Doctor Patient Communication—A Vital Yet Neglected Entity in Indian Medical Education System

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Abstract Doctor patient communication is the most important and an integral part of any treatment regimen. Properly carried out it has been shown to have a therapeutic effect equivalent to drugs. Despite being so important part of treatment it is more than often taken and carried out casually. Apart from apathy towards this practice, its omission in the medical study curriculum is an important factor. This study was carried in amongst the surgical residents of surgical departments of various medical colleges to assess the attitude of surgical residents towards patient doctor communication. A questionnaire was forwarded by mail and email and the response was assessed: The responses of the surgical residents from various residents from different medical colleges were similar. Most of the residents prefer inclusion of communication skill in medical education curriculum

Keywords Doctor patient communication

Key Messages Medical education system should be revised and provisions should be made for inclusion of this integral part medical education in training of medical residents.

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Introduction

Doctor patient relation is probably the most sacred relation in mankind. It relies on trust and faith of the patient in times of crisis. Proper communication between doctor and patient is most vital part of any treatment protocol. It is not only the right of the patient to know about his sickness and the treatment he will receive but also the moral duty of the treating doctor to communicate to the patient his disease, the treatment he is to receive, the complications and alternative treatments if any. Improper communication with the patient often has repercussion. It leads to dissatisfaction among patients, loss of faith on the doctor and in many cases violence. This when done properly has been shown to reduce the incidence of altercation and dissatisfaction among the patients towards the doctors.

Patient doctor communication skill development and training has been included in medical curriculum of various medical training programs in different countries as USMLE in USA, PLAB in UK. Unfortunately there are no such provisions in medical curriculum of Medical Council of India. It is taken for granted that the juniors will inculcate it from their seniors in course of their residency tenure.

In this study the outlook of residents towards this important aspect of treatment protocol was measured by a simple questionnaire.

Subjects and Methods

A questionnaire was sent to residents of surgical subspecialty in medical colleges (King Edward Medical College, Mumbai; Maulana Azad Medical College, New Delhi; Ganesh Shankar Vidyarthi Medical College, Kanpur, Calcutta Medical College, Kolkata.)

Consent was implied by the voluntary return of the questionnaire.

Results

Total 450 questionnaire were sent out by mail and email in 4 medical colleges out of which only 378 (84%) residents responded.

The responses of the surgical residents from various residents from different medical colleges were similar.

The results confirm that most of the residents (81.7%) (309 out of 378) did not receive any introduction about communication from their seniors. Only 12% (45 out of 378) residents routinely explain their rank to the patients whereas 88% (333 out of 378) did not.

In emergency surgery 6.3% (24) residents spent 10 secs, 25.4% (97) residents spent 30 secs and 68.25% (257) residents spent more than 1 minute with patient. Where as in elective surgery 88.5% (334) residents spent more than 1 min conversing with the patient.

In emergency only 26.9% (102 out of 378) operating surgeon communicated with the patients or patients attendant. In most cases this was left for the juniors to communicate. In elective surgery about 50% (189 out of 378) times the operating surgeon communicated with the patients. Most of the patients were only told about the diagnosis 71.43% (270) & treatment 89.68% (338) they will receive with only 45.24% (171) explaining them about the alternative treatment and 50% (189) residents explained about the complications. The probable outcome was explained by only 29.36% (110). Complications were explained only by 50% residents.

None of the residents had any knowledge about the percentage of incidence of complication which should be explained to the patient. 73% (276) residents thought that complications having incidence more than 10% should be explained to the patient.

All the residents have had altercations with the patient at some point of time with 58% (219) having face more than 5 times in a year and 42% (158) residents had to face < 5 times.

Lack of effective communication was the major factor about 71.4% (270) for the same. Most residents 76.2% (288) felt that covering this part would have spared them from these unfortunate incidences. Most of the residents 82.54% (312) felt that curriculum regarding communication skill was inadequate. More over 73.8% (279) residents desire of having communication skills as a formal part of medical training.

74.4% (281) residents want bed side training and only 20.4% (77) want formal lectures. However only 53.17% (200) want communication skill to be included in final examinations.

Discussion

An ill human often disconnects himself from the society. Patient's contact with his physician is often a first step

toward reconnection. Therefore, it is essential for the physician to listen to patient's concerns, provide comfort and healing, and foster the relationship in general. Empathy is sincere and successful when a patient acknowledges that he or she has been seen, heard, and accepted as a person.

From obtaining the patient's medical history to conveying a treatment plan, the physician's relationship with his patient is built on effective communication. When done well, such communication produces a therapeutic effect for the patient and is single most effective predictor of patient adherence to a treatment plan, as has been validated in controlled studies. In fact, research has shown that effective patient-physician communication can improve a patient's health as quantifiably as many drugs and perhaps providing an explanation for the powerful placebo effect seen in clinical trials [1–4].

Although patient communication is the most common and easiest-to-improve medical procedure, its significance is often overlooked. Medical training concentrates on developing skills of diagnosis and treatment, often objectifying the patient as a set of symptoms to be treated. Effective communication is key in adopting a patient-centric approach. By incorporating effective communication techniques into daily patient interactions, clinicians can decrease the dissatisfaction amongst the patient. A short history, a rapidly planned treatment protocol without taking the patient in confidence can lead to late-arising concerns and missed opportunities to gather important data [5]. Any complication having an incidence more than 1% should be explained to the patient [6]. This fact is unknown to almost all the residents as found in our study.

Traditionally, communication in medical school curricula is informal as part of rounds and faculty feedback, but without a specific or intense focus on developing skills per se. The reliability and consistency of this teaching method has gaps which are currently getting increased due to lack of attention from medical schools and accreditation organizations.

There is an increased interest in researching patient-doctor communication and recognizing the need to teach and measure this specific clinical skill. Medical councils of many countries have incorporated communication skill as an integral part of medical teaching program. These include the Comprehensive Osteopathic Medical Licensing Examination USA Performance Evaluation, the United States Medical Licensing Examination, and the American Board of Medical Specialties' certification [7–9]. PLAB etc. Accreditation Council for Graduate Medical Education recommends that physicians become competent in communication

skills and has laid down certain criteria for the same [7, 10].

Unfortunately in India no such communication skill program is incorporated in the medical education system. Both Medical council of India & Diplomat of National Board has omitted this essential part of medical training from the curriculum. And this deficiency is well evident by the responses of various residents.

It now becomes essential that medical education system is revised and provisions are made for inclusion of this integral part medical education in training of medical residents.

Reason behind it	lack of information to pt./ pt. not satisfied with treat./ lack of info about compli.
Do you think covering this area would have prevented it	yes / no/ don't think so
Do you think our communication skill curriculum is adequate	yes / no/ can't say?
Type of training in communication required	formal (lectures) / bed side demo./ don't require
Communication skill should be made compulsory part of curriculum	yes / no/ don't think so
Should we include communication skill in exams	yes / no/ don't think so

Appendix

Faculty:	year of residency:
Did you receive any formal introduction about doc. Patient communication:	yes / no / not required
Did you instruct your junior about doc. Patient communication	yes / no / not required
Do you regularly introduce your rank to your patient	yes / no / not required
Time spent on patient communication in emergency	<10 secs / 30 secs / >1 min
Time spent on patient communication in elective surgery	<10 secs / 30 secs / >1 min
Who interacts with patient in emergency surg.	Operating surgeon / J R III / JR II / JR I/ interns
Who interacts with patient in elective surg.	Operating surgeon / J R III / JR II / JR I/ interns
What is explained to patients'	diagnosis/ treatment/ alternative treat/ outcome/ prognosis/ complication
Are communicators aware of complications to be explained	yes / no/ not required.
Explanation of what % of complication is relevant	<1% / 1–5 % / !0% / >10%
How many times do you face altercation with patient in 1 year	1–5 / 5–10 / >10

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