The Doctor's Discourse: Challenges of Learning to Communicate "Like a Physician"

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ABSTRACT

I. INTRODUCTION

Healthcare providers must concurrently espouse objective, systematic clinical reasoning and "soft" interpersonal skills to understand and treat their patients. Competently and compassionately communicating with patients to elucidate and contextualize the etiology of their symptoms is a perennially elusive craft, but it is one that is fundamentally essential for effective medical practice.

II. BACKGROUND

Different medical schools have adopted different approaches to help students develop the communicational proficiencies required to connect with patients, elicit their health narratives, and then parse through this information to ultimately arrive at a diagnosis – such methods have included encounters with simulated patients ("SP"s), small group practice sessions with classmates, and perhaps even structured conversations with real patients. However, there is, across all of these learning opportunities, a staunch emphasis on adhering to a rigidly defined conversational structure.

III. ETHICAL IMPLICATIONS

Mandating methodical dialogue can certainly be useful for helping medical students (especially those in their pre-clinical years) learn to formulate differential diagnoses, but actively discouraging any deviation from the proscribed sequence –I.e. in the vein of teaching students the "formal", "professional" discourse– neglects the fluidity that is inherent in real conversations with real patients. Relying upon algorithmic conversational "scripts", budding physicians may be dissuaded from fully ascertaining the minutiae of each patient's respective circumstances. This may in turn contribute

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to unnatural, even robotic conversations that leave patients feeling like their doctor heard but did not actually listen to them.

IV. CONCLUSIONS

Students ought to be empowered with a framework that is sufficiently delineated to allow them to reach the proper clinical conclusion but that is also sufficiently flexible to encourage them to modify their conversational strategies to best suit each particular patient. Ultimately, there are very clear benefits to offering guidelines to inform students' communications with their patients (E.g., **Figure 1**), but medical educators ought to also acknowledge that these techniques do not represent immutable rules to which physicians are beholden in any and all cases. To that end, clinical skills curricula should specifically offer students opportunities to develop broad interpersonal skills and dynamic communicational strategies, so that they will be well-prepared to converse with real patients when the time finally comes.

The Telehealth Patient Encounter – Communication & Interpersonal Skills

INTRODUCTION
Assesses the ability of the patient to see and hear student.
Introduces self as a student using first and last name
Determines how patient would like to be addressed; gender identity

INFORMATION GATHERING SKILLS
Elicits chief complaint
Allows patient to tell story
Clarifies patient's responses
Uses open-ended questions
Uses non-leading questions
Asks questions individually (not clustered together)
Utilizes smooth and appropriate transitions
Asks about impact of symptoms on patient

NON-VERBAL CUES
Makes eye contact
Concentrates and focuses on patient

LANGUAGE AND VERBAL SKILLS
Avoids medical jargon/big words or when done, immediately clarifies what is meant.
Asks clear questions and gives helpful and appropriate amounts of information.
Does not mumble nor speaks too fast or slow, loud or soft; free of other vocal idiosyncrasies.

INTERPERSONAL SKILLS
Does not give false reassurances
Does not unnecessarily alarm patient
Summarizes patient's condition at least once during the encounter
Listens to patient, hears concerns, and responds appropriately (e.g., non-interruptive and non-dismissive)
Puts patient at ease

CLOSURE
Asks if patient has any questions
Checks for patient's understanding and clarifies what will happen next (referring to when you leave the room - not referring solely to a diagnosis)

Figure 1 Sample Communication and Interpersonal Skills Rubric for Medical Students' Telehealth Patient Encounters.

COMPETING INTERESTS

The author has no competing interests to declare.

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