✓ Say no in a tactful manner to the patient's unrealistic wishes and demands.

Breaking Bad News

Clinicians are responsible for delivering bad news, this skill is rarely taught in medical schools, clinicians are generally poor at it. Breaking bad news is one of a physician's most difficult duties. Medical education typically offers little formal preparation for this task. Many health care professionals tend to define 'bad news' as worst case scenarios (eg. telling a patient they have cancer or that their loved one has died).

In general terminal patients are not afraid from death but are terrified from the absence of their beloved ones and the caregivers when needed

Message to take home

- ✚ Communication between the client family and health team play a vital role in the compliance to outpatient clinic visits and in-patient care programs.
- ✚ Good communication is essential for proper doctor-patient relationship and help avoids problems of misunderstanding.
- ✚ Effective communication is the key to success in professional career

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