Improving communication between doctors and patients

SUMMARY AND RECOMMENDATIONS OF A REPORT OF A WORKING PARTY OF THE ROYAL COLLEGE OF PHYSICIANS.

Most of the time most doctors do listen to their patients and explain to them what they need or want to know. But despite well intentioned efforts, there has been a growing number of complaints arising from a breakdown in communication between doctors and patients.

Communication sometimes fails because of the doctor's difficulties both in giving and receiving information, or because the patient finds it difficult to assimilate the information that he or she has been given or feels inhibited from communicating with the doctor. Some doctors who do not fully appreciate the importance of satisfactory communication may give it low priority. Others may be disinclined to give it the priority it deserves because of lack of time, because they shrink from discussing uncomfortable topics, such as giving bad news, or even because they may feel threatened by well-informed patients. Some doctors simply lack communication skills or they may feel too tired or busy, or they resent being interrupted and distracted by the time and effort required for effective communication with some of their patients.

Patients sometimes have difficulties understanding or remembering the information given to them because they may be anxious or are in a distracting environment, or because they have some specific condition which makes communication difficult, for example loss of hearing or mental impairment. Patients may sometimes also be confused by receiving different information from different doctors or from others involved in their care.

Special attention and skills are needed for communicating with, for example, very old or very young patients or with those from different cultural or ethnic backgrounds.

The Royal College of Physicians therefore convened a working party to look into the extent of the problem, identify possible reasons for this failure of communication, and to recommend ways and means for improving the situation. The report emphasises the need for training in communication skills through all stages of medical education and highlights the need for adequate and efficient interchange of information between doctors and other healthcare workers to ensure that patients are well taken care of. It also points to the role of managers in making good communication possible.

Recommendations

1. The teaching of communication skills should be given a high priority both in undergraduate and postgraduate education. Whilst most medical schools incorporate modules on communication within their curriculum, it is important that such skills are included as an integral part of the teaching of clinical medicine throughout the course.
2. Postgraduate education programmes should ensure that their trainees acquire adequate communication skills. The assessment of ability to communicate should be included in College examinations and as a requirement for approval of trainees.
3. College Tutors should pay particular attention to ensuring that trainees are instructed in communication skills. Formal education should be provided in specific topics such as imparting bad news, communication with patients who are dying, and the importance of using language that patients and relatives can understand, particularly when explaining complex procedures. Instruction should also be provided in techniques for dealing with patients' complaints.
4. Teaching of communication skills should be enhanced by using techniques such as video feedback of interviews and role-playing exercises. Many good communications courses adopt such techniques.
5. Special attention should be given to, and skills developed in, communicating with patients who are old, very young or those from different cultural or ethnic backgrounds. Patients with mental impairment or psychiatric disturbances also require special communication skills.
6. Where appropriate, aids to communication should be used. Those which patients have found helpful include: a written record or tape recording of a consultation which the patient can take home; a copy of a letter sent to a GP; videotapes outlining the nature of the type of illness from which the patient is suffering which may assist understanding both of the nature of their illness and their treatment.
7. Further research should be undertaken into the

best ways in which communication skills can be taught and learnt. Optimum use of new technology for communication with patients, including the use of video material, should be investigated.

8. Good communication is necessary not only between the doctor and patient but also between others working in the hospital and the community. NHS managers should give high priority to ensuring that the organisation of the hospital and services is conducive to good communication. Recommendations contained in the report of the Audit Commission, *What seems to be the matter? Communications between hospital and patients*, are strongly endorsed by the working party. The report makes proposals for improvements in organisation within hospitals and which complement the recommendations given above.

Membership of the working party on Communication in Medicine

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In attendance: **Barbara Coles** MA, Working Party Secretary