

Teaching communication skills through video and simulated patients

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Alongside clinical expertise, providing patients with excellent treatment also requires savvy communication skills. This helps establish a productive long-term relationship between patient and doctor, which is not only crucial for successful treatment, but also brings satisfaction to all participants – the patient and involved medical staff.

Communication is a so-called soft skill and it can be learned. This fact has long been neglected by traditional medical education. The Department of Family Medicine at Ljubljana's Faculty of Medicine has contributed significantly in this field, since it started teaching communication as part of Family Medicine more than 25 years ago. With the Bologna reform, communication earned its place in the undergraduate medical curriculum in the introductory years, which testifies to the importance of teaching communication skills early.

Communication is taught in various ways. Plenary lectures are the easiest to conduct, but they only provide theoretical knowledge. Smaller group discussions put students in a more active role. This is particularly effective if based on real examples, which are either acted out as role-play between the students themselves or are presented as recordings of a real situation. Actor involvement has proved to be an excellent third option, i.e. simulated (standardized) patients (SPs), who know their role as a patient and respond to the students' prompts. As a rule, the actors always play their roles in the same way and they differ only according to the student's approach. After the consultation, the SPs can also participate in the evaluation. The consultation can be held live in front of a small group of students, or alternatively it can be done one-on-one and recorded, and this recording is then viewed and analyzed within the group.

There are many advantages to this approach. Considering that it is a controlled situation, it is practically risk-free. SPs also give students a greater sense of security, as they relieve them of the pressure of a real clinical environment. In addition, possible errors in communication do not have harmful consequences, which is especially important when discussing more sensitive topics. SPs have proven to be more objective and honest in providing feedback than real patients, who tend not to be forthright with students. Experienced SPs can also adjust the complexity of their role to different interlocutors, so that the same starting scenario can be used for students and residents.

There are however some disadvantages. One of them is the time required to properly prepare the SP. A well-prepared SP is comparable to a real patient to the extent that it is often difficult to distinguish between them. Exhaustion, irritability, and physical effects in actors have also been shown to be a weakness, especially when playing certain types of roles (e.g. cancer patients).

Communication skills can be learned and continuously improved. Ljubljana's Family Medicine Department has had excellent experience in teaching communication through video for more than a quarter of a century. This is evidenced by the satisfaction of both students and residents of family medicine, who both receive this type of training with the goal of cultivating a compassionate, responsible partnership with their patients during their professional career, which, along with clinical knowledge, ensures good, holistic patient-centered care.

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