Communication skills for medical professionals

The exchange of information between individuals, by means of speaking, writing or using a common system of signs or behaviour is communication.

Communication of doctors usually related with the patient, patient's attendant/guardians and medical stuffs (nurses, ward boy). Among them the patient is the main one.

What is 'doctor and patient cycle'?

This is the total path that the patient needs to cruise to consult with a doctor.

Components are

1. Patient enter the consultation room
2. Greetings between doctor and patient
3. History taking
4. Relevant clinical examination
5. Suggest investigation
6. Report checking, diagnosis and prescription writing
7. Sharing the diagnosis with the patient/breaking the sad news
8. Necessary counseling
9. Tell the prognosis.
10. Fix a follow date

A doctor must be skilled in every step of 'doctor and patient cycle'.

Greetings and introduction

There should be warm greetings between doctor and patient. This builds confidence of the patient and he becomes easier to the doctor.

History taking

a) Patient part (patient says his/her complaints)

1. This is hearing the story from the patient.

2. If you don’t hear properly you will miss the story.

3. Should not interrupt the patient.

b) Query part (physician ask to clarify symptom or to identify more problems)

In query part following questions may be asked

1. Do you have any fever?

2. What about your appetite?

3. Do you have cough?

4. Do you have chest pain?

5. Do you have palpitation?

6. Do you have abdominal pain?

7. Do you have any burning sensation during micturition or foul smelling urine or cloudy urine?

8. What is about your sleep?

9. Are you taking any medicine of hypertension or DM or any other disease?

10. Are you taking any tobacco products or alcohol?

Following points are important during history taking

1. Eye contact-it is better to look at the eyes of the patient while taking history.

2. Partnership-consider the patient as a partner rather than student or servant. This will help yielding more history.

3. Communication-way of communication will be the patient’s own language. Doctors should use simple words and ask simple question which is easily understandable for the patients. In case of difficulty an interpreter may be necessary.

4. Time-patient like the doctor who spend more time with the patient.

Common things which patient do not like during history taking

1. Doctor is not listening the patient.

2. Doctor is busy with other thing like mobile or TV.

3. Doctor shows some non-verbal behavior

4. Stop the patient in midway of telling the history.

Clinical examination

1. Should start after taking consent of the patient.

2. Prior counseling relaxes the patient completely.

3. Particular precautions for female patient.

Start with the general physical examination then proceed to systemic examination. The system which fitted with the patient's complaints that should be examined first then serially examine all the other system. After completion of examination, relevant investigations should be advised for the patient.

Report checking and prescription writing

When the patient will come back with the investigations report then those needs to thoroughly check up, co-relate with the history and clinical examination and finally diagnosis should be made. After that share the diagnosis with the patient (particular attention should be taken to disclose bad diagnosis; discuss later of this chapter). Along with the diagnosis, treatment option like medical vs surgical treatment, cost of the drugs should be discussed with the patient. Finally prescription should be written.

Counseling

Counseling is the assistance and guidance provided by a doctor in resolving patient's problem. This is very important in patient management. Patient should counsel about his/her disease (communicable or non-communicable; curable or non-curable etc), dietary advices, lifestyle advices that will be necessary to recover from the disease etc. As for example-a hypertensive patient should be counseled like this-"hypertension is a non-curable disease, for control of blood pressure you should avoid excess salt intake, stop tobacco use, avoid fatty foods and you have to walk/exercise for minimum 30 minutes daily".

Follow up

Follow up is the further observation of a patient to

1. Monitor earlier treatment (to see the outcome after taking the drugs)
2. Any adverse effect of the drug
3. See the disease progression
4. Detect new complication
5. Improve adherence to treatment (particularly in NCD whether drug needs to be take for lifelong period).

Follow up is must for diabetic, hypertensive, stroke, IHD, CKD and cancer patient. If a hypertensive patient is taking the antihypertensive drug but he is not in follow up, his blood pressure may be not controlled with the drug and surely he will develop complications.

Prognosis

Prognosis is the likely outcome of the disease. This is the main thing that patient wants to know from the doctor. Briefly the patient should tell the prognosis. Particular precaution should be taken in case of poor outcome disease like cancer, stroke etc.

Sharing bad news

Preparation

1. Environment- a quiet, comfortable, private room is ideal.

2. Choosing the right person to give the news? It is better to give the news to the guardian of the patient, like parents of the patient, husband or wife of the patient, in case of old age patient either son or daughter should be chosen. But ideally patient can be asked about the right person to give the news.

3. Introduce any member of the team like assistant registrar, indoor medical officer, students, nurse etc.

4. Consider whether there may be cultural attitudes; if the patient cannot understand the doctor then a converter should be present.

Sharing the news

1. Explore what is known by the patient/family already. Example- patient's guardian already knows the diagnosis, then present condition of the patient should describe.

2. Know as much about the case as you can start. Minimize interruptions and do not appear rushed.

3. Give information with honesty but sensitivity. It is better to tell that your son is suffering from a bad disease (acute leukaemia) but he is in early stage rather that your son is suffering from blood cancer.

4. Try to use simple language which the patient's guardian can understand. Example try not to use medical term like bronchial carcinoma, metastasis etc, you can use cancer of the chest and it spread from the chest etc.

5. Do not take all hope away- find some reason to be optimistic. Example-there are many treatment options with good outcome.

6. Listen to what the guardian say and allow time for questions.

7. Do not impose the truth but if the patient asks, do not lie.

8. Avoid false reassurance. Example-after treatment he will be normal as before.

9. Acknowledge that dealing with uncertainty is often harder than knowing the diagnosis.

10. Give the patient's guardian sufficient information to be able to make any decisions with you.

11. Try not to let your own opinions interfere even if parents push you to make a decision for them. Example-you should tell the treatment options with advantages and disadvantages of each for the patient but not give the decision which one should be started, treatment options will be chosen by the patient's guardian.

12. Recognize and acknowledge the feelings the parents or patient may have, such as anger.

13. Show empathy but do not lose control.

14. Try not to overload parents with too much information.

15. Don't stay too long. Closure can be difficult.

16. Leaving a nurse with the parents for a period of time.