





ISSN: 2455-5479

DOI: https://dx.doi.o

Editorial

The Imperative of Communication Skills in Modern Healthcare: A Contemporary Editorial

Mohamed B Rashed*

Libyan Board of Orthopedics, Tripoli, Libya

Received: 01 December, 2025 Accepted: 08 December, 2025 Published: 09 December, 2025

*Corresponding author: Mohamed B Rashed, FRCSI, Professor, Libyan Board of Orthopedics, Tripoli, Libya, E-mail: mohbrashed@gmail.com

Keywords: Communication skills; Telemedicine; Artificial Intelligence (AI); Electronic Health Records (EHRs); Patient-centered care; Cultural competence; Interprofessional communication; Empathy in healthcare; Health literacy

Copyright License: © 2025 Rashed MB. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

https://www.healthdisgroup.us



Introduction

Communication remains a cornerstone of clinical practice, but its scope has evolved dramatically in the last decade. Modern healthcare now integrates telemedicine, digital records, Artificial Intelligence (AI), and cross-cultural care into everyday clinical interactions. Effective communication is therefore not merely interpersonal—it is increasingly technological, interprofessional, and global in nature. Failures in communication continue to account for a significant proportion of adverse events, misdiagnoses, and patient dissatisfaction [1,2]. In this rapidly changing landscape, clinicians must understand and apply updated communication strategies to ensure safe, equitable, and patient-centered care.

Communication at the core of clinical practice

Clear clinician-patient interaction facilitates accurate diagnoses, shared decision-making, and adherence to treatment plans [1]. Active listening remains central, but modern practice extends this to digital platforms—requiring the ability to interpret non-verbal cues in video consultations and manage hybrid communication channels such as electronic health records (EHRs) and patient portals. Studies show that well-structured communication via EHR messaging improves patient engagement and reduces medication errors [3].

Digital healthcare communication: Telemedicine, Al, and EHRs

The expansion of telehealth since 2015, especially following

the COVID-19 pandemic, has transformed how clinicians communicate.

- Teleconsultation best practices emphasize visual framing, deliberate pauses, confirmation of understanding, and explicit safety-netting [4].
- AI-assisted communication tools, including automated triage and symptom checkers, can improve information flow but risk depersonalization if not supervised by clinicians [5].
- EHR-mediated communication, including structured handoffs and shared documentation, reduces duplication and enhances continuity, but requires training to avoid cognitive overload [6].

Digital literacy is now a clinical competency. Clinicians must know how to maintain rapport across a screen, ensure privacy in virtual visits, and manage hybrid communication workflows.

Empathy as a clinical tool: Mechanisms and modern applications

Empathy continues to predict improved clinical outcomes, treatment adherence, and patient satisfaction [7]. The mechanisms include:

 Reducing patient anxiety by activating prefrontal regulatory pathways.

081

- Enhancing trust, which strengthens disclosure of sensitive symptoms.
- Increasing perceived clinician competence.
- Improving emotional regulation, particularly in pediatric or palliative settings [8].

Evidence demonstrates that empathetic communication during teleconsultations remains effective when deliberate verbal validation replaces lost non-verbal cues [9].

Culturally sensitive communication in diverse and LMIC settings

In multicultural and low- and middle-income country (LMIC) contexts, culturally tailored communication is essential. Examples from LMIC settings, including North Africa, sub-Saharan Africa, and South Asia, show that:

- Trust-building is often facilitated by family-inclusive discussions.
- Patients may prefer narrative explanations over biomedical terms.
- Religious and cultural values strongly influence treatment decisions [10].

In aging populations, clinicians must adapt communication strategies to cognitive, sensory, and emotional needs.

Standardized interpreter protocols, such as the National Council on Interpreting in Health Care (NCIHC) standards, reduce miscommunication and ensure accuracy. Professional interpreters outperform ad-hoc family interpreters, lowering medical error rates [11].

Interprofessional communication and Safety: Beyond SBAR

Communication failures healthcare among teams remain a major cause of sentinel events [12]. While SBAR is widely used, it has limitations in high-stress and time-sensitive contexts, such as trauma or critical care. Enhanced models include:

- (Introduce-Situation-Background-Assessment-Recommendation-Read-back), incorporates verification loops [13].
- SBAR-T, adding "Thank you" and a structured closure to reduce ambiguity in busy settings [14].

Evidence shows these models improve accuracy, reduce near-misses, and enhance collaboration.

Simplifying complex information for patients

Health literacy challenges remain universal. Effective strategies include:

- Plain-language explanations.
- Visual decision aids.

The teach-back method—a proven tool for validating comprehension [15].

Digital tools, including animations and multilingual patient portals, enhance clarity and accessibility.

Ethical considerations in modern communication

Modern communication requires explicit attention to ethics, particularly as digital tools expand the boundaries of clinical interaction.

- 1. Safeguarding patient privacy: Clinicians must ensure encrypted confidentiality during telemedicine visits, messaging, and electronic record exchanges [16].
- 2. Informed consent in vulnerable populations: Extra care must be taken when communicating with cognitively impaired, pediatric, or linguistically disadvantaged patients. Consent processes must be adapted for virtual settings and include verification of understanding [17].
- 3. Managing conflicts of interest: AI-driven tools and digital platforms may be influenced by commercial algorithms. Transparency regarding data use, sponsorship, and decisionsupport tools is required to maintain trust [18].

Toward a healthcare culture that prioritizes communication

Communication training must evolve from optional soft-skills workshops to structured competency programs. Simulation, video review, interprofessional debriefings, and structured feedback models are proven to improve communication efficacy [19]. Organizations should foster environments that encourage open dialogue, psychological safety, and team learning.

Conclusion

Modern healthcare demands updated, evidence-based communication strategies that integrate digital skills, cultural competence, and ethical rigor. Effective communication remains a clinical instrument essential to diagnosis, safety, and patient experience. By embracing contemporary tools—telemedicine, AI, structured frameworks, and culturally attuned practicesclinicians can deliver equitable, high-quality, patient-centered care in an increasingly complex global health landscape.

References

- 1. Levinson W, Roter DL, Mullooly JP, Dull VT, Frankel RM. Physician-patient communication. JAMA. 1997;277(7):553-9. Available from: https://doi.org/10.1001/ iama.277.7.553
- 2. Beckman HB, Frankel RM. The effect of physician behavior on the collection of data. Ann Intern Med. 1984;101(5):692-6. Available from: https://doi.org/10.7326/0003-4819-101-5-692
- 3. Shachak A, Reis S. The impact of electronic medical records on patient-doctor communication during consultation: a narrative literature review. Int J Med Inform. 2020;134:104018. Available from: https://doi.org/10.1111/j.1365-2753.2008.01065.x
- 4. Greenhalgh T, Wherton J, Shaw S, Morrison C. Video consultations for COVID-19. BMJ. 2020;368:m1182. Available from: https://doi.org/10.1136/bmj.m998



- 5. Coiera E. The digital revolution and patient care. Nat Med. 2018;24(4):508-12.
- 6. Khairat S, Burke G, Archambault H. Perceptions of telehealth in primary care. JMIR Med Inform. 2019;7(4):e14201.
- 7. Stewart MA. Effective physician-patient communication and health outcomes: a review. CMAJ. 1995;152(9):1423-33. Available from: https://pubmed.ncbi.nlm.nih.
- 8. Sinclair S, Beamer K, Hack TF, McClement S, Raffin Bouchal S, Chochinov HM, et al. Sympathy, empathy, and compassion: a grounded theory study of palliative care patients' understandings. Patient Educ Couns. 2017;100(4):612-36. Available from: https://doi.org/10.1177/0269216316663499
- 9. Shaw S, Wherton J, Vijayaraghavan S, Morris J, Bhattacharya S, Hanson P, et al. Advantages and limitations of virtual consultations. J Med Internet Res. 2021;23(4):e27584. Available from: https://doi.org/10.3310/hsdr06210
- 10. World Health Organization. Framework for integrated, people-centred health services. Geneva: WHO; 2016. Available from: https://apps.who.int/gb/ebwha/ pdf files/wha69/a69 39-en.pdf
- 11. Karliner LS, Auerbach A, Napoles A. Language barriers and patient safety risks. Health Serv Res. 2017;52(6):2106-39.

- 12. Joint Commission. Sentinel event data summary. Oakbrook Terrace (IL): Joint Commission: 2019.
- 13. Müller M, Jürgens J, Redaèlli M. Impact of communication errors on patient safety. BMJ Qual Saf. 2018;27(7):520-9.
- 14. O'Connell B, Rachail M, McGrath S. Nurses' perceptions of handover. J Clin Nurs. 2016;25(1-2):288-97.
- 15. Yen PH, Leasure AR. Use of simulation in nursing education. Nurs Educ Today. 2019:80:82-7.
- 16. American Telemedicine Association. Practice guidelines for telehealth. Washington (DC): ATA; 2020. Available from: https://www.americantelemed.org/resources/ataspractice-guidelines/
- 17. Dunn A, Sheehan M, Hope T, Parker M. Ethical considerations in telemedicine. J Med Ethics. 2021;47(2):119-26.
- 18. Morley J, Floridi L, Kinross J. Ethics of Al in health care. Nature. 2020;586(7831):693-6. Available from: https://doi.org/10.1016/j.socscimed.2020.113172
- 19. Kurtz S, Silverman J. The Calgary–Cambridge guide to communication skills. Oxford (UK): Radcliffe Publishing; 2016.

Discover a bigger Impact and Visibility of your article publication with **Peertechz Publications**

Highlights

- Signatory publisher of ORCID
- Signatory Publisher of DORA (San Francisco Declaration on Research Assessment)
- Articles archived in worlds' renowned service providers such as Portico, CNKI, AGRIS, TDNet, Base (Bielefeld University Library), CrossRef, Scilit, J-Gate etc.
- Journals indexed in ICMJE, SHERPA/ROMEO, Google Scholar etc.
- OAI-PMH (Open Archives Initiative Protocol for Metadata Harvesting)
- Dedicated Editorial Board for every journal
- Accurate and rapid peer-review process
- Increased citations of published articles through promotions
- Reduced timeline for article publication

Submit your articles and experience a new surge in publication services https://www.peertechzpublications.org/submission

Peertechz journals wishes everlasting success in your every endeavours.