The Art of Medical Dialogue

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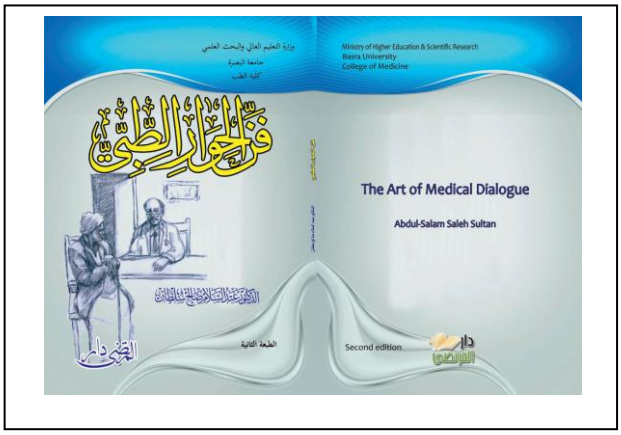


It is well known fact that good communication skills “CS” are necessary for effective practice, it led to increased patients' satisfaction, adherence to medications and improve clinical outcomes.

It is noteworthy that it has been observed CS tend to decline as medical students progress through their medical education. So CS need to be taught for undergraduate students as early as possible and continue throughout the years of study.

So I would like to present recent project work of teaching basic CS to first year Medical College students of University of Basrah.

A new CS Arabic text book authored by Dr. Abdul-Salam S. Sultan. It is intended to be used as a basic book for the foundation of the medical curriculum in about twelve lectures.

The Art of Medical Dialogue is a first step to introduce an extended CS curriculum to the undergraduates’ students.

The book presents the concept of Narrative-Based Medicine "NBM"; a new approach that recognizes the value of peoples' narratives in clinical practice and the human aspects of the disease.[i]

It then discusses illness of the patients in some details, for example it attempts to define feelings of unhappiness, or personal experience of misery.

According to Pellegrino; an ill person usually suffers from problems: [ii]

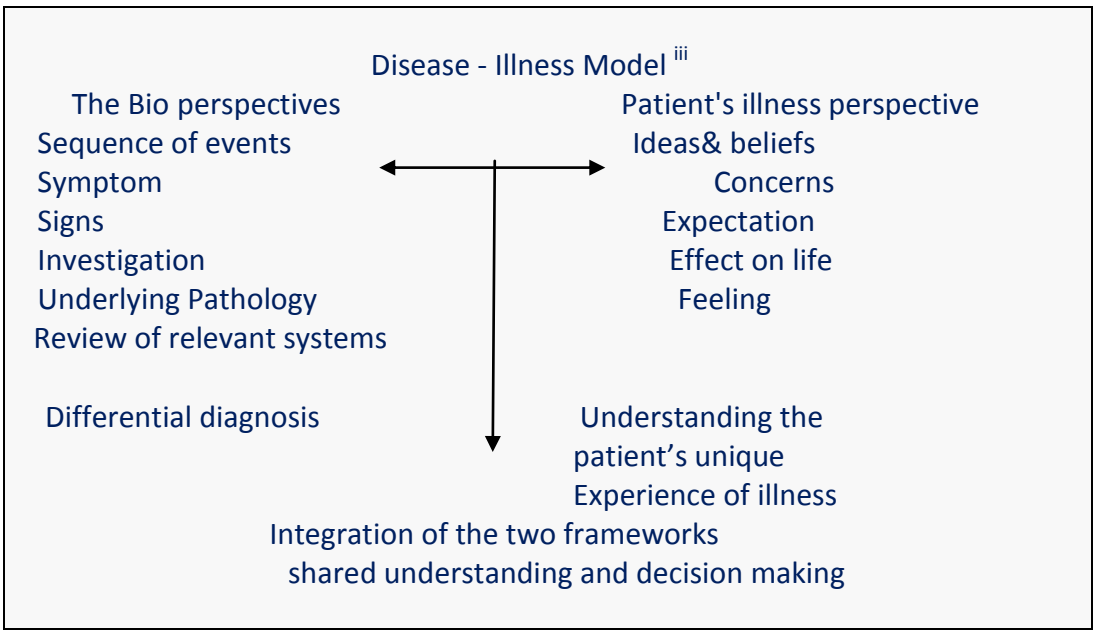
- Loss of freedom to act because of bodily impairment
- Lack of knowledge to make rational steps toward recovery
- Loss of some degree of autonomy resulting in more dependence on others
- Transformation of self-image to adapt to the new situation of suffering

The illness must become the cornerstone of the healing relationship, rather than being a secondary subjective aspect of the clinical interview. This approach also attempts to

describes the patient's perspective. Thus the new content of the medical interview that the student should consider is:

- **Ideas and beliefs**: about the causation of suffering, what might help and what is influenced by the patient's complaint.
- **Concerns:** worries about what might the symptoms means?
- **Expectations:** what the patient expect from the visit or how the doctor might help?
- **Effect on life**: How the illness affects the patient's daily activities?
- **Feelings**: the obvious emotion that might be produced by the illness.

The beauty of this approach is shown in the Disease-Illness model where the doctor can gather the information from both sides of patient's predicament. The doctor and patient shared understanding and decision making, as shown in the diagram below.



The book draws attention to the difficulty in the use of language between doctor and patients as well as among health care professionals, including students. It is well- known problem especially in non- speaking English peoples as it is in Iraq. The student should pay the utmost attention to the patient's needs, concerns, beliefs, and expectations as well as the story of their disease. they need to understand the colloquial language and the cultural metaphors in order to explore the patient's problems and his perspective from his narrative in his own words. Using concise easily understood Arabic language to explain the management program for the patient and trying to avoid technical jargons which should enhance patient's adherence to his management plan is paramount.

Patient Centered Communication Technique includes: Invite, Listen and Summarize. It is abbreviated by ILS; "I" is the Invitation of the patient to tell his story using an open ended questioning technique, during which the student stays. "L" listening to the patient, using facilitation to enhance the patient to complete his story without

interruption and monitoring the patient's nonverbal cues. It is followed by regular "S" Summarizing periodically. Summarizing acts as pause and reflection on what the patient has included in his narrative, reminds the patient to complete, clarify more and / or as a reminder for missed events. After the patient has completed his story and the student and patient have agreed on all aspects, (listening, understanding and reaching to common ground), then student can start to fill in any missed biomedical data by asking focused closed-ended questions. This technique known as cone shaped approach.

Then the author presents the research evidence which support the requirement to practice Patient–Centered clinical interviewing, the reasons why it increases the amount and accuracy of information gathered in order to reach a diagnosis and fosters patient and doctor satisfaction.

The last two chapters introduce a new approach to the medical record. It advices the adoption of history building rather than history taking. History taking is a term which has been used since 1880. The drawback is that it adopts the biomedical approach with strong objectivity. That is to say, it concentrates on the disease and the diseased part of the body rather than the whole human being. While in history building, the data is formulated between the doctor and patient like two collaborating artists producing a work of art. History building has key skills; questioning technique, organizing the biomedical information into the diagnostic framework and conversational devices rather than direct questions and includes the psychosocial focus that will influence physician history building approach. What is important and new here is that the medical record also need to record both the disease and illness, where the voice of the patient can be noticed in medical record.

Throughout the book there are many patient's and doctor's stories derived from real practice of the author and colleagues revealed at workshops of CS.
It is an interesting book and should be popular and useful to both novice and experts alike.

References :

[i] Vera Kalitzkus, Peter F Matthiessen, Narrative-Based Medicine: Potential, Pitfalls, and Practice, Perm J. 2009 Winter; 13(1): 80–86.

[ii] Pellegrino ED. Being ill and being healed: some reflections on the grounding of medical morality. Bull N Y Acad Med. 1981 Jan–Feb;57(1):70–9.

[iii] Silverman J, Kurtz S, Draper J, Disease – Illness Model In; Skills for Communicating with Patients, 3rd Edition, Radcliffe Publishing, London, 2013, 64-69.