

# Assessing performance 4:

## Reviewing communication skills

Ian M St George MD FRACP FRNZCGP and Elizabeth A Farmer MBBS BSc PhD FRACGP

**Ian St George** is a Wellington general practitioner; he was an appointed, then elected member of the Medical Council of New Zealand from 1987–2001, latterly as vice-president. He is now medical advisor to the Council.

**Liz Farmer** is an Associate Professor in the Department of General Practice at Flinders University, Adelaide, where she is the Director of the Primary Health Care Research Evaluation and Development (PHC RED) Program. She has a special interest in assessing communication skills.

### Keywords

Competence, performance, assessment, physician-patient communication

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*'Doctors make mistakes, I know that – they're only human. And I wouldn't have minded, if only he'd said something – talked to me – even acknowledged it had happened.'*

### The adverse effects of poor communication

You have to be blind, illiterate, or at best conservative to a reactionary degree, if you still think good communication is just the icing on the good clinical skills cake. It is much more than that; the evidence is unambiguous: poor communication by doctors reduces the effectiveness of

medical treatment, leads to dissatisfaction in patient and doctor, and triggers complaints.\*

Stewart and others found patient-centred communication skills were associated with better recovery from symptoms and concerns, better emotional health scores, and fewer tests and referrals. They concluded that patient-centred practice improved health status and increased the efficiency of care.<sup>1</sup> Arora recently reviewed key findings linking physician communication behaviour with cancer patients' health outcomes and drew similar conclusions.<sup>2</sup>

The same team of investigators conducted three related RCT studies of the relationship between clinical communication and patients' health outcomes in chronic disease (ulcer disease, hypertension and diabetes). After enrolment, audiotape recordings of doctor-patient communication were obtained to provide baseline data. Communication was divided into 30 codes. Patient questionnaires, pain measures, blood pressure, and HbA1c measurements were obtained as outcomes. Patients were randomised to control and intervention (the latter were taught to ask more questions, seek more information and express themselves more fully). At follow-up six to 12 months later there was a consistent relationship between changes in doctor-patient communication and changes in health outcomes. Physiological and functional measures improved when patients were provided with more information about

their problem, were able to show more emotion (especially ventilating negative emotion), and when they improved their effectiveness in eliciting information from doctors. Patients had worse outcomes with doctors who allowed patients less involvement in history taking, gave less information, and who expressed negativity.<sup>3,4,5</sup>

Seventy per cent of litigation in the USA is related to poor communication: initiated by patients who feel they have been deserted, devalued, misunderstood, or have not been told everything.<sup>6</sup>

Bunting and others found that adverse outcomes, iatrogenic injuries, inadequate care, mistakes, incorrect care and system errors were unlikely to lead to litigation if there were no 'predisposing' factors – like rudeness, delays, inattentiveness, miscommunication, apathy, or even no communication.<sup>7</sup>

### What is good communication?

#### *Which communication skills are critical in medical consultations?*

Positive factors in the history-taking phase include doctors asking questions about patients' concerns, understanding, expectations, impact and feelings, doctors showing support and empathy, patients involved in full expression of their concerns, and patients' perception that there has been a full discussion. Positive factors in the management phase include patient information seeking and question asking, being successful in

\* And btw, Sir: that other form of poor communication by doctors, poor written English, reduces the effectiveness of medical research. As Tony Bishop, sometime editor of the Canadian Family Physician once asked, 'Can you trust a doctor who writes like that?'



general practitioners – who had agreed beforehand to participate.<sup>15</sup> The doctors' performance is likely to be close to real life, a wide range of clinical scenes can be simulated, including those involving complex, difficult patients: more than one person at the consultation, cultural issues, mental health, and longitudinal care (an actor can visit the doctor more than once). Accurate recording of both communication and management advice is possible, and the degree of 'patient-centredness' measured by the actor; management can be assessed against predetermined standards based on evidence. Issues include concepts of the 'use and abuse of deception',<sup>16</sup> the consent of the participating doctor, and the doctor mistakenly identifying a real patient as a simulator and 'springing' them (though they are rarely detected<sup>17</sup>). The method is unreliable without rigorous selection

and training of the actors, and it falls into disrepute when abused by news media trying to catch doctors behaving badly. The actor must be undetected, the scenario must fit to the practice, and processes in case of 'detection' should be clear and agreed. Health insurance, billing, geography, address and phone can create difficulties. The actor has to be a 'new patient' but can present more than once. There is significant cost in attaining the numbers of consultations needed to obtain reproducible results.

### So what?

Remedial education in communication skills does work. You can teach an old dog new tricks, so the identification of poor communication skills can have a positive outcome for all. If a doctor has been the subject of complaint, and performance assessment shows poor communication

skills, he (we use the pronoun advisedly, for '*Female primary care physicians and their patients engage in more communication that can be considered patient centred and have longer visits than do their male colleagues.*'<sup>18</sup>) can learn to communicate more effectively.<sup>19,20,21</sup>

### Conclusions

- Communication skill influences patient health outcomes and the likelihood of complaint;
- Performance-based testing should critically appraise and build on those observations (content validity);
- Communication skill testing tools should be able to be applied in different testing situations (flexibility);
- Reliability depends on the size of the sample;
- Assessing communication skills is educationally sound because remedial education can improve communication skills.

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