4 tips to enhance patient communication as a medical student

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After months off the wards due to safety precautions put in place to curb potential exposure during the COVID-19 pandemic, many medical students are returning to patient-facing roles. While communication skills are an emphasis throughout your medical training, they take on a new meaning—and are vitally important—once you begin interacting with patients during clinical rotations.

Developing and honing effective patient communication habits is something physicians do throughout their careers. Here are some early tips medical students should heed to hit the ground running. Learn the six factors that dictate the resumption of clinical training.

First impressions matter

The first few minutes of a clinical encounter are precious. There are many tasks that need to be completed during the visit—questions to ask, problems to analyze and solve—and you may feel pressured to dive right in. But if you leap into these tasks without listening first, you may miss key information.

Set aside distractions so that you can give your full attention to the patient and find the golden moments that reveal the patient’s true concerns or symptoms. Use subtle body language cues to convey that you are listening intently. You can start by sitting so that you are near to and facing the patient.
Lean toward them and make eye contact. It is important to make sure that your arms are not crossed—this can signal to the patient that you are closed off and not really listening. If you’re looking to better hone your listening skills, the AMA STEPS Forward™ collection of practice-improvement strategies can help. The module on “empathetic listening” can help you improve the patient experience by honoring the first golden moments to understand patient needs and values.

Be careful of devices

If you’re using a smartphone in a clinical setting it’s important to establish that you are indeed doing so to attain information relevant to the situation.

“We have to educate a student to seek permission from a patient to use a phone,” said Senthil Kumar Rajasekaran, MD, senior associate dean for Curricular Affairs and Undergraduate Medical Education for the Wayne State University School of Medicine, who has lectured on proper technology use by medical students. “They should let the patient know that they are using the phone to provide diagnostic information. Students may use their phone with the best of intentions, but if they don’t communicate clearly that they are looking for the latest evidence, a patient may take it as an insult and lose trust.”

Avoid “medspeak”

As authors Lara Killian and Margo Coletti explained in an article published in the *AMA Journal of Ethics®,* only 12% of U.S. adults are highly proficient when it comes to health literacy, which is the capacity to understand and act on medical information.

“Often, health care professionals assume that patients and families understand what they’ve been told,” the article says. “However, it’s not enough to think that a nod or silence—or even a ‘yes’—means comprehension. A blank look—common when a person is overwhelmed—is a good indication that there has been a communication breakdown.”

Make it a team effort

Regardless of the rotation, you will have to deliver constructive criticism at some point during clinical rotations.
In those instances—according to marketing-and-communications expert Randa Zalman, who has created a comprehensive strategy for patient communication—it’s best to show patients “collaborative thinking, and work with them in an active way rather than telling them what to do,” Zalman said.

With the proper approach, a critique can become an opportunity to bond with your patient. For instance, try a “seven-to-one compliment ratio.”

Give your patients seven compliments for every one statement of criticism, Zalman said. She also suggests students show—not tell—how supportive they are by giving patients educational materials, websites, resources and information about support groups that may help them better understand medical terms or issues that apply to their treatment.