Doctor – Patient Communication: What Malaysia Needs

Adlina Ariffin, Nora Mat Zain, Aini Maznina Abd Manaf, Murni Mahmud

Introduction: Doctor-patient communication is a crucial, unique yet complex relationship in clinical practice due to its therapeutic qualities. With the current emphasis on patient-centred care and patient autonomy, medical practitioners are not only expected to possess clinical and biomedical knowledge but also the skills to develop a therapeutic doctor-patient relationship (Ha & Longnecker, 2010). Nevertheless, this expectation proves to be an uphill battle to physicians as evidenced from patient complaints which among others include lack of appropriate non-verbal behaviours, absence of paralinguistic elements, lack of trust and empathy (Kee, 2018). Moreover, unsatisfactory doctor-patient communication has been identified as one of the major elements in litigation cases in the medical field (Elango, 2003; Steven Chow in Chin, 2013; B-Lynch et al. (1997) in Lum, n.d). Among the fundamental factors which lead to this predicament is the ineffective training of communication skills at the medical schools (Franco et al., 2018; Jillian, 2017; Kee, 2018; Loureiro, 2017). Upon realising the gravity of the issue, this project aspires to develop a training model on doctor-patient communication skills based on patient-centred approach. The model will give more emphasis on the linguistics and psychosocial aspects of communication. Method: Utilising both qualitative and quantitative approaches, the project aims to identify 1) the key communicative features and 2) the key clinical and psychosocial features to be incorporated in the model. It will then operationalise these features to conceptualise an expert assistance system which shall be used in the training of future physicians. **Conclusion:** The findings from this research are significant in improvising and enhancing the current training on communication skills provided at the medical schools. With a more 'humane' approach to training, indirectly, it will increase the effectiveness in the delivery of health care and achieve sustainability in good health and well-being (SDG3) of the nation.

Keywords: doctor-patient communication; patient-centred approach; linguistics and psychosocial approach





MRS2019 | ABSTRACT ACCEPTANCE LETTER

3 messages

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Thu, Aug 22, 2019 at 3:35 PM



ABSTRACT ACCEPTANCE LETTER

Dear Prof. Dr./Dato' Dr./Datin Dr./Dr./Mr./Mrs./Br. Sr.,

I am pleased to inform you that your abstract has been accepted for POSTER PRESENTATION by the Scientific Committee on 19th August 2019 at the *Medical Research Symposium 2019: Expanding Research Collaboration in Health*. Please mark your calendars and save the date as follows:

Date: 9th October 2019 (Wednesday)

Venue: Auditorium

Level 4, IIUM Medical Centre

Bandar Indera Mahkota

25200 Kuantan, Pahang Darul

Makmur

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167	Comparison Of Blood Loss Using Intra- Articular Injection Of Tranexamic Acid After Total Knee Replacement	068
173	Designing And Validating A New Adolescent Sexual Knowledge Scale And Determining The Level Of Sexual Knowledge Of Secondary School Students In Kuantan	069
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Thank you.

Scientific Committee Medical Research Symposium 2019 Kulliyyah of Medicine International Islamic University Malaysia

ADLINA BINTI HJ. ARIFFIN . <adlina@iium.edu.my> To: NORA MZ <drnoramz@iium.edu.my>

Thu, Aug 22, 2019 at 3:55 PM

Salam Dr Nora

Alhamdulillah, our abstract has been accepted for this symposium.

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NORA MZ <drnoramz@iium.edu.my>
To: "ADLINA BINTI HJ. ARIFFIN" <adlina@iium.edu.my>

Fri, Aug 23, 2019 at 11:32 PM

waalaikumussalam..

Alhamdulillah..poster presentation..So, Dr Adlina datang? [Quoted text hidden]

No ID 142

Doctor-Patient Communication: What Malaysia Needs



Adlina Ariffin, Nora Mat Zain, Aini Maznina A. Manaf, Murni Mahmud

Introduction

Expectations on medical practitioners

Possess clinical & biomedical knowledge

skills to develop therapeutic doctor-patient relationship

(Ha & Longnecker, 2010)

- a) Patient complaints
- lack of appropriate non-verbal behaviour
- absence of paralinguistic elements
- lack of trust & empathy (Kee et al.,2018)
- b) Litigation cases
- unsatisfactory doctor-patient communication (S Elango, 2003; Hambali, 2014; Jahn Kassim, n.d.)

Main Problem: Ineffective trainning of communication skills at medical schools (Franco et al., 2018; Kwong, 2017; Kee et al., 2018; Loureiro et al., 2017)

Research Objectives

PROJECT 1- To determine the communicative features to be incorporated in the Patient-**Centred Approach (PCA)**

PROJECT 2-To determine the clinical & psychosocial features to be incorporated in the PCA

PROJECT 3- To conceptualise the model of intelligent algorithm in designing an expert assistance system to support PCA



Research Aims

- Training model based on **Patient-Centred Approach**
- Expert assistance system based on the Patient-Centred Approach model

Methodology

Enhancing Societal Well-Being

Developing a New Model of Linguistic & Psychosocial-Based (LPB) Patient-Centred Approach to Humanise Doctor-Patient Communication toward **Individual Project Title** RO **Data Collection Method** Output 1.To determine the 1. What are the communicative 1.Observation 1.Determining Key 1.Linguistic model Communicative Features communicative features to features to be incorporated in the 2.Interview for Linguistic & Patient-Centred Approach? 3. Document Analysis* 2.Social model be incorporated in the Psychosocial-Based Patient-Centred Approach. 3.Spiritual Linguistics (& paralinguistics) 4. Survey (LPB) Patient-Centred model Approach via Multiple Social (personality, cultural, *Patient complaints **Designs** religious, socioeconomic status) (Language & Comm) *Litigation cases *Checklist aspect Spiritual aspect *Teaching materials 2.Determining Key 2. To determine the clinical 2.What are the clinical & 1.Observation 1.Psychosocial Clinical & Psychosocial & psychosocial features to model psychosocial features to be 2.Interview Features for Linguistic & be incorporated in the incorporated in the Patient-Centred 3. Psychosocial profiling 2. Clinical Psychosocial-Based Patient-Centred Approach features Approach? (LPB) Patient-Centred Clinical aspect Approach via Psychosocial (personality, Psychosocial Profiling psychological distress) aspect (Medicine) 3. Modelling Expert 3. To conceptualise the 1.Observation 1.Features for 3. How to elicit system requirements model of intelligent from communicative features and System Assistance for 2.Interview system LPB Patient-Centred algorithm in designing an profiling data for features extraction? 3.Persona Analysis requirement Approach expert assistance system 2.Model for for supporting / expert complimenting patientassistance centred approach system 3. Design of low fidelity (Information Technology) prototype

Research Framework Developing a New Model of Linguistic & Psychosocial-Based Patient-Centred Method to Humanise

Doctor-Patient Communication toward Enhancing Societal Well-Being

low could we provide for the identification of the

crucial features of the LPB Patient-Centred communication features toward developing an expert system' PHASE 1 ommunication Technology **Elicitation Data** Linguistic, Communication, Psychosocial & Clinical Data PHASE 2 **Features Extraction** Proposed Model PHASE 3

Model Validation

/alidated Model of Linguistic &

Psychosocial-Based Patient-

Centred Method for Effective

Doctor – Patient Communication

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CERTIFICATE OF APPRECIATION

This is to acknowledge the contribution of

ADLINA ARIFFIN

as

PRESENTER (Poster)

Abstract ID 142

in

Ith Kulliyyah of Medicine

MEDICAL RESEARCH SYMPOSIUM

on 9 October 2019 at IIUM Medical Centre.

ddni

PROF. DR. AZMI MD. NOR

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