

## THE CONSTRUCTION OF THE DOCTOR-PATIENT RELATIONSHIP IN OPHTHALMOLOGY: AN EXPERIENCE REPORT

---

*Silvio Tibo Cardoso Filho*

Universidade Estadual de Montes Claros  
(UNIMONTES)  
Montes Claros - MG  
<http://lattes.cnpq.br/9406976568017992>

*Luan Mendes de Matos*

Faculdades Unidas do Norte de Minas  
(FUNORTE)  
Montes Claros - MG  
<http://lattes.cnpq.br/5109273517414089>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Abstract: Goal:** To analyze the difficulties faced by Ophthalmology residents in the first year of specialization in establishing the doctor-patient relationship and propose alternatives for improving it. Experience report: The experience in undergraduate medicine offers several opportunities for developing the doctor-patient relationship for students. Some specialties, however, have little contact with undergraduates, which is why professional interaction at the beginning of the specialization process can be unsatisfactory. Difficulties in providing care that are natural at the beginning of this process generate imbalances in the doctor-patient relationship and must be corrected with a careful look on the part of the professional to avoid undesirable outcomes. The medical residency environment must provide the necessary conditions for the full development of a harmonious relationship between the members of the care. Final considerations: Demonstrating confidence in performing the physical examination and establishing effective communication are crucial medical skills in any specialty, and are even more fundamental at the beginning of the medical residency process.

**Keywords:** Ophthalmology, Medicine, Undergraduate.

## INTRODUCTION

Attention and care are essential qualities and noble values that permeate the entire healthcare area, from the most experienced professionals to the youngest students, who seek to improve this characteristic. The learning process involves interpersonal challenges that, in practice, all future professionals will face, such as difficulty in addressing issues, establishing connections and building an effective doctor-patient relationship. Students are often afraid of not being up to these challenges, but resolving

these problems, together with individualized communication, is essential to providing quality care.

Health promotion is not restricted exclusively to the advancement of social and economic well-being, but is also linked to the various dimensions of quality of life. In other words, for doctors to be able to provide better care and make sound decisions, it is essential that they include and evaluate environmental, family and historical aspects. Consequently, it is clear that health is not limited only to the pathological and physiological conditions of the individual, but is also intrinsically related to the social, psychological conditions and the community in which the person is inserted.

The doctor who enters a medical residency program is faced with enormous challenges and learning opportunities. Medical training is a long and complex process, which involves the acquisition of technical knowledge, clinical skills and, of enormous importance, the development of the doctor-patient relationship. This relationship, based on trust, understanding and empathy, is the heart of effective and holistic medical practice.

Graduating in medicine offers students countless opportunities to interact with patients and their social, ethnic and cultural pluralities. This is an important time in your career to develop communication skills and learn to deal with a variety of clinical situations. However, the scenario changes significantly when it comes to beginning specialization in Ophthalmology. This is a specialty that, in many cases, offers little contact with medical students during graduation, which can result in a deficit in the development of interpersonal skills and understanding of the specific dynamics of the relationship with the patient.

It is important to highlight that a poorly established doctor-patient relationship, which involves resistance on the part of patients

and those responsible, makes elucidating the diagnosis and its approach more difficult. This increases the likelihood of incorrect diagnoses, iatrogenesis, inadequate treatments and, eventually, the occurrence of complications related to the underlying conditions.

This article aims to share the experience of resident doctors in building the doctor-patient relationship at the beginning of their training process, identifying the main challenges involved in this period and proposing appropriate alternatives to improve the quality of this relationship during care.

## EXPERIENCE REPORT

This is an experience carried out by three first-year Ophthalmology residents from three different medical residency programs located in Minas Gerais and Bahia. The internship carried out is part of the mandatory curricular subject of the medical residency program, with a focus on recognizing skills in the doctor-patient relationship at the beginning of the specialization process.

Residency in Ophthalmology is an intense professional challenge, and our experiences in the first year are marked by a journey of deep learning and personal growth. As we advance in the specialty, we face significant difficulties in building the doctor-patient relationship, a central issue in ophthalmology practice.

At the beginning of this process, we go through a basic course in Ophthalmology that aims to introduce the doctor to his new specialty. This course lasts around two months and involves participation in classes on the various subspecialties of Ophthalmology, namely: retina, cornea, uveitis, glaucoma, optics/refraction, neuro-ophthalmology, cataracts, ocular plastic surgery, strabismus, low vision, orbit and pathways lacrimals. During this period, there is contact with an intense theoretical load taught by teachers from each area, in such a way that practical activities are

postponed. This is essential so that the resident does not begin care without the knowledge considered essential for understanding the ophthalmological consultation.

After this period, the resident doctor then begins to effectively participate in care, under the supervision of the preceptor and in the company of fellow second or third year residents. This period is marked by intense difficulty in conducting the ophthalmological examination, requiring patience and training to obtain the first semiological signs. The help of the preceptor and more experienced residents is essential at this stage, as they have the necessary means and shortcuts to optimize our learning period.

It is also during this period that we begin to establish a connection with the patient in the ophthalmological context. At the beginning, because we participate more as companions in the care than as assistants, the relationship established does not yet have the same characteristics as a regular doctor-patient relationship, as the patient sees us as secondary participants in the care. This makes this moment especially important for us to observe the development of care provided by preceptors.

By improving anamnesis and ophthalmological examination skills, we gain more trust from patients and peers, assuming greater autonomy in consultations. Therefore, it becomes necessary to put into practice the knowledge obtained during the first months of the residency. It is during this period that we achieve the greatest progress, as we deal with the challenges of integrating specialty knowledge with communication skills that are fundamental to providing care.

One of the most obvious and common difficulties we face at the beginning of residency is time pressure. The eye clinic is constantly busy, with a steady stream of patients seeking care for a variety of eye problems. Time

seems more limited for each consultation at the beginning of the specialization process, a fact that can lead to difficulties in establishing adequate communication.

When we find ourselves in rushed appointments, building a solid doctor-patient relationship becomes a challenge. However, throughout this period, we realized that optimizing consultation time without compromising the quality of communication is essential. We learn to identify patients' core concerns, prioritize relevant issues, and find ways to be effective and empathetic, even in short appointments. Even if time is scarce, the quality of the doctor-patient relationship must not be sacrificed, as it is the basis of an effective ophthalmological practice. Furthermore, it was identified that establishing a good doctor-patient relationship often does not increase consultation time, as long as we use the necessary communication skills.

Another challenge we face is the technical complexity of Ophthalmology. This specialty involves a variety of specialized procedures that require in-depth knowledge that is often not offered during graduation. This distance from the specialty-specific skills that are so common at the beginning of specialization reduces the resident doctor's confidence and can negatively influence the establishment of the relationship with the patient. Furthermore, the emphasis on technique can sometimes obscure the importance of empathy and communication. During our consultations, especially when performing eye procedures, we learn that technique and communication are not mutually exclusive. We can perform procedures with technical skill while maintaining effective and empathetic communication with the patient.

Observation of care offers the opportunity to understand the countless factors that hinder the good execution of medical practice at this level of complexity, however, among these

variables, a large number are of origin prior to the current care, and are not under the direct control of the doctor. Such factors outside the professional's control are generally related to environmental factors (inappropriate location, external noise) or to the patient (basic causes, current symptoms, previous experiences).

A striking and common experience among us was the need to deal with difficult and emotionally challenging situations. In this specialty, patients often receive complex diagnoses, such as advanced glaucoma, severe cataracts and retinal detachment. Delivering bad news and supporting patients during these delicate times requires advanced sensitivity and communication. Each of us has experienced situations where empathy and emotional support are crucial for patients facing frightening diagnoses.

To overcome these challenges, we seek guidance from more experienced preceptors and fellow residents. Their enriching stories and experiences provided us with valuable insights and helped us understand the complexity of Ophthalmology, including the importance of effective communication and empathy. Furthermore, participation in clinical case discussion sessions has been a crucial part of our learning. In these sessions, we had the opportunity to share experiences, learn from others' mistakes and successes, and get constructive feedback about our own approaches to cases. This has helped us develop our interpersonal skills and improve our ability to deal with challenging clinical situations.

Another crucial point is self-reflection, which has become a fundamental habit in our practice. We regularly evaluate our interactions with patients and seek feedback not only from our preceptors, but also from patients themselves, the most important piece of this process. This has allowed us to identify areas where we can improve and develop our

skills on an ongoing basis.

The first year of residency in Ophthalmology consisted of a journey full of challenges in building the doctor-patient relationship. Time pressure, technical complexity and the need to deal with difficult situations are common obstacles we face. However, as we progress, we learn to optimize consultation time, balance technique with empathy and face emotional challenges with sensitivity. By seeking guidance, participating in clinical discussions, and practicing self-reflection, we continue to develop our interpersonal skills and strengthen relationships with our patients. This is a continuous journey, essential for success in ophthalmology practice and for providing high-quality, humanized care to our patients.

## DISCUSSION

It is clear that an effective medical assessment depends on collaboration between the two parties involved: the healthcare professional and the patient, together with their guardians. The quality of communication and the ability to perform a thorough physical examination play a key role in making the correct diagnosis and providing an appropriate treatment plan. Therefore, it is essential to build a relationship based on mutual trust during the assessment, in order to ensure that the information necessary to formulate treatment is clearly obtained.

It is widely recognized that good communication is a fundamental medical skill for effective clinical practice. The care process begins with anamnesis, which essentially consists of establishing an exchange of information that will lead to appropriate diagnosis and treatment. Therefore, it is extremely important that professionals have skills in establishing solid interpersonal relationships, since not knowing them can result in negative consequences, such as

dissatisfaction on the part of the patient and their guardians, legal problems and even health complications arising from treatment. inappropriate.

The medical residency process is a crucial phase in a doctor's career, in which technical knowledge, clinical skills and, above all, the development of an effective doctor-patient relationship are improved. This relationship is the core of medicine, being essential for the diagnosis, treatment and well-being of the patient. The positive impacts that effective communication has on the patient have already been demonstrated. Among these impacts, one of the most important aspects is the ability to make joint decisions about treatment, as well as the empathy shown by the professional regarding the patient's health situation.

Communication skills are an essential element of a successful medical practice. Professionals who seek to improve their skills in this area reap benefits that include greater satisfaction on the part of patients and their families, reduced service costs and contributions to more accurate diagnoses and treatments. Likewise, those who neglect to develop these skills risk facing unintended consequences. This article emphasizes the importance of establishing strong connections and highlights the benefits of this for healthcare professionals, patients and healthcare services, and is relevant for all medical professionals.

With the aim of improving the doctor-patient relationship in the first year of specialization in Ophthalmology, it is essential to recognize and address these difficulties early. A proactive approach is key. Medical residency programs must include training in effective communication, empathy, and managing difficult situations. This may involve conducting clinical case simulations that address the complexities of the relationship, as

well as guidance from experienced preceptors.

Additionally, medical residency programs can foster an environment that values communication and empathy, encouraging resident physicians to reflect on their interactions with patients, seek feedback, and learn from experiences. Creating spaces for discussion and support to deal with the stress and emotions involved in ophthalmology practice is also essential.

In conclusion, building a doctor-patient relationship in the first year of specialization in ophthalmology can be challenging due to a number of factors, including lack of

experience, time pressure and the technical complexity of the specialty. However, it is critical to recognize these difficulties and take a proactive approach to improve communication, empathy and management of difficult situations. By investing in the training of resident physicians in these crucial aspects, we can promote a more effective, patient-centered and humanized ophthalmology practice. The doctor-patient relationship is the cornerstone of medicine, and it is our duty to ensure that it is built on trust, respect and mutual understanding.

## REFERENCES

- ALVES MR, NASKASHIMA AF. **Motivações e percepções de médicos residentes em relação à escolha da carreira em Oftalmologia.** Revista Brasileira de Oftalmologia, 2003; 62(11).
- ALVES MR. **Reflexões sobre atitude, comportamento e Oftalmologia.** Revista Brasileira de Oftalmologia, 2008; 67(2).
- ARANTES AV, et al. **Percepção sobre aspectos da doença e de seu tratamento em pacientes portadores de glaucoma.** Revista Brasileira de Oftalmologia, 2021; 80(2).
- BARLETTA JB. **A relação médico-paciente na graduação de medicina: avaliação de necessidades para a educação médica.** Dissertação (Doutorado em Ciências da Saúde) – Universidade Federal de Sergipe (UFS), Aracaju, 2014; 177 p.
- BIASE CLCL. **Atenção primária à saúde e oftalmologia: percepção discente sobre a aquisição de competências na formação médica.** Dissertação (Mestrado Profissional em Ensino na Saúde) – Faculdade de Medicina. Universidade Federal de Alagoas (UFAL), Maceió, 2017, 87 p.
- BRANCO, RFGR, et al. **Avaliação do processo de ensino/aprendizagem da relação médico-paciente no curso de medicina da Universidade Federal de Goiás.** Revista UFG, 2017; 7(2).
- BRUCE FB. **A gênese de uma especialidade: o processo de profissionalização da Oftalmologia.** Dissertação (Mestrado em História das Ciências da Saúde) – Casa de Oswaldo Cruz, Fundação Oswaldo Cruz, Rio de Janeiro, 2005.
- DAMASCENO MB, et al. **Avaliação do conhecimento em Oftalmologia na graduação médica.** Revista Médica de Minas Gerais, 2021; 31: e-31115.
- GENTIL RM, et al. **Avaliação da resolutividade e da satisfação da clientela de um serviço de referência secundária em oftalmologia da Universidade Federal de São Paulo – UNIFESP.** Arquivos Brasileiros de Oftalmologia, 2003; 66(2).
- GOMES AHB. **Implantação da avaliação por competência da oftalmologia no currículo médico generalista.** Dissertação (Mestrado Profissional em Ensino na Saúde) – Universidade Federal do Rio Grande do Norte, Natal, 2018; 78 p.
- HERCOS BVS, et al. **Qualidade do serviço oftalmológico prestado aos pacientes ambulatoriais do Sistema Único de Saúde – SUS.** Arquivos Brasileiros de Oftalmologia, 2006; 69(2).
- MATOS IB, et al. **A aprendizagem e o trabalho médico: saberes e experiências.** Unoesc & Ciências, 2020; 10(2).

- MILLÁN T. **Percepções de médicos oftalmologistas de como os programas de residência médica do estado de São Paulo os prepararam para a prática profissional.** Dissertação (Doutorado em Ciências Médicas) – Faculdade de Ciências Médicas. Universidade Estadual de Campinas (Unicamp), Campinas; 101 p.
- MIRANDA LFJR. **Relação Médico-Paciente Idoso.** Revista Médica de Minas Gerais, 2010; 20(1).
- MIYAMOTO ACC, STRUCKEL AC. **Percepção dos pacientes sobre uma clínica oftalmológica de Maringá.** Caderno de Administração – Universidade Estadual de Maringá, 2013; 20(1).
- MUCCIOLY C, et al. **A humanização da medicina.** Arquivos Brasileiros de Oftalmologia, 2007; 70(6).
- RIBEIRO MME. **Avaliação da atitude do estudante de medicina da Universidade Federal de Minas Gerais, a respeito da relação médico-paciente, no decorrer do curso médico.** Dissertação (Doutorado em Clínica Médica) – Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, 2006; 116 p.
- RODRIGUES CRC, RODRIGUES MLV. **Reações emocionais do paciente oftalmológico.** Arquivos Brasileiros de Oftalmologia, 1992; 55(1).
- SANTOS SCM, et al. **A prática da humanização da relação médico-paciente nos alunos de primeiro período de medicina da Universidade Severino Sombra. A visão do calouro que se tornou monitor.** Um relato de experiência. Revista Pró-UniverSUS, 2019; 10(2).
- XAVIER HN. **Percepções sobre os serviços de oftalmologia num hospital da cidade de Maputo.** Dissertação (Trabalho de Conclusão de Curso) – Departamento de Antropologia. Universidade Eduardo Mondlane, Maputo, 2017; 41 p.