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Spring 4-2021

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#### Recommended Citation

Qaissi, Zayna H.; Noonan, Emily J.; and Weingartner, Laura A., "Language Medical Students Use to Comfort Patients Through Difficult Discussions" (2021). *Undergraduate Arts and Research Showcase*. 42. <https://ir.library.louisville.edu/uars/42>

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# Language Used by Medical Students to Comfort Patients

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## Introduction

- Challenging discussions are common between healthcare providers and patients.
- The ability to put patients at ease and increase comfort while having difficult discussions is an important communication skill.<sup>1</sup>
- Empathetic communication can help providers demonstrate that they understand the patient's thoughts and feelings.<sup>2</sup>
- When establishing the provider-patient relationship, greater empathy toward patients also helps develop a therapeutic alliance.<sup>3</sup>
- Examining how medical students approach potentially sensitive topics can help educators find strategies to improve the quality of care.

## Purpose

Our goals for this study included:

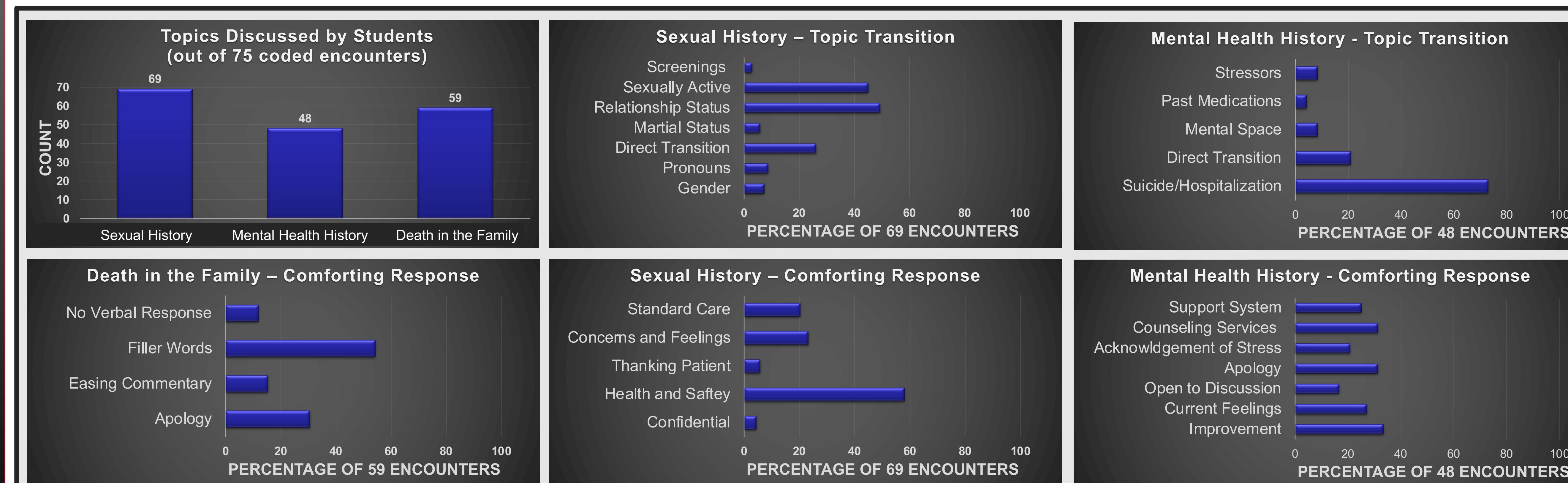
- Determining how students provide comfort to patients during healthcare conversations.
- Examining language that students use to put patients at ease.

## Methods

- Seventy-five medical students were observed in video-recorded standardized patient encounters.
- We assessed how students provided comfort to the patient while taking a new patient history.
- We transcribed the health history discussion and observed how students responded during three potentially uncomfortable topics: sexual history, mental health, and a death in the family.
- We categorized themes of the topic transitions and comforting responses for each discussion.
- This study was approved by the University of Louisville Institutional Review Board.

## Results

**Figure 1. Strategies used to put the standardized patient at ease with transition statements or comforting responses**



- Most students provided commentary to ease the patients when discussing the mental history.
- The most effective transitions were through providing reassurance and by addressing their health and concerns.
- The most supportive responses were centered on empathizing with the patient's struggles.

**Table 1. Comparisons of Different Language Provided by Healthcare Trainee to Provide Comfort to the Patient**

Topic	Type	Less Effective Examples	More Effective Examples
Sexual History	Topic Transition	Abruptly delving into the subject without a transition: • "Are you sexually active?"	Clear introduction or transition from another related topic: • "This next topic can make people uncomfortable, but I am going to ask you a few questions about your sexual history?" • "Are you in a relationship?...Are you sexually active with ...."
	Response	Asking a continuous list of questions without contextualizing the questions for the patient: • "Have you ever been diagnosed with an STD or STI?"	Normalizing the sexual history and reassuring the patient: • "Everything said here is confidential and is to benefit you." • "Thank you so much for talking to me about those questions and for being open."
Mental Health History	Topic Transition	Questions stemmed inadvertently from another topic of discussion: • "Have you been hospitalized recently?"	Purposeful introduction about mental health: • "Are you in a good head space, mentally?" • "There are a few more questions I would like to ask you if you feel comfortable ... I like to screen all of my patients for depression to make sure everything is going all right."
	Response	Providing no verbal response or a continuous list of questions regarding past experiences: • "You took a bottle of Tylenol and I am assuming you got help?" • "Do you know what medication they put you on?"	Acknowledging the patient's experiences and offering support: • "It is good to hear that you are doing better." • "Mental health is an ongoing thing, sometimes we have ups and sometimes we have downs, so if you ever feel like you need help, we can see what we can do."
Death in the Family	Response	Focusing only on the death in the family in the context of the patient's health: • Continuing with the history instead of acknowledging the information • Filler words such as "okay" and "wow."	Directly acknowledging that a death in the family may have been difficult for the patient: • "Sorry to hear that. You have an extensive history of cancer. Smart move to be here, establishing care." • "Sounds like your family has been going through a lot."

## Discussion

- Students used different strategies to put patients at ease with effectiveness depending on the topic.
- During the sexual history, many students emphasized the importance of the information to the patient's health and normalized the discussion.
- To discuss mental health, many students showed empathy by acknowledging improvement, discussing feelings and concerns, acknowledging stress, and apologizing to the patient.
- When responding to a death in the family, some students apologized or provided supportive responses, but most responses were filler words.
- Developing skills to ease patients during less comfortable topics of the health history is a fundamental aspect of providing care.
- Students can practice comforting communication in response to different topics so that they can provide support throughout the interview.

## Future Study

Future studies will examine:

- Comforting language used in to other standardized patient cases with different health histories.
- Non-verbal displays of empathy or providing comfort.

## Acknowledgements

Our project was funded by University of Louisville College of Arts & Sciences through the Medical Education Research Award (MERA). We thank Dr. M. Ann Shaw, Vice Dean for Undergraduate Medical Education, and the Standardized Patient Program at the University of Louisville School of Medicine for their support with this research.

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