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Successful Communication Skills Training for the Health Professions

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Successful Communication Skills Training for the Health Professions

Nobody doubts that mastery of excellent communication skills is essential for all the health professions. If physicians do not listen well to the complaints of their patients, they probably make a wrong diagnosis and leave them unsatisfied. Moreover, the latter do not receive proper treatment. If dieticians provide their patients with too much and unclear information, the patients most probably will show non-compliance and continue their unhealthy eating behaviours. If physiotherapists give advices about certain exercises to reduce pain too quickly or too vaguely, their patients will not remember how to do them independently at home, and therefore leave it.

There is a general consensus that educational programs for e.g. medical and psychology students should train them systematically to acquire those skills.[1,2] In modern societies there is also a clear trend from the old diagnosis-prescription model towards a participation model in the relationship between different kinds of therapists and their patients. In spite of the knowledge that the second model often leads to higher compliance in patients, many curricula still suffer from a lack of cohesion in the training of students in communication skills throughout the different years of the program. I will give an example. I recently heard that first year medical students at a certain university receive a basic training in communication skills from the department of medical psychology; however, when they enter the phase of the clerkships the supervising specialists tell them to forget whatever they have been taught in the early stage of their university training.

As a developer of structured communication skills training programs I often start my workshop for experienced doctors with the following small exercise.

> *Imagine that you have some vague complaints yourself. You suffer from headaches and about three times a week you have to vomit. You also think this might be partly explained because your work situation is quite stressful the last couple of months. You decide to visit your own GP. Think about: (1) the factors in the behavior of your GP that put you at ease; (2) the factors in the behavior of the GP which might disturb you.*

The exercise is always successful because the workshop participants are almost unstoppable, and come up with a long list of terms on the white board. After that, I try to bring some structure in those terms by making a distinction between terms that have to do with the basic *attitude* of the GP and terms which refer to *concrete behaviours/skills*. Examples of terms belonging to the basic attitude are: respect, warmth, and sympathy. They are expressions of the well-known basic attitude for counsellors already formulated in the previous century by Carl Rogers,[3] consisting of the triad unconditional positive regard, genuineness, and empathy. Examples of specific behaviours are communication skills like expressing attention, having eye contact (and not only look at your computer screen to make notes), asking open and closed questions, paraphrasing and reflection of emotions to show understanding for the content of the complaints and the emotions behind that, correctly summarizing, and giving a proper advice or a good referral. The list of terms what the GP should NOT do is also always long and interesting: forgetting to shake hands at the start of the interview, being interrupted by phone calls, using too difficult medical terms, and – as for the attitude - showing arrogant behavior: “Me doctor, you patient.”

In general the communication between the health professional and the patient or client follows the next model: History taking/Problem clarification-Diagnosis-Explanation about the diagnosis-Advice or Referral.[4,5]

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Each phase requires different roles and communication skills from the side of the professional.

How to train this model, the roles and the skills to students? Of course, there are many roads leading to Rome. First of all it is important to create a clear structure in the curriculum. In our own psychology program we have developed a training in the basic listening and regulating skills in the first undergraduate year, and a training in more advanced skills in the second year.[6] Integrated application of the model together with all the different skills has to take place during internships or clerkships when students are confronted with real patients. An effective method to train the different skills is the so-called cumulative microtraining method that consists of the following steps for each skill: (1) theoretical instruction about the content and function of the skills, (2) modeling by showing 'good' and 'wrong' examples of the application of the skills on video, (3) short exercises to practice the skill, (4) roleplay with fellow students or simulated patients, (5) feedback, and (6) trying to improve your skills in next exercises. A rather new development is to digitalize the training. This method has proved its effectiveness in many areas of interpersonal helping.

The main aims of such training programs in communication skills are to enhance the knowledge about communication skills of the students, to improve their mastery of these skills and to enhance their self-efficacy and self-confidence in dealing with different and difficult situations and patient behaviours in the various phases of the consult. As for examinations, whether the aims have been realized can be tested with different kinds of tests: knowledge tests for the first aim; behavioural tests like OSCE's for e.g. history taking, breaking bad news, and giving advice for the second aim; and questionnaires for the third aim.[7]

The central message is: Take care as a program developer for a well-designed curriculum in which students receive consistently feedback on their mastery of the different communication skills. Then they will be successfully prepared when they enter practice to work with real patients and clients.

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