PHYSICIAN COMMUNICATION ATTITUDES AND SUCCESS IN PATIENT-DOCTOR COMMUNICATION AMONGST MEDICAL SCHOOL STUDENTS

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Background

Physicians connecting and establishing a unique bond with their patient is an essential element of healthcare and a determinant concerning the success of their patient’s progress. Verbal communication is a vital tool in the medical practitioner's arsenal and is used to promote growth of the patient-physician relationship and establish trust towards the doctors credibility and instruction. Nevertheless, practitioners have decrease their time spent on seeing their patients and seeing in their results due to a push for efficiency. The failure to assume this issue within the establishment has increased loss in revenue and customers in various hospitals and healthcare settings [2].

As recent publications have shown, the push for hospitality and a more humanistic approach to medicine has become a necessity as health care centers move to become more competitive [1]. Hospitals have included surveys for outpatients in order to analyze what hospitals should change in order to improve comfortability and efficiency throughout their environment [3]. These studies concluded that tangibility, reliability, care, and empathy were significant decision-makers for customers to be satisfied with the hospitals service [4]. Although, through all their efforts, patient-doctor communication is still on the forefront of progress and the struggle to gain accurate empirical data and an organized set of verbal guidelines is still on the rise. The lack of emphasis on solving the issue of doctors developing bad relationships with their patients has resulted in a large risk factor for the patients and their health [1].

Based on the recent discoveries mentioned above, the motivation for our work was to determine how patient-physician relationship is affected by the specific factors involved during patient-physician interactions. The study will achieve this by observing how medical school students' attitudes about certain aspects of communication predict how well they interact with their patients.

Hypothesis

Based on previous studies, we believe that there will be a strong positive correlation of MIRS and OSCE scores for medical students who believe that patients should talk more during an exam and allow patients to take more control during a visit. We also believe to see the same trend for students who believe that psycho-social factors of the patient should be discussed more than other topics listed in the OSCE and MIRS such as diagnostic and treatment.

Method

This data was collected through the questions and guidelines of the objective structured clinical examination survey (OSCE) which presents different topics that students must verbally address in order to be scored. We looked at how the student's attitude about how much time they should spend on a certain topic with a patient affects how well they are scored on their OSCE exam. The exam was composed of standardized patients (SP) and a faculty member from the University of Nevada, Las Vegas (UNLV) School of Medicine which scored the student.

OSCE Survey

The 5 OSCE section included: Q1. Students demonstrated effective relationship building and empathy skills, Q2. Students gathered all relevant data, Q3. Students demonstrated effective organization/time management, Q4. Physical exam was performed appropriately and skillfully, and Q5. Students demonstrated effective patient education and counseling skills.

MIRS

The MIRS rated 10 factors that included the students' opening, timeline, organization, structuring knowledge, types of questions, questioning skills, lack of jargon, non-verbal facilitation, empathy, patients perspective (beliefs), assess motivation, and admitting lack of knowledge.

Attitude Survey

The MIR section questions included: Attitude Time Q1: How much proportion of the time do you believe the physician should talk?, Attitude Time Q2: How much proportion of the time do you believe the physician should spend in addressing psychosocial factors that may influence experience of disease?, Attitude Time Q3: How much proportion of the time do you believe the physician should spend in addressing questions that the patients caregivers experience during the consultation?, and Attitude Time Q4: How much proportion of the time do you believe the physician should spend in addressing future health related consequences of current decision?

Analysis

We had run a comparison regression model to look at the relationship of the attitude question scores with the mean scores of the MIRS and OSCE scores.

Results

Results of Attitude Questions x OSCE Scores

- The results observed from the direction and strength of the correlation graph of attitude time Q1 showed that students who believed patients should talk more during a patient examination had higher scores.
- There was a similar trend observed in attitude time Q4 in which students who believe that physicians should spend in addressing future health related consequences of current decisions correlated with having a higher OSCE score in the regression.
- Attitude Time Q2 had positive correlation and demonstrated that medical school students that believed more time should be given in discussing about psychosocial factors had higher OSCE scores compared to students who believed less time should be given to those topics.
- The results showed that the correlation supported our hypothesis.

Results of Attitude Questions x MIRS Scores

- The data shows that attitude time Q2 had a stronger significant positive correlation compared to the OSCE data above. This data showed that for the MIRS score the strength in which students who believed patients should spend a majority of the time talking in an examination had higher MIRS score compared to other questions in the survey.
- Attitude time Q4 had a negative correlation that contradicted the results of the OSCE mean score. The results for Q4’s MIRS mean showed that students who believed the physicians should spend in addressing future health related consequences of current decisions correlated with having a lower OSCE score in the regression.

Conclusion

- Through our results we concluded that students who believed allowing patients to take over most of the conversation during an examination resulted in better evaluations provided by simulated patients. As related to past studies our findings provide some support for the conclusion that allowing a patient to feel in control resulted in empowering the patient and brought about more confidence in their recovery [1]. This data also supports the related studies, which they found that expressing empathy and allowing patients to direct the conversation resulted in a better recovery rate [1].
- Our results concluded that medical school students spending more time talking about psychosocial factors and allowing a patient to direct the conversation resulted in a more successful rating for the student’s communication scores and SP satisfaction, which confirmed our hypothesis. The importance of addressing the issue of time management of physicians and the topics they discuss during a patient examination is important for improving the satisfaction of the patient and improving their recovery.

Data Figures

Table 1. Regression model analysis of OSCE 1-5 question mean scores.

<table>
<thead>
<tr>
<th>Question</th>
<th>β</th>
<th>Std. Error</th>
<th>t</th>
<th>p</th>
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<tbody>
<tr>
<td>Q1</td>
<td>0.25</td>
<td>0.04</td>
<td>6.06</td>
<td>0.0001</td>
</tr>
<tr>
<td>Q2</td>
<td>0.30</td>
<td>0.05</td>
<td>6.12</td>
<td>0.0000</td>
</tr>
<tr>
<td>Q3</td>
<td>0.18</td>
<td>0.03</td>
<td>6.00</td>
<td>0.0000</td>
</tr>
<tr>
<td>Q4</td>
<td>0.20</td>
<td>0.04</td>
<td>5.56</td>
<td>0.0000</td>
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</table>

Table 2. Regression model analysis of MIRS mean scores.

<table>
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Selected References


Figure 1. Scatter plot regression graph for attitude time question 1 x OSCE 1-5 question mean scores.

Figure 2. Scatter plot regression graph for attitude time question 4 x OSCE 1-5 question mean scores.