

Medical students' communication is trainable

A good physician-patient-relationship is essential for the patient's health. Accordingly, the therapeutic relationship can influence the success of the therapy with a variance of 30%. A well-structured, patient-centred medical history taking enables an earlier and more accurate diagnosis and eventually an earlier and more precisely targeted therapy. The patients' satisfaction correlates with the receipt of an adequate explanation, fulfilment of expectations and duration of the conversation. All these aspects should be taught in medical universities to prepare medical students to the clinic. Aim of this study was to find out whether the therapeutic attitude in medical students is trainable and whether there is a difference in medical students' therapeutic attitude before and after the communication skills training.

The questionnaire "Therapist's attitude" was used to collect data from students at the medical university of Vienna. The "ThAt" measures attitudes and assumptions of clinicians and psychotherapists. The measurements were taken before and after a certain communication skills training and the differences between before and afterwards were examined. This communication skills training takes place in the fourth academic year and involves role playing with actors who are simulating patients. The training focuses on communicating with patients in a challenging setting (dealing with e.g. alcohol dependent patients, patients suffering from depression or patients with anxious or aggressive attitude, recognising suicidality etc.), on the affective involvement in doctor-patient-relationships and on a diagnostic communication style. The students already attend basic communication skills training earlier during the second and third year of university focusing on taking general medical history in an empathic and patient-centred way.

Within the 4th academic year students are taught and trained among other things to address problems only after having understood, contained and worked through – this processing is also reflected and documented by the attending in form of a reflexion portfolio. This reconsidering procedure could explain why after the course participants interpreted the patient's body language less and also helped the patients less to clarify the patient's feelings. It can also be seen as an indication of a slight or beginning change from an empathic, rudimentary therapeutic to an advanced diagnostic interviewing style fostering clinical reasoning. To interpret the body language or to clarify the patients' feelings would be a therapeutic component, exploratory addressing a diagnostic one. The study shows also that students nevertheless learn to notice patients' emotions and to question what the patient evokes affectively and also to reflect on them and use them for diagnostic purposes. Moreover, after this communication seminar more students helped patients to forget painful experiences which shows that they learn to help patients developing an adequate coping strategy. Furthermore we could show an increased self-reflexivity after participation in the course.

All in all, this study shows that the course "Physician-patient-communication with simulated patients" at the Medical University improves students' communication skills. It enables to transfer the just in lectures learnt theoretical knowledge in practice and to train the communicative skills.

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