

Teaching communication skills

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Communication is the act of conveying a message to another person, and it is an essential skill for establishing physician-patient relationships and effective functioning among health care professionals. Participants in the Toronto Consensus meeting in the early 1990s concluded there was enough evidence to prove that doctor-patient communication problems are common and that they adversely affect patient care.¹ Traditionally, most medical trainees learn verbal and nonverbal communication skills by watching their teachers and preceptors. In family medicine settings, learners are expected to be actively coached in communication by their supervising teachers—family physicians and other members of the health care team. More recently, skills workshops and simulated practice sessions have been used to teach communication skills. In the United States, a cross-sectional survey of family physicians who had graduated from residency programs between 1998 and 2000 showed that physicians reported the most preparation in patient care skills, followed by interpersonal skills, communication skills, and then professionalism.² However, patient-physician communications continue to need more emphasis and improvement, as shown by a recent study in which patients rated family medicine residents' communication skills using the Communication Assessment Tool, developed by Makoul et al.³ The authors found that first-year residents were rated considerably higher (77.0% of responses rated them as "excellent") than second-year (69.5%) and third-year (68.1%) residents were.³

As programs expand and the number of trainees needing preceptors increases, some of the available strategies for ensuring excellent communication skills could be used to enhance training. This paper briefly reviews various methods that are used to teach communication skills to trainees and discusses assessment of communication skills.

Watch and learn

Watching teachers. Preceptors are generally considered to be role models for their learners as the main examples of appropriate professional communication and ethical conduct. Preceptors powerfully influence learners, as learners tend to copy teachers' behaviour consciously and unconsciously.⁴ Some features of clinical competence (eg, empathy, compassion, counseling, and showing support to patients) might have to be

explicitly discussed with learners, as they are often hidden within the communication process. Furthermore, unprofessional or inappropriate behaviour such as eye rolling, toe tapping, and lack of attentive listening should be avoided. There is limited evidence to show a sustained change in learners' behaviour and attitudes as a result of direct observation of preceptors and other members of the health care team.⁵

Watching videotapes. Videotaping can be a powerful tool for learners to improve communication skills, correct mistakes, and ultimately achieve professional, effective communication.

Videotaping preceptors: Videotaping preceptors' consultations adds a valuable resource for learning communication skills. Observing ideal interviewing skills enhances learners' motivation to mimic those skills in clinical practice. It enables learners to watch their preceptors interact with patients while giving them time to reflect on the communication. Learners will be able to express their feelings about the interview and identify both verbal and nonverbal cues. Also, they can share thoughts and feedback with teachers and peers; as a result, they can identify appropriate ways of communicating with patients.⁶

In order to encourage discussion and sharing of ideas, preceptors have to be open and accepting of feedback, thereby themselves gaining more insight and awareness about modeling for learners the process of seeking coaching on communication skills.

Videotaping learners: Watching their own communication with patients by reviewing videotapes of themselves helps learners to view the consultation process from patients' perspectives. It can be used as a form of self-assessment to identify communication strengths and weaknesses during interviews and to observe and understand patient reactions.⁷ Watching a recorded interview with teachers' feedback adds considerably to learners' interview techniques and ability to lead consultations effectively.⁸

Videotaping is an important teaching tool from which learners identify areas to improve when they have to teach others. It is very useful in recognizing their actual behaviour during interactions with patients, as it is not possible to be fully aware of all that one is doing during an interview, particularly for nonverbal cues. Videotapes can be used for study alone, comparison with peers, and checking communication improvement over time. In case videotaped interviews are not available, clips from popular television series can be used to teach trainees

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some basics of good communication. Simulated interviews with actors (standardized patients) can also be used for this purpose.

Recording an interview requires formal informed consent from patients and must maintain patients' privacy and confidentiality. This includes proper disposal of any recordings after use. It is important that learners also give consent to be recorded, and that they understand the purpose of such recordings. Using videotapes can be technically expensive and time consuming, although many people have personal devices that can be used. Using videotapes has the advantage of being easily handled by users; they can be repeated, slowed down or sped up, and stopped as necessary.

Role play

Role play in clinical practice is defined as "someone emulating a patient's role in a clinical encounter, taking into consideration all possible medical, cultural and behavioral contexts."⁹ It allows for practising communication in a safe and controlled environment. It also gives a space for learners to practise communication and receive feedback from staff and peers. Role play between learner and teacher is most common in family practice, as there is a great deal of opportunity for one-on-one teaching. Often, a teacher can ask a resident or student to rehearse an anticipated challenging encounter ahead of time—or debrief afterward, trying out ways to have handled things differently. Such role play can often be done in less than a minute, but can be very effective in equipping a learner with effective communication strategies.¹⁰ Role play has been shown to be effective in enhancing communication skills.¹¹

Time for preparation, volunteers' anxiety, and difficulties in giving proper feedback are some of the obstacles for engaging in role play. Learners always have to exercise their learning process in a safe and supportive educational climate to achieve their goals.

Group work. Group work has been shown to enhance retention of knowledge and skills.¹² Working and role playing in groups can increase learners' sense of participation, as they can work together and assess different communication skills in various situations. Small groups help in filling gaps in the knowledge and skills of the group members, and they use a learner-centred process with less didactic teaching.¹³

Standardized or simulated patients. Use of well-trained actors is an alternative way of role playing specific communication skills or solving certain patient problems.¹⁴ Simulations can mirror reality quite closely and are good for improving certain communication skills, such as counseling and breaking bad news. Standardized patient simulations are effective

in teaching and assessing communication skills.¹⁵ However, well-trained actors are usually expensive, and teaching sessions with simulated patients would require financial support from institutions.

Real patients. Interviewing real patients in real practice has been shown to be valuable for learning communication skills and understanding patient illnesses.¹⁶ The patient-centred clinical method is used in family medicine teaching as a model for interacting with patients and as part of the evaluation framework for the Certification Examination in Family Medicine.¹⁶ Patient-centred communication has been validated in terms of improved outcomes for patients.¹⁶

Electronic communication


Electronic communication between physicians and patients has the potential to expand as technology advances, and such communication carries many responsibilities and liabilities for physicians. A recent study showed a dangerous lack of knowledge in adhering to published confidentiality guidelines for physician-patient e-mail correspondence among both faculty and residents, which did improve after a teaching session.¹⁷ Courses for teaching communication skills can also be delivered using various electronic means, such as teleconferencing, distance learning, telephone discussion, e-mail, and a global network of computers. Electronic learning is useful to extend class discussion beyond the limited time and place of the classroom and helps facilitators provide each participant with feedback privately.

Communication styles

Patients can also help in the process of teaching by assessing trainees and giving feedback. Although trainees are coached to use patient-centred communication styles, they have to be reminded that various communication styles might be needed, depending on patient expectations and on the nature of clinical encounters. A study that analyzed patient preferences for various communication styles found that patients had different sets of values and physician-patient role expectations. While many patients preferred the patient-centred physicians (69%), others preferred the biomedical physicians (31%) and believed that the biomedical physicians prevented harm, demonstrated medical authority, and delivered information clearly.¹⁸

Conclusion

Teachers must remember that learners are observing their verbal and nonverbal communication with patients. Learners have to be given the chance to practise communication in constructive and supportive environments. They also have to be observed during patient encounters to assess their communication in real life,

as watching others communicate might not be enough to ensure the development of excellent communication skills. Use of role play, group work, and available teaching technologies enhance the learner's ability to gain effective interviewing skills. 

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Competing interests

None declared

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TEACHING TIPS

- Strategies for teaching communication skills include direct preceptor observation, videotaping preceptor interactions, videotaping learner interactions, role play, small group discussion and role play within groups, role play with simulated patients, and training sessions for electronic communication.
- A patient-centred communication style is generally preferred, as it respects patients' views and explores what patients want, but a biomedical communication style might be appropriate in certain clinical situations when patients expect the physician to prevent harm, demonstrate medical authority, and deliver clear information.

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