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Measuring gains in an EMP course and the perspectives of language and medical educators as assessors

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ABSTRACT

Significant numbers of international undergraduate medical students in English-medium universities find aspects of clinical communication skills challenging. The aim of this study was therefore to investigate the effectiveness of a course in English for medical purposes (EMP) to assist students to develop knowledge and skill in this area. The study also compared the perspectives of a language educator and a medical educator as assessors of role-play performance. Data were gathered from pre- and post-course tests of written knowledge and simulated medical interviews. Results from both test types indicated that students had made progress in their knowledge and ability to ask questions and respond appropriately. However, they had yet to develop skill in the more sophisticated aspects of interviewing such as maintaining rapport throughout the interview, using appropriate screening questions, and following a clear interview structure. Overall, the assessment judgements from the language and medical perspectives were in agreement; however, differences in the knowledge bases and interests of the two assessors led to some divergence. The study provides evidence of gains in knowledge and proficiency following a short ESP course of instruction, and of the value of the ESP teacher perspective in direct role-play assessments. Further studies are needed to corroborate these findings.

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1. Introduction

With the internationalisation of higher education, and also on account of inadequate capacity in their local contexts, many medical students are now sponsored by their governments to study in overseas institutions (Hallock, McKinley, & Boulet, 2007; Hawthorne, Minas, & Singh, 2004). These circumstances provide opportunities for medical programmes in developed countries with established reputations to compensate for reductions in government funding by recruiting suitably qualified international, fee-paying students. One such university is the University of Auckland in New Zealand, where the medical programme (Bachelor of Medicine and Bachelor of Surgery) is a six year undergraduate degree. After a highly competitive pre-medical course, selected students complete two pre-clinical theory-based years, followed by three years in hospitals and primary care settings. Clinical communication skills (CCS) courses are an integral part of the curriculum, particularly in Years 2 and 3, and are led by medical communication specialists. The focus of these courses is the development

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of students' abilities in patient-centred interviewing in the history-taking phase of medical consultations. Students are assessed through role-plays with actors in the roles of simulated patients, and according to criteria adapted from the highly regarded Calgary-Cambridge Observation Guide (Kurtz, Silverman, Benson, & Draper, 2003). The study presented here was carried out in an adjunct, non-credit ESP course offered at the University of Auckland. The course was created in response to requests by CCS lecturers whose international students were experiencing difficulties. Students attended voluntarily and classes took place every two weeks, on Saturday mornings.

2. Background

2.1. Clinical communication skills (CCS) instruction

It is now generally accepted that the ability to communicate effectively with patients is a basic clinical skill that is essential to quality health care and conducive to positive health outcomes (e.g. General Medical Council, 2009; Silverman, Kurtz, & Draper, 2013). Poor communication skills, on the other hand, can result in patient dissatisfaction and complaints (e.g. Taylor, Wolfe, & Cameron, 2002). The main purpose of patient-centred care is to communicate in a way that treatment is in accordance with patients' values, needs and wishes, and so that patients are empowered to participate fully in decision-making (e.g. Benbassat & Baumal, 2004; Edwards & Elwyn, 2009; Stewart et al., 1999). In order to conduct the history-taking phase of an interview in a patient-centred manner, the medical practitioner needs to demonstrate an awareness of its various purposes, which include not only the biomedical tasks of seeking and providing information, exploring the presenting complaint, and managing treatment, but also the interpersonal functions of educating the patient, and establishing a supportive, collaborative relationship (Frankel, 2000). Empathy or rapport is achieved when the patient's feelings and concerns are understood and uncritically engaged with, and the professional expresses a desire to assist in some way (Benbassat & Baumal, 2004). In studies of role-play interviews by final-year medical students (Roberts, Wass, Jones, Sarangi, & Gillett, 2003), an *empathetic* style of interviewing was characterized by attentive responding, contextualising statements (e.g. "I'd like to ask you about…"; "So what you seem to be saying is…"), and the ability to shift back and forth between the biomedical and patient's perspective. In contrast, features of a *retractive* style included non-existent, inappropriate, misdirected or "rehearsed" responses to patients' concerns, failure to shift from the medical agenda, patient labelling, and inability to remember information accurately.

Effective CCS clearly draw on both clinical abilities and a sophisticated set of communicative and interpersonal skills that go beyond advanced linguistic competence. Since this skill set is both crucial and not easily achieved, medical schools now routinely include an assessed CCS component in the undergraduate curriculum (Brown, 2008; Raftery & Scowen, 2006). Achievement is usually measured through direct assessment of performance involving interactions with simulated patients, and in objective structured clinical examinations (OSCEs). Studies of the effectiveness of CCS training (e.g. Humphris & Kaney, 2001; Simmenroth-Nayda, Weiss, Fischer, & Himmel, 2012; Yedidia et al., 2003) have identified modest progress in key abilities, with gains in straightforward skills such as use of jargon-free questions, encouraging the patient to elaborate, greeting and closing the interview more readily achieved than in sophisticated skills such as conveying empathy.

2.2. Challenges of CCS for international students

Students from non-English speaking backgrounds (NESB) can face particular challenges in achieving competence in CCS. Studies involving interview role-plays by NESB students report a number of weaknesses in their linguistic performance, including errors in English syntax (particularly tenses) and a limited understanding of common lay-medical terms, metaphors and euphemisms (Dahm, 2011; Ferguson, 2012). Confusion about appropriate registers, inability to understand local communicative norms, and limited fluency have all been noted (Chur-Hansen, Vernon-Roberts, & Clark, 1997; Hawthorne et al., 2004). The cultural backgrounds of NESB students can influence their interviewing style (Fernandez, Wang, Braveman, Finkas, & Hauer, 2007), with students who are more familiar with a bio-medically-oriented, retractive style of communication from their home countries tending to find it more difficult to take on an empathic style (Avdi, Barson, & Rischin, 2008; Claramita, Nugraheni, van Dalen, & van der Vleuten, 2013; Haidet et al., 2002; Hauer et al., 2010; Hawken, 2005). In a recent interview-based study (Woodward-Kron, Hamilton, & Rischin, 2011), international students identified a number of cultural differences between Australia and their home countries with regard to the conventional medical interviewing style. These included increased eye contact; use of humour, "small-talk" and colloquial terms; and the routine inclusion of social history questions (e.g. lifestyle, family relationships, and use of alcohol, tobacco and recreational drugs).

2.3. English for medical purposes instruction and assessment

To date, a number of illustrative accounts of EMP courses for international medical graduates (e.g. Basturkmen, 2010; Eggly, 2002; Hoekje, 2007), and undergraduate students (e.g. Bosher & Smalkoski, 2002; Shi, Corcos, & Storey, 2001) have been published. They provide detailed information about curriculum development processes, from assessment of learners' end-use and learning needs (via consultations with medical staff, analysis of interview discourse, and student interviews and

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