

“Fundamental communication skills in medical practice” as minor elective subject

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Objective. Poor and inadequate communication affects the therapeutic relationship between doctors and patients. Guided by this idea, we organized a minor elective course entitled “communication skills”. We wanted to bring closer to the students the holistic approach of the family physician to the patient, the importance of the family, its impact on the patient and vice versa, and the significance of the local community and its influence on an individual’s health. The aim of this article is to explain how we organized this elective course. **Methods.** The course was organized in the form of 12 hours of theory (3 lectures and 9 seminars) and 24 hours of practical training. There were 26 students from all years. Through theory, and even more through the practical part the students met with different types of patients. **Results.** At the end of the course, students in lower years were evaluated by means of an interview, and graduate students through a practical test – a conversation with a patient. The initial results, including the students’ grading of this course, were highly encouraging. Both teachers and students were highly satisfied on completion of the course. **Conclusion.** Content on communication training is rare in teaching. Practicing communication skills will empower the doctor - patient therapeutic relationship.

Key words: Family practice, Health communication, Physician-patient relations, Medical students.

Introduction

Communication is simply the act of transferring information from one place to another, whether this be vocally (using voice), in writing (using printed or digital media such as books, magazines, websites and emails), visually (using logos, maps, charts and graphs) or non-verbally (using body language and/or gestures). How well this information may be transmitted and received is a measure of how good our communication skills are (1). Knowledge of, and skills in, communication are necessary for many

professions, especially those in the areas of health, education, and economics (2). An integral part of a doctor’s job is communication and interaction with the patients (3-4), including forming a cohesive relationship with patients, as well as effective diagnosis, treatment and therapy, which constitute the keys to successful and effective medical practice (4). When done well, such communication produces a therapeutic effect for the patient, as has been validated in controlled studies. However, the communication skills of the busy physician often remain poorly

developed, and the need for established physicians to become better communicators continues (3). When doctors use communication skills effectively, both they and their patients benefit. Firstly, doctors identify their patients' problems more accurately. Secondly, their patients are more satisfied with their care and can better understand their problems, examinations and tests, and treatment options. Thirdly, patients are more likely to adhere to treatment and to follow advice on behavior change. Fourthly, patients' distress and their vulnerability to anxiety and depression are lessened. Finally, the doctors' own wellbeing is improved (5).

A letter by the wife of a patient describes the importance of communication: "Is there any place in the world where people feel more miserable than in the basement of a hospital, sitting for hours in the hallway, waiting, and no one even asks if he needs it where it did not matter and on the door says: Do not knock, do not disturb! Wait! Get out! Is there a place worse than this, where you are just statistical data, a case number, and not a name and surname? The "gods" pass by in white, small and large, with deadly serious faces, stethoscopes in their pockets or around the necks, while young women and the tall young men with no eyelashes and eyebrows, with sad eyes and a look of fear, are waiting and waiting. I am with them. Nothing should be like this: just one smile is enough, just a look of understanding, something like 'do not be afraid! ...'" (2).

The manner in which a physician communicates information to a patient is as important as the information being communicated. Patients who understand their doctors are more likely to acknowledge health problems, understand their treatment options, modify their behavior accordingly, and follow their medication schedules. In fact, research has shown that effective patient-physician communication can improve a pa-

tient's health as quantifiably as many drugs - perhaps providing a partial explanation for the powerful placebo effect seen in clinical trials (3). Listening is an important skill for family physicians. It can help improve the diagnosis of patients' problems, it can help with an understanding of psychosocial issues, and it may even help to avoid a lawsuit (6-7). However, listening is learned behavior. It is not a passive activity but one that requires skill and practice (7).

Communication in family practice

Traditionally, communication was incorporated in medical school curricula informally as part of rounds and faculty feedback, but without any specific or intense focus on skills of communicating per se. The reliability and consistency of this teaching method left gaps, which are currently getting increased attention from medical schools and accreditation organizations (8). Formal training programs have been created to enhance and measure specific communication skills. Many of these efforts, however, focus on medical schools and early postgraduate years and, therefore, remain isolated in academic settings. Thus, the communication skills of the busy physician often remain poorly developed, and the need for established physicians to become better communicators continues (3). Increasing experience does not automatically improve communication skills but some deliberate practice seems to be necessary and must be sought and developed (9).

The aim of this study was to develop an undergraduate medical course which exposes students to the holistic approach by a family physician to the patients, the importance of the family, its impact on the patient and vice versa, and the significance of the local community and its influence on an individual's health.

Methods

The curriculum of the subject 'Family Practice' included lectures and seminars on communication from the time when the Department was founded. Emphasizing the importance of communication, there was a need to organize an elective course on this topic. According to the Curriculum with syllabus for the academic year 2011/2012 of the Medical Faculty (10), our Department designed the elective subject entitled "Fundamental communication skills in medical practice". There were 26 students of all ages (from freshmen to graduates)_out of 326 students (8%) who enrolled in the subject. Most students were from the freshman (first) year level.

The course was organized in the form of 12 hours of theory and 24 hours of practical training. Theoretical classes were organized in the form of lectures and seminars, including:

- Communication skills in medicine - general terms;
- Types of communication;
- Techniques of good communication;
- Effective medical interview;
- Difficult patients;
- Communication with special patient groups (child, adolescent, third age);
- Communication in special medical situations (emergency, palliative care);
- Communication in a team with colleagues and the media.

The Chair of Family Medicine created a plan and program for the Course according to the Curriculum of the Faculty. Four teachers, specialists in Family Medicine, were included in the teaching. At the end of Course we organized an examination for students, but they also evaluated the subject. Students completed a questionnaire measuring their satisfaction with the teaching. The questionnaire was standardized by the

University and it is identical for all subjects at the University.

Results

The practical teaching process was organized in the clinic in which the teacher worked. The kind of communication (verbal and nonverbal) were discussed and practiced, in the family practice surgeries. Types of communication skills were practiced through role playing, representing the different situations in which Family physicians find themselves: for example: a patient who requires something, a patient with multiple problems, a patient who denies everything you tell him, an upset patient, etc. Students met with several types of difficult patients, and experienced the role of the family doctor as gatekeeper of the health system, and different forms of communication with other health workers. Senior students solved some of the health problems of patients independently under the supervision of teachers. Younger students (students of lower years) were observers and they did not practice directly with the patients, but were included in discussions on each patient within the group.

Evaluation was done by a similar principle. Teachers evaluated the lower year students through an interview, and graduate students (fourth - sixth year of study) who already possess certain clinical skills, were tested practically in contact with a patient. The subject was evaluated very highly. None of the students assessed the elective subject as 'poor', 'fair' or 'good'. The practical part of the subject, as well as the organization of subjects were assessed as excellent. All other elements of the subject were ranked as 'excellent' by at least 80% of respondents (Table 1).

Table 1 Students' evaluation of the minor elective subject "Communication skills"

Evaluation of subject	Students' evaluation (n=26)	
	Very good	Excellent
	n (%)	n (%)
Evaluation of subject in general	1 (3.8)	25 (96.2)
Grading of the lectures	2 (7.7)	24 (92.3)
Grading of the seminars	3 (11.5)	23 (88.5)
Grading of exercise / practical work	-	26 (100)
Grading of teaching organization	-	26 (100)
Grading of the examination	5 (19.2)	21 (80.8)

Discussion

With this article we have tried to share our experiences of learning communication skills through an elective course. In the published literature and other experiences, which show significant improvements in communication with patients after training (11-12), but also within the team (13-14). Brock et al. (11) describe the results before and after The Team Strategies and Tools to Enhance Performance and Patient Safety (Team STEPPS) communication training model.

Significant successes have been recorded in team communication, motivation, training and utility of self-efficiency (11). Students in Iran highlight the possible consequences of deficiencies in poor communication and the importance of learning communication skills during their studies and their incorporation into the medical school curriculum (15). Our students had a similar attitude compared to students around the world regarding the importance of good communication skills. The student's comments and ratings of items supported the new communication skills subject and have motivated us to further improve teaching of the elective course on communication skills.

We expect that an increase in communication exercises will give better results in

the physician - patient relationship, and thus contribute towards a healthier population.

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