Study of the Status of Physicians-Patient Communication among Medical Interns

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Abstract

Background and purpose: *Proper communication between a physician and a patient is the key to diagnosis and management of diseases.*
Communication skills are essential for gathering information from patients, enhancing patients trust on physicians, relaxing them and managing them .
The main purpose of this study was to determine the states of communication skills of medical interns to communicate with patients.
Method: *In this cross sectional study, communication skills of 72 medical interns of Kerman Medical University was assessed based on a checklist completed with direct observation and a questionnaire completed through interview with patients.*
The checklist included two parts: the first part for individual characteristics and the second part for 24 specifications related to initiation of an interview, conducting an interview and completion of an interview.
Another questionnaire with a similar structure was developed to gather patients' comments about communication of medical interns with them.
Results: *Communication skills of medical interns were weak in 29.3%, moderate in 85.4% and good in 15.9% of interns. An agreement between observed communication skills and patients' survey results about greeting, asking patients' names and calling them by their names, acceptable physicians' appearance, listening to patients' words, friendly doctor- patient encounter, empathizing with patients (0.37, 0.26, 0.22.0.41and 0.44 respectively) was seen. Results of individual variables show that relationship between age of patient and his or her opinion about communication was significant. Based on patient's survey, the communication score given to the student increases with age of the patient.*
Conclusion: *The study shows deficits in doctor-patient communication of medical interns in history taking. Given the importance of communication skills, the necessity to teach them in clinical skill centers before real contact with patients is obvious.*
Keywords: *COMMUNICATION SKILLS, MEDICAL INTERNS, PHYSICIAN, PATIEN*

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Introduction

Communication is t he complex process of sending and receiving oral and non-oral messages to exchange information and feelings which is the purpose of transferring the message. Communication is a bilateral process forming based on mutual respect and trust (1,2). All health care professionals need communication skill as one of their essential competencies. Sound history taking, physical examination, and diagnosis involves good communication skills (3,4).

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Ineffective communication leads to concealment of patients problems, insufficient data gathering, low patient satisfaction, and compliance (5). The most important single criteria the patients consider to judge their care providers quality of services is the quality of providers' communication with them (6).

Unpleasant experience of diseases, impaired general condition, weakness and being in low mood are factors which end in various emotional problems. Efficient communication skills let health care staff to recognize patients' needs and move to relieve their needs and problems thereby decrease their anxiety caused by disease and increase trust, reliance and security. This leads to enhanced recovery, decreased length of hospitalization, restriction of recurrence and decrease in time and energy spent. To safeguard the patients' rights and given the nature of medical care which involves humane qualities of the doctor, the education of medical students needs to encompass self-growth of students by means of training skills such as communication besides their medical knowledge and clinical skills (7).

Students learn communication skills through self learning or role modeling in opportunistic manner despite the fact that these skills are among essential competencies of a physician(2). Although role modeling is a method to teach these skills, faculty member seldom consider efficient communication skills as a part of their teaching role. Improper practices of teachers are sometimes regarded by students as a standard practice. Studies show that role modeling doesn't lead to proper and sufficient skills needed for accurate history taking (2). Study of Harrison et al revealed that communication skills of medical students are weak (8). Studies about patients' satisfaction with communication health care delivery staff showed weakness in the related skills (6,9,10). Following this study Evans (1992) reported that students interviewed the patient without establishing a stable rapport with patient. (11)

David W Brook et al believed that teaching communication skills must be incorporated in the curriculum of medicine to improve health in society (12).

Study of Mac Ledinghoum in clinical skills centers in Scotland showed that proper communication with patients is a factor for professional success in practice. He pointed out that there was a need to teach medical students communication skills using different methods during their medical education (13). Communication skill is one of main areas of skill training which is planned to be exercised at clinical skills centers (4). Study of Chanyan showed that simple method of teaching like teaching in small groups or role playing were efficient to improve clinical skills of students. Students themselves, or simulated patients helped the teaching process (14,15). As there is a lack of evidence about patient-physician communication in our country studies like this are helpful to recognize current status of medical students' communication skills and provide clues for more accurate planning and efficient teaching.

Method

In this cross sectional study, communication skills of 72 medical interns of Kerman Medical University was assessed based on a checklist completed with direct observation and a questionnaire completed through interview with patients.

Rating scale included two parts: one encompassed personal characteristics and the other included 24 statements about interview initiation, interview conduction and interview completion. The second part was filled by observers, who were trained medical interns. The other tool was a questionnaire including two parts of personal characteristics and statements for obtaining patients' opinion about medical students'- communication with them through interviews with patients. Validity of the rating scale and the questionnaire were confirmed through assessing content validity by expert opinion.

Reliability were confirmed through calculation of internal consistency of the questionnaire and the Cronbach's ل(r=0.77). Reliability of the rating scale were confirmed through assessing inter rater reliability and calculation of spearman

coefficient (r=0.79).
Communication skills of interns during history taking were assessed without informing them in advance. Interns' ages were extracted from their personal folders in educational unit of medical faculty and were recorded in the rating scales. A very similar questionnaire was used for interview with patients. One hour after history taking patients were surveyed about stages of interviews, initiation, conduction and completion; patients' opinions were recorded according to 3 levels of good, moderate and weak, and were gathered. Findings were analyzed using SPSS software, with premises of 95% confidence internal and 80% test strength. Spearman correlation coefficient, non parametric Cruscal-Valis test and Kapa coefficient were used to analyze data.

Results

Of all study subjects 41.7% were female (30 interns) and 58.3% were male (42 interns). The patients were 50% female and 50% male (36 female and 36 male patients). Students were 25 to 29 years old and patients were 10 to 60 years old.
Based on patients' view, interview initiation was good in 33.33% of cases, moderate in 16.54% and weak in 48.12% .
In interview initiation, greeting was the most common item rated as good (86.1%) and expression of goals of interview was the most common item rated as weak (87.5%).
Kappa coefficients of agreement among patients' opinions about greeting, asking patient's and introducing themselves to patients are 37%, 26%, and 13%, respectively.
In the eyes of patients interview conduction was good in 17.64% of cases, moderate in 70.93% and weak in11.43%.
Overall opinion of patients about interview conduction was moderate. Observers reported students' performance at interview conduction good in 7.26% of cases, moderate in 61.1% and weak in 31.63% under the category interview conduction the most common good opinions were of listening to patients' words (18%) and the most common weak opinions were of expressing social factors related to patients (88.9%) and responding patients properly (77.8%).
Under the category of interview conduction the most common good opinions were of friendly encounter with patients (37.5%) and the most common weak opinions were of responding patients properly (47.2%)
Kappa coefficients of agreement among patients' opinions about empathizing patients, friendly encounter with patients and listening to patients' words were, 41% and 22% respectively.
In views of patients, interview completion was rated as good in 6.68% of cases, moderate in 68.34% and weak in 25.02%.
In the eyes of observers, students' performance in the end of interviews was good in 1.12%, moderate in 38.04% and weak in 60.86%. Summing up the results of interview properly was in 90.3% weak and responding to extra questions of patients was weak in 80.6% on the contrary, patients rated the three above items as moderate, 94.4%, 65.3% and 41.7% respectively. Thus there were no agreements between patients and observers (table 1).
In general, the status of intern-patient communication was moderate. Among personal data, the patient' age variable was significantly related to the patient's opinions about communication (r=0.245); the (20.03%). However there were no significant relationships between a patient age and the score of communication in the view of every observer. These were also a significant relationship between an observer's opinion and his/ her gender ($p < 0.05$).
There were no significant relationships between a patient's gender and the score of communication in the eyes of the patient.
Figures in parentheses are frequency percents. Kappa coefficients show the agreements between patients opinions and observers' opinions about rating of students' communication skills ($p<0.01$, $p<0.05$).

Table 1. Frequency distribution of communication skills, of students to communicate with patients from the observers' and patients' views and their correlations

Interview items		Weak		moderate		good		kappa
		Observer	Patient	Observer	Patient	Observer	patient	
Interview Initiation	Greeting	0	0	10(13.9)	8(11.1)	62(88.1)	64(88.9)	37%
	Introducing the physician him/her self to the patient	39(54.2)	16(22.2)	29(04.3)	38(52.8)	4(5.6)	18(25)	13%
	Asking the patient name and calling the patient's name	33(45.8)	7(9.7)	28(38.9)	50(69.4)	11(15.3)	15(20.8)	26%
	Explaining the purpose of the interview	63(87.5)	26(36.1)	8(11.1)	44(61.1)	1(1.4)	2(2.8)	0.8%
	Calm the patient down	14(19.4)	5(6.9)	58(88.6)	57(79.2)	0	10(13.9)	_
	Acceptable appearance of physician	0	0	24(33.3)	37(51.4)	48(66.7)	35(48.6)	26%
Interview conduction	Asking open questions	46(63.9)	4(5.6)	23(31.9)	62(86.1)	3(4.2)	6(8.3)	0.008
	Clear questions and explanations	5(6.9)	7(9.7)	65(90.3)	52(72.2)	2(2.8)	13(18.1)	5%
	Encouraging the patient to thalk more	1(1.4)	1(1.4)	66(91.7)	60(83.3)	5(6.9)	11(15.3)	1%
	Listening to the patient's words	2(2.8)	6(8.3)	52(72.2)	36(50)	18(25)	30(41.7)	22%
	Encouraging the patient to speak relevantly	28(38.9)	4(5.6)	44(61.1)	64(88.9)	0	4(5.6)	_
	Responding properly to the patient's questions	56(77.8)	34(47.2)	16(22.2)	27(37.5)	0	11(15.3)	_
	Becoming sure about the patient's apprehension	43(59.7)	7(9.7)	3(38.9)	61(84.7)	1(1.4)	4(5.6)	9%

Table 1. Continued

	Friendly encounten with the patient	0	0	59(81.9)	45(62.5)	13(18.1)	27(37.5)	41%
	empathiging with the patient	1(1.4)	1(1.4)	59(77.8)	47(65.3)	15(20.8)	24(23.3)	44%
	Respecting the patient's believes	3(4.2)	5(6.9)	60(83.3)	41(56.9)	9(12.5)	26(36.1)	4%
	Communicating nonverbally with the patient	20(27.8)	5(6.9)	51(70.8)	63(58.7)	1(1.4)	4(5.6)	4%
	Expressing social factors related to the patient	64(88.9)	20(27.8)	7(9.7)	49(68.1)	1(1.4)	3(4.2)	9%
	Focusing on personal aspects of the patient	27(37.5)	13(18.1)	45(62.5)	57(79.2)	0	2(2.8)	_
Interview completion	Asking questions about what has not be discussed	3(41.7)	10(13.9)	41(56.9)	54(75)	1(1.4)	8(11.1)	3%
	Responding extra questions of the patient	58(80.6)	35(48.6)	12(6.7)	30(41.7)	2(2.8)	7(9.7)	12%
	Summing up the results of the interview properly	65(90.3)	21(29.2)	9(9.7)	47(65.3)	0	4(5.6)	_
	Evaluation of the patient's comprehension of results of the interview	66(91.7)	22(30.6)	5(6.9)	47(65.3)	1(1.4)	3(4.2)	7%
	Informing the end of interview verbally and non verbally	0	2(2.8)	72(100)	68(94.4)	0	2(2.8)	_

Discussion

Studies showed that good outcomes and effects of treatment depend on efficient communication, with is one of the factors for professional success in practice (16).

Access to confidential information is an important of proper professional communication, making patients assured of their physicians-considering their human rights. Evaluation of communication skills of medical students to communicate with patients is one of the requirements of educational programs. Different sources like patients, physicians and observers can be used for the evaluation (10). Studies showed that there are deficits in physician- patient communication (6,10,12,14).

Opinions of observers and patients about some items were consistent. However there were different opinions about some other items specially of emotional and social l aspects was weak in the observers' view and moderate in the patients' view.

Study of Greco et al and finally showed consistency between opinions of observers and patients. (16,17)

However study of Cooper and Mira (1998) didn't show such a consistency and confirmed the results of this study. (18)

Inconsistency may have been resulted from cultural differences and differences in academic degree levels between patients and observers.

The main purpose of physician – patient communication is to improve the patient's condition. Skillfully done interviews with patients require following a set of related regulations for patients' encounters, empathizing with patients, ability to interview with paying attention to age group, temper, personal characteristics and history of different patients. (17,19) It is important to have a plan, from the first moment of every encounters up to the end . (5,12,20). This study showed that interview initiation was moderate in the view points of both patients and observers. The most common good opinions about interview initiation was of the item of greeting; 88.9% and 88.1% in the view points of patients and observers, respectively.

Study of Evans et al showed that consideration of social factors and empathizing with patients was weak. The study also showed that initiation of interviews was impromptus and the process of interview was not sufficiently accurate (11). As the study of Harrison et al showed that communication status was weak (8).

Study of Aminur also showed that interviews done by medical interns had not been much efficient in social and emotional aspects, empathizing, discussing the specifications of patient's condition and interview initiation and completion. Although 96% of interns asked the patients' names, none of them explained the purpose of interviews and only 20% greeted patients. (4) These findings are consistent with this study, which showed that expression of purpose is one of weak items under the interview initiation.

Expression of purpose of interview is the first step to assure patients effectively, reach to a diagnosis and accept patients' feelings. This step leads to reinforcement of feeling secure.

Empathizing is a part of communication, which first needs appreciation of patients' feeling.(20)

Study of Nasirian et al showed that 58% and 47% of patients were satisfied with communication with physicians and nurses, respectively. Of physicians, 66.2% and 52% of nurses didn't introduce themselves to patients; 57% of physicians and 52% of nurses took time to respond patients' questions; 42% of physicians and 55% of nurses didn't inform patients about the treatment they were going to receive. Factors such as lack of knowledge about communication skills, lack of sufficient staff and time, and large volume of patients were reasons to decrease satisfaction of patients (6). Greeting and making contact in the first moments of encounters are the bases to improve communication. Study of Moosavi about communication status of health care staff and satisfaction of patients in Ahvaz reported figures for different items as 15.2% for greeting , 43.7% for being polite while speaking, 23.8% for explaining what is going on, 22.3% for patient education and 49.61% for aggressive behavior. This study showed that medical interns-patients communication was good in

15.9% of encounters, moderate in 54.8% and weak in 29.3%; so moderate in general. Study of personal variables showed that there were a significant relationship between age of patient and the patient's opinion; the older the patient, the higher the score of communication in her/his view (20.03%). There were also a significant relationship between age of an observer and the score of communication in her/his view. This study showed no relationships between gender of a patient and the score of communication in her/his view, but there was a significant relationship between the gender of an observer and the score of communication in her/his view. Study of Kershki about efficiency of primary communication skills showed that self learning was the most used method to learn communication skills (24)
which pointed out the weakness of curriculum at teaching these skills. Another study showed that 40% of students refused to do clinical activities because of deficits in teaching these skills (3). This study and similar ones showed that primary clinical skills including communication with patients must be taught with an organized plan at clinical skills centers before entering clinical wards and most be continued throughout medical education in more complicated situations.
Practice of communication skills regularly during interviews and history taking at clinical skills center lead to improvement of communication skills which will be completed in more complicated situations (14). With more careful planning for systematic teaching of medical students at clinical skills centers using suitable tools and methods, faculty members will use efficient communication as a part of their role in teaching students and will present better role models for students.

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