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## How Can Clinical Communication Skills Improve Patient-Physician Relationship Building?

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A professor of neurology often asked their undergraduate medical students: "If you were exiled to an island and could only pick one thing up with you, what would you opt for?". Emphasizing the importance of the funduscopic examination for ruling brain tumors out in the "simple" headaches, they intended an ophthalmoscope as the correct answer. Still, the wise one could have been "clinical communication skills." Clinical communication is defined as a structured way for a well-timed, truthful, and deferential exchange of information between patients or their carers, health care providers, or different members of health-professional teams [1, 2]. This essay examines the positive effects of professional communication on relationships between patients/families and health professionals, particularly physicians. It will focus on some essential skills, evidence-based consequences of effective communications, and the role of the patients. Effective clinical communication embraces some activities such as active listening, explanation in a layperson language, description of the consequences of any therapeutic policies, and asking the patient's point of view. Non-verbal communication skills such as attentive posture, eye-to-eye contact, and encouraging maneuvers such as head nodding are as helpful as verbal communication [3]. Building rapport, mutual exchange of

information, shared decision making, and managing uncertainties are crucial elements of clinical communication [1, 2].

Like any other social interaction, clinical communication is composed of a form and content. While contents differ from patient to patient, having a practiced structure usually helps physicians build a good rapport with their patients [1]. A structured clinical communication encompasses but is not restricted to greeting and introduction, information gathering, recommendation, clarifications, empathy, informed consent, and reassurance as follows:

### 1. Introduction and Greeting

A warm greeting with a radiant smile can be the best ice-breaking for a fruitful dialogue. In some cultures, standing up and inviting the patient to their chair or bed is a symbol of respect. By introducing themselves, physicians provide a sense of equity for the patient and make them feel dignified.

### 2. Information Gathering

Information gathering should follow an "open to close cone" [1]. Questions like: "how can I help you?" can be a good starter for the dialogue; however, inquiries must gradually focus on the chief complaints about time management. An opportune utterance of interjections such as "oh I see", "yeah",

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or "right" stipulates listener attention. At the same time, skillful communicators can hamper circumstantiality by polite interruptions using sentences such as: "I would like to address something else with you."

### 3. Empathy

"I am sorry to hear that", "It must be so stressful for you", and "I appreciate your fears": such miraculous words! These phrases transform a business into practice.

### 4. Clarification and Recommendation

"Well, based on ... I believe you that you have ..., it is a condition caused by....". After providing a provisional diagnosis, ancillary investigations and management are proposed as "Let's run a ..." or "the good news is that there are several options you can opt for...". All information should be transferred through a layperson language, and the patient should be shared in the process of decision making. Repeated checking ("Have I been clear so far?") and signposting (*First and foremost...Last but not the least*) assist the patient in comprehending different ideas.

### 5. Reassurance

"- Tell me something nice

- Sure. What do you want to hear?

- Lie to Me" (a dialogue between Sterling Hayden and Joan Crawford in *Johnny Guitar*, 1954).

However, physicians should never lie to their patients, even for the sake of reassurance. The art of minimizing the importance of mundane problems while raising concern about the real hazards and breaking bad news might be acquired in many years, but a "No worries, it will be taken care of" is a panacea that works for both.

### 6. Informed Consent

Considering that one in nine medicolegal cases resolved in Australia is concerning informed consent [4], the role of the effective discussions on the risks and the benefits of the therapeutic interventions in preventing legislative issues is self-evident. A good

informed consent should include information-sharing regarding the natural course of the disease, the benefits and the risks of a particular treatment, the uncertainties surrounding them, and the alternatives to the proposed intervention.

### 7. Closing Remarks

"Hope you get well soon" and "I would be happy to visit you in a month; please call me if you have further questions" can finish a fruitful session and determines the subsequent follow-up.

### 8. Management of Difficult Patients

Difficult patients include angry, manipulative, and reluctant patients. The physician should be neither confrontational nor defensive. For angry patients, health care providers should try to smooth the situation over by uttering phrases like: "I understand this is frustrating you, but...". For manipulative patients, the doctor should resist coaxing, blaming, or even threatening remarks to the patient. For reluctant patients, the sequela of negligence ought to be firmly explained [5]. A good patient-physician relationship can strengthen diagnostic accuracy [6], increase both-side satisfaction [6, 7], and decrease legal complaints [8]. Despite some initial concerns, structured communication has no contradiction with data entering into electronic health records [9] and physician's time management [10]. It might be imagined that only physicians should acquire communication skills. However, a "reasonable doctor" requires a "reasonable patient". Patients should be taught to play an active role in a professional relationship. For instance, practically shared decision-making would be impossible if patients do not accept their responsibilities. Increasing health literacy may pave the way for improving the role of patients in a patient-physician relationship [11].

"Cure sometimes treats often, and comfort always." About 2500 years later, the essence of medical and surgical interventions has not much changed after Hippocrates. Giv-

en that about two-thirds of the complaints referred to the Australian general practitioners; anxiety and depression, to name a few; are managed without any pharmacological intervention [10], and effective communication can preclude physician's burnout [7]; the "comfort" of open and honest commu-

nication can bring a "cure" for both parties. [GMJ.2022;11:e2480]

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