

# **Communication Skills for Neurology**

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## **Short Communication**

Despite the mandatory of communication skills for neurologists, particular training in this area at the residency level is probably lacking. This study is aimed to enhance improving of these skills and to encourage practice in communication skills for neurologists. A group of neurology residents participated in a seasons of six cases based on communication skills for neurologists. In this Each workshop concentrated on a specific clinical scenario, including breaking bad news, discussing do-not-resuscitate orders, communicating with “difficult” patients, disclosing medical errors, obtaining informed results for neurological tests and procedures and methods, and knowing life and death decisions and discussions with families of critically ill patients. Residents also already kept observed portfolios in which real examples of these interactions were recorded. The program was genuinely accepted, and the residents rated the workshops as effective and programmatic to their practice. Analysis of residents’ portfolios which revealed three themes relevant to patient–physician communication: 1) communication is more successfully done when adequate time is allowed, 2) the ability to concentrate with patients and their families are essential to successful interactions, and 3) the development of particularly approaches to challenging scenarios can be facilitate effective interactions. The portfolios was also demonstrated that residents would compensate in reflective practices. Focussing of communication skills training around particular clinical scenarios using neurological cases was well accepted and was progressively relevant to practice. The use of portfolios skills may promote to the another level for lifelong learning in this area.

The literature supports the guidance for communication skills training for physicians and neurologists. The challenge for any program focussing on communication skill development is to create and make positive behaviour changes in clinical practices. Besides this program was very well received and was programmatically relevant and valuable by participants, it is not clearly mentioned that it lifted up to this challenge of impacting behaviour. This study for main limitation, is its inability to demonstrate that participation in this program results shown in improvements in resident patient communication. Besides our resident self-assessments of their effectiveness in the various scenarios improved conveniently after this program, their self-efficacy was increased at baseline, and self-

assessment of competence may be unreliable. To determine the magnitude of communication, if any of the behavioural effect of these workshops, a more objective measure of communication skill acquisition would be provided. We might, in the future, require residents to complete an particular objective structured clinical examination observed communication skills or a recorded interaction with a real or standardized patient before and after the program, to collect the evidence of program effectiveness.

Residents did not find, after completing this program, that their interactions with patients and their families around difficult issues were less stressful. On the major, residents came to show certain scenarios, those are namely breaking bad news and meeting with families of critically ill patients to make honest decisions, as more stressful. It may be that the workshops forced residents to reflect on the complexity of these challenging scenarios. If this explanation is accurate, we show this effect of the program as a positive one.

## References

1. Azoulay E, Chevret S, Leleu G, et al. Half the families of intensive care unit patients experience inadequate communication with physicians. *Crit Care Med* 2000;**28**:3044–3049.
2. Moreau D, Goldgran-Toledano D, Alberti C, et al. Junior versus senior physicians for informing families of intensive care unit patients. *Am J Respir Crit Care Med* 2004;**169**:512–517.
3. Nikendei C, Zeuch A, Dickemann P, et al. Role-playing for more realistic technical skills training. *Med Teach* 2005;**27**:122–126.
4. Kurtz SM. Doctor-patient communication: principles and practices. *Can J Neurol Sci* 2002;**29** (suppl 2):S23–S29.

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