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## Medical students' view on troublesome aspects of bedside manner in a multilingual area

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### Abstract

Bedside manner is currently not separately taught in the University of Medicine and Pharmacy of Tîrgu Mureș. Students have to figure it out for themselves by observing physicians and learning from their own experience – methods that are fundamentally linked to the students' attitude towards this important aspect of their future career as doctors. Obtaining relevant information from the patient and creating a proper physician-patient relationship depends on the physician's willingness and capacity to interact with and adapt to patients of varying cultural, educational and social background. The unique multicultural and multilingual features of our area can further challenge medical students in developing their bedside manner. We conducted a questionnaire-based survey amongst 4<sup>th</sup> year medical students to identify the problematic aspects of learning and practicing bedside skills. Our questionnaire was filled out by 125 students from the Romanian-language series and 121 from the Hungarian-language series. Statistical analysis (MedCalc software) was based on the chi square test, with a cut-off point set at  $p=0.05$ . The majority of students consider that bedside manner is not sufficiently explained, but only a few reported to having searched for answers in the literature or asking for help from teachers. A quarter of students (24.8% Romanian-language, 26.44% Hungarian-language students) try to inform themselves about the patients' education level before questioning them, and the majority feel that it is harder to get anamnestic information from rural patients. There was no statistically significant difference between problems related to language barriers and difficulties conversing with patients of a different native language reported by the two series. More Hungarian-language students consider that the usual 20 minutes allocated for anamnesis during their exams are insufficient ( $p=0.001$ ). Overall, students would opt for 30 to 40 minutes for examining a patient. Although mastering bedside manner could be more difficult in a multilingual setting, it might better prepare students for the future requirements of a clinical

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career, challenging them to look for solutions and be open-minded. We feel that a good head start would be the inclusion of these skills in the student's curricula.

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## 1. Introduction

Imagine this scenario: a doctor walks in an examination room talking on the phone, after which he/ she immediately starts interrogating the patient, using especially closed end questions. The doctor continues by quickly examining the patient and stating a diagnosis and treatment, to which he/ she asks the patient to commit to. Now imagine this scene: a doctor walks in an examination room, introduces himself/ herself to the patient and shakes the patient's hand, sits down and asks how he/ she can help the patient. The doctor listens carefully to the patient's complaints and then asks some additional questions and performs the physical exam, explaining every step of it to the patient, then he/ she discusses the findings with the patient, offers solutions and listens to the patient's point of view, answering every concern the patient might express. We could go on, but let us stop for a moment and think about what is the difference between the two? Well, it most probably could be related to a concept called bedside manner. Although difficult to define, the concept encompasses many aspects of the way physicians interact with their patients, including both verbal and non-verbal communication, empathy and professional conduct. Moreover, bedside manner is very much dependent on the sociocultural context.

The first known use of the English term bedside manner was recorded in 1869, but teaching and learning about how to behave towards a patient was an important part of western medical education from its very beginning, being included in the Hippocratic corpus (Silverman, 2012). In the Merriam-Webster dictionary, the term is defined as 'the manner that a physician assumes toward patients' (Merriam-Webster Online, 2014), while the Cambridge definition is a bit more detailed, stating that bedside manner is 'the way in which a doctor treats people who are ill, especially in relation to kind, friendly, and understanding behaviour' (Cambridge Dictionaries Online, 2014).

Unfortunately, bedside manner is not officially taught in Romanian medical universities today, and the situation is similar for many other countries as well, with a decline seen in this type of training worldwide (Salam, Siraj, Mohamad, Das, & Rabeya, 2011). Although there can be some differences regarding the concept of proper bedside manner in different geographical regions – usually brought about by the dissimilarities of major medical schools of thought –, the broader term is very similar in all western medicine. Good bedside manner depends not only on certain psychological characteristics and skills of the doctor, but it is also greatly influenced by communication and especially the ability to communicate with people of different background, culture, language, values, preferences, and needs. A healthcare professional that has the ability and willingness to model his/ her behavior according to the patient's needs can develop a better doctor-patient relationship, and thus obtain more information and superior compliance from a trusting patient, that ultimately lead to better diagnosis and treatment outcomes.

In the multicultural and multilingual setting of Transylvania, physicians' bedside manner can be challenged by language barriers. In our study we aimed to assess the troublesome aspects of providing healthcare for patients of a different mother tongue by evaluating the opinions of 4<sup>th</sup> year medical students receiving medical education in Romanian or Hungarian. Our analysis might help to highlight the difficulties that our students face in developing their bedside manner skills.

## 2. Material and method

We conducted a questionnaire-based survey amongst 4<sup>th</sup> year medical students in our University. The questionnaire was developed using mostly multiple choice questions, with some open-ended type questions as well. The total of 10 questions took a maximum of 7 minutes to answer. Our questions focused on the way bedside manner is taught, on difficulties regarding conversation with urban/ rural patients and patients of a different mother

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