Patient Education and Counseling xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Dis-integration of communication in healthcare education: Workplace learning challenges and opportunities

Marcy E. Rosenbaum

Office of Consultation and Research in Medical Education, and Department of Family Medicine, University of Iowa Carver College of Medicine, 1204 MEB, Iowa City, IA 52240, USA

ARTICLE INFO

Article history:
Received 6 January 2017
Received in revised form 28 April 2017
Accepted 30 May 2017

Keywords:
Medical education
Workplace learning
Clinical communication
Faculty development

ABSTRACT

The purpose of this paper, based on a 2016 Heidelberg International Conference on Communication in Healthcare (ICCH) plenary presentation, is to examine a key problem in communication skills training for health professional learners. Studies have pointed to a decline in medical students' communication skills and attitudes as they proceed through their education, particularly during their clinical workplace training experiences. This paper explores some of the key factors in this disintegration, drawing on selected literature and highlighting some curriculum efforts and research conducted at the University of Iowa Carver College of Medicine as a case study of these issues. Five key factors contributing to the disintegration of communication skills and attitudes are presented including: 1) lack of formal communication skills training during clinical clerkships; 2) informal workplace teaching failing to explicitly address learner clinical communication skills; 3) emphasizing content over process in relation to clinician-patient interactions; 4) the relationship between ideal communication models and the realities of clinical practice; and 5) clinical teachers' lack of knowledge and skills to effectively teach about communication in the clinical workplace. Within this discussion, potential practical responses by individual clinical teachers and broader curricular and faculty development efforts to address each of these factors are presented.

1. Introduction

The education of future doctors is a prime example of how communication skills training (CST) has become progressively incorporated into the core curriculum of health professional training, with clinical communication becoming recognized as a core competency for effective clinicians [1–3]. In looking at the current state of CST in undergraduate medical education, a number of general trends can be identified [4,5]. These include that CST most often occurs within the pre-clinical curriculum (first 2–3 years) prior to students having significant involvement in workplace-based learning, and that communication skills are predominantly taught separately from other medical school courses or content. In addition, the majority of communication skills sessions are taught by generalists including general practitioners, or psychiatrists or non-physicians such as educators and behavioral scientists, rather than by other clinicians and particularly those in subspecialty medicine [5,6].

Despite the impressive amount of curriculum time being increasingly devoted to enhancing the clinical communication skills of learners, there still appears to be a major problem in medical education. Several studies have pointed to a decline in medical students' communication skills and attitudes as they proceed through their training [5,8–17]. When one looks closely at this data—based, for instance, on longitudinal, repeated objective structured clinical examinations (OSCEs) and attitude surveys—the main decline in student skills and attitudes appears to occur during the years when they participate in clinical training in the workplace.

The purpose of this paper, which is based on a plenary presentation given at the 2016 Heidelberg International Conference on Communication in Healthcare (ICCH) is to examine what is happening during clinical training that leads to this disintegration of communication skills and attitudes. The main premise of this exploration is that

> Disintegration of communication skills and attitudes results from "dis-integration" (meaning "lack of integration") of pre-clinical communication teaching with clinical workplace learning.

E-mail address: marcy-rosenbaum@uiowa.edu (M.E. Rosenbaum).

http://dx.doi.org/10.1016/j.pec.2017.05.035
0738-3991/

This paper will explore some key factors in this disintegration and draw on selected literature. In addition, I will highlight some of the curricular efforts and research that my colleagues and I have conducted at the University of Iowa Carver College of Medicine (UICCOM) as a case study of these issues. In the sections below, I will explore reasons for disintegration of communication skills and attitudes (CS) and then some potential responses. My hope is that readers use this discussion as a litmus test for how CST is approached in their own training programs. Though the paper focuses on medical school education, the issues are relevant to all health care professions and all levels of learners from undergraduate through postgraduate and practicing clinicians.

2. Key factors in disintegration of learner CS

2.1. Lack of formal CST during clinical clerkships

An obvious explanation for the disintegration of CS during clinical years is the lack of formal CST during clinical training. Pre-clinical training in CS is important as it emphasizes CS as a core skill early in students' education and when there is a perception of more readily available curriculum time. However, if the curricular emphasis on CS stops when students enter the clinical arena, then this has the potential to give learners the message that CS are not important in actual clinical practice and/or that students have learned all they need to about CS already.

A logical response to this problem is that CST should occur longitudinally throughout the curriculum, including incorporating formal CST sessions during clinical clerkships (also referred to as rotations or attachments) [4,6]. This allows for the reinforcement of students' previous pre-clinical learning as well as addressing new and ongoing issues that arise through clinical experiences in a "just in time" manner. Many and increasing examples of this type of teaching during clinical rotations are available [4,6,18–22]. In response to these arguments in the literature, at UICCOM we have incorporated formal CST sessions into most of the required clerkships; these sessions emphasize skills and issues that students are likely to face within the particular context of each clerkship (See Fig. 1). For example, we offer formal training in explanation and planning during the Internal Medicine Inpatient Clerkship because student contact with patients and families often involves providing or clarifying information about diagnosis, testing, home care, and other related issues. In developing these sessions, we at UICCOM borrowed heavily from materials developed at UK medical schools, particularly the University of Cambridge (these and similar resources are available to EACH: International Association for Communication in Healthcare members on the EACH website http://www.each.eu/teaching/resources/).

However, while incorporating formal sessions throughout training is a useful development, formal sessions do not necessarily translate into learners' actual behaviors in the realities of clinical practice [16,23–25]. For example, the seminal study on disintegration of student CS by Pfeiffer et al. [11] was repeated after implementing more formal CS sessions in the clinical years and found that while the decline in CS scores was less than it had previously been, there was still a statistically significant decline [14].

2.2. Experiences of learning in the clinical workplace

If lack of formal sessions during clinical training does not completely account for the disintegration of CS, what else might be contributing? I posit that the primary reason for disintegration of

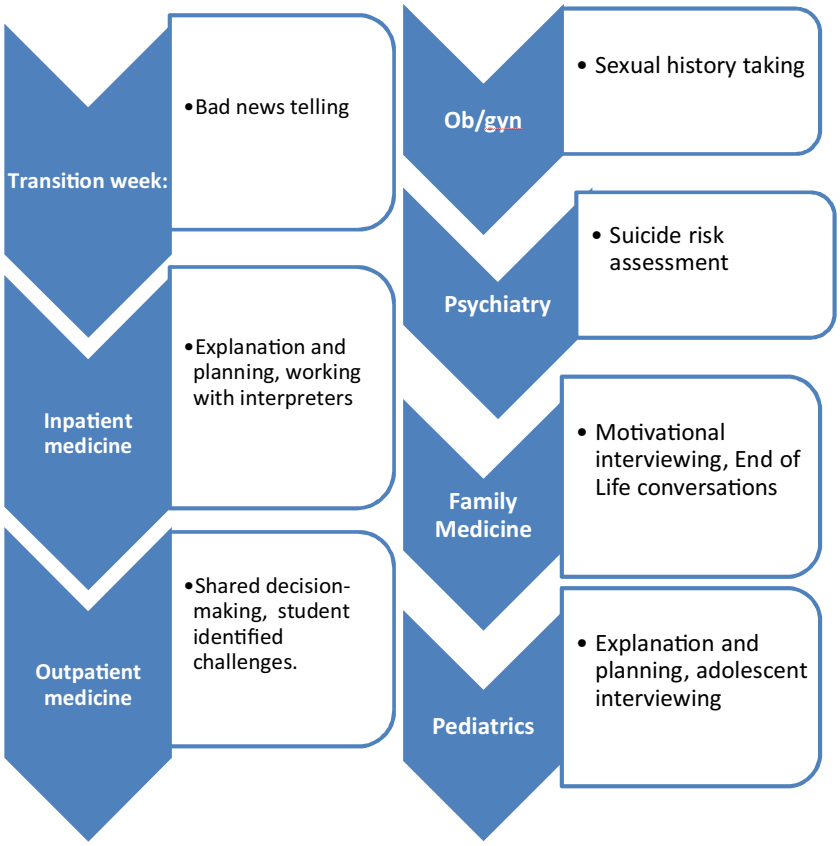

Fig. 1. Formal communication sessions taught during Required Clinical Clerkships – University of Iowa Carver College of Medicine.

Please cite this article in press as: M.E. Rosenbaum, Dis-integration of communication in healthcare education: Workplace learning challenges and opportunities, Patient Educ Couns (2017), http://dx.doi.org/10.1016/j.pec.2017.05.035