

The Foundations of Communication

Learning Objectives: The students at end of lecture should be able to demonstrate the ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner. The role play/case study discussed in the chapter are self- designed for giving insight regarding the topic. The teacher can formulate case study from practical experience or live situation in their setup for teaching concepts to the students.

SESSION I

Introductory Small Group Session (1 hour)

Key Points

1. Communication is a key skill required to be imbibed by medical students for effective health care management.
2. Recording patient history is an art. The medical student's needs to maintain calm and patience enough listening to patients complain carefully and noting it meticulously.
3. Medical students must address their patients with due respect in non-threatening and non-judgmental manner.
4. The genuine concern for addressing patients suffering and their health need should be the primary goal.
5. The patient's literacy level should also be considered while recording their medical illness history as illiterate patient may not be able to express health issues properly.
6. The essential qualities that will help medical students in developing clinical communication skills are patient listening, genuine concern for patient's agony and health issues, and their impetus and readiness to acquire the needed skills.

7. With effective communication the medical student can develop a good rapport with patients, understand patients health issue better, allay patients fears and worries and eventually build the patients confidence and trust.

Thus, to conclude the communication is basic pillar of strength in providing effective health care services.

Purpose for Communication

The main purpose for communication in hospital setting is for:

1. Eliciting and recording the clinical history of patients.
2. Discussing with patients their health status and management strategies.
3. To health educate and counsel patients.
4. Developing rapport with the patients.
5. Build patients trust and confidence.
6. Getting feedback during follow-up from patients after treatment.
7. Solving any queries of patients.

The important modes of communication include:

1. **Oral communication**
2. **Written communication**

Communication and Challenging Occasions to be addressed in hospital setup includes:

1. Delivering sad news such as death of patient or to patient's relative.
2. Informing regarding critical state of patient to patient or patient's relative.
3. Communication with patient who is upset or to anxious patient's relative in OPD / IPD.
4. Informing regarding treatment strategies and cost of treatment to the poor patients.
5. Communication with patients having impaired hearing.
6. Communicating after receiving negative feedback regarding the treatment which was given; from patients or patient's relative.

CONCLUSION

The respectful, non-judgmental non-threatening and empathetic communication of doctors with patient is the most vital aspects of effective health care delivery to the patients.

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SESSION II

Focused Small Group Session (2 hours)

Goal: Focused small group session with role play where the students have an opportunity to observe, criticize and discuss common mistakes in opening the discussion, listening and data gathering.

Activity

1. The students are divided among groups with 10 student members in each group.
2. The students are told to enact a role play in reference to goal mentioned as above with doctor addressing a patient.
3. An alternate group of 10 students will observe the role play and students shall observe, criticize and discuss common mistakes in opening the discussion, listening and data gathering.

Note: Both group will enact a role play alternatively and so also comment on ideal situations and criticism of role play.

Role Play 1 (Participant Group 1: Ex Roll Nos 1–10)

Mimicked Venue: Banjara Hills Nursing Home

Place: Visitors room outside the consultant room where receptionist is busy receiving appointment call:

Renuka (Receptionist): Yes Madam, noted your name ... You are waiting No. 31 ... Now checkup of patient No. 14 is in progress.

Meanwhile in waiting room:

Ravi (Patient No. 15) to Receptionist: Madam I am ready with reports to go in ...

Suddenly **Mrs Shanti steps in** with mother ...

Renuka (Receptionist): Ignoring patient No. 15 ... Renuka ... exclaims ... Hello Shanti ... seeing you after long time.

Shanti Oh Renuka ... Are you working here? You were my obedient student while you were studying in school ... Well ... Renuka ... Please take my son inside ... to doctor as he is having fever ...

Renuka (Receptionist): Sure Madam ... Come

Ravi (Patient No. 15) to Receptionist: But ... its my turn now

Renuka (Receptionist): Come on Mr Anil ... Don't fuss ... Please wait

Renuka (Receptionist) to Dr Gaddam: Sir she is my friend Shanti, her son is not well ...

Dr Gaddam Please come in ... Have a seat ...

Ramu (Patient: Shanti's Son): Sat on examination stool

Dr Gaddam What's your name?

Ramu

Dr Gaddam Well I hope all fine Ramu ... But you look to be sick

Ramu Doctor having fever with chilled feeling since morning ...

Dr Gaddam Any vomiting, loose motions, fatigue ...

Ramu Just having body ache

Dr Gaddam Well any past history of any epilepsy: I mean fits, or chronic illness

Ramu No. Sir

Dr Gaddam Any addiction to tobacco or alcohol

Ramu No. sir ... never

Dr Gaddam Doctors makes detail general and physical examination after instructing Ramu to lie on the Couch.

Dr Gaddam Records all clinical history and details and write medication and explains it to Shanti and Ramu

Dr Gaddam later: You will be well soon Ramu ...

Visit after 5 days for review ...

Nurse Vishaka who is assisting Dr Gaddam accompanies patient outward

Ravi (Patient No. 15) to Receptionist as she instructs to go inside ... You have wasted my time ... How can you send patient coming later before me ... Renuka Snubs

Ravi (Patient No. 15) to Dr Gaddam: Doctor your receptionist was partial...

Dr Gaddam Please stop your unnecessary arguments ... Yes what are your health related complaints

Ravi Doctor pain in abdomen and loose motions since yesterday night ... and

Dr Gaddam Ok ... Ok ... He writes the prescription and ask him to go

Ravi Sir—how to take these medicines ...

Dr Gaddam Well Chemist will tell you ... Bye

Observation by (Participant Group 11: Ex Roll Nos 11–20)

An alternate group of 10 students to observe the role play and observe, criticize and discuss common mistakes in opening the discussion, listening and data gathering.

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The Group teacher / Facilitator to make opinion regarding student's presentation: The students to note important clues and corrective action below: Ideal situational modification in such scenario:

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Role Play 2 (Participant Group 11: Ex Roll Nos 11–20)

Dr Vivek (ENT Surgeon): Sister ... **Sister Sara** ... Where are you?

Sara Well Sir ... Coming ... Tell me Sir

Dr Vivek See I am busy with attending webnair today ... see to it ... that patients are send faster in ... Record their preliminary complaints ... I may not be able to spend enough time on them ...

Sara Sir I am working with you for last 15 years and know management regime too ... if you say—I will write that too ...

Dr Vivek Well you can do it in simpler cases ... ok ... well can leave it to me too ...

See that receptionist Vijay collect the fees from patients ... prior only ... my consultation fees I mean

Dr Vivek Yes, come in

Dinkar (Patient): Sir I am having sneezing since ... tring ... tring ...
Dr Vivek's phone is ringing ... his wife on line ...

Dr Vivek Yes, Preeti ... tell me ... well Dinkar continue ... yes, sneezing and ... Ok Preeti I will come home soon ...

Dr Vivek Dinkar: Take these medicine

Dinkar But Sir I have sore throat ...

Dr Vivek ... Well all Viral ... Go

Dr Vivek Next patient

Rajini Doctor I have headache, giddiness, etc.

Dr Vivek is on his blue tooth—ok ok ok ... Rajini—take these medicines ...

Rajini how many days...

Dr Vivek Come on I am busy ... Ask nurse

Dr Vivek Nurse ... see to it all complaints are recorded by you only—you know, I am busy and these patients... Oh My...

Observation by (Participant Group 1: Ex Roll Nos 1–10)

An alternate group of 10 students to observe the role play and observe, criticize and discuss common mistakes in opening the discussion, listening and data gathering.

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[illegible]

The Group teacher / Facilitator to make opinion regarding student's presentation: The students to note important clues and corrective action below: Ideal situational modification in such scenario:

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Students are instructed to go through the paper and describe the importance of communication in effective health care delivery and record their findings here

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Skills lab sessions where students can perform tasks on standardized or regular patients with opportunity for self critique, critique by patient and by the facilitator.

1. Ask students in small group to enact on mannequin method of self injecting insulin to a patient of insulin-dependent diabetes mellitus.
2. Then advice regarding the other medicines to be taken.
3. Advice of do's and don'ts as safety measures to prevent hypoglycemia in patients of diabetes.
4. Follow-up advice

1. One participant each will be doctor, nurse, patient, nursing attendant and two patients relatives (Two students to direct the role play and Two students to play role of self critique)
2. One facilitator to overall coordinate, guide and opine.

The students to write the complete enacted role story, opinion as self critique, patient's critique comments and facilitator comments below:

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Exercise 2

Communicating and recording a case history of patient of Asthma/
Diabetes/Hypertension, etc.

Action: Small Group Task

1. Two student to records patients illness history as doctor.
2. Two observer students can be self critique who shall assess the pitfall in effective communication.

- The students to write the enacted interaction, opinion of self critique, patient's critique comments and facilitator comments below:

[illegible]

[illegible]

1. **Formative:** Participation in session II and participation in session III may be used as part of formative assessment.

Participation in session II:
Excellent/Very Good/Good/Satisfactory/Poor

Signature: Faculty In-charge, AETCOM

Participation in session III:
Excellent/Very Good/Good/Satisfactory/Poor

Signature: Faculty In-charge, AETCOM

Viva Voce or written exams of 20 marks:

1. Why effective communication skills are required in medical practice?

2. Define communication, its purpose and modes of communication.

A.

[illegible][illegible]

[illegible]

A.

[illegible]