Medical students’ view on troublesome aspects of bedside manner in a multilingual area

Ancuța Zazgyva, Sándor-György Zuh*, Septimiu Voidăzan, Octav Marius Russu, Tudor Sorin Pop

Abstract

Bedside manner is currently not separately taught in the University of Medicine and Pharmacy of Tîrgu Mure. Students have to figure it out for themselves by observing physicians and learning from their own experience – methods that are fundamentally linked to the students’ attitude towards this important aspect of their future career as doctors. Obtaining relevant information from the patient and creating a proper physician-patient relationship depends on the physician’s willingness and capacity to interact with and adapt to patients of varying cultural, educational and social background. The unique multicultural and multilingual features of our area can further challenge medical students in developing their bedside manner. We conducted a questionnaire-based survey amongst 4th year medical students to identify the problematic aspects of learning and practicing bedside skills. Our questionnaire was filled out by 125 students from the Romanian-language series and 121 from the Hungarian-language series. Statistical analysis (MedCalc software) was based on the chi square test, with a cut-off point set at p=0.05. The majority of students consider that bedside manner is not sufficiently explained, but only a few reported to having searched for answers in the literature or asking for help from teachers. A quarter of students (24.8% Romanian-language, 26.44% Hungarian-language students) try to inform themselves about the patients’ education level before questioning them, and the majority feel that it is harder to get anamnestic information from rural patients. There was no statistically significant difference between problems related to language barriers and difficulties conversing with patients of a different native language reported by the two series. More Hungarian-language students consider that the usual 20 minutes allocated for anamnesis during their exams are insufficient (p=0.001). Overall, students would opt for 30 to 40 minutes for examining a patient. Although mastering bedside manner could be more difficult in a multilingual setting, it might better prepare students for the future requirements of a clinical

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career, challenging them to look for solutions and be open-minded. We feel that a good head start would be the inclusion of these skills in the student’s curricula.

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1. Introduction

Imagine this scenario: a doctor walks in an examination room talking on the phone, after which he/she immediately starts interrogating the patient, using especially closed end questions. The doctor continues by quickly examining the patient and stating a diagnosis and treatment, to which he/she asks the patient to commit to. Now imagine this scene: a doctor walks in an examination room, introduces himself/herself to the patient and shakes the patient’s hand, sits down and asks how he/she can help the patient. The doctor listens carefully to the patient’s complaints and then asks some additional questions and performs the physical exam, explaining every step of it to the patient, then he/she discusses the findings with the patient, offers solutions and listens to the patient’s point of view, answering every concern the patient might express. We could go on, but let us stop for a moment and think about what is the difference between the two? Well, it most probably could be related to a concept called bedside manner. Although difficult to define, the concept encompasses many aspects of the way physicians interact with their patients, including both verbal and non-verbal communication, empathy and professional conduct. Moreover, bedside manner is very much dependent on the sociocultural context.

The first known use of the English term bedside manner was recorded in 1869, but teaching and learning about how to behave towards a patient was an important part of western medical education from its very beginning, being included in the Hippocratic corpus (Silverman, 2012). In the Merriam-Webster dictionary, the term is defined as ‘the manner that a physician assumes toward patients’ (Merriam-Webster Online, 2014), while the Cambridge definition is a bit more detailed, stating that bedside manner is ‘the way in which a doctor treats people who are ill, especially in relation to kind, friendly, and understanding behaviour’ (Cambridge Dictionaries Online, 2014).

Unfortunately, bedside manner is not officially thought in Romanian medical universities today, and the situation is similar for many other countries as well, with a decline seen in this type of training worldwide (Salam, Siraj, Mohamad, Das, & Rabeya, 2011). Although there can be some differences regarding the concept of proper bedside manner in different geographical regions – usually brought about by the dissimilarities of major medical schools of thought –, the broader term is very similar in all western medicine. Good bedside manner depends not only on certain psychological characteristics and skills of the doctor, but it is also greatly influenced by communication and especially the ability to communicate with people of different background, culture, language, values, preferences, and needs. A healthcare professional that has the ability and willingness to model his/her behavior according to the patient’s needs can develop a better doctor-patient relationship, and thus obtain more information and superior compliance from a trusting patient, that ultimately lead to better diagnosis and treatment outcomes.

In the multicultural and multilingual setting of Transylvania, physicians’ bedside manner can be challenged by language barriers. In our study we aimed to assess the troublesome aspects of providing healthcare for patients of a different mother tongue by evaluating the opinions of 4th year medical students receiving medical education in Romanian or Hungarian. Our analysis might help to highlight the difficulties that our students face in developing their bedside manner skills.

2. Material and method

We conducted a questionnaire-based survey amongst 4th year medical students in our University. The questionnaire was developed using mostly multiple choice questions, with some open-ended type questions as well. The total of 10 questions took a maximum of 7 minutes to answer. Our questions focused on the way bedside manner is taught, on difficulties regarding conversation with urban/rural patients and patients of a different mother
tongue, as well as the appropriate duration of anamnesis. We also ask students about their methods to cope with the problems related to language barriers in their contact with patients in the clinical setting.

A number of 246 students filled out the anonymous questionnaire – 125 students from the Romanian language series and 121 from the Hungarian language series. Statistical analysis was based on the chi square test, with a cut-off point of p=0.05 (MedCalc software, bvba, version 12.3.0, Mariakerke, Belgium).

3. Results

Our findings are summarized in tables 1 and 2, the results showing that the majority of students consider that bedside manner is not sufficiently explained. Still, there were only a few students (12.6% of the total) that reported having searched for answers to their bedside manner-related questions elsewhere, such as looking things up in the literature or asking their teachers for help.

A quarter of all students reported trying to inform themselves about the patient’s educational level before or during their conversation (24.8% from the Romanian language series and 26.44% from the Hungarian language series). There were also significant differences between the two series in terms of finding urban/rural patients more difficult to converse with, but the majority felt that it is harder to get anamnestic information from rural patients. In terms of difficulties in conversing with patients of different native languages we found no statistically significant differences between the two student series.

Our questionnaire included a couple of queries regarding the 20 minutes granted for history taking/physical examination of a patient in the classically used 3x20 minutes scheme that is part of the students’ exam for certain medical specialties in our University’s training. In respect to this, more Hungarian than Romanian language students consider that the 20 minutes allocated for anamnesis during their exams are insufficient. When given an option, the majority of students from both series would ask for 30 to 40 minutes for examining a patient.

<table>
<thead>
<tr>
<th>Question</th>
<th>Romanian students</th>
<th>Hungarian students</th>
<th>Total</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you consider that bedside manner was properly explained? No. (%) of students that answered with Yes</td>
<td>28 (22.4)</td>
<td>23 (19.0)</td>
<td>51 (20.7)</td>
<td>0.51</td>
</tr>
<tr>
<td>Did you use other resources to learn about bedside manner? No. (%) of students that answered with Yes</td>
<td>17 (13.6)</td>
<td>14 (11.6)</td>
<td>31 (12.6)</td>
<td>0.63</td>
</tr>
<tr>
<td>Do you try to find out about the patient’s education level before/ during the conversation? No. (%) of students that answered with Yes</td>
<td>31 (24.8)</td>
<td>32 (26.4)</td>
<td>63 (25.6)</td>
<td>0.76</td>
</tr>
<tr>
<td>Do you consider it to be more difficult to speak to urban patients? No. (%) of students that answered with Yes</td>
<td>12 (9.6)</td>
<td>45 (37.2)</td>
<td>57 (23.2)</td>
<td>0.001</td>
</tr>
<tr>
<td>Do you consider it to be more difficult to speak to rural patients? No. (%) of students that answered with Yes</td>
<td>113 (90.4)</td>
<td>76 (62.8)</td>
<td>189 (76.8)</td>
<td>0.001</td>
</tr>
<tr>
<td>Did you have any difficulty in conversing with patients of a different mother tongue? No. (%) of students that answered with Yes</td>
<td>13 (10.4)</td>
<td>6 (5.0)</td>
<td>19 (7.7)</td>
<td>0.15</td>
</tr>
<tr>
<td>Do you consider that the classic 20 minutes for history taking and physical examination used in exam settings are sufficient? No. (%) of students that answered with Yes</td>
<td>76 (60.8)</td>
<td>43 (35.5)</td>
<td>119 (48.4)</td>
<td>0.001</td>
</tr>
<tr>
<td>How much time would you consider to be sufficient to obtain a thorough history of the patient? No. (%) of students that answered with 30 and/or 40 minutes</td>
<td>49 (39.2)</td>
<td>78 (64.5)</td>
<td>127 (51.6)</td>
<td>0.001</td>
</tr>
</tbody>
</table>
Table 2. Methods students reported using to overcome language barriers in their conversations with patients in the clinical setting.

<table>
<thead>
<tr>
<th>Methods of overcoming language barriers in communicating with patients</th>
<th>Romanian language students</th>
<th>Hungarian language students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask a colleague for help</td>
<td>Ask a colleague for help</td>
<td>Ask a colleague for help</td>
</tr>
<tr>
<td>2. Ask a nurse for help</td>
<td>Ask a nurse for help</td>
<td>Ask a nurse for help</td>
</tr>
<tr>
<td>3. Use nonverbal clues and guesses</td>
<td>Ask a senior physician for help</td>
<td>Use nonverbal clues and guesses</td>
</tr>
<tr>
<td>4. Use dictionaries</td>
<td>Use dictionaries</td>
<td>Use dictionaries</td>
</tr>
<tr>
<td>5. Ask a senior physician for help</td>
<td>Use dictionaries</td>
<td>Ask a senior physician for help</td>
</tr>
<tr>
<td>6. Ask for an interpreter</td>
<td>Asks for an interpreter</td>
<td>Ask for an interpreter</td>
</tr>
</tbody>
</table>

Language barriers can be challenging to overcome, and students need some ways of resolving these problems in the clinical setting. When asked about the methods they prefer to use in these cases, there were only small differences between the two student series in terms of the order of options, as seen in table 2. It seems that students usually ask a colleague or a nurse to help them out, or even try to go by their intuition and try to read body-language clues.

4. Discussion

A recent opinion piece published in the Journal of the American Medical Association (Elder, Chi, Ozdalga, Kugler & Verghese, 2013) brings into question the gaps in bedside manner teaching in the United States, but the issues addressed can easily be fitted into the educational context of other countries as well. The authors point out that bedside manner is taught and the related skills are assessed only in the first 2 years of medical training, and usually get ‘lost along the way’ subsequently. Our country faces a similar situation as bedside manner topics are only briefly touched upon during medical and surgical semiology in the 3rd year of training.

So why is it so important to teach students how to behave with patients? And is it really feasible? After all, for a long time bedside manner, or rather good bedside manner was thought to be more of a personal characteristic of some physicians, rather than a skill that is acquirable and teachable (Person, & Finch, 2008). Nevertheless, efforts are being made to analyze different aspects of the issue and to find ways to improve physician behaviour towards patients, with many studies and articles focused on proper bedside manner (Tetrault, 2005; Yager, 1989; Iobst, 2013; Boehm, 2008). This is especially important in light of the latest data, with reports suggesting that bedside manner could be even more important to the patient than we previously thought (Rodak, 2013). Fortunately, this is very much different than the mostly negative connotations of bedside manner as a means of hiding clinical incompetence that Solomon Posen mentions in his excellent book about doctors in the literature (Posen, 2005).

As we earlier mentioned, Romanian medical teaching does not include separate courses and practical work for learning bedside manner. Our students have to figure things out themselves, observe physicians, and learn from their own experience. Of course, these methods are fundamentally linked to the students’ attitude towards this important aspect of their future career as doctors. They have to understand that obtaining relevant information from the patient and creating a proper physician-patient relationship depends on the physician’s willingness and capacity to interact with and adapt to patients of varying cultural, educational and social background. But perhaps not all students are ready to do this. We could argue that it may take years to grasp the notion, and that is has to do with the psychological profile of the student, but wouldn’t it be more appropriate to try to teach these skills to the students, and even more so, to assess these abilities before the students take on practice as physicians? Our current survey was meant to be a way to raise awareness of these important issues. Interestingly, we haven’t found significant differences between Hungarian and Romanian language students in terms of difficulties arising from language barriers in interacting with patients. Also, students mostly reported using the same methods to overcome these problems.

Other findings that are worth mentioning are those relating to the time allotted for history taking during exams. Currently a 3x20 minutes scheme is used for most final exams at the end of different medical specialty rotations. This means that the student has 20 minutes to talk to and examine the patient, and ask for paraclinical test results, 20 minutes to prepare his/ her case presentation and 20 minutes to actually present the case to his/ her examiner. It is
easy to see why language barriers could interfere with proper history taking, and excessively extend patient anamnesis. Thus, it was not surprising to find that students would ask for more time for conversing with the patient. We must keep in mind that these would be exam settings; still, we have to point out that spending more time with the patient would be important in everyday medical practice as well. And more time spent with the patient equals the need for better bedside manner and, implicitly, more time to practice and improve these skills.

We must ask: how can bedside manner teaching be incorporated into medical training? As we have previously shown, medical students already have a busy schedule that interferes with time spent learning (Zazgyva, Zuh, Voidazan, Gergely, & Pop, 2014). On clinical rotations students may or may not grasp these notions, so a more organized way of teaching is needed to assure that future doctors are equipped with the necessary skills to properly interact with patients. Also there should be assessments of proper bedside manner. The supervisors will have to make sure that students understand the importance of bedside manner, put them in clinical situations that ease the acquirement of these competencies, and ask them for their solutions for learning about bedside manner.

5. Conclusion

Our study started from the premise that the multicultural and multilingual setting of Transylvania can interfere with learning the specific skills related to bedside manner. Thus we evaluated a series of aspects that Romanian and/or Hungarian language medical students might find troublesome regarding physician-patient interaction. Both series of students reported similar levels of difficulty in interacting with patients of a different mother tongue, and the methods to overcome these language barriers were also similar. It is also noteworthy that the majority of students considered that the time allotted for history taking and physical exam is usually insufficient.

Although mastering bedside manner could be more difficult in a multilingual setting, it might better prepare students for the future requirements of a clinical career, challenging them to look for solutions and be open-minded. Academia and policy makers should turn their attention to the importance of teaching bedside manner as a way to assure high quality healthcare in the future. We feel that a good head start would be the inclusion of these skills in the student’s curricula.

References