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COMMENTARY

Bridging the gender gap in communication skills

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Whether through endowment or social learning, females—including female physicians—typically communicate better than males (Roter et al. 2002). In this edition of *Advances*, Swygert and colleagues report that better communication by female physicians-in-training is associated with improved performance on the USMLE Step 2 Clinical Skills examination (Swygert et al. 2011), reminding us that females on average perform better than males on any task that involves communication (Carson et al. 2010; Gispert et al. 1999; Haist et al. 2000). So, how should we respond to this consistent finding? Should we lament that boys will be boys (Hamilton 2003), or explore ways to bridge this gender gap?

Communication is a "key competency" in the CanMEDS framework, and is considered to be more effective if a physician can "*establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy*" (Frank 2005). When physicians communicate in this way their patients provide better historical data, report enhanced satisfaction and psychosocial health, and use less healthcare resources (Bertakis and Azari 2011; Kim et al. 2004; Griffin et al. 2004; Stewart 1995). Female physicians typically demonstrate greater empathy and use more positive statements than males when interacting with their patients (Bylund and Makoul 2002; Roter et al. 2002). Do these findings, therefore, imply that female physicians provide better care than males? Furthermore, if we select medical students on the basis of attributes such as empathic communication—which would inevitably increase the proportion of females entering medical school—can we improve healthcare delivery?

Unfortunately, observational data showing gender differences in communication do not allow us to answer questions on the quality of healthcare delivery. Effective

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communication is necessary, but not sufficient, for the delivery of high quality care—so we cannot isolate this competency and use it as a surrogate for delivery of care. Likewise, we cannot infer that males are superior physicians because they perform better on other tasks (Bowhay and Watmough 2009; McManus et al. 2008). The use of the flower logo in the CanMEDS Roles Framework is an attempt to portray the interrelationship between the different competencies, and no single Role can be used as a measure of overall performance (Frank 2005). Interdependence, however, does not devalue communication as a competency nor spare us the responsibility of optimizing this skill.

Since females outperform males in communication as soon as we can reliably assess this skill (Berglund et al. 2005), perhaps we should not be surprised to discover that female physicians perform better on tasks playing to this strength. Over the past 20 years, however, we have made a concerted effort to improve communication skills in our medical schools (Consensus statement 1992; von Fragstein et al. 2008; Whitehouse 1991) and the limited outcome data suggest that performance does improve with training (Hausberg et al. 2012; Humphris and Kaney 2001; Shapiro et al. 2009). In the study by Swygert et al. we are given little information on the background of participants, although it is reasonable to assume that both male and female physicians from the exam cohort of 2009 had received training on how to communicate effectively with patients—in which case these results suggest that our current teaching model has failed to bridge the gender gap in communication skills. This may be due to the fact that despite different baseline communication skills, males and female receive the same amount of training. Alternatively, there may be additional barriers to changing communication behaviour of males (O'Neill et al. 2002). These and other explanations need to be explored if we are to bridge this gender gap.

Effective communication with patients is an essential skill for physicians and is emphasized appropriately in a competency-based training framework (Frank 2005). The findings of Swygert and colleagues suggest room for improvement in how we teach communication skills. Future intervention studies should explore whether additional training, or a different type of training, can bridge the gender gap in communication skills. Twenty years from now male physicians will still to be taller and balder than their female colleagues, but they should be able to communicate as effectively with their patients.

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