EDITORIAL

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Communication Skills: The Backbone of Medical Practice.

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ABSTRACT

Communication is fundamental to the practice of medicine. While advances in biomedical science and technology continue to transform healthcare, the ability of healthcare professionals to communicate effectively with patients, families, and colleagues remains one of the most powerful determinants of quality care. Skilled communication is not merely an interpersonal attribute; it is a core clinical competency that influences diagnostic accuracy, patient safety, therapeutic relationships, health outcomes and healthcare professionals job satisfaction

This issue highlights the importance of skilled communication as the backbone of medical practice, the reason of its lacking and different methods for its improvement. By strengthening our communication skills, we strengthen therapeutic relationships, enhance patient safety, foster professional collaboration, and ultimately uphold the highest standards of compassionate, evidence-based care. Investing in communication is, therefore, an investment in better medicine for every patient, every encounter, and every healthcare setting.

Key words: *Communication; Medicine; Skill*

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BACKGROUND

Communication is a process by which we connect and interact with people. It is a process between two sides and includes listening and understanding with passion and respect. Communication is an art and like arts it is a learned skill. [1] The first descriptions of communication training appeared in the 1970s and the subject is now well established in most medical schools across the US as well as some other European countries. [2]

Medicine is often described as both a science and an art. While scientific knowledge, diagnostic skills and technical expertise form the foundation of practice skilled communication is the thread that connects these elements into effective patient care. Skilled communication is not an interpersonal attribute; it is a core clinical competency that influences diagnostic accuracy, patient safety, therapeutic relationships and health outcomes.

Association of American Medical Colleges Cincinnati, expert panel identified seven components considered to be fundamental to all encounters between clinician and patient: The key components are-build the relationship, open the discussion, gather information, understand the patient's perspective, share information, reach agreement on problems and plans, provide closure. These can be taught to the students during the communication training program using the framework of Calgary–Cambridge patient interview model. [3]

Effective communication also improves the quality of care provided to patients, which is observed in the results. [4] Better communication between doctor and patient ensures good working relationship, increases patient's satisfaction, builds confidence, improves compliance, reduces mistakes and mishaps and decreases legal complaints thereby reducing malpractice suits [3,5]. Even if doctors have the appropriate skills, still there are barriers like personal, gender, physical, emotional, language, status, cultural. semantic, organizational, inattention e.t.c leading to ineffective communication. [6]

In the recent years we have been observing increasing numbers of litigation against doctors and medical professionals, vandalism in the hospitals. One of the leading factors in happening

of such things is a poor communication with the patient and his relatives. [1] Also, there is no mechanism to oversee the competence of a doctor over the years, there may be waning of his or her knowledge and skills, newer challenges might have emerged and the doctors may be unaware of or incapable of responding to them. In order to correct this situation, Nepal Medical Council (NMC) had already established a system which will provide opportunities for continuing professional development (CPD) to the doctors and communication skills is regarded as must know area, along with cardiopulmonary resuscitation, medical ethics, rational use of drugs and therapeutics and infection prevention. To fulfill NMC standards, practitioners are evaluated and trained on several communication vectors like Bad News Delivery, Conflict Resolution, Informed Consent, Interdisciplinary Communication. [7]

The reason behind this lacking of communication skills till date is undergraduate or postgraduate training paid little attention to ensuring that doctors acquire the skills necessary to communicate well with patients. [1] Also the faculties have less training regarding communication skills and other issues. Hence it is a strong recommendation to the Medical Education Regulatory bodies to incorporate such soft skills in the MBBS Curriculum as a compulsory subject and also to have some sort of assessments of these skills during the course. [3] For faculties regular training and workshop should be conducted to upgrade their competence.

SUMMARY

Learning and mastering clinical communication skills have been reshaped from “good to have” toward “need to have” condition for a clinician. All clinicians and medical students should acknowledge and appreciate the importance of effective and competent communication with the patients, improving their practice and saving the lives of patients. [8]

Doctors with good communication skills identify patients' problems more accurately and their patients adjust better psychologically and are more satisfied with their care. Doctors with good communication skills have greater job satisfaction and less work stress. [9]

To overcome the lack of effective communication skills, Communication skills training during formative years is a positive investment for the better future health of the society. Regular courses, training and workshop on effective communication should be included in the medical school curriculum and Faculty development program.

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