



Review

Doctor–patient communication skills training in mainland China: A systematic review of the literature



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ABSTRACT

Objectives: To conduct a systematic review of studies on doctor–patient communication skills training (CST) for medical students and physicians in mainland China.

Methods: We retrieved articles from six electronic databases, and searched additional eligible papers by checking reference lists. Chinese or English-language studies focused on CST and implemented in mainland China were applied to the pre-determined criteria. Articles included were further reviewed under the following categories: participant; training strategy; assessment; and outcome.

Results: 20 studies met the inclusion criteria. 90% of the CST improved trainees' communication skills using a strategy which included a didactic component combined with practical rehearsal and feedback. The duration of training varied substantially. A lack of enhancement in empathy, and the use of open-ended questions were reported. 83% of the assessment instruments were self-designed and most lacked reliability and validity testing. Only two of the included studies evaluated patient satisfaction.

Conclusions: The majority of included studies attained statistically significant improvements. Chinese doctors and medical students' communication skills can be enhanced through CST.

Practice implications: Future studies in China should place stronger emphasis on the development of training strategies, validation of the assessment instruments, and evaluation of patient satisfaction affected by CST.

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1. Introduction

The significance of doctor–patient communication has been confirmed by evidence-based research, and shows effective doctor–patient communication relating to outcomes such as enhanced patient satisfaction, better treatment compliance and symptom resolution [1–5]. Deficiencies in communication are associated with negative patient experience, medical errors, and malpractice litigation [6–8]. Analysis of complaints regarding physicians' behaviors indicates that the most common categories reported by consumers relate to communication and interpersonal skills [9]. Communication skills involve the ability to convey information to another effectively and efficiently. Good communication combines a set of skills including nonverbal communication, attentive listening, the ability to build up trust and respect, emotion handling, and shared-decision making. Communication is not a skill that develops automatically over time and with experience [10], many studies have confirmed that communication skills can be taught and the mastered competence can be retained over years [11–14].

Doctor–patient communication in China has gained increasing attention as the relationship between patients and health care providers has sharply deteriorated over the past decade [15]. Investigations have indicated that 98.47% of hospitals have experienced medical disputes involving patient complaints [16]. Violence against medical professionals has become a common phenomenon; doctors and nurses have been murdered by patients or their family members [17,18]. The reasons of this deterioration include, but are not limited to, any of the following: defects in health policy and regulation, deficiency in humane quality, information asymmetry, poor doctor–patient communication, and physician's overloaded performance pressure [19,24]. According to a national survey, more than two-thirds (67.7%) of the whole sample ($N = 4875$) agreed that there are tensions and conflicts between doctors and patients; and slightly more than 70% of the medical respondents stated that inadequate communication with patients prevented improvement in the doctor–patient relationship [60].

Consequently, this situation demands practical measures to improve physicians' caring competences and interaction skills with patients. The theories and methodologies of doctor–patient communication skills training (CST) were introduced in China almost 10 years ago. Western CST models such as the Calgary–Cambridge Guide [63] and the SEGUE Framework [50] have been adapted with modifications based on Chinese culture. Nanjing Medical University developed and deployed the first doctor–patient communication curriculum in 2003 [20]. However, recent statistics demonstrated that only 40% of Chinese medical schools include doctor–patient communication in their curriculum, and most of the CST was an optional course [21]. Furthermore, CST continuing education for residents and practicing physicians is rare

in Chinese hospitals [61]. Compared to the identified substantial need for doctor–patient CST, the resources and endeavor devoted to it are, at best, inadequate [22].

The majority of published articles on doctor–patient communication have focused on theoretical arguments such as the importance of CST, root cause analysis of ineffective communication, and recommendations for better communication [20]. Few studies have focused on the implementation and effectiveness of CST. With regard to the evaluation of CST effectiveness, even though the Chinese version of some well-established CST assessment tools such as the SEGUE scale [23] and the Liverpool Communication Skills Assessment Scale (LCSAS) have been verified [62], the application of the main body of measurements for doctor–patient CST is unclear.

To our knowledge, no systematic review has been conducted on doctor–patient CST as applied to Chinese medical students and practice physicians. This review has been undertaken to address the following questions: (a) What training strategies are being applied to implement CST in mainland China? (b) What assessment instruments are used to evaluate CST in mainland China and do they have proven reliability and validity? (c) How effectively is CST applied in mainland China? (d) What recommendations can be provided to improve research and best practices in CST in mainland China?

2. Methods

2.1. Data source and searches

We searched the following databases: CNKI, WANFANG, PubMed, Embase, Ovid, Proquest ARL, PsychInfo, Communication and Mass Media, and Social Sciences Citation Index. The first two are the largest and most commonly used databases for retrieving Chinese academic articles and dissertations. All studies indexed in the searched databases as of August 1, 2013 were potentially eligible. The search strategy in all the databases used combinations of Keywords and MeSH terms found to be relevant from pilot searches. The keyword combinations used were the following: 'doctor–patient communication' or 'physician–patient communication' or 'doctor–patient relations' or 'physician–patient relations'; 'physician' or 'doctor'; 'medical student'; 'train*' or 'medical education'; and 'China'. A further combination of 'communication AND physician patient relationship AND China' was added as a MeSH term to narrow the search in these databases. Reference lists of selected articles were examined to identify additional potentially eligible articles.

2.2. Study selection

We included only studies of doctor–patient CST with an evaluation of effectiveness. We defined doctors as physicians or

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