

Chapter 4

Mirror, Mirror, on the Wall, Who's the Communicationally Competent One of All? and the Other Side of the Mirror: Health Professional Communication Competences and Patient Evaluation

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ABSTRACT

This chapter focuses on health professional competence and consequent evaluation by patients who establish with them a therapeutic relationship. Based on a literature review and proposals of best practices to implement in health encounters, it is concluded that competent communication has to give attention to verbal and non-verbal dimensions and to the patient's expectations. Results reveal that the competences are empathy, respect, inclusion of the patient in choices and decisions, confirmation of understanding, use of plain language, and positivity. On the patients' side, some common expectations are associated with the humanization of relationships, such as the manifestation of patience by professionals to the patients' queries and the adoption of personalized communication. The communication lapses are more related to poor attitudes of health professionals, and the patients' expectations can vary depending on their sociodemographic attributes. Different communication styles of health professionals generate different evaluations and expectations of patients.

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INTRODUCTION

Doctor-patient communication is a fundamental component of clinical practice communication and is a complex interpersonal interaction that requires an understanding of each party's emotional state (Kee, Khoo & Koh, 2018). In spite of communicating with patients is arguably the most common and important activity in medical practice, this activity receives relatively little attention in graduate medical education (Henry, Holmboe & Frankel, 2019). But it is noted a renewed interest in communication skills in graduate medical education (Kee et al., 2018). It can be said that the status of teaching communication skills has changed from “nice to know” to “need to know” (Brown, 2008).

The literature tends to emphasize the “bottom line”: the positive therapeutic rapport that patients enjoy with health professionals depends on mutual expectations and on an aligned communication flow from the patient to a health professional and vice versa (Huntington & Kuhn, 2003, p. 158). Tavakoly Sany, Behzad, Ferns, and Peyman (2020), for example, state that communication skills training for physicians improves health literacy and medical outcomes in patients with hypertension.

In contrast, a collapse in the medical relationship often reveals unsatisfactory communication as a malpractice claim. Kee et al. (2018) explain that this event can be related to the antagonist visions adopted by patients and doctors on what should be an effective communication: patients prefer a psychosocial model of communication and doctors tend to use the biomedical model. One additional problem is the overestimation by doctors of their communication skills. The doctors overestimate their rapport-building skills, or do not pay great attention to them and thus, assume good knowledge and practice without real application (Albahri, Abushibs & Abushibs, 2018; Alnasser et al., 2017; Ha & Longnecker, 2010). The literature states that there is a different perception by each member of the relationship about the professionals' abilities. For example, a survey shows that 75% of orthopedic surgeons consider they had communicated satisfactorily with their patients and only 21% of patients have that evaluation (Tongue, Epps & Forese, 2005).

“We can all learn to communicate better” (Tongue, Howard, Epps & Forese, 2005, p. 652). Having this idea as orientation, this chapter assumes as focus the health professional competences (the “mirror”) and the patient's perceptions, evaluation, and expectations (the “other side of the mirror”).

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