

## **Communication Skills in Medical Education: An Integrated Approach**

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The importance of teaching communication skills in any undergraduate medical curriculum cannot be overstated. Effective doctor-patient communication is widely recognised as an essential aspect of quality patient care. A communication skills module developed for first year medical students at the University of Western Australia (UWA) is described in this paper. This module aimed to enhance students' skills in medical communication and increase their understanding of the importance of addressing the patient's perspective. Results of a preliminary evaluation suggested that the module may significantly improve student's communication skills and their appreciation of the role of communication in the doctor-patient relationship. The involvement of patients, both real and simulated, and the use of role play, were reported to be the most significant module features for increasing understanding of the importance and value of communication in the doctor-patient relationship.

### **Introduction**

The importance of teaching communication skills in the medical curriculum is now widely recognised (Kurtz, Silverman, Benson, & Draper, 2003). Communicating effectively with patients requires complex skills to enable doctors to take accurate patient histories, consider the patient perspective, involve patients in the interview process and attend to their emotional wellbeing, and initiate a process of clinical reasoning (Berkhof, van Rijssen, Schellart, Anema, & van der Beek, 2011; Levinson, Lesser, & Epstein, 2010). Adequate and effective communication has been found to be an essential component of quality patient care (Berkhof, et al., 2011). These skills have been linked to positive outcomes for both patients

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and doctors including more accurate identification of patients problems; greater job satisfaction and less work stress for doctors (Maguire & Pitceathly, 2002); increased patient satisfaction, compliance and adherence with treatment (Haskard Zolnieriek & DiMatteo, 2009; Silverman, 2009); and reduced patient distress (Meyer et al., 2009). A systematic review of 40 years of published studies confirmed that good doctor-patient communication impacts on a range of patient outcomes (Rao, Anderson, Inui, & Frankel, 2007). In contrast, deficiencies in communication have been shown to be associated with medical errors and negative patient experiences (Levinson & Pizzo, 2011).

Doctors have considerable training in doctor-patient communication, both as medical students and post-graduates, with communication skills training integrated into most medical curricula. The overwhelming evidence in support of communication skills training has resulted in a number of studies in which researchers have attempted to identify the most effective ways of teaching these skills (Bokken, Rethans, Scherpbier, & van der Vleuten, 2008; Littlewood et al., 2005; Spencer et al., 2000). A growing number of studies to investigate the most effective techniques of teaching communication skills in the medical curriculum have been undertaken in the last few decades. Various teaching methods have been identified to be essential including patient interaction, small group learning, video recording and review and rehearsal (Silverman, 2009). In a recent systematic review, Berkhof et al. (2011) identified that a combination of didactic and practical components appeared to have the most significant positive impact on communication skills improvement. This review also found that teaching which incorporated role-play, informative feedback and small group discussions had a significant impact on student learning.

Early contact with patients has been found to be a valuable addition to undergraduate medical education (Spencer, et al., 2000). Recommendations by the UK General Medical Council, which regulates medical education in the UK, emphasises the importance of early experience with patients (General Medical Council, 2009). The 2010 call for reform of medical education by the Carnegie

Foundation for the Advancement of Teaching in the USA (Irby, Cooke, & O'Brien, 2010) advocates 'early clinical immersion'. Medical schools internationally are expanding their current practice to ensure there is meaningful patient-student interaction during early medical training. Early interaction with patients has been shown to increase student motivation and increase students empathy, responsibility towards patients, and professional identity (Littlewood, et al., 2005). In a review by Bokken et al. (2008) the use of real and simulated patients in undergraduate medical education was identified as an indispensable component. Use of simulated patients was found to provide a safe, low anxiety learning experience where students could learn from feedback and build competence and confidence. Real patients were beneficial as they are seen as more authentic and could present actual abnormal physical findings and unique insights from the patient's perspective (Bokken, et al., 2008).

Authentic human contact in a social or clinical context during the early years can help medical students learn and develop appropriate attitudes towards their studies and future practice (Littlewood, et al., 2005). However, there is a need for these experiences to be supported by a range of other teaching methods in an integrated approach. This paper describes results of an evaluation aimed to assess the effectiveness of a new communication skills module for Year 1 medical students at UWA.

### **Description of the Communications Skills Module**

A communication skills module entitled "Communication skills for medical students" was developed by the School of Psychiatry and Clinical Neurosciences at UWA in 2008. This module addressed the need for increased teaching of communication skills to first year students in the first semester of the course. The module recognises that an integrated approach that includes role play, video resources, small group discussions and early exposure to real and simulated patients is important in order to provide students with a solid foundation for future communications skills training as they progress through the pre-clinical and clinical years of the course.

A range of teaching methods are utilised throughout the eleven week module. There are three lectures at the start of the module which introduce students to the importance of communication focusing on presenting complaint and comprehensive history taking. At the second of these lectures several guest patients with a range of medical conditions are invited to talk to students about the importance of communication skills for doctors.

Students then participate in seven small group tutorial sessions which run for two hours each. A PowerPoint presentation and tutor guide that covers the weeks learning material is provided to support each tutorial. Topics covered in the tutorials include basic communication skills such as the use of open, closed and probing questions, demonstrating empathy, clarification and summarising the interview; presenting complaint and comprehensive history taking; breaking bad news; cultural differences when working with patients and families from different cultural backgrounds; spiritual needs of patients; dealing with challenging consultations; legal and ethical issues in medicine; and doctor self care. During the tutorials, students participate in group discussions, activities, and role plays. A series of interactive video resources that demonstrate various aspects of history taking and interview skills (Bennett & Lyons, 2009) were developed specifically to support the teaching of this module. At the end of the module competency in history taking was assessed. Students were required to undertake an eight minute interview of a presenting complaint with a model patient with feedback provided following the assessment.

At the conclusion of the module students should be able to:

- Demonstrate skills to effectively communicate through both verbal and non-verbal channels
- Describe and utilise appropriate communication principles
- Perform a patient-centred interview using an integrated approach
- Describe the framework for and demonstrate taking a comprehensive medical history (including an accurate biopsychosocial history)

- Summarise health information in verbal reports clearly and with sensitivity
- Appraise their own communication skills and those of others
- Acknowledge the importance of non-judgemental interviewing
- Identify some broad issues in cross-cultural communication
- Describe the key gender, cultural and ethical issues when communicating with patients, their families and carers

A core component of the module was the integration of simulated and real patient encounters. Patients with a wide range of medical conditions (e.g. cancer, Parkinson's disease, injuries resulting from accidents) were invited to speak about their positive and negative experiences with medical professionals and the health care system. These patients told their story to the students and discussed the impact that good and bad communication had on their health, both physically and psychologically. Students were then given an opportunity to interact with the patients to discuss these issues in more detail.

To increase student exposure to simulated patients in the module a series of short videos were developed to illustrate the central elements of a medical doctor-patient interview. The topics included: (i) initiating the communication, (ii) discussing the presenting complaint, (iii) taking a comprehensive history, and (iv) explaining and planning for the future. Separate video segments are used to illustrate both appropriate (e.g. attentive listening) and inappropriate techniques (e.g. failure to ask appropriate probing questions) and basic skills of communication (e.g. open versus closed questioning, non-verbal behaviour). The videos cover aspects of communication that students often find difficult, including breaking bad news, communicating with young children, and working with distressed patients. Scripts were drafted and filmed using experienced medical doctors and actors as patients resulting in the production of 10 videos totalling 45 minutes viewing time (Bennett & Lyons, 2009). A short tutorial workbook accompanies the videos to allow students to

identify important aspects of communication within the learning outcomes of the module.

### **Preliminary Evaluation of the Module**

In the preliminary evaluation reported in this paper, Year 1 medical students completed pre and post surveys during a tutorial in the first and last weeks of the module. The questionnaire consisted of three different sections: (i) confidence in history taking and interviewing; (ii) knowledge of specific skills; and (iii) evaluation of teaching resources (follow-up only).

Questions in Section 1 measured the importance of communication skills, importance of the patient centred style of interviewing, and the students' level of confidence in history taking, both presenting complaint and comprehensive.

Section 2 measured the students' level of knowledge of various communications skills including use of active listening; use of open, closed and probing question; non-verbal body language; and demonstrating empathy. Section 3 (follow-up only) asked students to rate the usefulness of the different resources (videos, group discussions, role plays, activities and lectures) in helping them to learn communication skills. For each section, students were asked to rate the questions on a 10 point visual analogue scale where 1 indicated low importance/confidence/knowledge, and 10 indicated high importance/confidence/knowledge. Rating for responses to Section 3 were also on a scale of 1-10 where 1 indicated 'not at all useful' and 10 'very useful'. An opportunity for qualitative comments was also provided.

### **Results**

Two hundred and eighty eight students (*Mean age* = 18.3 years, *SD* = 1.39) completed the surveys. There was a strong improvement in the students' perceptions of their communication skills at the end of the module, and an increased appreciation for the role of communication in medicine. The majority (68.5%) indicated they felt

very confident in using their skills to take a history of a presenting complaint from a patient. Almost all students (97%) reported that they believed communication skills to be highly important.

Knowledge of specific skills associated with effective communication was explored using *t*-tests to compare the pre and post scores on a number of communication skills taught during the module. Bonferroni correction was applied to *t*-tests and *p* values less than 0.05 were considered significant. Significant improvements were reported by students in the areas of active listening ( $t(575) = -14.477, p < 0.001$ , two-tailed,  $d = 2.54$ ), the use of empathy ( $t(604) = -11.196, p < 0.001$ , two-tailed,  $d = 2.68$ ), and the use of non-verbal body language ( $t(586) = -12.816, p < 0.001$ , two-tailed,  $d = 2.72$ ).

Overall, students reported that following completion of the module they felt more confident in their ability to work with patients in a range of situations, believed they had significantly more skills to enhance their communication with patients and importantly, they placed greater emphasis on the importance of communication in the doctor-patient relationship.

The following comments were elicited from the qualitative question:

- The practical interviewing sessions and obtaining the skills for communication with patients in medicine were the best...a good place to learn and realise just how important communication skills are.
- It was really helpful as I have a clearer idea of what was expected of us, having this knowledge would boost confidence when we start dealing with patients in our clinical years.
- Role plays are the most useful out of any resource/tool we have had.
- It was very insightful and provided adequate skills at an adequate level. I found it good that it was pitched at first year level. Good module, well done.

- I feel that I have learnt a lot of relative material and feel confident to perform a patient interview in a real situation.
- I think the role plays were exceptionally useful because playing it out in reality makes me realise how difficult it truly is.

## **Discussion**

The importance of teaching communication skills to medical students cannot be understated. The UWA module was found to be an effective learning experience for Year 1 students. It has provided students with a strong foundation for the further development of their communication skills as the medical course progresses in to the clinical years. The use of videos, role plays, discussions and activities were all rated as effective teaching strategies, whereas lectures were poorly rated (Rees, Sheard, & McPherson, 2004) conducted focus groups to determine students' views and experiences of learning communications skills. They found that students were positive about role play, but lectures were unpopular and regarded as a passive, rather than active means of learning. Other authors have emphasised the importance of role play in medical education (Wearne, 2004) (Deveugele et al., 2005) and this is also supported by the qualitative comments provided by our students.

The involvement of patients, both real and simulated, plays a significant role in students understanding of the importance and value of communication in the doctor-patient relationship (Bokken, et al., 2008). In our study, the use of simulated patients as actors in the videos was a particularly useful learning tool in history taking, both presenting complaint and comprehensive history. There are many different ways of integrating patients into communications curricula it is important that patients are adequately trained for the role and that the psychological impact and ethical issues for both patient and student are addressed (Jha, Quinton, Bekker, & Roberts, 2009).



## **Future Directions**

Research shows that few efforts to teach medical students communication skills have specifically targeted patients with mental health issues (Iezzoni, Ramanan, & Lee, 2006) and many doctors report feeling uncomfortable or ineffective communicating with patients with these illnesses (Lieberman & Lieberman, 1996). A module specifically focussing on working with patients with mental health issues has also been developed by the School of Psychiatry and Clinical Neurosciences at UWA. The module utilises similar teaching methods and resources including lectures, small group tutorials and patient interactions to further enhance student communication skills and ensure that medical students have the ability to communicate effectively and confidently with people with mental health issues. In the future it is anticipated that teaching modules focusing on a range of challenging communication issues will be developed to further advance students communication skills.

## **Conclusion**

The importance of doctor-patient communication has been well established and there is international acceptance of the role of teaching communication skills in medical schools. The need to ensure that doctors have practical skills to effectively communicate with patients from a range of backgrounds is a vital component of communication skills teaching. Student feedback highlights the enormous value that they place on early exposure to patients, both real and simulated. Meeting patients is considered an essential element to instil student interest and appreciation for the value of communication skills in medicine. The inclusion of patients with wide ranging medical conditions and the development of a series of video resources increases students understanding and appreciation of doctor-patient communication. This communication skills module provides a strong foundation for the development of skills for working with patients as students' progress through the medical course. Medical students are expected to demonstrate a high level of competence when communicating with patients from a range of backgrounds and the practical teaching resources discussed in the

paper provide a structured approach to teaching communication and the importance of an integrated approach including the use of real and simulated patient experiences.

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