

COMMENTARY

Title: Effective Communication Skills Starts With #Hellomynameis

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Effective Communication Skills Starts With #Hellomynameis

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ABSTRACT

Effective communication is a fundamental element in a good doctor and healthcare professional (HCP) relationship as good communication skills among HCPs have been demonstrated to increase patient compliance and safety. The aspect of self-introduction and greeting during communication with patients and caregivers may be taken lightly by some doctors and HCPs, which can negatively impact the building of therapeutic relationships in any clinical interaction. This article briefly addresses and reemphasises the importance of self-introduction for doctors and HCPs during their communication with patients, with the highlight on #hellomynameis campaign and ways to practice it during the pandemic.

Keywords: *communication skills, self-introduction, #hellomynameis, pandemic*

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INTRODUCTION

This present article was inspired by the first author's experience visiting her sick friend in a hospital for chest pain. When asked about the name of the treating doctor, her friend responded, "I don't know, they are some of them who examined me, but they did not introduce themselves." Similarly, this also occurred when the author's mother was admitted and clerked by a young medical officer. As long as the author can recall, none of the nurses in the ward nor the therapists in the physiotherapy department where the author's mother spent countless hours recovering after surgery introduced themselves. This may be an isolated incident, but the fact remains that it is very disturbing. As loyal viewers of the 9-1-1 TV series, we always admire how paramedics on duty introduced themselves before attending to the victims. As insignificant as it may appear, self-introduction of doctors and health care professionals (HCP) is a crucial fundamental of a good doctor and HCP-patient relationship.

#Hellomynameis CAMPAIGN

The author's interest in this matter led her to Google, where she discovered the story of the late Dr Kate Granger, a geriatrician from West Yorkshire, England, who was diagnosed with a rare type of sarcoma. During her treatment as a terminal cancer patient, she encountered multiple instances where the medical staff did not introduce themselves, which frustrated her. She realised that she needed to initiate change, but her lack of confidence with the outcome of the formal complaint procedure made her resort to Twitter and started the campaign using the hashtag #hellomynameis in 2013, as depicted in Figure 1(1, 2). Her goal was to emphasise the importance of self-introductions and encourage healthcare professionals to commit to giving each patient a good self-introduction. The campaign was hugely welcomed not only by the National Health Service of the UK but also by other countries. Dr Kate Granger succumbed to her illness in 2016, but to this day, the #hellomynameis is still actively used on Twitter and in campaigns worldwide (1,3,4).

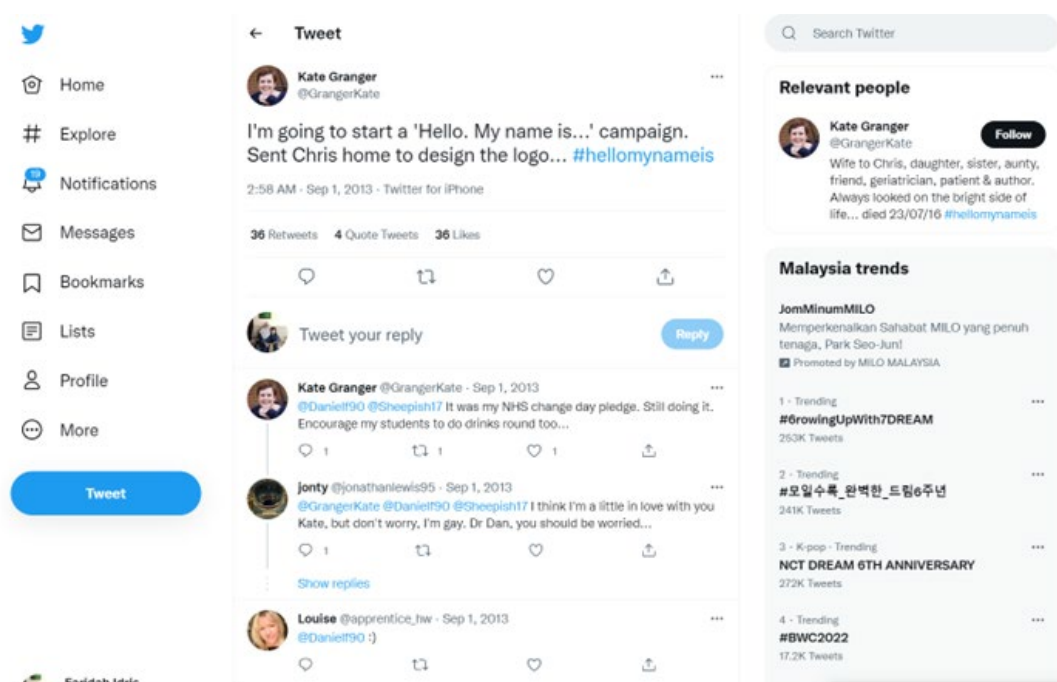


Figure 1: The start of #hellomynameis campaign on Twitter.

WHY IS SELF-INTRODUCTION IMPORTANT?

Good communication is vital in the doctor and HCP-patient relationship. As a patient, being in an unfamiliar setting surrounded by strangers heightens a sense of vulnerability and loss of control. Anyone who has any experience being a patient can relate to this, as the late Dr Kate Granger indicated in her initial writing. A relationship between patients with HCPs should begin with a good introduction that establishes a link between a person in need of help and another person who is willing to provide it. Proper self-introduction and greeting by HCPs is an initial recognition that patients are human beings with all their complexities, not merely a condition to be treated. This nature is innate to all, including the HCPs when they become patients or caregivers. (2,5). It aids in building rapport and trust, making therapeutic relationships and compassionate patient-centred care easier to establish. With a meaningful initial introduction, further communication of getting information, knowledge sharing, exploring possibilities and discussing difficult decisions throughout the encounter between the patient and HCP will become less complicated and easier to achieve (6). This initiates a safe environment for patients to ask questions, clarify doubts and voice out any concerns. Without self-

introduction and proper greeting, the HCP portrays a lack of interest in the patient, which may result in a disheartening experience for patients and caregivers. Clearer communication also reduces the risk of miscommunication and medical errors, besides increasing patient safety; hence, this simple gesture of self-introduction cannot be undervalued. As the late Dr Kate Granger wrote *'sometimes we need to do the simple things well, like introducing ourselves, so that the more complex aspects of providing care "will follow more easily and naturally."* (7)

WHAT WE KNOW SO FAR

Research related to this issue mainly involved doctors. A study conducted in the UK presented that only a minority of the in-patients knew the name of the physicians who were in charge of them; usually, the introduction was done during ward rounds. It is a common practice for physicians to introduce themselves during ward rounds, but patients tend to forget their names. Thus, it was suggested that physicians display their names near their patients' beds. However, some argued that this practice can be seen as a breach of confidentiality (8). A larger study done in Ireland showed that 39% of doctors did not introduce themselves compared to 79% who did. The rank of the doctors seemed to influence that behaviour since consultants were inclined to introduce themselves more often than non-consultants. Most patients appreciated the gesture of doctors introducing themselves, which had a beneficial impact during their medical encounters (9). Another study in the UK enrolled medical students as volunteers to audit the doctor-patient interaction, particularly self-introduction during their clerkship. The service evaluation exercise found that most doctors introduced themselves (88%) and 68% explained their roles. In contrast with the study in Ireland, consultants were less likely to introduce themselves compared to other ranks of doctors. However, it was illustrated that consultants had a better way of introducing themselves compared to others. In Australia, 57% of patients could not name even one member of their medical team, which implied that self-introduction and greeting were not done properly (10). Closer to home, a study in Indonesia during a community-based medical education found only one medical encounter out of 37 where the doctor introduced himself to the patient. The researcher argued this was due to a cultural gap between physicians (and medical students) and the local patients. The western-oriented health institution that preferred individualism and maintaining distance from patients collided with the local culture, which valued communal relationships and indirectly reflected the failure of physicians to understand the patient's needs (11). Indeed, culture influences how the self-introduction is made and what the patients prefer. Research in the pre-pandemic era done in the US revealed that most patients preferred to shake hands with the physicians and used their first names for greeting and expected doctors to use their first and last names when introducing themselves (12,13). Australian patients preferred being addressed informally (10). On the other hand, a study in Iran showed most patients preferred to view their doctor's name badges and to be called by their family names. Patients expected the doctors to say "Doctor" when they introduce themselves and wear white coats (14).

SELF-INTRODUCTION IN THE PANDEMIC ERA

Existing guidelines related to the communication skills of doctors and HCPs emphasised a few important points, such as the need for knowing the patients (background, culture, barriers, hierarchy), maintaining an open non-verbal gesture, eye contact and being mindful of voice tone, speaking pace, speech clarity and volume. The SOLER model of nonverbal communication is taught in some curriculums (5). It is recommended to start the introduction by mentioning the HCP's name and role, requesting the patients to mention their names and asking about their preferred way to be called. Nevertheless, whatever we have learned regarding doctor-patient communication from the curriculum and experience might be challenged in this era of the COVID-19 pandemic. With face masks and protective equipment, not only is physical contact restricted but also creates a hindrance to both verbal and non-verbal communication. Anyhow, making the patient feel acknowledged, maintaining human connection and creating a safe environment for two-way communication is still major responsibilities

for HCPs during the pandemic. Evidence showed negative patient perceptions when treated by doctors who wear facemasks (15). Hence, the HCPs need to practise more mindful communication for meaningful interaction. For instance, they can try to lower the background noise if possible and speak louder (but not yelling) at a slower pace while introducing and explaining their roles to the patients. With a facemask, patients may not recognise their treating team members; therefore, repeated introduction during medical encounters may be necessary. The use of a clear name badge or identification board with a smiling photograph could also help to make the introduction easier and more humane in the situation if the HCPs need to wear full personal protective equipment. To compensate for the lack of facial expression when wearing a face mask, it is recommended to make extensive use of the eyes and body gestures (16).

CONCLUSION

The human connection between HCPs and patients is largely dependent on good communication skills as initial introduction and greeting will likely affect the remainder of the communication. Effective initial introduction by the HCPs, as mundane as it appears to be, plays a major role in the HCPs-patient relationship, as the late Dr Kate Granger has explicitly conveyed in her writing. Training of communication skills among HCPs should reemphasise the initial introduction and greeting, shifting from a mechanical to a more mindful approach for meaningful interaction. The Covid-19 pandemic should be used as the push factor for the medical and healthcare curriculum to revisit and revitalise communication skills training, particularly when wearing a face mask is a norm. With or without the pandemic and the facemask, effective and meaningful communication skills maintain at the heart of medicine, as a way to heal.

Together we keep the #Hellomynameis legacy, alive.

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