



TEACHING COMMUNICATION SKILLS TO THE HEALTH CARE PROFESSIONALS: PRINCIPLES, CHALLENGES AND SOLUTIONS

Medical Science

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ABSTRACT

Teaching and learning are integral components of a health care system and are vital for effective change in attitude and behaviour of health care professionals. Communication is an important tool which all health care personal need to learn as it gives a myriad of benefits to the patient, doctor, health care system and the country. Learning and acquiring communication skills depends on various factors. Factors related to the learner, teacher and the environment will play huge a role in this process. Therefore, there are many barriers in teaching and learning communication. In order to overcome these barriers, it is important for all the members of the health care team to understand the value of communication and take necessary steps to establish teaching and training of this competency.

KEYWORDS

teaching, learning, communication, health care professionals

Teaching and Learning Communication

Teaching and learning are defined as an effective change in behaviour of a person. Teaching is a process of systematic and sustained learning activities for the purpose of bringing about changes in knowledge, attitudes, values or skills¹. Learning is a process of acquiring new (or modifying existing) knowledge, behaviours, skills and values².

Teaching and learning are mandatory for the survival and progression of any civilised society. Comparable with any other discipline, health care systems evolve around teaching and learning. As new discoveries and research findings are uncovered every day, health care professionals need to update their knowledge and skills to ensure they provide a quality service. Continuous medical education (CME) is an effective way of keeping up to date with the latest developments within the health sector. CME not only focuses on developing clinical knowledge but also on improving communication skills³. Communication is an important skill for health care personal and any CME without incorporating communication, will be of no benefit little benefit to the learner and subsequently the patients they care for.

There are many challenges with regards to teaching health care professional's communication skills. These challenges can present at various stages of learning and can affect the teaching process.

Communication and its benefits

Communication is a competency. William Newman and Charles Summer defined communication as a process of sharing information, ideas, facts, opinions or emotions of two or more persons⁴. Clinicians universally understand the importance of a good history, focused examination, relevant investigations and rational treatment for an unwell patient. Similarly, emphasis should be given to the communication component in the management of a patient.

CanMEDS is a framework which describes the competencies physicians require to meet the societal needs. This framework of core competencies is organized thematically under seven major physician roles: medical expert, communicator, collaborator, leader, health advocate, scholar and professional⁵. Out of all these competencies, communication has a central place, not only because it involves in the process of discharging clinical care but also it is intrinsically integrated with all other competencies. No health care professional will be able to survive without communication skills. Therefore, communication is an important skill which needs to be learnt and taught by the health care professionals.

Good communication practise has a myriad of benefits to the patients, health care system and the country. It improves patient satisfaction, patient empowerment, therapeutic adherence, therapeutic efficacy and contributes to build trust in the system⁶. Therefore, this will lead to improvement of the services provided within the health care institutions due to less crowding, cost effectiveness and public

acceptance. It leads to development of an empowered society and reduction in health care cost resulting in beneficial effects to the whole country⁷. Hence it can be concluded that bad communication will have negative effects on patients and the health system⁸.

How to teach communication?

The uniqueness of communication is that it cannot be taught through lectures nor by reading text books. Understanding the theory of communication skills and styles is not adequate alone. It is important to teach communication as a series of skills and create opportunities for the learner to practise which will consolidate their learning. By practising, the learner becomes internally motivated and ultimately styles of communication become learnt behaviour which with experience will transform into a spontaneous gesture of the learner. For this transformation to occur it is important to adapt a learner centred teaching process rather than the traditional didactic teaching method. Researchers from University of Calgary and University of Cambridge have developed a communication model which is called as Calgary-Cambridge model that proposes a long list of skills which would be useful for learners in doctor-patient conversations⁹. These skills are considered as tools for communication and pay special attention to diversity of patients with regard to socio-economic status¹⁰. The model proposes the following four sequential processes:

- **Initiating the session**

Introductions, attend to physical needs, building rapport, asking opening question, effective listening, summarizing and screening and setting a collaboratively agreed agenda.

- **Gathering information**

Gathering information based on the planned agenda. Imitate the process with an open-ended question facilitating to relate the story.

- Physical examination, sharing information and collaborative planning
- Closure with contract

Variety of methods of teaching communication should be adopted. There are didactic and teacher-centred methods as well as learner-centred and experiential. Teacher-centred methods include lectures, demonstrations, reading material and video recordings. Simple lectures could also be utilised to support and create awareness and infuse much needed knowledge and evidence. However interactive nature of lectures and building knowledge based on existing knowledge and experiences of learners will enhance the acceptance of new ideas. Demonstrations and video clips also help in a similar manner.

Experiential learning involves actual performance of communication skills and facilitating reflections, providing feedback and opportunities to rehearse the skills. This can be done with real patients or simulated patients which will help in acquiring the appropriate skills needed for effective patient care and management.

Learning and acquiring communication skills depends on various factors such as commitment, training processes and personality traits. Among these, commitment and training are modifiable factors. Communication involves all four domains of learning: cognitive, affective, psychomotor and interpersonal skills. Cognitive domain is the knowledge or thinking part, affective domain is the emotional component or the feeling of the learning process, psychomotor domain is the motor skills related to the learning and the interpersonal skill is the socialization or interaction. Effective communication teaching should incorporate all four domains for it to be a successful process that can change the behaviour of the learner¹¹.

Challenges in teaching and learning communication

Teaching and learning communication do have many challenges. Teacher's abilities, inadequacy of good teachers, educational environment, social expectations and learners' attitudes can have a major hinderance on the process of learning communication skills.

Majority of adult learners have already established practices of communication that is effective for them. Challenging such practices leads to defensive behaviours that are detrimental for the learning process. Therefore, it is vital to initiate discussion-based learning on existing practices, knowledge and support changes based on research evidence. However, it is important to understand that most of the methods of communication are effective but some of the methods are considered to be more effective than others.

Learners' beliefs and attitudes play a major role in learning communication. Studies show that trainees believe communication cannot be taught and therefore they are reluctant to learn it¹². Another study revealed that students whose parents were not doctors and students who thought their communication skills needed improvement had a positive attitude towards learning communication¹³. Therefore, it is interesting to note how much a learner's pre-occupied thoughts can affect their learning process.

Majority of teachers who are trained in a doctor centred era have learnt and promoted a data-gathering style of teaching and therefore adopted such behaviours. Such teachers instil selective listening of the medical scenario to promote a data gathering style to achieve a diagnosis rather than paying attention to entire psychosocial aspects including illness scenario that is conducive for holistic care. Therefore, the education of trainers is essential in a health care system to establish CPD programs to allow them to teach communication skills effectively. Teachers' knowledge, attitude and experience are also an important factor in teaching communication. Lack of formal training in communication and low confidence in teaching will be a major obstacle in providing effective training¹⁴. There are some teachers who believe that by simply watching communication scenarios the trainee will be able to learn effective communication and reproduce the skills¹⁵.

Educational environment has a major impact on the process of learning. There are no rewards for skilful communication. Long case; the popular assessment method adopted in clinical practice assesses effectiveness in data gathering and presentation skills over real communication skills that contribute for efficient, effective and supportiveness of communication.

Time and human resource are crucial factors in learning communication. In majority of the health care institutions priority is given for clinical work and most of the working time is spent on managing the patient and no time is allocated for the communication skill development. The work load is an important barrier for many doctors for learning communication during their routine work.

Traditionally in some countries, the communication component of the management of the patient within in the health care system has been given little priority. Patients rarely question the doctor's diagnosis and treatment modalities and do not challenge their decisions. It has been an accepted as a cultural norm. In such communities introducing the importance of communication and patient centredness will be a major challenge and difficult task.

Overcoming the challenges

To deal with the challenges, a rational approach and coherent strategies should be executed. The most important aspect which needs to be addressed is change in the attitude of the learners. Attitude forms the base of the learning process. Hence, steps should be taken to encourage

positive thinking and motivate learners to study communication. The importance of communication skills and its benefits should be emphasized to the health care personal from e their student days. The trainees should be allowed to get first-hand experience of the positive aspects of learning communication during their clinical attachments.

The governing bodies of health care systems need to pay attention to the training of this important competency. Incorporating training communication skills in CPD programs, monitoring its progress, clinical auditing and research will help to establish a structured training programme for communication skills. For practising learners, it should be made mandatory to undergo a regular performance appraisal in communication skills. An evaluation system should be established to continuously assess the performance of the health care professional and a rewarding method should be introduced to those who perform well. The reward can be in the form of awards, certificates or CPD points. This will create enthusiasm and encourage more people to practise communication in their routine work.

The importance of introducing communication in to the medical curriculum is very well understood in most of the countries. In the United Kingdom, United states and other western countries communication has become a core part of the medical education and has started to give fruitful effects in the development of health care¹⁶. Studies show that majority of the medical students understand the role of communication in medical practise and have benefitted very much from the introduction of communication training in their curriculum¹⁷. Compared to the western countries, most of the developing countries do not have communication skill as a component of their medical curriculum. In the recent past however, some enthusiasm has been shown by the medical schools of the developing countries and gradual changes have started to take place. In Sri Lanka, during the last few years, significant effort has been put to teach communication skills for medical trainees and to incorporate it to the undergraduate and postgraduate medical curriculum.

Paramount importance should be given for training the teachers on effective communication teaching. Health care institutions should collaborate with educational bodies to establish trainer education programs to produce confident teachers. Novel teaching methods such as simulated patients, multi-source feedback (MSF) and objective structured clinical examination (OSCE) should be incorporated in teaching and assessing communication skills. Using simulated patients in communication has shown to improve the consistency, reduce the cost, efficacious and contributes to the development of inter-professional education across healthcare sectors¹⁸. MSF and OSCE are considered to be useful tools for assessment of communication skills and can be helpful in identifying trainees who need early intervention¹⁹.

Information technology is considered to play a significant role in doctor-patient communication. Bedside tablets and smart phones contain many applications which will help the patient to get acquainted with the hospital and the treatment which will allow for a more positive patient experience whilst in hospital²⁰. Hence, the communication training should focus on these aspects and the learners should be encouraged to use information technology as a tool in communicating with the patients.

One of the best ways to evaluate the communication skills of health care workers is by knowing the perception of the patients. Allowing patients to express their opinions about their hospital stay and management will be a good indicator to assess the institutions performance. This can be done by feedback forms and online reviews. Health care institutions should have provisions to facilitate and encourage patients to give feedback using these options. This will help the institutions to revise their practise and take necessary steps to improve patient care.

In conclusion, the importance of communication skills should be understood by all members of health care service. The policy makers should realise the benefits of effective communication and take steps for its implementation, practise, evaluation, training, research and legislation. The change of attitude of all health care providers can do wonders to the patients and improve their wellbeing and outcomes.

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