

# Communication in Patient Care - The Hitherto Neglected Aspect of Medical Training

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Medical profession is truly a rewarding endeavour. The most fundamental requirement of a good medical practice is clinical competence which depends on sufficient medical knowledge, effective communication skills, through physical examination and a problem solving ability. Out of these core aspects the teaching of communication skills has been completely lagging in our medical curricula. The prime reason for this deficiency has been the assumption that the ability to communicate can be achieved over a period of time with learning taking place both from within and from colleagues and seniors. The following is a discussion on some of the important aspects of communications skill training.

## Why to teach Communication Skills?

Patient doctor encounters even though very frequent are nevertheless complex human to human interactions. In this process the patients are generally at the receiving end as doctors are learned people and therefore primarily shoulder the responsibility for the outcome of these interactions. Medical interview or Medical Consultation is a structured process with subtle variations depending on the specialty involved. An efficient conduct of this process requires a better understanding of an important prerequisite, the ability to communicate by the health worker. An inability to effect this patient doctor interaction efficiently results in many problems thus adversely affecting the patient outcome. Research in the field of clinical communication has revealed problems related to patient satisfaction<sup>1</sup>, patient adherence<sup>2</sup>, medico legal issues<sup>3</sup> etc arise primarily due to poor communication. Studies have also demonstrated that having an effective communication skills training at undergraduate, Resident and Continuous Medical Education level leads to improved patient satisfaction<sup>1</sup>, better patient recall, better understanding and adherence<sup>4</sup>, better symptom resolution and physiological outcome<sup>5</sup>, reduced medical costs<sup>6</sup> and few medico-legal issues. The most common concerns reported by patients with respect to communication are in the areas of: gathering information, explaining and planning, and lack of empathy and understanding with patient's perspective.

Therefore it has been proved that Communication is a core clinical skill and therefore needs to be taught like other aspects of medical training<sup>7,8</sup>.

## What to teach in Communications Training?

Research in the field of communication has identified two areas of concern with respect to communications training.

- 1) Teaching the core communication skills (Content, Process and Perceptual skills)<sup>9</sup>, as mastery of these skills would help the trainee to handle any challenge effectively. A lot of learning material is available on the skills to be taught e.g Calgary Cambridge Guides<sup>10</sup>, Kalamazoo Statement on Communication Skills etc.
- 2) Communication skills training material related to specific situations and challenges e.g. Braking Bad news, Gender issues and cross cultural communication is also readily available.

Experts in the field of communication have delineated and classified the required skills depending on their nature and role in patient doctor interaction as macro-skills (Whole Medical Interview), meso-skills (Listening, Summarising) and micro-skills ( Signposting, Head Nodding) for ease of understanding and effective teaching learning<sup>11</sup>.

## Communication Skills Training in India

In India very little if any attention has been paid to this aspect of medical training even though globally especially in Europe and North America such training has been an integral part of medical curricula from the last 30 years.

In Graduate Medical Education Regulations 1997 some references were made regarding communication competence of doctors<sup>12</sup> but nothing concrete and discernable was suggested. Similarly ethical aspect of medical practice was dealt with in Professional Conduct, Etiquette and Ethics Regulations, 2002<sup>13</sup>. In the last few years fortunately focus has shifted towards communication training of medical graduates. Government of India and Medical Council of India have revised the medical curriculum and come up with Competency Based Medical Curriculum, the implementation of which has already started. Graduate Medical Education Regulations 2019 and CBME draft has identified five core competencies for a medical graduate. Being a good and effective communicator is one of the core competencies. Along with communication, to improve the aspect of professionalism another core competence in medical doctors identified in CBME, the Medical Education Regulatory body in India have come up with the AETCOM module to initiate training on Communication and Professionalism. The document claims to address the issues of Attitude, Ethics' and Communication in medical Education and contains important information on Policy Directives, resource materials and training methodology to be adopted for such training. A through look at the document clearly shows:

- i) Time allotted for AETCOM in the overall curriculum is inadequate.
- ii) The communication aspect has not been given sufficient coverage in the module, since communication is a difficult art to learn and can only be learned through repetitive practice.
- iii) The resource material contained in the module even though relevant is insufficient both in terms of content and direction as to how training is to be imparted
- iv) The training provided by MCI nodal centre on this aspect of CBME as part of CISP was extremely poor in quality for the obvious reason that the trainers were still unsure about the importance and techniques of Communication skills training.

### The improvements therefore suggested

There is no doubt about the fact that communication is a core clinical skill that can be taught and learned and that it can be ensured that the essential learning is retained. Since two things are extremely important for effective teaching learning in communication: repetitive Deliberate Practice (Experiential Learning) and timely, effective and constructive feedback. The medical educators in our set up tend to be uncomfortable about both these aspects, as these things have not been part of their medical training. So in this regard it is imperative to educate and convince beyond doubt our leaders like Deans, Directors and Principals of medical institutions about relevance and importance of communication skills training. The other important thing needed is the appropriate and effective training of medical faculty in clinical communication. Every institution needs to have a core group of faculty members having aptitude for communication training to be thoroughly trained to conduct trainings in Communication and Professionalism. This group should have members both from clinical and non clinical streams.

The AETCOM module needs to be augmented both in terms of content included and the approach described to conduct these trainings. Since training in Professionalism and Communication is a longitudinal activity spanning all over the MBBS programme sufficient time needs to be allotted from the time table. The allotted time should increase steadily from pre clinical to clinical years when students are more likely to have clinical encounters.

### The Future Directions

Since it has been well proven that communication is a core clinical activity rather than an extra burden on the already stretched teaching time tables. Medical Institutions need to have well equipped Medical Education units along with motivated and trained faculty members for communication training. The necessary logistic support needs to be made available to the departments in terms of space for small group sessions along with the requisite Information technology essentials. Clinical Skills laboratories manned by well trained faculty members and other support staff need to be established in each institution without delay as most of the clinical skills need to be learned in safe environment followed with active engaging with patients. But for the time being we are of the opinion that training in communication

skills on modern scientific lines can be conducted with the available faculty provided an appropriate faculty selection followed by effective hands on training is provided to the designated staff. The future of medical education in India holds great promise since we have started moving in the right direction and things have started taking shape for the better.

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