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COMMUNICATION SKILLS: FACILITATING STUDENTS' INVISIBLE BUT SIGNIFICANT SKILLS TO IMPROVE HEALTH OUTCOMES

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ABSTRACT

Background: Communication skills are the core skills throughout medical professional life and embedded with cultural factors. Although students have learned communication skills in the undergraduate education, adequate training during clinical rotation and continuing professional development is necessary. Facilitating the students to build partnership relationship in the communicating with patients is challenging, considering its contexts, facilities, and opportunities. The influence of student-teacher relations in this hierarchical context is also influential.

Gaps: Facilitating partnership communication skill requires blending two paradigms: medical knowledge and communication. These complex skills can be optimally facilitated by using specific strategies such as role-play, simulated patient (SP), and real-case encounter. Thus, the communication skills curriculum needs a comprehensive program planning, preparation on the students' ability to be able to receive feedback and reflect upon it, simulated patients' contribution for students training, and teachers to provide effective feedback.

Recommendation: Facilitating students' communication skills needs 'two to tango,' combining between mastery of medical knowledge and partnership communication. A better communication curriculum should consider incorporating cultural competencies and applying the principles in effective training course design such as authenticity, variability, gradually from simple to complex, integrated, and scaffolding by specific evidence. Thus, should be supported by a good faculty development program that will facilitate safe environment and constructive feedback. In addition, the need for simulated patients or even now, a virtual patient, is inevitable.

Keywords: partnership communication skills, facilitating training, 4C/ID, constructive feedback, reflection

ABSTRAK

Latar belakang: *Keterampilan berkomunikasi adalah keterampilan inti dasar yang dibutuhkan sepanjang kehidupan profesi dan terikat dengan faktor budaya. Meskipun mahasiswa telah mempelajari keterampilan komunikasi di pendidikan tinggi dasar, pelatihan keterampilan komunikasi sepanjang pendidikan klinis dan pendidikan berkelanjutan tetap dibutuhkan. Memfasilitasi mahasiswa dalam menguasai dan menerapkan hubungan yang sederajat dengan pasien cukup menantang dengan mempertimbangkan konteks budaya, fasilitas, dan kesempatan belajar yang ada. Pengaruh hubungan dosen dan mahasiswa pada budaya hirarkis sangat berpengaruh dalam pelatihan keterampilan komunikasi.*

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Celah: *Memfasilitasi penguasaan keterampilan komunikasi dengan hubungan sederajat membutuhkan gabungan antara penguasaan pengetahuan medis dan teknik komunikasi yang mumpuni. Keterampilan yang kompleks ini dapat difasilitasi secara optimal dengan strategi khusus seperti bermain peran (role play), interaksi dengan pasien simulasi (simulated patients), dan dengan konteks nyata dilapangan. Sebuah program pelatihan komunikasi hendaknya disusun dan direncanakan secara komprehensive, termasuk didalamnya kesiapan mahasiswa dalam menerima umpan balik dan kemampuan mahasiswa dalam melakukan refleksi dimana pasien simulasi juga dapat berkontribusi dalam pelatihan serta dosen yang akan memberikan umpan balik yang efektif.*

Rekomendasi: *Dalam memfasilitasi penguasaan keterampilan komunikasi membutuhkan sebuah kolaborasi dua komponen secara harmonis, "dance two tango", kombinasi antara penguasaan pengetahuan medis dan teknik komunikasi dengan hubungan kemitraan. Sebuah kurikulum pelatihan komunikasi seharusnya mempertimbangkan penyatuan dengan kompetensi budaya, dan menerapkan prinsip dalam desain pelatihan yang efektif seperti auntetitas, variabilitas, penyampaian dari yang simpel ke kompleks, terintegrasi, dan bertingkat bermakna berdasarkan pada bukti efektivitas pelatihan yang spesifik. Sebagai konsekuensinya, implementasi kurikulum harus didukung oleh program pengembangan dosen sehingga lingkungan pembelajaran yang kondusif dapat tercipta dan umpan balik yang membangun dapat disampaikan kepada mahasiswa dengan baik.*

Kata kunci: *keterampilan komunikasi kemitraan, pelatihan keterampilan, 4C/ID, masukan yang membangun, refleksi*

PRACTICE POINTS

- Communication skills are clinically context bounded skills that are greatly affected by the the socio-cultural factors.
- Integration of students' clinical knowledge, communication skills, ethical, legal, and cultural competencies may enrich the students' understanding of patients and improve health professions-patients relationship.
- To learn communication skills, students should encounter various learning tasks which are meaningful and authentic, organized from simple to complex throughout the health professions curriculum.
- The critical success of communication skills training activities lies in constructive feedback (self-assessment, peer-feedback, simulated patients, and teachers' feedback) based on close observation.
- A safe learning atmosphere would support students' acceptance in the learning process, eventually increasing the relationship between the teachers and students.

PENDAHULUAN

Health care system are encountering more challenges in providing quality of service. A good quality of health care services starts with communication between receiver - patients/clients and provider. Establishing good communication with patients/clients start with good relationship which some provider has successfully address these needs, but some are still struggling. Nevertheless, some patients still complain on dehumanizing health care service and mechanical communication. These problems call special attention in providing communication skill training for medical students.

Communication skills in medicine are complex skills that should be mastered by health care professional and become core skills that influence professional practice.[1,2] Better understanding of patients' perspectives, the communication will be more effective, leads to increasing correctness of diagnosis and effectiveness health care services.[4-5] A partnership approach of communication in medicine starts with a deep understanding of medical knowledge and the willingness to build a relationship with patients. This partnership approach would underlie history taking process which hold 80 percent proportion for establishing a good diagnosis.[3]

Understanding patients' perspective is essential in creating partnership relationship with them. Therefore, intellectualizing on patients' sociocultural background hold the same importance as exercising medical knowledge in establishing good doctor-patients relationship. Knowledge of human psychology, sociocultural, and bioethics would enrich the students' comprehension of their patients' perspectives.[6] This sociocultural knowledge and good communication skills will assist the student to establish a partnership approach and better relationship with their patients.

However, it is challenging to communicate with patients when the culture is strongly paternalistic. Countries with high power distance would have asymmetrical power and authority between the doctor and patients, resulting in a certain degree of asymmetrical relationship.[7,8] Based on power and authority distribution within the communication process, the doctor-patient communication pattern presents a continuum of paternalistic, informative, interpretive, and deliberate models.[9-11] Guidelines for assisting the physician relationship are available. The most common guideline used is the Calgary-Cambridge Observation Guide (CCOG) that consists of five steps: initiating the session, gathering information, physical examination, explanation and planning, and closing.[1]

GAPS BETWEEN THEORIES AND PRACTICES IN THE INDONESIAN CONTEXT

Communication is a core competence for health care provider. In order to be able to provide a good clinical service, a good well-established communication between health care provider and patients or client should be met. A good communication needs a partnership communication skill. Facilitating the students for partnership communication skills is perplexing when the context is more paternalistic. Much evidence shows the lack of communication ability may be related to worsening health outcomes in this cultural context.[12,13] For instance, in 2020, Indonesia is listed as the worlds' second largest TB burdened nation and still the highest maternal mortality rate in 2020.[14,15] Although the health professionals know all procedures and regimens to diagnose and treat TB and it is free, the TB problem persists.

Regarding with the highest number of maternal mortality rate, Indonesia is one of 11 countries that account for 65% maternal death worldwide. This still happens despite the increased number of obstetrician and midwives increased and improved access to health care facilities. The problems lay in the communication process between health professionals and patients. Health professionals may perceive that the patients' adherence is low. On the other hand, the patients may perceive that the health professionals do not realize their patients' situation. Below are two boxes illustrating the gaps in communicating with patients in the Indonesian contexts. The first illustration case involves patients with chronic TB and the second case describe situation around a complicated labour.

Illustration 1: The TB-case

Dealing with social hierarchy: Avoidance of confrontation to maintain social harmony

Mr. Yanto (not the actual name) has come to the Puskesmas complaining of cough for more than three weeks. No other family members had the same symptom, and the probability of Covid-19 was excluded. From the history taking, physical examination, and laboratory findings, his doctor confirmed a lung TB. The doctors started to educate Mr. Yanto that this disease can and must be treated, but in a prolonged course of therapy in the next six months.

Mr. Yanto reacted with: "Yes, doctor" in a highly polite manner (due to the social hierarchy between doctor-patient that exist in Indonesia). However, it can be inferred from his non-verbal language said: "I don't really understand TB? No, it is a curse! It is a myth! I don't want to argue with the doctor; I will seek information from my friends.

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Several weeks later: The collectivist culture had influenced patient's decision making

Mrs. Yanto, who was his drug-observer:
"My husband, you have already taken medication for one month, and now I can see that you are fine. It would help if you went to work in the rice field again, we need some money. I cannot be a breadwinner alone; I am so exhausted to raise our two children. You should go to work!"
Mr. Yanto: "Alright, alright, if you wish so, I'm still feeling terrible right now. I am not 100% fit. But I will go to work again soon. Perhaps I can take some herbals that will help me."
Mr. Yanto's close friend:
"No, you should not take medicine for six months! It will damage your kidney. Here, take these herbs. It cured me of the same cough too."
So, Mr. Yanto decided to follow the suggestion from his wife and his friends (the tendency collectivist decision-making) without consulting the doctor (to avoid confrontation).

The end of this illustration depends on the readers' imagination. Nevertheless, people like Pak Yanto in the community will undoubtedly add the challenges of fighting TB in Indonesia.

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Sources of inspiration of this illustration.[16-17]

Illustration 2: A Pregnant mother

A 36 week pregnant woman, Siti (not an actual name), came to a primary care clinic. She was about to deliver within the next couple of weeks. She was G3P2A0. The midwives found a few anomalies and decided to refer to the doctor. The doctor in the Puskesmas, after careful examination, also found some abnormalities, the baby was bigger than gestational age, and the mother looked pale, and had a lower level of hemoglobin that almost fell into anemic condition. Then the doctor decided to refer the mother to upper-level healthcare facilities to have advanced pregnancy care.

Siti lived in a remote area, and reaching an obstetrician (OB) took two days across the island to the bigger town. Nevertheless, Siti and her husband obeyed the doctor and came to the OB. She was listed as the last patient on that day (after other 30 patients) in a small hospital, and the couple was exhausted. They left their other children (2 and 4-year-old) with their grandmother, who was already half-blind because of a disease. The OB carefully examined Siti, and he informed that she should undergo a C-section. This news was a bit shocking to the couple. The couple said that it was not them to decide, then the couple needed several days to think about the decision.Then they had gone back to their village.

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Several days later: The collectivist culture had influenced patient's decision making

Siti and her husband tried to discuss the C-section option with the grandmother. The head of the villages should also be informed about the problem. By the end of the weekend, the village people gathered to discuss Siti's case.
The grandmother:
'She already delivered two beautiful kids, without problem, here at the village by the traditional healer. So she should not face any problem for the third, fourth, and following pregnancies."
A community member:
"Hmm….Mr. Tri (Siti's husband), you should do some rituals, you should give enough donation to other people so that God will listen to your prayer."
Another community member:
"A baby born with C-section will not have good fortune."
Head of the village:
"I think we still disagree about this, so how about to wait for a while? We hope and pray that Siti can deliver normally."

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While the village member discussed, Siti felt the urgency to deliver her baby. However, unfortunately, she is two days away from the hospital, and the Puskesmas cannot handle her problem due to a lack of resources.

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The end of this illustration depends on the readers' imagination. We can see that it may not only be the access/ geographical situation that contributed to the high maternal mortality rate in Indonesia but several matters, including decision-making style.

Sources of inspiration of this illustration.[18]

Based on Hofstede's organizational culture analysis of several cultural dimensions, Indonesia has 1) high power-distance (acceptance of social hierarchy), 2) more collectivist value (high dependency of decision making within the community), 3) tend to have masculinity (high competitiveness), 4) tend to avoid uncertainty and conflict (the "Yes, doctor" is not always the agreement but a polite respond).7 Those factors bring consequences to the communication models for the Indonesian context that ultimately lead to the health outcome.

IAM-HPE RECOMMENDATIONS

A culturally- sensitive communication skills guide based on the international guides had been developed to train more partnership style of communication skills. The UK communication curricula wheel emphasizes four ingredients: professionalism, evidence-based practice, ethical and legal perspective, and reflective practice.[19] The wheel guides the teachers to consider "what" communication skills to be taught, seek the evidence and theory behind the skills, and relate the skills to specific issues and various media. They also advocate for communication beyond patients, for example, in inter-professional communications. In addition, there is an adaptation of the four components of Instructional Design (4C/ ID) for communication skills training to design a communication curriculum: authenticity, variability, from simple to complex, integrated, facilitate scaffolding, and use theory and evidence.[20] The 'Greet-Invite-Discuss' guide is also available and effective in handling the cultural background by narrowing the social gap, emphasizing non-verbal clues, and discussing the options.[21]

However, much more research is needed to establish a firm communication curriculum for Indonesian contexts. These research may utilize Kolbs' experiential learning theory which leads to five phases of change in facilitating communication skills for medical students and residents: (1) confrontation with the effect of specific behavior, (2) becoming

conscious of own behavior, (3) search for alternative behavior, (4) personalization of new behavior, and (5) internalization and clinical integration.[22] Several learning strategies are also available, including lecture-based, case-based discussion, role play (with peers, simulated patients) and clinical experience with actual patients' encounters, Balint's sessions, and home visits.[7,23] During the pandemic, communication skills training requires teachers' technological adaptation.[24]

Teachers' ability to establish a 'safe environment' for communication skills training, start from detailed observation on students' learning process, provide constructive feedback will be most helpful for students to comprehend the partnership communication. Feedback is defined as "specific information about the comparison between trainees' observed performance and a standard, given with the intent to improve the trainee's performance".[25] The observer can deliver feedback using the sandwich, the 'ask-tell-ask,' and the Pendleton technique.[26] High-quality feedback should stimulate the learning process. In terms of the experiential learning process, it should stimulate deep reflection.[23,25] The debriefing phase can start with the appreciation process of the student's performance, ask students feeling, roll to the other's opinion on the feedback receivers' performance, discuss the part that could be improved, and reach an agreement on objective achievement for the next learning session.

Based on previous understanding, we would like to recommend the following points:

- Establish a safe environment for the learning process.
- Faculty development focuses more on the teachers' ability in providing effective feedback and stimulating students' reflection, both for undergraduate and graduate students.
- Use evidence-based effective strategies for communication training (from simple to complex skills, using role-play, reflection, constructive feedback), and provide the evidence, especially in developing communication models in the Indonesian cultural contexts for every aspect of communication skills.

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COMPETING INTERESTS

The authors do not have a conflict of interest in publication the material. We hope that this could enrich the existing guideline for communication training.

AUTHORS' CONTRIBUTION

Hikmawati Nurokhmanti – first draft
Astrid Pratidina Susilo – review, and edits
Rosaria Indah – review and edits
Mora Claramita – illustrations, review, and edits

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