

Communication Skill

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Introduction

A large and compelling evidence base in communication science shows that communication is vitally important to doctors and patients. However, changes are needed in the attitudes and skills that underlie the way doctors communicate. For this reason, training in communication skills has become an increasingly prominent part of undergraduate and postgraduate medical training.

It has been found that the communication skills of medical students who have not had this training actually get worse as they progress through medical school. So, whether you are a specialty trainee, Rotator doctor, or

medical student, it is never too soon to start fine tuning your skills. Doing this will give you a head start in enhancing your personal development and in progressing your professional career.

What is effective communication all about?

Nowadays, we're getting good at making the most of what we have—we are all mindful of delivering efficient services with scarce resources. However, we are not so good at making the most of what we are. In terms of communication, this means being able to give people the information they need in a clear and concise manner and with the right attitude. Good communication leads to

more satisfying interaction with colleagues, helps you to manage your time better, and makes you a more effective team member and leader.

Learning to communicate effectively means making the most of every opportunity to interact with others: to be positive and encouraging to your team, to show empathy and concern to your patients, and to be able to deal with demands and difficult emotions. Having an understanding of what type of communicator you are and being able to identify the ways in which better communication can lead to better outcomes will help you to maximise your personal effectiveness in many different situations, giving you the advantage in interviews, assessments, and in the day to day work.

What is needed?

At no stage in our careers should we stop developing and learning about communication. Research has shown that poor communication can contribute to, dissatisfaction among patients, lack of

compliance, and medicolegal problems. Improved communication skills could have a positive effect on all these.

Curriculum changes at medical school have led to a much earlier focus on the teaching and assessment of communication skills. Throughout your medical career, your interactions with others will be observed and measured through exams, supervision, and appraisals. In the rotation years you will be expected to develop generic communication skills

At interview, your leadership skills, initiative, empathy, and team playing might be tested—how you motivate others, negotiate, and deal with conflict.

How does patient feedback influence your practice? How do you manage stress? These are questions about communication skills. Knowing some of the theories and research in the field will help you to become more confident in discussing the underlying issues. In this way, improving your communication skills raises the profile of other areas of your portfolio.

At all stages of your medical training there is an expectation that you can identify your weaknesses and discuss plans for improvement.

Knowing your own strengths and weaknesses, it entails realizing the effect of your behavior on others and the influence of your own emotions and prejudices on your judgments and behavior. The aim of increasing self-awareness is to be able to manage the impact of your emotions in your day to day practice—and to improve your relationships overall.

Advise for effective communication

- **Use clear language:** tailor your language to your patients' understanding and information needs.

- **Be conscious of your non-verbal communication:** It is important to maintain eye contact—reading notes or looking at the computer screen may convey negative messages.

- **Negotiate an agenda:** Ask patients what they need from the consultation, and explain what can be covered.

- **Establish a dialogue:** Determine whether your patient agrees with the diagnosis and management plan. Patients who disagree with the diagnosis probably won't adhere to the treatment.

- **Be flexible in your consultation style:** Tailor your approach to the individual patient. A more directive style may be appropriate for patients who want less involvement in decision making. A supportive style—listening attentively and asking questions about psychosocial issues—helps facilitate the disclosure of sensitive information.

- **Provide the information that patients want:** Doctors tend to talk too much about drug treatment, whereas patients want to know about causes and the likely diagnosis and prognosis. They want more openness about side effects and advice on how to relieve pain and emotional

distress and what they can do for themselves. Providing this information helps their symptoms, reduces distress, improves physiological status, reduces hospital stay and use of analgesia, and improves quality of life.

- **Reflect on the outcomes of your interactions with others:** Why do some doctors work well and others not so well? Communication difficulties are one of the main reasons that patients complain about doctors. The most common criticism is not about the doctors' competence but that they have failed to listen or to offer sufficient explanation.

- **Apologize when mistakes occur:** Apologizing and expressing regret at the suffering experienced by a patient is not an admission of liability. Ineffective communication is the single largest factor behind litigation by patients. Good communication, including effective apology, It never does any harm to

apologize—for yourself or on behalf of colleagues.

- **Empathies and listen:** Your relationship with the patient is vitally important. It facilitates therapeutic space in which patients can express their concerns and receive support and advice. Empathy is the ability to understand what another person is experiencing and to communicate that understanding to the person. As the patient begins to relate his or her story, it is necessary to silence our own internal talk, including the diagnostic reasoning process, which can interfere with our ability to listen.

- **Mindful practice:** This is your ability to observe not only the patient but your own performance during the consultation. Mindful doctors can easily be identified by patients and colleagues—they are present, attentive, curious, and unhindered by preconception.

- **Establish rapport:** Recognition and explicit acknowledgment of the emotional content in your patient's story is particularly important in establishing rapport. Doctors often respond to emotional cues by offering premature reassurance, explaining away distress as normal, attending to physical aspects only.

Conclusion

Communication is important in all aspects of your training, and learning more about communication skills will help you perform better in exams, assessments, interviews, and appraisals—as well as in your day to day practice. Maximising your effectiveness in communication not only enhances your personal performance in many different spheres but also improves your relationships with patients and facilitates career progression.

References

1. Balint M. *The doctor, his patient and the illness*. Churchill Livingstone, 1957.

2. DiMatteo MR. Variations in patients' adherence to medical recommendations: a quantitative review of 50 years of research. *Med Care* 2004; 42: 200-9.
3. Fallowfield LJ, Hall A, Maguire P, et al. Psychological effects of being offered choice of surgery for breast cancer. *BMJ* 1994; 309: 448.
4. Frenkel DN, Liebman CB. Words that heal. *Ann Intern Med* 2004; 140: 482-3.
5. Haidet P, Paterniti DA. "Building" a history rather than "taking" one: a perspective on information sharing during the medical interview. *Arch Intern Med* 2003; 163: 1134-40.
6. Kaplan SK, Greenfield S, Gandek B, et al. Characteristics of physicians with participatory decision-making styles. *Ann Intern Med* 1996; 124: 497-504.
7. Maguire P, Pitceathly C. Key communication skills and how to acquire them. *BMJ* 2002; 325: 697-700.
8. Royal College of Physicians. *Improving communication between doctors and patients*. RCP, 1997.
9. Stewart MA. Effective physician-patient communication and health outcomes: a review. *CMAJ* 1995; 152: 1423-33.
10. Stewart M, Brown JB, Boon H, et al. Evidence on patient-doctor communication. *Cancer Prev Control* 1999; 3: 25-30.

11. Tomm K. Interventive interviewing: part III. Intending to ask lineal, circular, strategic, or reflexive questions? *Fam Proc* 1988; 27: 1-15.
12. Wissow LS, Roter DL, Wilson MEH. Pediatrician interview style and mothers' disclosure of psychosocial issues. *Pediatrics* 1994; 93: 289-95.
13. Zoppi K, Epstein RM. Is communication a skill? Communication behaviors and being in relation. *Family Med* 2002; 34: 319-24.