

Epistaxis vs. Nose Bleed: The Importance of Teaching Students to Communicate Effectively

Heather Church, Editor

Over the years, people have said to me too often: 'Yes, but if you had to decide between a doctor with effective communication skills and one with medical competence, which would you choose?' Given all that we know, my resolute response has become: 'We shouldn't have to choose anymore.' "

Dr. Suzanne Kurtz, Canadian Journal of Neurological Sciences, 2002

Only 30 years ago, some medical schools required students to take acting classes. Instead of learning ways to establish an effective doctor/patient dialogue, student doctors were shown how to "fake" it. Acting classes implied that doctors did not need strong communication skills, but instead were expected to excel in feigned emotive reactions.

Time has shown that effective communication skills are essential in medicine. As medical students, we are taught that over 80% of diagnoses can be made on history alone. Obtaining a patient's history is the driving force behind creating an effective doctor/patient dialogue. The importance of simply asking the right questions, and then to listen, cannot be understated.

Additionally, effective communication can serve both practical and idealistic purposes. Good "bed-side manner" can have a positive impact on the healing process of a patient. A doctor who communicates well with patients will foster trust, promote compliance with treatment, and can be considered a unique form of placebo. Doctors are not separate from the healing process; they are as important as the medicine.

Practical reasons for doctors to communicate effectively include saving time and decreasing the possibility of litigation. A doctor, who spends a few extra moments to make certain all of a patient's questions are answered, will ultimately find that she is spending less time on future encounters. Moreover, doctors who are medically sound but fail to create a good rapport, are more likely to be sued compared to doctors who are fallible, yet forthcoming, and create a mutually trusting relationship with the patient.

For example, a study published in the Journal of the American Medical Association (JAMA) in December 1999 shows just how much work is required. More than 1,000 patient/physician discussions were analysed, involving more than 3,500 clinical decisions. Only 9% met the study's criteria for informed patient decision-making. JAMA also published that year an AMA Council on Scientific Affairs' report detailing the widespread problem of patients' medical illiteracy. More than 40% of patients did not comprehend an instruction to take a medication on an empty stomach. Common sense and professional medical studies tell us that patients cannot make informed treatment choices when medical terminology has not been broken down into simple terms, and when they are not briefed on the various treatment options.

Having seen the need for effective communication, the medical profession must emphasize effective doctor/patient communication skills. Medical schools that base admission on exam results, without an interview, perpetuate the notion that good communication has no value. Only a smattering of medical schools have adopted coursework focusing on communication skills. For those students where no institutionalised emphasis on communication skills is in place, much of the learning rests on instructor personalities.

With incredible technological advancements being made every day, and the practice of medicine becoming increasingly global, medical schools cannot simply throw up their hands and leave it to a student's personality to determine whether they will learn how to effectively communicate. The need for strong communication skills is overwhelming, and we know that good communication strategies can be taught. Won't the medical profession be better off if the line of communication between a doctor and a patient is crystal clear?