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ROLE OF COMMUNICATION AS ESSENTIAL PART OF HUMAN BEHAVIOR IN MEDICAL PRACTICE (HEALTH SCIENCE PROFESSION)

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ABSTRACT

The central clinical function in building a therapeutic doctor-patient relationship is effective doctor-patient communication, which is the heart and art of medicine. This is a key in the delivery of high-quality health care. Much patient unhappiness and many complaints are due to breakdown in the doctor patient relationship. However, many doctors tend to misjudge their ability in communication. Over the years, much has been published in the literature on this important topic. Looking towards the importance of this aspect present article summarizes some important aspects of communication in medical practice.

KEYWORDS

Medical practice, Communication, Human behavior and Doctor patient relationship.

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INTRODUCTION

“Medication is an art whose magic and imaginative ability have long been documented as residing in the interpersonal aspects of patient-physician relationship”¹. A doctor’s communication and interpersonal skills include the ability to gather information in order to facilitate correct diagnosis, rapid treatment, hasty relief, counsel appropriately, give therapeutic instructions, and establish thoughtful relationships with patients²⁻⁴. These are

the center clinical skills in the practice of medicine, with the ultimate goal of achieve the most excellent conclusion and outcomes and facts.

Patient's satisfaction is necessary for the effective release of health care^{5,6}. Basic communication skills in isolation are inadequate to create and maintain a successful therapeutic doctor-patient relationship, which consists of shared perceptions and move toward regarding the nature of the problem, goal of management, and psychosocial support²⁻⁷. Interpersonal skills construct on this essential communication skill. Appropriate communication integrates both patient- and doctor-centered approaches. The ultimate objective of any doctor-patient communication is to move ahead the patient's health and medical care. Studies on doctor-patient communication have recognized patient dissatisfaction even when many doctors measured the communication sufficient or even outstanding⁸. Doctors are inclined to overestimate their abilities in communication. Tongue et al reported that 75% of the orthopedic surgeon's survey believed that they communicated sufficiently with their patients, but only 21% of the patients reported rational communication with their doctors⁹. Patient survey has every time shown that they want better communication with their doctors. The principles of patient-centered medicine date reverse to the ancient Greek school of Cos¹⁰. Nevertheless, patient-centered medicine has not evermore been common practice. For example, in the 1950s to 1970s, most doctors measured it inhumane and detrimental to patients to release bad news because of the unhappy treatment prospect for cancers^{11,12}. The medical model has more recently evolved from paternalism to uniqueness. Information swap over is the dominant communication model, and the health consumer relationship has led to the current model of shared decision making and patient-centered announcement^{13,14}.

Human Behavior in Medical Practice

The main goals of doctor-patient communication are to create a good interpersonal connection, facilitate replace of information and counting patients in decision creation. Successful doctor-patient communication is determined by the doctors'

“bedside manner”, which patients moderator as a major indicator of their doctors' general capability. Good doctor-patient communication has the likely to help regulate patients' emotion, facilitate understanding of medical information and allow for better recognition of patients' needs and opportunity. Patients reporting outstanding communication with their doctor are more likely to be contented with their care and to share relevant information for accurate diagnosis of their problems. There are many barriers to good communication in the doctor-patient relationship, including patients' anxiety and doctors' burden of work or verbal abuse.

It has been observed that communication skills be inclined to decline as medical students development through their medical knowledge, and over time doctors in guidance tend to lose their focus on holistic patient care, the emotional and physical viciousness of medical training, mainly during internship and custody, suppresses empathy, substitutes techniques and measures for talk, and may even result in disdain of patients. These important factors associated with physician's human behavior may influence the choices patients make regarding their handling and end-of-life care, which can have a notable influence on the disease. Good communication skills allowable patients to differentiate themselves as a full participant during deliberations relating to their health.

Effect of Doctors' Avoidance Behavior

There are reported commentary of doctors avoid discussion of the emotional and social collision of patients' problems because it distressed when they could not handle these problems or they did not have the time to do so adequately. This situation unenthusiastically affected doctors emotionally and tended to increase patients' distress this evasion performance may result in patients being reluctant to disclose problems, which could delay and inauspiciously impact their recovery.

Strategies to Improve Communication Skills

Communication skills engage style and pleased thoughtful listening skills, empathy and use of open-ended questions are some examples of handy communication enhanced doctor-patient communication tends to increase patient

participation, adherence to optional therapy and health outcomes. Contravention bad news to patients is a compound and challenging communication task in the practice of medicine; relationship structure is especially important in such cases which included thoughtful patient's perspective, sharing information and expectations. Miscommunication has solemn implications, as it may hinder patient's understanding, opportunity of treatment or participation in treatment planning. Miscommunication also decreases patient satisfaction with medical care, level of expectation and subsequent psychological modification. Patients often observe their doctors as one of their most significant sources of psychological hold and understanding through good communication is one of the most powerful habits of providing this support to decrease patient's feelings of isolation.

Guidance him sympathetically to diminish risk factor like smoking, alcohol etc. Try to give him/her solution of any problem. Perform with the patient as he/ she is your relative, placing hand on his shoulders, talking about his family problem will make patient contented.

Communication Training

Individual even doctors are not born with outstanding communication skills, as they have dissimilar inborn talents. Instead they can recognize the theory of good doctor-patient communication, learn and carry out these skills and be able of modifying their communication approach if there is sufficient inspiration and incentive for self-awareness, self-monitoring and training. It is therefore significant to practice new skills, with regular feedback on the acquired performance. Medical culture should go beyond skills training to support physician's receptiveness to the patients' unique experience.

Collaborative Communication

Collaborative communication is a mutual and dynamic relationship, connecting the two-way exchange of information. A physician should work together with their patients to endow with the best care because doctors are inclined to make decisions based on quick assessment, which may be prejudiced. This require the doctors to take time or

set up opportunity to present and talk about treatment choices to patients and go halves the responsibility and manage with them. Successful information substitute ensure that concerns are elicit and explore and that explanations of management options are unbiased and understand to permit for shared choice making. In this approach, the doctor facilitate discussion and cooperation with patients and the handling options are evaluated and modified to the context of the patient's condition and needs, quite than a standardized procedure. Care options need to be involved between doctor and patient taking into explanation patient opportunity, outcome preference, stage of risk receipt and any associated cost to maximize devotion and to promise the best outcome.

Communication for viva/oral for Medical Student

The basic concept for achievement in practical exams (oral) is ability understanding the examiner and patient if (bedside). All student are not give acceptable viva and oral because absence of communication skill. Following are the consequences from observations-

1. Dress white apron
2. Appropriately combed hair
3. Smile and sureness
4. Graciousness
5. Don't be panic, discomfort, nous on seeing the examiner
6. Always start communication with good morning, May I sit sir, Thank you sir.
7. Try to speak about which you have much information otherwise your viva may go on rare topic.
8. While speaking keep correct speed not very fast that examiner cannot understand and not too slow that he has to give think for difficult question to ask you.
9. If you don't know answer says I don't know, sir. Don't stand dumb.
10. Don't try to make examiner fool by giving answers unrelated to questions.
11. Don't try to explain family problem for passing the exam or oral.

Non Verbal communication

Communication that does not comprise speech occurs continuously and delivers important clues to feelings and emotions becoming more sensitive to nonverbal messages allow you to both 'read the patient' more efficiently and to send communications of your own. Pay close attention to eye contact, facial expression, carriage, head position and movement such as shaking or drowsy, interpersonal distance and placement of the arms or legs such as crossed, neutral or open moving closer or attractive in physical contact like placing your hand on the patients arm can convey sympathy or help the patients gain control of spirits. Bringing non-verbal communication to the aware level is the first step to using this crucial form of patient interaction. You also can mirror the patient's paralinguage and qualities of speech such as pacing tone and volume to increase report. Their content and validate their significance as the clinician must always be an attended to the patients feelings, helps the patient express them.

Scope of Article

This article described role of communication as essential part of human behavior in health sciences profession; this way article help medical practitioner to improve their skills and knowledge. Article elaborate others aspect of medical practice along with treatment options which are essential for the proper patient compliance and satisfaction; thus this review established human behavior and communication as important tool of medical practice.

CONCLUSION

The patient will never care how much you know, awaiting they know how much you care. Doctor-patient statement is a major constituent of the procedure of health care. Doctors are in a sole position of admiration and power. Effective doctor-patient communication can be a source of inspiration, incentive, encouragement, and support. A high-quality doctor-patient relationship can augment job approval and reinforce patient's self assurance, inspiration and positive view of their health position, which may power their health

outcome. Most complaints about doctors are related to issues of communication, not clinical capability. Patients want doctors who can competently diagnose and treat their sickness as well as converse with them effectively. Doctors with better communication and interpersonal skills are clever to detect problems and may prevent medical crisis which overall provide better support to their patients. This may guide to higher-quality outcome and better pleasure, lower costs of care, superior patient considerate of health issues and improved devotion to the treatment process. The current scenario of medical practice demands good human behavior practice along with empowered communication skills to achieve the goal of complete health care.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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