

Education in Communicating Methods - An Effective Tool for Improving Interpersonal Relationships between Health Care Professionals and Patients

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Education in Communicating Methods - An Effective Tool for Improving Interpersonal Relationships Between Health Care Professionals and Patients

Lakshmikantha N*, Nayak SB^{****}, Kashinkunti M^{****}, Mukherjee S*

Institution

*Academy of Higher Education, Manipal, Karnataka, India

**The University of the West Indies, Trinidad and Tobago

***Subbaiah Institute of Medical and Dental Sciences, NH-13, Purle, Shivamogga, Karnataka 577222, India

****SDM College of Medical Sciences and Reserch Center, Dharward, Karnataka, India

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Abstract

Curriculum established for any professional program plays an important role in enhancing the academic knowledge related to etching a 'career path' for a person, and a Medical professional is no exception. Like in other fields, a professional in the medical field, in this era of technological explosion, can take accurate decisions with the help of advanced gadgets and knowledge related to suitable softwares. However, these technological innovations cannot replace the human interactions which, probably is the essence of the healthcare service sector. Aristototle observes that the communication process is supported with three elements called ethos, logos and pathos. When we take a close look at the communication process, the application of ethos, logos and pathos is predominantly seen in all communication that occurs between the source and receiver, and is predominantly observed and essentially practiced between a doctor and patient. Pathos plays an important role in relieving a patient of the pain along with medical treatment and prescription, which can be classified under logos and ethos. Interestingly, interpersonal communication skills, an important life skill for a medical professional, are only included in recent years as part of their curriculum, which is not complete. Arrival of technology has minimized human interactions further. But, the gradual increase in reports about the physical attacks on medical professionals by the relatives of patients makes one ponder about the lack of communication skills of the medical professionals. Indeed it is true that communication was never considered as part of medical curriculum and medical professionals were accorded the status of God by the patients. In this era of technology, it is important to remember that, like the doctor, the patient of today is also well aware of the services before hand. Since this is not just a technological but also competitive world, knowledge of the patient and method of treating him/her cannot be sidelined. To ease out the situation, learning human communication skills before beginning to practice, appears essential. This paper tries to identify the area where communication becomes an essential tool in a hospital situation from the time of arrival to the exit of a patient and how education can iron out issues which otherwise are considered complicated. At the juncture where communication is being seriously considered for inclusion as part of the curriculum in India, this paper earns significance. The paper follows an analysis of secondary source of information.

Key Words

Medical Education; Communication; Interpersonal Communication; Professional Skills; Ethos Logos and Pathos

Corresponding Author:

Mr Shivananda Nayak; E-mail: shiv25@gmail.com

Introduction

Role of Communication in Health Sector

Communication is as much a part of today's world as the air we breathe. Communication, particularly in the area of health, can be at its best when there is effective exchange of information between the source: the physicians and the receiver – the patient. This process of communication, where there is exchange of maximum information, can result in bringing change in the health behavior of a

country. This is because "When people communicate, they make predictions about the effects or outcomes of their communication behaviour; that is, the sender will predict about the person from whom he/she is receiving the message and respond suitably"⁹. Communication is one of the most concentrated factors in relation to patient contentment and assessment of quality of care. Communication, the process of sharing useful information between two parties in a compassionate way, is one of the important

precedents to patients' participation, contentment, entanglement and understanding the health care procedure¹⁵.

Applying this thought to the process of communication between patient and health care provider, where the sender ushers in behavioral change among patients by giving suitable information using interpersonal communication skills, can be attributed as an essential tool of health communication. The outcome of communication between patient and healthcare provider can be attributed to the concept of responding to stimuli that was observed by Bandura in his Social Cognitive Theory. "People learn through observing others behavior, attitudes and outcomes of those behaviours"¹. In a hospital situation, the patients or their relatives watch clinicians and other staff of the hospital closely they understand the behavioral pattern and get mentally ready to reflect and reacts accordingly. This behavioral pattern found among living beings will lead to aggressive situations in hospitals if the patient or his relative feel the hospital administration is not treating them suitably. With the increasing unrest among people regarding hospitals and particularly against doctors who were largely accorded the status of God, it is important to examine if training the health providers in their communication skills will reduce or minimize the conflict situations. Even though it is a matter of routine for health care providers to see patients in pain, but it is important for the source-clinician to understand the pathos i.e need of empathy while treating the receiver – patient. This is because the patient, who is already a victim of cognitive dissonance due to the pain, cannot understand the occupational hazards of a health care professional.

The violent reaction of a patient or relative towards health care professionals also could be due to the comparison made while treating the patients based on their economical stature, competition between hospitals and opinion framed about the hospital based on the reviews. Unless it is a case of an emergency people these days gather information regarding their health and have already developed a preconceived notion about the method of treatment. More than all of this the patient is in a traumatic state of mind primarily due to the pain and are therefore psychologically weak¹⁹.

Since training received aftermath the intervention of Human Communication skills as part of curriculum will enable not only pacify the patient from the entry level to exit level. The interpersonal communication will enable them to understand the importance of maximizing interaction with the patient, thus enabling result oriented treatment. Communication skills being an essential tool that

can play an important role in not only building relationship but also in maintain the holistic atmosphere of the hospital, if included as part of academic skills, will achieve self-directed change.

Internal Communication in Hospitals

Hospital communication is not communicating with the patient; it also includes the communication between staff members. Internal communication plays a big role in any organisation and especially in hospitals³. The researchers in their study on Socially Responsible Internal Communication? Analysing the Combined Effect of CSR and Internal Communication on Employees' Affective Bond to Organization quote Henriette Boneu (1990) who observes that the exchange of information and communication produces organizations and assures the winning of an institution. For the smooth operation of an institution, especially for organizations in which the customer is offered service irrespective of his financial status, "internal communication becomes a key activity and overpowers the barriers of interpersonal communication"⁸. As identified by the researchers, internal communication is a primary measure, particularly in hospitals as an effective internal communication system can provide an established "linkage between the actions and communications of an institution".

The importance of internal communication in a hospital has been justified for several reasons. As observed by researchers, it promotes the implementation of organization benefitting communication tactics²², it lays down two-way and crossways communication, it supports patient care (which is the base service hospitals such as this), it has a positive effect on the organization and it also helps the institution to adjust to changes. The main objective of internal communications are to scrutinize, synchronize, mentor, notify, sort and tutor^{17,16}. The intention of internal communication suggests that the purpose of communication is directed to attain four main objectives: create and supervise the internal image of an institution, encourage judicious campaigns promoted by the company; give assistance for general data; examine the results of communication actions. Like any other organization, hospital administration also needs to provide many suggestions to employees, managers, patients and the entire hospital organisation as identified by¹⁷. In this competitive era, we cannot forget employees: they are crucial for any institution on whose knowledge of the brand and institution decides the performance of the institution⁷.

Talking about the intervention of technology in communication, R Sethuraman, observes that in recent times IVR communication has become more

beneficial and requires less human labour than all other reminder techniques. Hospital communication is usually unilateral and hence IVR has proved to be useful. It has been noticed that while using automated systems like cloud telephony, the systems fail to have proper pattern recognition algorithms and solutions that had been constructed to work in diverse situations. Based on the patient details, the calls made by the system are personalised. The patient-hospital communication has been altered and amplified by the proposed system because it consists of an account of patient-information and the communication technique that is easily adapted to human beings coupled with discovery that take into account all the possible scenarios that could happen at the user end. Innate language can be used to make these IVR calls to ignorant patients in order to communicate with them. The unfamiliar thing about the system is that it helps hospitals with screening, examining and giving precautionary solutions and also helping in the treatment process as observed by²³.

Need for Interpersonal Communication Skills

Communication has an essential role in any action that aims at improving health and the first important concept about communication lies in its process¹⁷. Communication in hospitals that begins at the time of entry into the hospital ends only at the time of exit. At times, the process continues if the patient is advised for a regular follow up. Though Artificial Intelligence has replaced direct human interventions at many stages of treatment, the patient will not be satisfied unless he/she gets a message from the health professionals directly. "In today's world though most of the hospitals use various software for the easy movement of files and provide best infrastructural facilities to the patients, it is finally the humane touch that brings comfort to the patients, particularly in situation where one-on-one communication has been replaced by technology driven communication"²⁴. Understanding the cognitive disturbance of the patient and his/her attender who is in tremendous pain, interpersonal communication, should be at its best. Since the purpose of communication is to bring in the change, the effectiveness of the process comes to fruition when the audience accept the message sent by the source and change their behaviour pattern in accordance with the constructed message¹.

Interpersonal communication by its nature encourages maximum interaction between two people. Optimum utilization of ethos, pathos and logos for effective communication as identified by Aristotle can be observed at an interpersonal level of communication. In the communication held between a patient and health professional, a health

professional, without crossing his boundaries of professional ethics-ethos and principles of practice logos, has abundant scope to conduct the entire communication with empathy-pathos, the feeling which will result in reducing the patient's psychological burden. Maximizing communication plays its best not only while handling the person who is in pain but also his/her relatives who have accompanied the patient to the hospital¹⁷.

Interpersonal communication skills play a vital role in all critical situations that arise in hospitals, particularly in case of eventualities or, if the case is not handled appropriately by the members of the hospital, the situation may turn unpleasant and sometimes violent. According to health context, a doctor's style of communicating with the patients and other employees effects not only patients' entanglement in health care but also knowledge and contentment with concern and faithfulness⁸. This is because communication between health providers and patients has three purposes: exchanging news, closing at decisions in relation to treatment and building definite mutual relationships¹⁷. If the communication in any one of these area creates a gap then it can be considered as a crucial reason. Lack of interpersonal communication can also lead to lack of exchange of information and may lead to wrong diagnoses and continued negligence towards gathering information, which could lead to death of the patient. How we talk and what we discuss mutually influences each other and both are effected by what is communicated²⁴. "It includes vital content of the health system's essential data 'pathology', but often seems to go missing in our thought process"⁷. Good communication skills have a vital role in improving the doctor-patient relationship and leads to improved patient compliance, satisfaction with care and benefits to the physical and mental health of patients^{10,11}. Better communication skills of healthcare providers has been linked with more effective healthcare delivery, patient and provider satisfaction and fewer numbers of lawsuits¹².

It is important to note here that The 7 Cs of communication need to be followed even in hospitals. The researchers explain the consequence of communication skills of the hospital staff on the revisit motto of patient by organizing a survey of Indian and International audiences. A questionnaire-based survey was conducted of fifteen respondents considering 7 Cs of communication. A 7 Cs based question bank formed the ground of the changes, which supported the survey organized. Further, logistic relapsing analysis helped to check whether the communication made by the support staff played an important role in the decision of revisiting the hospital by the patients²⁰.

Medical Professionals as a Source of Information

Despite Indian doctors having performed many challenging medical experiments including complicated brain and heart transplantations, the Indian Health Index continues to remain at 149 among 179 countries on Board. The governments both at the state and center have initiated several health schemes to promote health, but a majority of the population continues to remain ignorant. This is largely because the doctors who are considered as the primary source of information for patients do not take the messages effectively to their patients¹⁷ is the next reason why medical professionals should be taught about the essence of human communication. It is important to note that one who has the power of communication can bring about a vast difference between failure and success in all regions of living¹⁷. Proper communication between the employees of the hospitals and the patients is not only important but also valuable as it plays a critical role in providing safe healthcare to the needy observes⁷, probably holds good as it is they who can take health schemes proposed by the government to the needy. Though information regarding health can be accessed through various sources, patients consider a doctor as their primary and trustworthy source of information. Anganwadi workers and ASHA workers are considered only later¹⁷. A medical professional should be a good communicator as they are going to play an important role in treatment and the follow ups. The study of Sethuraman et. al looking into Multi-Channel Communication Systems for Healthcare Domain observed that information and clinical help is an ongoing process for the patients, can be solved using technology, where communication can be sent using IVR machines²³. However, although taking appointments can be done using technology, follow up has to be manual, as cure of any ailment seeks human touch. The treatment for this illness not only seeks medical but also human intervention in 'pain management'.

The patient's entry level is at the Reception. The communication process should strike the right strings starting from here. A hospital has to be courteous to the visiting patient or his relatives. "Reception should advise the patients to visit concerned clinics and diagnostics centres in the hospital suitably and as quickly as possible without making them wait unnecessarily⁶. The staff in the hospital organisation should have the correct code of conduct in attending the patients, failing which may act as a hindrance to admit the patient. The study observes nursing and paramedical staff should have the patience to listen to the patients' problems empathetically and try to resolve them to gain their confidence¹⁰. However it is relevant and imperative

in a hospital to develop and practice effective communication as it leads to effective patient relationship, which ultimately results in a satisfied patient.

Communication that takes place in between the health care workers leads to a major flow of information in the health industry and the rising documentation portrays that deficiencies in such communication gives birth to clinical despair and fatality¹⁴. Observations demonstrate that the colleagues fulfilled half of the hospital information, rather than by documented sources. Another study talks about the effects of internal and external satisfaction of the customer. Whereas no studies clarified the basis for the communication done individually or the total result of those choices on medical teams or on the organizations widely. "An exceptional study said, 22 researchers who observed that the communication behaviours of individuals in hospital teams are often individually inefficient or unsuccessful and, when taken as a whole, result in an interrupt-driven environment in the organization⁹.

Worldwide studies have been undertaken to understand the effectiveness of communication in hospital departments. In a study conducted¹² among the patients of admitted in the emergency wing in an Australian hospital on the communication pattern between doctors and patients, it found that "the communication that takes place fails in an extremely stressful and in critical situations of the health care that require emergency checks." For clinician-patient communication, emergency departments are greatly becoming a challenging healthcare topic. The unpredictability of patients' appearance and the unfamiliarity between the patients and clinicians is a determining and worldwide characteristic of emergency department care. Patients will appear as strangers to emergency departments since there would not be any pre-existing medical records readily available nor would there be any pre-existing relationship with the clinician who would be treating them⁴. Thus, more than any other section in the healthcare system, emergency medicine is totally dependent on eloquent spoken communication between patients and clinicians as the patients vocalize their symptoms and concerns and the doctor decides to carry out a complete physical examination and detection and deals with the treatment. Demand for emergency department services is increasing around the world, which often results in overcrowding and the inability of a hospital to admit new patients due to lack of available beds. These pressures have placed severe time constraints on clinician-patient interactions, as observed by the authors of Communicating Health in Emergency Departments⁷.

Coronial Inquest in her work quotes Smith (2007) & Garling (2008) who in their case study observe that communication error and breakdowns along with other factors, resulted in the death of a 16 year old school-girl named Vanessa Anderson. Vanessa had been struck on the side of her head with a golf ball and had arrived at the emergency department by an ambulance. She died weeks later in the hospital after suffering from a respiratory arrest². Vanessa's death could have been avoided had there not been communication failures between clinicians and between clinicians and Vanessa's family, clinical errors, poorly written records and understaffing, as revealed in the Coronial Inquiry. The case study details how a commission was established which arrived in its report that the clinicians had failed to introduce themselves to patients or their carer's and did not involve patients in discussions of their care. Supporting the cases of failure of communication Diana Slade et.al in their book *Communicating in Hospital Emergency Department* provides carrier stories of experiences of unsatisfactory care that arised from poor communication between clinicians, patients and their families. There are many such instances across the world, and interestingly only few have come to the limelight. All such instances make it evident that communication skills should be part of the academic curriculum. The least expected could be to provide training in human communication skills to every employee on a regular basis⁴.

Communication as Part of the Curriculum in Medical Schools

Several researchers, teachers, medical curriculum planners have always shown concern in the medical student attitude towards the building of the doctor-patient communication that takes place during a treatment or consultation. The attitude has three main components: affective (the way we feel), cognitive (the way we think) and behavioral (the way we act) towards a particular entity²¹. The Indian Medical Council, going by the increasing violence against doctors and health care providers, state it is now essential that Indian medical education include communication skills as part of their curriculum. "The curriculum has a course called Attitude, Ethics, and Communication (AETCOM) which will run across years. Students will be assessed for how they communicate with patients, how they counsel people for organ donations or other challenging procedures; how sensitively do they often care and obtain consent. All these things will count along with competencies and skills" observes Dr. V K Paul, Chairman of the Board of Governors. This recent change in the Indian Medical Education is a welcome as other countries where medical education is popular have already incorporated it.

Due to the speeding technological revolutions in all fields including the medical field, the doctor patient relationship building is falling apart and with time can lose its existence. Looking to it from an Indian perspective where the doctors, particularly in hospitals which are run by the public trust and government, are experiencing the pressure and demand of overflowing patients and utilization of the new technologies, will reduce the burden of communication from professional's perspective. However, that positive physician-patient relationship is a critical part of the healing process¹⁹; a physician has the perfect opportunity to develop a positive relationship with the patient during the initial clinical encounter, and the quality of this relationship influences the flow of further dialogue that leads to a harmony of understanding, which is so necessary for successful medical therapeutics²⁰. Although concerns are often raised that practice conditions may not allow clinicians the time to give attention to these issues, clear evidence indicates that time given to attend to patients' feelings, ideas and values actually saves time^{5,18}. Going by rules of interpersonal communication, which provides maximum scope for feelings by virtue of not only words but also eye contact and touch, can play an important role in good business practice and leads to greater patient satisfaction. It also helps in improved clinical outcomes and increased patient compliance^{13,22}. Patient-perceived physician empathy is shown to significantly influence patient satisfaction and compliance via the mediating factors of information exchange, perceived expertise, interpersonal trust and partnership²³. Studies that demonstrate poor patient adherence make it clear that patients frequently disagree with physicians' diagnosis and treatment plans; this leads to unfilled prescriptions, partially used medications, lack of follow-up with referrals and return visits and poor outcomes²⁴. The physician who can communicate in a direct and compassionate manner will not only help the patient to cope but also strengthen the therapeutic relationship. This kind of a relationship is likely to endure and further extend the healing process^{4,24}. It is important to note that knowledge of communication skills is also important while communicating bad news. That is probably the reason why effective communication with patients has been stressed by different accreditation agencies as an important outcome of undergraduate medical education. Since learning of communication skills involves various aspects of the social sciences including the knowledge of development of attitude, it may assist medical students while handling resistance from patients^{13,14}.

Among the countries that include communication skills as part of the medical curriculum, the

Caribbean Medical Schools model can be considered for study purposes. The primary reason being Caribbean hospitals, have great Indian connection and host quite a lot of Indian students who have enrolled in their program and the other reason is “the competition for admission to medical schools in the United States is extremely strong, many applicants consider attending medical school in the Caribbean. In fact, many bright and talented applicants are now opting to obtain their medical education in the Caribbean⁷. A close look at the curriculum followed in three islands of the Caribbean that includes Guyana, Suriname, Trinidad & Tobago will highlight on the need for including communication skills in the curriculum. XUSOM is an offshore Caribbean medical school and follows an integrated organ system-based curriculum. Early clinical exposure (ECE) has been introduced to the students^{15,16} during the third semester when they are posted to a tertiary care hospital for a total of 16 hours. Medical students’ pre-clinical primary health care centre visits not only influence their attitudes towards primary health care work in the early semesters, but is also believed to help medical students to develop appropriate attitudes towards their profession and improve their communication skills. The regional studies in the Caribbean about their curriculum in medical sciences also show that clinic staff-client communication plays a major role in patient satisfaction and quality of life²⁴.

Conclusion

Communication is one of the most concentrated factors in relation to patient contentment and assessment of quality of care. Communication, the process of sharing of useful information between two parties in a compassionate way, is one of the important precedents to patients’ participation, contentment, entanglement and understanding in the health care procedure. According to the health context, doctor’s style of communicating with the patients and other employees effects not only patients’ entanglement in health care but also knowledge and contentment with concern and faithfulness⁹. The communication between health maintenance providers and patients has three purposes: exchanging news, closing at decisions in relation with treatment and building definite mutual relationships. The communication gap is considered to be one of the crucial reasons of information gap in health systems.” “It includes vital content of the health system’s essential data ‘pathology’, but is often missing in our thought process. It also tends to be the maximum of the information in the clinics that is acquired and presented”. Doctors are the primary responsibility holders for delivering a remedy and healing, assuring that the rest of the infrastructure of the concerned organisation is intact and playing their individual roles, their

individual roles as the hospital support staff. The support staff consists of a team receptionist, manager, medical superintendent, laboratory assistants, attendants, chemists, housekeeping staff, cleaners and other service vendors. The author considers that, “the concerned staffs are liable to play their particular roles assigned to them during patient interaction, for they are known to be the staff that supports directly in the hospitals”. The non-scientific staff are also hoping to communicate with patients until they have been discharged or exist in the hospital. The entire method of communication is important and to be followed here like any other communication scenarios.

Many a times, the word communication provokes people to think about exchanging ideas and information by the medium of words but such kind of verbal communication, is merely a small part of communication proceedings observes. Sound medical care depends on productive communication between the patient and the healthcare providers. Improper diagnosis and delayed or wrong medical treatments are the obvious results of ineffective communication. Inefficiencies such as, hearing problems and, limited proficiency of the language used by the health care providers may require other services to help communicate effectively. Improving effective communication is now an essential step by many of the hospitals. However, hospitals are increasingly facing challenges to accommodate the communication necessities of a rising different community. In order to support the hospitals with these challenges; OCR is preparing knowledge, assets, and mechanisms available to healthcare organizations to help people with minimal knowledge over the English language and with people who are hard of hearing or have speech impairments.

The Study Recommendation

This study recommends to implement the professionalism and communication ethics during the study.

The comparison between the medical study culture between Indian and the Caribbean countries pull across a huge scope of learning and improvements for Indian medical education.

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