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Residents' perceived barriers to communication skills learning: Comparing two medical working contexts in postgraduate training☆

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ABSTRACT

Objective: Contextual factors are known to influence the acquisition and application of communication skills in clinical settings. Little is known about residents' perceptions of these factors. This article aims to explore residents' perceptions of contextual factors affecting the acquisition and application of communication skills in the medical workplace.
Method: We conducted an exploratory study comprising seven focus groups with residents in two different specialities: general practice ($n = 23$) and surgery ($n = 18$).
Results: Residents perceive the use of summative assessment checklists that reduce communication skills to behavioural components as impeding the learning of their communication skills. Residents perceive encouragement to deliberately practise in an environment in which the value of communication skills is recognised and support is institutionalised with appropriate feedback from role models as the most important enhancing factors in communication skills learning.
Conclusion: To gradually realise a clinical working environment in which the above results are incorporated, we propose to use transformative learning theory to guide further studies.
Practical implications: Provided it is used continuously, an approach that combines self-directed learning with observation and discussion of resident-patient consultations seems an effective method for transformative learning of communication skills.

1. Introduction

There seems to be a mismatch between the increasing prominence of communication in health care and doctors' training and skills in this respect. Although medical educators are increasingly taking account of the shift from biomedical to bio psychosocial care and, more recently, from patient-centred to relationship-centred care [1–5], postgraduate communication skills training is still reported to be deficient in structure and continuity [6,7]. Patients increasingly call for doctors who listen, and complain of doctors' lack of involvement and inadequate provision of information [8–13]. Doctors, however, report knowing about the importance of adequate doctor–patient communication but having difficulty applying those communication skills in their actual workplace [14–17]. Bombeke et al. [18] recently validated earlier findings that students' patient-centeredness declines during medical training, and that their communication skills, acquired at the undergraduate stage of their training, were not applied in the workplace. Consequently, there is a need for improvement of and more attention to transfer of communication skills at postgraduate level.

Transfer of learning in general has among others been addressed by Burke et al. [19], who mapped influencing variables in the trainee, the training design and delivery, and the work

☆ I confirm all patient/personal identifiers have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the story.

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environment. The main influencing variables found in other studies are a supportive social environment, time constraints, fatigue, and existing beliefs and attitudes [20–25]. Exactly how this complex interaction of factors seems to be influencing the acquisition and application of new skills and knowledge is not fully understood yet. A recent literature review identified gaps in research on the transfer of communication skills to the clinical workplace [26]. It concludes that effective communication skills training is recommended to be based on constructivist principles and that learning is not an isolated activity in a teaching setting, but an ongoing process in interaction with the demands of the workplace. To facilitate transfer, teaching should meet the needs of the learners and should be offered in representative contexts [26]. But little is known about how these contexts influence the learning and transfer of communication skills. More attention should thus be paid to investigate which factors in specific medical working contexts influence the transfer of communication skills [20,24–26]. Given the paucity of literature on this topic, we addressed the following research question: *What factors do medical residents perceive to be obstacles or facilitators with regard to the acquisition and application of communication skills in their clinical context.*

We decided to investigate residents' perceptions, since residents are learning communication skills while applying these skills in practice. Consequently they have first-hand experience of contextual factors at play in the transfer of communication skills from training to practice.

In this study we used the term 'context' to mean the working environment that is actively produced and influenced by interactions between individuals and their environment [27–29].

In order to clarify characteristics of the working environment that may influence the development of communication skills, we chose to compare perceptions of residents from two different working contexts. White et al. [30] showed that surgeon-patient consultations differed systematically from primary care consultations, as have several other studies [31,32]. We therefore chose to investigate and compare perceptions of residents general practice and residents surgery.

2. Methods

2.1. Study design

We chose to interview focus groups as this method is particularly appropriate for this type of exploratory research [33]. In comparison to individual interviews, focus groups enable the researcher to collect a broad range of perceptions as the group interaction stimulates participants to reflect more deeply on their own perceptions. Ideas expressed by participants act as triggers for other participants to explicate latent thoughts, perceptions and experiences [34–39].

2.2. Sampling

To explore the influence of different clinical contexts on residents' communication skills training, we sought the perspectives of general practice (GP) and surgical residents. The main differences between the actual working contexts we studied are described in Table 1. The most striking distinction appears to relate to systematic and continuous attention to communication skills, which is an integral component of GP training but not of surgical residency.

Study participants were recruited from residents in the first and third years of the postgraduate GP programme of Maastricht University Medical Centre (MUMC) and among all surgical residents in training at the time of the study in the departments of surgery and orthopaedic surgery of MUMC and Atrium Hospital Heerlen, The Netherlands. We obtained permission for recruiting residents for the study from the heads of the departments. GP residents were approached during one of their weekly sessions at the Department of Family Practice, and surgical residents were approached by the first author (VvdE) during regular resident meetings in their hospitals. After the setup of the study was explained, residents were invited to volunteer for participation in a focus group to be held between January 2012 and February 2013.

Of 32 GP residents who volunteered, eight were unable to participate for personal reasons, resulting in a total of 23 participants. Four focus groups were composed in accordance with residents' date and time preferences. A total of 24 surgical residents were willing to participate, and the department secretariats selected appropriate time slots for three focus group sessions. Six residents appeared unable to participate for personal reasons or because they were still in theatre at the time of the session, yielding a total of 18 participants. The mean age was 30 years for GP residents and 29 years for surgical residents. The male–female ratio was 20:80 for GP and 40:60 for surgical residents. In compensation for their participation the residents were offered refreshments during the sessions.

2.3. Procedure

The focus group interviews lasted around ninety minutes. The sessions were guided by one moderator and one observer (who monitored process and content of the interview). All were experienced interviewers, who had no functional or professional relationship with any of the participants. In order to help the group get into the topic at the beginning of sessions, the moderator asked the participants to think about their experiences regarding communication skills training at under- and postgraduate level. After a few minutes the moderator opened the discussion by asking: 'What factors influence the way you apply in practice those communication skills that you acquired earlier'. Except for asking

Table 1
Differences in working context between general practice and surgical postgraduate training.

Postgraduate training and working context of the GP residents in our study	Postgraduate training and working context of the surgical residents in our study
Training lasts three years: 1 year in one GP practice, 1 year of three clinical placements in institutions, 1 year in another GP practice.	Residency lasts 5 or 6 years depending on the speciality and residents have placements in regional and academic hospitals.
Every week residents attend a day release programme at the Department of Family Practice.	The programme does not include an off-site day release programme.
Weekly training in communication skills consists in small group discussions of residents' videotaped consultations, facilitated by a GP and a behavioural scientist.	Supervisors observe residents daily during patient encounters, but the focus is on surgical knowledge and skills.
GP trainers have received special training to give residents feedback on communication skills and provide continuous individual support.	Supervisors have not been trained to teach and give feedback on communication skills.
Residents hand in 40 video recordings of patient consultations they have conducted, of which six are used for the end-of-year summative assessment using a behavioural checklist.	Off-site communication skills training is available for surgical residents in the form of a four-hour communication skills session within the annual course on the CanMEDS competencies.