

**Dan L. Dumitrascu**

**University of Medicine and Pharmacy Iuliu Hatieganu Cluj-Napoca  
Romania**

**TEACHING MEDICAL COMMUNICATION TO IMPROVE THE SKILLS  
OF MEDICAL STUDENTS:  
ROMANIAN EXPERIENCE AND PERSPECTIVES**

**Resources of Danubian Region:  
the Possibility of Cooperation and Utilization**

**Editors**

**Luka Č. Popović**

**Melita Vidaković**

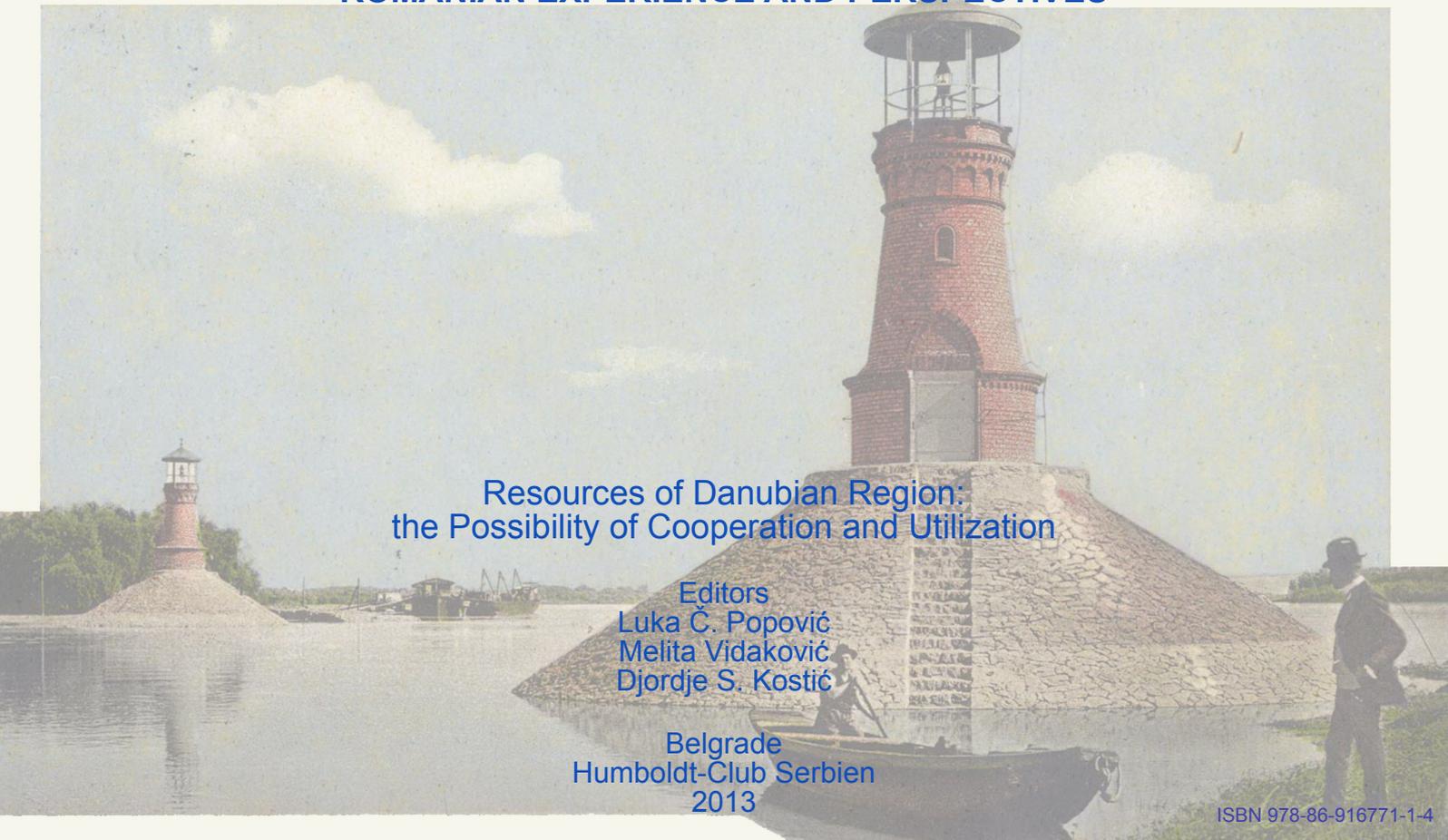
**Djordje S. Kostić**

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## Donau

**Abstract.** Medical communication is part of the health communication and remains the Cinderella of medical training in most Danubian countries. Further to our previous communication during the Humboldt meeting in Belgrade few years ago, we will display new steps in the organization of the training of medical students and of other trainees in medical communication. We will also show the events organized in cooperation with colleagues from neighbored countries, many of them as well Humboldt research fellows.

### Introduction

The medical profession involves interactions with the partners participating in the diagnostic and therapeutic process: patients, patient family members, peers (on different hierarchical positions). The interaction may take place in standard expected conditions or in unpredicted, even extreme conditions. The way the communication partner expresses may be normal, like for any human being, or the partner might not be able to express at all (for example if comatose, aphasic, small baby etc.), or with difficulty (impaired hearing/speech, operated larynx, various disabilities, or be excessively talkative (manic).

Therefore the future physician should acquire from the start the basic information regarding the interaction with patients and their relatives and friends. In our country this aspect has been very much neglected. Our students learnt anatomy, physiology, diagnosis and therapeutics, but received no knowledge about professional communication.

The only course where communication is mentioned is clinical semeiology, in the lecture on patient history (anamnesis). More recently, courses such as Behavioral Studies, Medical Psychology and the optional course of Psychosomatic Medicine include basic information for students, whereas in most European countries and North America medical communication is a mandatory course for first year students. The results of this approach, rooted in tradition rather than actual requirements, are seen everywhere in the health care milieu and also penetrate into the mass media; dissatisfied patients, frustrated doctors, aggressiveness, absence of dialogue or civilized arguments, loss of the respect for the health care professions.

In agreement with the Dean of the Faculty of Medicine of Cluj-Napoca, we already started optional courses of medical communication for medical students in 2008, and for nurses in 2010. Besides, we organized workshops with participation of speakers from other countries and from the Babes-Bolyai University of Cluj-Napoca. A chapter of medical communication is also included in the textbook of Psychosomatic Medicine.

## Definition and content

Information is defined as: "Communication, news, report that brings a certain situation to someone's knowledge."

Information is indispensable for making decisions, and medicine is based on the ability to make decisions based on information received or obtained. Correct decisions cannot be made without information.

Communication is the mechanism through which information is disseminated to other people.

It may be therefore stated that communication represents the means by which information is transmitted (1).

People communicate information in various ways: verbally (by speech) and non-verbally (body, hands, facial movements etc.) We transmit messages deliberately or not every moment of time, so it may be said that we cannot live without communicating. Even when we don't speak, we communicate information. Not having the right reaction at something (e.g. not laugh at a joke while the others do so) is also communication of information.

It may be stated that communication is the essence of human being and it is very important for our daily functioning (2).

Information transmitted through communication represents a message.

In order to know what communication is, it might help to know its origins (or etymology). The word "communication" comes from the Latin word *communis*, which means *to be in agreement, to be in connection with*, and hence it enriched its sense... *to share something with others*. In German, which is a very precise language, the traditional word is *mitteilen*, that is *to share something with others*.

Starting from the etymology we may establish the definition of communication in its modern acceptance.

In a broad sense, communication is not just a discussion between two people!

There is communication in any system of the human body, in the animal kingdom, in the robot systems. Communication is an act formed of a sum of actions with the aim to transmit information from one partner to another or many other partners of the communication. An emitter-receptor binomial relation is thus created, which may have reversible senses and include several communication partners.

Thus, communication is defined as the transmission of a message from an emitter to a receptor.

## Components of communication

From the previously mentioned it is obvious that any communication system includes at least two components: the emitter and the receptor.

Any entity sending a message is an emitter: a cell expressing a modulating substance (a cell releasing interleukins, a neuron releasing a transmitter, an animal making noises, a radar sending ultrasounds etc.

Any entity receiving a message, is the receiver, whether it was the addressee or not (e.g. a cell activated by interleukins; an animal finding another nearby, a system receiving the echoes of the radar waves etc.).

The communication also needs a signal called message. It is in fact the object of communication. The message may be transmitted as biological, chemical, physical, social or other signals. It passes from emitter to transmitter through a transmission medium, which may be biological, physical, chemical, social etc.

In order to adjust the emission and reception of the message, the system includes various components specialized in coding and decoding the message. For example, the message of a dog announcing its presence is barking. The organs enabling the sound that reaches other ears, the receptor's audio system decode sound wave into an audio message.

### Medical communication

Medical communication is a form of social communication. The social communication is a particular form of communication, characteristic for a society (human or animal) and it is assumed to refer to the interaction between the members of the society. In the following we shall refer to human social communication

This takes place between the members of the human society. People interact by communicating. Communication may take place through various media. Social communication is defined as a way of interaction between two or more people with the aim of transmitting messages. From this viewpoint, communication is a psycho-social phenomenon, without which humanity could not have existed or progressed.

Social communication the most frequently is achieved by speech. However, other forms of communication may coexist: non-verbal, or by modern technological means (radio, press, electronic media etc.).

Medical communication belongs to the sphere of professional communication.

It is a particular type of social communication. It refers to the transmission of messages among the members of a given group of people with similar education and training, and it operates with messages strictly related to their profession. This type of communication is characterized by specific language, which may move away from standard language and become professional jargon. Professional communication may develop specific elements of coding, transmission and decoding, often understood only by the members of the same social group or professional category respectively.

The medical communication is a form of professional communication, specific for the community of health care professionals. Like the other types of professional communication, medical communication operates with a specific vocabulary, specific means of transmission and a well defined message profile. To differentiate it from other types of professional communication, medical communication has a set of particular features. The main characteristic feature is that besides communicating with peers, it also involves communicating with the patients and their relatives.

Medical communication is defined as the type of communication through which health care professionals interact with patients, their relatives, peers and the public. In the English speaking world, it is also termed *health communication*, which encompasses widely all the aspects. In fact what we call medical communication refers primarily to the interaction with the patient and our peers in the context

of the medical act. Health communication is wider, including the communication in all the health care domains.

As compared to medical communication, which is between doctors and doctor-patient, health communication also includes other messages related to prevention, health education etc.

The domains of health communication are presented in table 1 (3).

**Table 1. Domains of health communication (3)**

Anamnesis with diagnostic purpose (patient history)
Communication with peers (consulting)
Formulation of therapeutic and prophylactic recommendations
Interaction with relatives
Interaction with peers
Interaction with disciples and mentors
Interaction with other health care personnel: nurses, pharmacists etc.
Interaction with authorities
Scientific communication
Formulation of health care policies
Formulation of professional guidelines
Telemedicine

Among these only the ones written in bold make the object of medical communication.

Therefore medical communication is a component part of health communication, one that is closer to the medical act as such.

### **The importance of medical communication**

The ability to communicate is important for every health professional.

By its nature, medicine implies interaction with the patient and relatives, i.e. communication.. It is assumed that throughout the career a general practitioner has around 200,000 interviews that involve interaction and communication (4) The physician has sometimes difficulties in understanding why a patient came to see him, or is not carefully listening to what the patient says, or does not make himself understood by the patient and does not check this.

Lack of good communication may lead to missing altogether the patients' psychological disturbances.

Also, the complaints of patients related to the doctors misconduct or medical errors are often rooted in poor interaction and communication.

The quality of communication leads to better health state (Stewart 1995). The importance of medical

communication is in discrepancy with the number of hours allocated for its teaching in the curriculum. It is relatively recently that the importance of this aspect has been realized here and consequently included in the curriculum.

### Verbal communication and dialogue

The dialogue is a discussion between two persons. This type of communication is extremely important in medical communication.

In order to have a dialogue between physician and patient, the following elements should be optimized.

The **context**: environment in which the communication takes place: outpatient ward, short-term admission ward, at home.

The **doctor-patient interaction** refers to the relation between the doctor and the patient, which is of a professional type and it should remain so. As the saying goes “nobody is a doctor for their own family”. The introduction of emotional elements into this relation may interfere with the quality of the medical decision.

An exception is psychoanalysis, where the therapeutic contact, i.e. the relation between analyst and patient may last for years and in time the phenomenon of transfer occurs, which means a change of the patient’s attitude toward the analysis. It is not surprising that such a long term interaction will induce emotion, desire, friendship.

The **content**: this is the message transmitted both ways. It should be maintained strictly at a professional level. According to the case and time permitting, other aspects of the patient’s life may be discussed: family, hobbies, but only to the extent in which this helps the relationship and provides information useful for the medical decision. The doctor should avoid giving information of his own private life or his colleagues or friends during the dialogue with a patient.

### General principles of communication

The following principles are considered to lie at the basis of communication (5).

**Retroaction**: reference is made to a previous communication, e.g. when examining a patient we want to know what the patient has learnt regarding his condition, disease, treatments.

**Co-management**: it is the possibility that each of the partners may induce a convenient style: if a patient rambles about unnecessary details, the doctor may lead him toward the information needed by co-managing the dialogue; also, if one of the partners uses an inappropriate style, too offensive or rough language, the other may adopt a more solemn tone, marking the distance etc.

**Necessity**: in the interaction with the patient, communication is mandatory for achieving a medical act. When this is impossible (small children, comatose or aphasic patients etc.), we interact with relatives, friends, witnesses etc. When appropriate, non-verbal communication methods may be used to convey our empathy.

**Irreversibility**: as they say, a word once spoken it cannot be taken back, even if we apologize,

emphasize the nature of the error, the effect of that word remains. Great care should be given to what we say, avoid blunder, wrong information.

**Context:** Communication has various levels of context

**Situational context** refers to the situation in which the two partners are. Talking in the street or in the consulting room will trigger different reactions.

**Relational context** depends on the type of relationship, its duration, degree of affinity etc. There are patients we have known for a long time, we know their families and background, they may be recommended by mutual friends, there are nice and kind patients, or unpleasant, gruff ones.

**Social and cultural context** refers to the social and cultural background of the two partners. The level of education or culture determines a great deal the way we address and approach the patient. There is one way we speak to someone with basic education and another with an academic. The generations gap must also be taken into account, different generations may find it difficult to close the gap smoothly.

**The psychological context** is the most important as it expresses the emotional and behavioral characteristics of each patient, which influences communication.

### Roles in communications

In medical communication we assume the role of the one assisting the patient, while the patient is the one seeking help.

As a consequence the healthcare personnel is in a superior position as compared to the patient: they are not ill, it is better informed, better trained, the patient is dependent on them. Because of this unequal position, the doctor may be tempted to assume dominant attitudes that alter the dialogue. Such attitudes are: arrogance – “I know, the patient does not, he'd better do what I say”; patronizing – “I can do it, the patient cannot, I'll take care of you, if you obey me”.

It is of course recommended to establish a partnership, based on mutual respect. The patients is aware of what we are and know, no need to abuse.

Other roles that the health care personnel may play in the communication with the patient are:

**The role of the scientist:** transmits a lot of information, previously learnt and read; the patient is impressed, embarrassed and usually confused by such an interaction

**The role of friend** leads to familiarity; even if the patient happens to be a friend, the medical act should leave this aside, as errors may occur in dealing with family, friends or important people. So even if we adopt the role of friend, this should not interfere with good judgment. This role may also lead to infringement of medical ethics.

**The role of teacher:** the tendency to educate, chide, instruct the patient in an exaggerated manner. Of course, if the patient needs our guidance, this should be given with care, otherwise we may exasperate the patient with too much advice.

## Perspectives

We have established a Romanian Society for the Promotion of Medical Communication, we organize yearly meetings on this topic and follow the events organized by EACH (European Association of Communication on Health). In our network on Psychosomatic medicine including Central and East European countries we include also topics on medical communication and we offer assistance to colleague from the region to develop medical communication.

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