THE ROLE OF COMMUNICATION IN HEALTHCARE: REFLECTIVE INSIGHTS FROM SHADOWING HEALTHCARE PROFESSIONALS

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INTRODUCTION

My shadowing experiences created ways in which I was able to explore the healthcare field. In my clinical rotations, I had the unique opportunity to shadow diverse healthcare professionals, including a sports medicine physician, an internal medicine physician, a general surgeon, and a nurse practitioner. Each encounter provided me with a distinct perspective on patient care and the multidisciplinary nature of health services. I came into the program with an interest in the health field, and thus, I am privileged that the experiential learning component offered such comprehensive exposure to different medical specialties. In every health facility I visited, I observed the critical roles these healthcare professionals play and gained insights into integrating the science and the art of medicine. I began to develop the ability to take content learned in the classroom and apply it in the clinical setting. I gained an appreciation for learning how to frame clinical questions so that I can effectively search medical literature to answer these questions. Moreover, I learned also about the impacts of effective communication on patient outcomes and social determinants of health through real-world interactions with teams and patients. These experiences have further fueled my interest in pursuing a medical career.

FROM THE CLASSROOM TO THE CLINIC

In my virology class, I learned that vaccines have effectively eradicated some viruses, such as smallpox, and protected against many viral infections and diseases like poliomyelitis, influenza, and yellow fever. Furthermore, vaccines serve as one preventive measure to reduce severe infections or diseases harmful to us and thus play a vital role in clinical medicine today (Rodrigues & Plotkin, 2020). While shadowing in a medical clinic, I observed several cases that helped me connect the content learned in one of my classes to clinical medicine. A common theme I observed in these cases involved the healthcare provider asking patients about their vaccination history. This

was done to ensure no gaps existed in patient's immunizations record due to the importance of vaccination against vaccine-preventable diseases.

As learned from class, influenza is a single-stranded negative-sense RNA virus that infects the respiratory tract. Although it typically causes mild diseases, it can lead to both serious illness in immunocompromised individuals as well as periodic worldwide epidemics. The virus enters the cells through receptor-mediated endocytosis, undergoes envelope fusion with the endosome, and later replicates in the nucleus (Ryu, 2016). New strains of influenza frequently develop due to their ability to undergo antigenic drift (gradual change in the antigenicity of viral proteins due to mutations) and shift (abrupt change in their antigenic structure of virion protein). Thus, the Centers for Disease Control (CDC) recommends influenza vaccination for people over 6 months of age (Irving *et al*., 2023). In the clinic, the healthcare providers educated patients on how vaccines help build our immune system and reduce the risk of infections due to viruses such as influenza.

One of the barriers to vaccination discussed in class was accessibility. Disparities in vaccine access (such as socioeconomic status and geographical locations) and other healthcare services tend to limit vaccine coverage in some areas, which leads to lower vaccination rates. A program known as the Immunization Agenda 2030 aims to make vaccines available and accessible to protect individuals from diseases, foster health, and make possible equal life opportunities for all (O'Brien *et al*., 2022). Should this program be effective, vaccine access can become more readily available to those who need it most.

FRAMING A CLINICAL QUESTION AND INTERROGATING THE LITERATURE

PICO, which stands for Patient/Problem, Intervention, Comparison/Control, and Outcome, is a method healthcare professionals use to formulate questions that can lead to specific evidence-

based strategies or answers (Evidence-Based Medicine - 5th Edition, n.d.). The patient (describes the patient and their problem), intervention (refers to treatments or procedures being considered for the patient), comparison/control (includes an alternative treatment or control group to which intervention is compared), and the outcome (describes outcomes being measured such as reduction in symptoms) are carefully defined with specificity to help guide clinicians to answers directly applicable to patient presentations. In evidence-based clinical practices, medical professionals apply the PICO format to research relevant studies on patient conditions. This provides them with relevant and accurate information they can use to assist and treat patients.

In one of my encounters, I was able to apply the PICO format to answer queries I had about a patient presenting with symptoms of gastroesophageal reflux disease (GERD). GERD is a condition that typically presents with symptoms of "heartburn," cough, and sore throat. During one encounter, "Mr. Cruise" presented with symptoms predominantly consisting of "heartburn," the severity of which affected his day-to-day life. To address "Mr. Cruise's" problem, the physician asked questions ranging from his family history to his lifestyle and activities. This communication aided the physician in suggesting a change in diet for "Mr. Cruise," as the provider believed this could be the first step in tackling the problem. As a result, a few changes in diet were suggested for Mr. Cruise, to which he agreed. In this instance, I wondered whether lifestyle modification would adequately treat the patient's symptoms or whether pharmacotherapy was indicated. Thus, I implemented the PICO format to ask the question: "In adults between ages 30 and 60 years diagnosed with gastroesophageal reflux disease (GERD) [P], do lifestyle modifications and dietary interventions [I] compared to medical treatments such as proton pump inhibitors (PPIs) [C] reduce acid reflux symptoms and improve quality of life [O]?)? The article that guided me in directly addressing my question was a systematic review titled "Lifestyle

Intervention in gastroesophageal reflux disease.” The conclusions of this review suggested that lifestyle modification can effectively address “Mr. Cruise’s” condition. Based on this extensive review, obesity, as well as lifestyle factors such as smoking, alcohol consumption, sleep duration, psychological stress, and dietary habits, can be associated with GERD (Ness-Jensen *et al*., 2016). Thus, to improve or manage GERD, lifestyle interventions such as diet changes, smoking cessation, reduced alcohol intake, stress management, and increased physical activity can be effective.

REFLECTION ON EFFECTIVE COMMUNICATION IN HEALTHCARE

Effective Communication

During winter break, I was privileged to shadow in an underserved community clinic and an urban hospital. Each moment I spent as an observer provided me with insights into how medicine is a field that requires not only knowledge about science but also about ethics and simply being human to connect well with others. At the clinic, I observed a case in which the physician had to advocate for a patient who was being evicted from their residence due to her being late with her rent payment. The patient contacted the physician and said her apartment complex refused to accept her payment because it was past due. Although she tried explaining to them that she was only making a late payment due to a medical emergency which had landed her in the hospital at the time of payment, the apartment payment department still did not accommodate the patient. In this case, the physician was able to calm the patient and connect her with a social worker who was available to help address this challenge. A lesson I learned from this was that although the physician was not directly treating the patient, he still provided her compassionate care, a necessary attribute to the art of medicine. In the urban hospital, I explored the field of surgery by shadowing a general surgeon. A valuable lesson I learned from that experience centered on being a good

communicator, as the science of medicine alone proves insufficient. Patients appreciated it when the surgeon communicated effectively with them. Moreover, effective communication allowed the surgeon to connect well with other healthcare professionals during procedures, as teamwork in the operating room was highly valuable. The art of medicine, which includes compassion and understanding, is an essential value a healthcare professional needs to acquire, as it has existed since the time of primitive medicine (Panda, 2006). In clinical medicine, a healthcare professional needs to build good provider-patient relationships as effective communication can directly impact patient perspectives, including trust in the provider, motivation, satisfaction, and patient health outcomes (Sanson-Fisher *et al*., 1989). Due to this, the impacts of effective communication were one of the core topics of this capstone course.

Another provider-patient interaction that went well involved the case of “Mr. Rice,” a patient experiencing gastroesophageal reflux symptoms. During this encounter, the physician listened actively to the patient's complaints and followed up with questions about his concern about the problem. Most of the questions were patient-centered, which led to the establishment of trust from “Mr. Rice” in the clinician, thus resulting in effective communication. To optimize communication and ensure patient satisfaction, the physician asked “Mr. Rice” how concerned he was about his condition and how willing he was to make changes to improve. “Mr. Rice” stated that he was willing to make whatever changes were necessary. This feedback led the physician to suggest foods that should be avoided in the diet to see if there could be improvements over a few weeks. As the physician stated the list of what to avoid in the diet, they continued using open-ended questions to ascertain how “Mr. Rice” felt about how effectively he might make these changes. The provider listened with emotion when “Mr. Rice” talked about how difficult these changes to his diet could be but was able to empathize with him by explaining how the changes

could help him in the long run. Before the conversation ended, the physician asked "Mr. Rice" if he had any concerns or follow-up questions, to which he answered, "No," suggesting that he was satisfied with his delivery of care. "Mr. Rice" agreed to embark on the diet modification journey, which the physician encouraged by using affirmations to motivate the patient. From my observation, not only was the patient-provider interaction effective, but it also ensured that the patient felt heard and valued. The level of care provided was rooted in shared decision-making. Shared decision-making involves a communication approach that healthcare professionals use to disclose patient information regarding alternative diagnostic and therapeutic options (Sanson-Fisher *et al*., 1989). In this case, the physician recognized and acknowledged the patient's autonomy by involving the patient in the decision-making regarding his care. Furthermore, there was clear communication between the provider and patient as medical terms and instructions were explained in plain language that the patient could understand.

I additionally observed the importance of effective provider-to-provider communication and its potential impact on patients. One experience that highlighted this was the interaction among healthcare team members in the surgical room. Physicians are often taught to be brief and straightforward, whereas nurses have been trained to be detailed and descriptive (Bonfe & Carroll, 2023). Although contrasts in communication styles exist between physicians and nurses, these differences did not create communication problems among them. Before and during a surgical procedure, nurses, physician assistants, anesthesiologists, and surgical technicians all communicate with each other efficiently to ensure that the patient's care is the number one priority. Every provider was aware of their role in the room, working on different aspects of providing care to the patient. In general, this approach is essential not only in the surgical room but also in hospitals and clinical practice sites. It helps foster good relationships among other healthcare

professionals, leading to quality team-based patient care. Moreover, effective healthcare team communication reduces medical miscommunication and errors in care delivery, paperwork, or documentation. Ultimately, this can lead to a better understanding of how best to address patients' needs and concerns and help them feel more supported in their care.

Ineffective Communication

At other times, ineffective communication was seen to have negative outcomes. A provider-patient interaction that I felt could have gone better involved a case where the communication approach seemed to make a patient's visit uncomfortable. In this scenario, a new patient, “Mrs. Jones,” was presented to the clinic for an annual physical exam. When the physician began examining the patient, the provider asked if “Mrs. Jones” had any concerns about her health. “Mrs. Jones” informed the provider that she had been experiencing a minor, intermittent pain in her abdomen. The physician then told “Mrs. Jones” that they would perform the necessary lab work, and should the results find any abnormalities, the hospital staff would notify the patient. It appeared that “Mrs. Jones” was not satisfied with the interaction as the smile that she was wearing dropped from her face. However, the provider did not recognize this nonverbal cue. Perhaps “Mrs. Jones” wanted the physician to sympathize with her and show more concern in addressing the problem before the lab test results were ordered. Knowing what I know now about communication, a better approach might have involved the "engage" method, one approach to motivational interviewing. This method helps providers emphasize empathy and collaboration with their patients (Clinician’s Pocket Guide on Motivational Interviewing | Cardi-OH Article, n.d.). In reconsidering this interaction, I first would have initiated a dialogue with the provider to understand their perspective. Then, I would begin the conversation by asking the provider whether he or she noticed “Mrs. Jones's” facial expression and to consider what might have led to that non-

verbal response. Further, I would respectfully remind the provider that active listening and empowering patients can strengthen provider-patient relationships. Active listening allows for the discovery and focus of a patient's concern regarding a problem (Bischof *et al.*, 2021). Advocating for active listening can prompt the provider to adjust to the situation and improve their communication style. For instance, the physician could have informed "Mrs. Jones" that ordering the lab test is an excellent way to identify better what might be causing the pain and then followed up with open-ended questions (such as "How does the pain affect your day-to-day life?"). Such an approach elicits more direct patient concerns and might increase patient satisfaction while facilitating a better provider-patient relationship, increasing "Mrs. Jones's" trust in the physician.

When healthcare professionals practice active listening, they are more likely to give patients full attention, maintain eye contact, and empathize with their concerns. Such practices can lead to positive outcomes, including patients feeling heard and valued while fostering a safe environment for open communication. In addition, the patient might feel more comfortable asking questions or bringing up additional issues regarding their health. Structuring the conversation more engagingly with patients could also result in an opportunity to offer guidance on healthy lifestyle promotion should the patient need it, further contributing to better overall health outcomes.

Another shadowing experience that demonstrated the adverse impact of ineffective communication involved longer patient wait times. The hospital was short on staff but had many patients to see that day. Although the staff tried to manage the patient flow as efficiently as possible, some patients were unhappy due to excessive wait times to be seen by the physician. Some patients interpreted the long wait times as a sign that the healthcare provider did not prioritize their needs or care about their well-being. Others also questioned the provider's competence and felt their time needed to be valued and respected. Reflecting on the negative perceptions of the

whole experience made me realize the importance of effective communication. One strategy I would recommend in approaching this problem would be interdisciplinary collaboration among healthcare providers, as it is a key component that can enhance communication and improve patient care delivery. Prior research has demonstrated that medical care associated with interdisciplinary cooperation results in increased patient safety, decreased complications, lower hospitalization rates, and fewer medical errors (Bendowska & Baum, 2023). Furthermore, collaboration helps healthcare professionals to assume complementary roles while cooperatively working together in sharing responsibility for problem-solving and creating decisions that formulate and carry out plans for patient care (O'Daniel & Rosenstein, 2008). In this case, a collaborative approach can promote efficient teamwork and help clarify the roles and responsibilities of each member to avoid confusion and improve patient care delivery. Furthermore, additional training and education on effective communication, such as the SBAR format, can be provided to healthcare staff to improve teamwork skills, cultural competence, conflict resolution, and communication techniques. The SBAR format, which stands for Situation-Background-Assessment-Recommendation, is an approach used to facilitate communication among healthcare professionals by offering a standardized way of communication about the clinical assessment of a patient requiring attention (Pope *et al*., 2008). The provider could also have addressed the delayed time when seeing patients to ensure they understood the reason for the wait, as this might result in better patient outcomes and satisfaction with the care being received. Effective patient-centered care is an essential aspect of medicine; thus, addressing patients' needs, preferences, and values can optimize care delivery and lead to better communication and trust among providers and patients.

REFLECTION ON PSYCHOSOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDH) are defined as the conditions in an environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks (Tiwary *et al*., 2019). These determinants can impact patients' lives negatively and result in health inequities. Research studies suggest that social determinants of health account for approximately 30-55% of health outcomes (World Health Organization, 2024). This indicates that SDH can influence health more than healthcare or lifestyle choices.

An encounter I witnessed that highlighted the potential impact of social determinants of health involved medical miscommunication during a patient's visit. An older adult patient, "Jane Doe," was presenting for outpatient follow-up after being seen in the emergency department (ED) for evaluation of a fall incident. During this follow-up encounter, the physician began a conversation by asking "Mrs. Doe" how she was doing to establish rapport with the patient. This interaction appeared to make the patient feel comfortable and heard. As the physician continued to get updates from "Mrs. Doe" about her health, he began to use open-ended questions to inquire more about the results of her imaging during this ED visit. "Mrs. Doe" told the physician that the hospital that performed the X-ray had assured her that the results would be delivered to the physician before her next doctor's appointment. The physician then took additional time to review his documents but could not find "Mrs. Doe's" results. At this instance, "Mrs. Doe" became agitated and told the physician that the only reason she made it to her appointment that day was due to a kind gesture she had received from a family friend who assisted with the transportation. Thus, if she were unable to receive the care needed, it might be a challenge to reschedule her appointment due to her current social situation that included limited transportation. At that time, the physician asked to be excused to investigate the situation further. The physician requested that

his staff contact the outside hospital in an effort to secure the missing imaging results. The physician's staff contacted the outside hospital but had to leave a message as no one responded. Afterward, the physician returned to see "Mrs. Doe" and explained to her that they had not received her results yet but that the staff had and would continue to try to get in contact with the hospital to obtain the test results. "Mrs. Doe" was frustrated; however, the physician calmed her down, apologized, and reassured her she would not be charged for her visit that day because the care she came in for was not provided. The physician's ability to relate to Mrs. Doe helped change her mood for the better, although the outcome of the visit was not satisfactory from a medical standpoint.

In Mrs. Doe's case, medical miscommunication was a social factor that prevented her from receiving quality care during her visit. Although she experienced some difficulties getting to the hospital for her appointment, she made it on time, only to receive an inadequate patient care delivery. Miscommunication during patient handoff is said to contribute to an estimated 80% of serious medical errors and consequently play a vital role in an estimated five million excess deaths annually from poor quality of care in low- and middle-income countries (Janagama *et al*., 2020). Thus, this is a frequent and ongoing issue that affects patient care and, in "Mrs. Doe's" case, could have resulted in other complications (due to her fall) to her safety and well-being. Her care was further potentially limited owing to her unreliable access to transportation.

Another social determinant I observed during my clinical encounters involved socioeconomic status. A younger patient, "Nico," and his mom, "Alice," came in for a visit to the hospital due to concerns about his allergies. The physician asked for the reason for the visit, and "Alice" informed the doctor that "Nico's" allergies had been uncontrolled for several days. The physician began with open-ended questions to gather more information about what might have caused the sudden change and continued with a physical exam for further observations. An allergy

test was ordered and performed for “Nico,” allowing the physician to determine the specific exposure contributing to “Nico’s” symptoms. The physician recommended a new medication for “Nico;” however, the price of the medicine was too high for “Alice” to afford. Alice’s” facial expression immediately changed, and she explained to the physician that she was facing some financial constraints, so she would appreciate a prescription for other more affordable medications covered by her insurance plan. The physician explored this with “Alice” and was able to take time to assist her in finding alternative medications that would work for “Nico’s” condition.

“Nico's” case highlights the potential impact of socioeconomic factors on health outcomes. For example, if the physician had not found an alternative medication, this could have contributed to significant health disparity and inequity. A study exploring the impact of the increase in prescription drug pricing found that patients in low-income areas were more sensitive to co-payment changes than patients in high - or middle-income areas (Chernew *et al*., 2008). Further, “Alice’s” financial difficulty could have made her less likely to seek care or be fully engaged in the healthcare interaction between her and the physician, leading to poor health outcomes for “Nico.” Because income differences can lead to health disparities, physicians should advocate for policies addressing these social determinants of health in their institutions and communities. For instance, collaborating with interdisciplinary care teams can help facilitate comprehensive coordination and continuity of services for patients. In this case, the physician found an alternative and provided quality care due to his knowledge of the social determinants of health. Physicians could also encourage and educate patients about the impact of social determinants on health, as this can empower them to participate both as individuals and communities in addressing social needs. In addition, physicians could suggest government assistance programs or support networks that help patients navigate and access available resources. Thus, if physicians are taught or made

aware of these topics, they can contribute to research and quality improvement efforts to better understand the relationship between social determinants of health and clinical outcomes. Doing so will also enable them to identify effective strategies, such as research collaborations and community-based initiatives to reduce health disparities.

CONCLUSION

Overall, my time shadowing different healthcare professionals has given me a broader perspective on understanding how the practice of medicine is rooted not only in the knowledge of basic and clinical science but also in an appreciation of the importance of developing well-honed social skills. As such, healthcare professionals have to be well-equipped in both areas to assist patients effectively. As someone who aspires to practice in the healthcare field, I believe the experiences this program has exposed me to have reinforced and strengthened my goal of pursuing a career as a healthcare professional and instilled in me the desire to become a well-rounded provider who treats the patient holistically.

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