

Title: Cultural sensitive communication skills training for general practitioners in Indonesia

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What problem was addressed: General Practice or Family Practice (GP/FP) is a specialization which cares for persons across genders, ages, emphasizing preventions, valuing family and community dynamics, aiming patients' empowerment with regards to beliefs, biopsychosocial and cultural values. To provide the best primary care for patients, GPs/FPs need to master cultural-sensitive communication skills.

Indonesia had just started its GP/FP graduate program in 2014. We included communication skills training for the first batch of 18 GPs of Gadjah Mada University based on the guideline which was validated specifically for the Southeast Asian culture.¹ The guideline contains core communication skills and specific cultural issues: (1) Hierarchical cultural gap between doctors and patients which makes most of communication style are one-way, (2) Non-verbal etiquettes of politeness so patients are unwilling to express their concern, (3) Most clinical decision of patients are influenced by families and community and (4) People's habit of using traditional medicine for treating illnesses.

What was tried: A four-hour communication skills training using role plays and feedback was done followed with a pre-post test study obtaining doctors' perception of knowledge and attitude. Doctors and patients gave consent to participate in this study. Observation on behavior of doctors with real patients was done in-pair between two GPs. One GP was observed during communication with his/her one to three patients, one day after intervention (first visit) and four weeks later (second visit). Total number of patients were 54, age between 20 to 70 years old, 24 males and 30 females with hypertension stage 1 or 2 without complication, who interacted with the doctors for the past one year. Then focus group discussion (FGD) was done three times (each with six GPs) and three times with the patients (each with six patients of six GPs) until data was saturated. Mean Arterial Blood Pressure (MAP) was chosen as a simple measurable health outcome which was obtained on the first and second visit.

What lessons were learned: Overall doctors' perception on the knowledge of cultural issues during communicating with patients had increased significantly. Overall perception on attitude and overall communication skills observed had increased but not significantly. Results of FGDs revealed that GPs were satisfied with this training because they learned more on patient's perspective on the illness, learning to respond to biopsychosocial and cultural cues during communicating with the patients, and tried to explore having dialogue with the patients before deciding the care-plan together with patients. Patients reported that their GPs listen more to their stories, responding properly to their concerns (including the idea of using herbs to reduce hypertension) and facilitating discussion about the illnesses, also with patients' family members if

needed. Patients understood more about their illnesses and the optimal care. Ultimately the blood pressure of patients was significantly reduced by the end of this study which supports repeated communication skills training with simple, easily measureable clinical outcomes. More rigorous training to sustain the tacit knowledge of the doctors during communicating with patients is highly recommended.²

Reference

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2. Evans K, Kersh N. Recognition of tacit skills and knowledge: sustaining learning outcomes in workplace environments. *J Workplace Learn.* 2004;16:63-74.

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