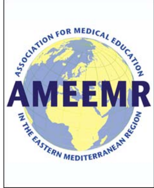

Available online at www.sciencedirect.com

ScienceDirect

Health Professions Education ▮ (▮▮▮▮) ▮▮▮–▮▮▮

www.elsevier.com/locate/hpe

Communication Skills in Patient-Doctor Interactions: Learning from Patient Complaints

Janine W.Y. Kee[a,*], Hwee Sing Khoo[b], Issac Lim[b], Mervyn Y.H. Koh[c]

[a]Department of Psychological Medicine, Division of Medicine, Tan Tock Seng Hospital, National Healthcare Group, 11 Jalan Tan Tock Seng, Singapore 308433, Singapore

[b]Health Outcomes and Medical Education Research (HOMER), National Healthcare Group, Singapore

[c]Department of Palliative Medicine, Division of Medicine, Tan Tock Seng Hospital, National Healthcare Group, Singapore

Received 13 December 2016; received in revised form 16 March 2017; accepted 28 March 2017

Abstract

Purpose: Despite communication skills training in medical school, junior doctors continue to demonstrate poor patient-doctor communication skills, where patient unhappiness from the encounter often manifests as patient complaints. We sought to identify crucial communication skills that should be incorporated in the communications curriculum by learning from patient complaints, to explore how the communication lapses occur.

Method: 38 cases of anonymized negative patient feedback about junior doctors were analysed using qualitative content analysis. A two-step fine-coding system involving four researchers was employed.

Results: Four main themes of communication errors were identified, namely: non-verbal (eye contact, facial expression and paralanguage), verbal (active listening and inappropriate choice of words), and content (poor quantity and quality of information provided); and poor attitudes (lack of respect and empathy).

Discussion: Patient-doctor communication is a complex interpersonal interaction that requires an understanding of each party's emotional state. We identified important but overlooked communication lapses such as non-verbal paralinguistic elements that should be incorporated into communications curriculum, with an emphasis on dialectical learning. These include integrating these findings into a simulation-based communications module for training doctors at a post-graduate level as well as monitoring and analyzing patient complaints regularly to iteratively update the content of the training module. Beyond these skills training, there is also a need to highlight negative emotions of doctors in future research, as it influences their communication patterns and attitudes towards patients, ultimately shaping how patients perceive them.

© 2017 King Saud bin AbdulAziz University for Health Sciences. Production and Hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Keywords: Communication skills training; Patient complaints; Patient negative feedback; Patient-Doctor communication; Residency training

1. Introduction

Doctor-patient communication is a fundamental component of clinical practice. In addition to being knowledgeable scientific experts in various specialties, effective doctor-patient communication is required for building a therapeutic doctor-patient relationship.[1] In recent years, a

*Corresponding author. Fax: +65 6357 3088.
E-mail address: Janine_wy_kee@ttsh.com.sg (J.W.Y. Kee).

Peer review under responsibility of AMEEMR: the Association for Medical Education in the Eastern Mediterranean Region

http://dx.doi.org/10.1016/j.hpe.2017.03.006

2452-3011/© 2017 King Saud bin AbdulAziz University for Health Sciences. Production and Hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Please cite this article as: Kee JWY, et al. Communication Skills in Patient-Doctor Interactions: Learning from Patient Complaints. *Health Professions Education* (2017), http://dx.doi.org/10.1016/j.hpe.2017.03.006

ARTICLE IN PRESS

growing emphasis on patient autonomy, patient-centered care, consumerism in medicine has further exemplified the importance of effective doctor-patient communication.[2] Despite this, good doctor-patient communication remains a challenge for physicians, and is the underlying reason for the major part of patient complaints.

There has been a renewed interest in communication skills in graduate medical education. It has been proposed that it be viewed as a verbal procedure which residents are required to be competent in prior to the end of their training.[3] Good doctor-patient communication allows patients to share vital information essential for an accurate diagnosis of their problems, enables doctors to have a better understanding of their patient's needs and potentially lead to better symptom reduction.[4] It improves patient understanding and adherence to treatment plans, reduces work-related stress and burnout for doctors, and leads to positive effects on health care costs, including decreased diagnostic tests, referrals, and length of hospital stay.[5–8]

On the contrary, a breakdown in the doctor-patient relationship often manifests as unsatisfactory patient-doctor communication, the dominant theme in malpractice claims.[9,10] This could be related to the contrasting perspectives by patients and doctors on what constitutes effective communication. Patients prefer a psychosocial model of communication compared to a biomedical model, which is used more commonly by doctors.[11] Doctors also tended to overestimate their communication abilities. A survey conducted by the American Academy of Orthopedic Surgeons demonstrated that 75% of orthopedic surgeons surveyed believed they had communicated satisfactorily with their patients, compared to only 21% of patients.[12] Even though possessing verbal intelligence assists one in communication responses during unfamiliar situations, the effect of verbal intelligence ceases after one undergoes professional training in communication skills.[13] This highlights the importance of implementing a relevant communications curriculum to maintain an acceptable standard of patient-doctor communication for junior doctors.

Prior research on patient complaints focused on documenting the frequency of complaints, complainant demographics, and categorizing broadly the nature of these complaints into categories such as billing, treatment, diagnosis, efficiency, operational systems, poor attitudes, and communication.[14–17] Specific communication skills such as poor attitudes and insufficient information provided were highlighted as part of some studies' sub-group analysis.[14,18–20] However, these general themes do not elucidate the types of communication errors that led to patient dissatisfaction and eventual complaints.

In this paper, we sought to illuminate the communication lapses more deeply by investigating the communication errors made by junior doctors during doctor-patient encounters through a rigorous qualitative analysis of complaints submitted by patients and their families.

We chose to focus on junior doctors in patient complaints for the following reasons. First, despite receiving communication training during medical school, many junior doctors continue to demonstrate poor patient-doctor communication skills in areas such as breaking bad news, and found patient-doctor communication a challenge.[21–23] Second, patient complaints are a valuable source of updated and prognostic information, possibly guiding successful interventions that can be implemented to improve the quality of care.[24,25] In addition to providing a balanced perspective through incorporation of the patient's view, aligning the curriculum and training of junior doctors with the analysis of patient complaints presents the opportunity to adjust behaviors, better manage and understand patient perspectives, and hopefully reduce patient complaints. These findings could be integrated into curriculum emphasizing dialectic learning, where junior doctors may learn real-life patient scenarios from what their peers and mentors have experienced, through the examination of different perspectives and arguments.

2. Method

2.1. Healthcare-system context

This study involved a retrospective review of patient feedback records from a large 1500 bed hospital in Singapore. Patient feedback is collated by the hospital's Office of Clinical Governance (OCG)'s Management Information Department provided through various mediums including emails, written feedback forms, and phone calls. In 2013, the hospital received an average of 2660 patient feedback each month. Of the feedback received, an average of 9.3% (246 per month) was complaints.

2.2. Data collection

125 cases of patient complaints against doctors between March 2013 and February 2014 were retrieved from OCG for retrospective analysis, of which 38 were identified as complaints specifically against junior

UNCORRECTED PROOF

Please cite this article as: Kee JWY, et al. Communication Skills in Patient-Doctor Interactions: Learning from Patient Complaints. *Health Professions Education* (2017), http://dx.doi.org/10.1016/j.hpe.2017.03.006

Download English Version:

https://daneshyari.com/en/article/8582817

Download Persian Version:

https://daneshyari.com/article/8582817

Daneshyari.com