

ORIGINAL ARTICLE

BEDSIDE MANNERS: DO WE CARE?

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Background: Teaching bedside manner might prove to be one of the most challenging tasks in medical education as it is not easy to structure or formalise such training. Besides, the rigorous training process for acquiring clinical and technical skills often overshadows the humanistic aspect of medical care. The aim of this study was to assess the perception of final year medical students as well as the faculty regarding the teaching and practice of bedside manner including a brief evaluation of students' bedside manner. **Methods:** A cross-sectional study was conducted involving final year medical students from five medical colleges (n=193) and faculty from a single institution (n=29). Sample was selected using systematic random or convenient sampling techniques. Data was collected using self administered, anonymous, structured questionnaire. Data were analysed using SPSS-17. **Results:** While evaluating students' bedside manner, 85% of the students reported they always take consent while interacting with a patient whereas, only 17% of the faculty members agreed with this. Only 3% of the faculty members reported that students take care of privacy of patients and none of them thought that students reassure a patient during an encounter whereas the percentages among students were 76% and 48%, respectively. Though students thought they need to improve, majority (56%) of them was confident of their bedside manner. On the other hand, 83% of the faculty members rated students' bedside manner from fair to poor. A large proportion (69%) of the faculty members were not satisfied with the quality of teaching regarding bedside manner, reporting lack of focus on this particular aspect of medical care as the most important cause. Majority of the students (87%) believed doctors have a better bedside manner in private as compared to public hospitals. **Conclusion:** Students have an inflated evaluation of their bedside manner but majority felt a need to improve. A sharp contrast exists between students' and faculty's opinion regarding the practice of bedside manner by students. An outright lack of focus on bedside manner was reported as the most important cause for inadequate emphasis on teaching this particular aspect of medical care.

Keywords: Bedside manners, medical care, medical education, medical student, consent, ethics

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INTRODUCTION

The concept of bedside manner is as old as the science of medicine itself as Hippocrates, the founder of medicine, greatly emphasized on the humanistic aspect of medicine by highlighting the importance of physician's conduct and behavior.¹ The concept of bedside manner in its present form has been largely shaped up by Sir William Osler, who made a fitting observation, 'the practice of medicine is an art based on science'.¹

The aim of medicine is to cure the illness, not just the disease. It is not possible to effectively address a medical concern without addressing the anxiety, concern and fears that come with a disease. So, technical solutions are only half the answer. Keeping this in mind it is not surprising that patient compliance, treatment outcomes and satisfaction with the health care provided is greatly influenced by the doctor-patient relationship, which is in turn governed by physician's bedside manner. It also influences emotional health, patient's perception of physician's competence and even malpractice claims.²⁻⁵ Acknowledging the importance of bedside manner, various accreditation bodies and

specialty boards regard humanistic behaviours to be a basic requirement.⁶

There has been a never ending debate regarding bedside manner being a skill that can be learned and taught or an attitude that comes naturally.⁷⁻⁸ But the balance is tilting towards an increasing emphasis on teaching and training for improving the communication skills and empathy of physicians.⁹ Various studies have shown improved communication skills and bedside manner following a teaching intervention.¹⁰⁻¹¹ Not only this but the studies conducted to evaluate attitudes among medical students regarding communication skills have demonstrated encouraging results as the majority of students consider this as a significant aspect of their education and realize the importance of good bedside manner.¹²⁻¹⁴

As it is not easy to structure or formalize such training, teaching good bedside manner may become one of the most challenging tasks in medical education.^{3,9} The unofficial and implicit set of rules, regulations and routines, something that we call the informal or hidden curriculum of medical education, plays the most fundamental role in shaping up the attitudes of medical students.¹⁵⁻¹⁷ More often than not,

this informal curriculum has a negative impact as multiple studies have reported a decline in empathy during the process of medical education.¹⁸⁻¹⁹ This is where the importance of positive role modelling comes in as various studies have concluded that role modelling is a very effective method of transferring desirable humanistic behaviors.^{9,20,21} Reflecting on the student-patient encounters and providing feedback, role playing and exposure to literature and arts are some other ways that can help in empathy building.²²⁻²³

Though it might not hold true in our settings but the dynamics of doctor-patient relationship have completely changed during the last century. The interaction between doctors and patients has shifted from one of unquestioning submission to a more levelled partnership.²⁴⁻²⁶ This has forced the paternalistic tendencies of doctors to regress and give way to a more patient centric approach with increasing importance for patient's consent and opinion. This paradigm shift highlights the gap between doctors' attitudes and patients' expectations which has forced a number of medical institutions worldwide to reform their curriculum to revive the art of healing which has been largely overshadowed by the science of curing.

The aim of this study was to assess the perception of final year medical students as well as the faculty regarding the teaching and practice of bedside manner including a brief evaluation of students' bedside manner.

METHODOLOGY

A cross-sectional study was conducted and systematic random sampling was employed for two medical colleges whereas, convenient sampling technique was used for rest of the institutions. Data was collected using self administered, anonymous, structured questionnaire. Data were analysed using SPSS-17.

RESULTS

Our study participants included final year medical students from five medical colleges (n=194) and faculty from a single institution (n=29). Among our respondents, majority of the students (63%) and half of the faculty were females. Most of the students scored 60% to 70% in the last professional exam (Table-1).

Table-2 illustrates the results of a brief evaluation of the bedside manners of students both, by the faculty and students themselves. Eighty seven percent of the students reported they always take consent while interacting with a patient, 76% of them stated that they take care of privacy of patients and 48% said they reassured a patient during an encounter whereas, the percentages among faculty members were 17, 3 and 0, respectively. Though students thought they need to improve, majority (56%) of them was confident of their bedside manner. On the other hand, 83% of the

faculty members rated students' bedside manner from fair to poor (Table-3).

An overwhelming majority of our study participants (96% students and 93% faculty members) reported that good bedside manner is a skill that can be acquired and taught. A large proportion of the faculty members (69%) thought they are not doing a good job at teaching bedside manner whereas the students were relatively satisfied with the quality of teaching. Role-modelling, simulation exercises and small group discussions were reported as the most effective methods for teaching bedside manner, both by faculty and students. Among the difficulties in teaching bedside manner, lack of focus on bedside manner was reported as the most important cause for inadequate emphasis on teaching this particular aspect of medical care (Table-4).

An overwhelming majority (96%) of students regarded bedside manner to be as important as clinical skills. Most of the students felt that physicians' bedside manner affects patient satisfaction (97%) and compliance to treatment (82%). Eighty-seven percent of the students believed that doctors have a better bedside manner in public hospitals as compared to private hospitals; high workload in public hospitals (73%) and financial benefits associated with private hospitals (48%) were reported as the important causes for this difference (Table-5). No statistically significant differences were found by Gender or Score in Last Exam at $\alpha=0.05$ (Chi-square test).

Table-1: Demographic characteristics of students and faculty of participating medical colleges

Characteristic	Students	Faculty
Age (years) Mean	22.6	44.5
Gender		
Male	27	50
Female	63	50
Score in last examination (students)		
<60%	6	-
60-70%	60	-
>70%	40	-

Table-2: Opinion of students and faculty about how often students practice bedside manners

Variable	Students' opinion	Faculty's opinion
Introduce themselves	82	17
Take consent	85	17
Sit with a patient while talking	27	0
Make eye contact	76	17
Nod while the patient is talking	78	20
Smile to the patient	53	0
Take care of privacy of patient	76	3
Talk to patient's relatives	35	3
Pick non-verbal cues from the patient	38	7
Encourage the patient to ask questions	48	0
Reassure the patient	62	3
Explore patients' psychosocial issues	35	3
Identify shared background / experience	28	0
Summarize whole encounter at closing	28	0
Interrupt while the patient is talking	18	20
Write while the patient is talking	32	55
Ask close ended questions	25	7
Make private discussions in front of a patient	16	17

Table-3: Opinion of students and faculty about students' bedside manners

Parameter	Percentage
Faculty Opinion	
Good	17
Fair	41
Poor/Very Poor	42
Students' opinion	
Confident, I don't really need to improve	8
Confident, but I believe I need to improve	56
Not very confident, believe I need to improve	36
Not very confident, not a priority to improve	1

Table-4: Opinion of students and faculty regarding various aspects of teaching bedside manner (%)

Response	Students' opinion	Faculty's opinion
Good Bedside Manner Can be Acquired/Taught		
Agree	96	93
Neutral	4	7
Disagree	0	0
Rate the training/education regarding bedside manner		
Excellent/good	60	31
Fair	33	35
Poor/very poor	7	34
Effective Methods for Teaching Bedside Manner.		
Role modelling	45	59
Simulation exercises	37	65
Small group discussions	50	41
Direct feedback on student-patient interactions	39	48
Lectures	15	17
Problems in teaching good bedside manner		
Lack of focus on bedside manner	58	76
Time constraints	34	49
Patients' limitations	41	34
Lack of empathy	16	48

Table-5: Students' perception regarding bedside manner

Characteristic	Percent
Bedside manner is as important as clinical skills.	
Strongly agree/ Agree	96
Neutral	4
Disagree/Strongly disagree	0
Bedside manner affects:	
Patients' satisfaction	97
Compliance to treatment	82
Symptom improvement	77
Reduction in psychosocial distress	84
Patient's perception of physician's competence	86
Doctors have a better attitude in private hospitals as compared to public hospitals.	
Strongly agree/ Agree	87
Neutral	9
Disagree/Strongly disagree	4
If you strongly agree/agree, why?	
Lower SES of patients in public hospitals	31
High workload in public hospitals	73
Poor patient compliance in public hospitals	21
Financial benefits associated with private hospitals	48

DISCUSSION

While understanding the context and implications of this study, this fact has to be kept in mind that it does not come from a developed society where the niceties and

finer details are all the more important, but from a third world country where physician's humanistic behaviour is not really the first thing on anyone's mind. Reinforcing this argument, is the fact that we have not been able to find a single study regarding bedside manner, physician's empathy, humanistic behaviours or communication skills coming from Pakistan.

Coming to our findings, students were asked for a self evaluation of their bedside manner which was later compared with faculty's ratings and the results we got were nothing less than surprising. Students clearly have a highly inflated sense of their bedside manner as a sharp contrast exists between their evaluation and that of the faculty's. But we found an interesting variation from the above mentioned trend, i.e., for negative indicators like 'interrupting while a patient is talking' or 'making private discussion in front of a patient' the ratings by the faculty and the students were quite similar.

There has been an age old debate regarding bedside manner being an attitude that just comes naturally or a skill that can be acquired or taught⁷⁻⁸. When we asked this to our study participants, we got an encouraging response as an overwhelming majority of both students and the faculty felt that good bedside manner can be taught/learned which gives us a hope that efforts will be made to improve the training and education in this regard.

Another very interesting finding was regarding the teaching of bedside manner. Ironically, the faculty members felt they are not doing a good job of it, whereas, the students appeared to be satisfied. One of the possible explanations for this discrepancy is that students are not even aware of the standards they have to match up to or they have just extended the leniency to their faculty that they have shown for themselves. In absence of any formal or structuralised teaching program for communication skills/bedside manner as it is the case in our settings, faculty's response to this particular question is in line with the findings of a number of studies that refer to the informal or hidden curriculum having a negative impact on students' empathy and compassion^{15,16}.

A lot of studies, mostly using Communication Skills Assessment Scale (CSAS), reflect positive attitude among students regarding communication skills.¹²⁻¹⁴ Though a full assessment of this aspect was beyond the scope of this study, but the findings of our study confirm to the above mentioned results as most of the students regarded bedside manner to be as important as clinical skills and realise the effect of good bedside manner on patients' satisfaction, compliance to treatment, etc.

An overwhelming majority of the students reported that doctors have a better bedside manner in private hospitals as compared to public institutions. The difference in the work environment, professional

requirements and economic dynamics between the two settings explains this variation to some extent but whatever the cause may be, this difference in attitudes will surely not help towards better training of medical students regarding bedside manner.

The sample of students was fairly representative as it was selected from five different medical colleges including both public and private sector institutions. Furthermore, it reflects the gender ratio prevalent in medical institutions.

The sample for faculty belonged to a single medical institution and students' reporting of how often they actually practice good bedside manners may not be very reliable.

RECOMMENDATIONS

Greater emphasis on teaching bedside manners coupled with periodic evaluation as part of the curriculum, can greatly improve the situation.

CONCLUSION

Students have an inflated evaluation of their bedside manner but majority felt a need to improve. A sharp contrast exists between students' and faculty's opinion regarding the practice of bedside manner by students. An outright lack of focus on bedside manner was reported as the most important cause for inadequate emphasis on teaching this particular aspect of medical care.

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