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Bridging the gap: How is integrating communication skills with medical content throughout the curriculum valued by students?

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ABSTRACT

Objective: To describe a program with integrated learning of communication and consultation skills developed with the intention of preventing deterioration of communication skills, and to present student evaluation data.
Methods: Description and evaluation of the program through: (1) monthly student evaluations; (2) questionnaire on student perceptions about the integrated curriculum; (3) a questionnaire about the value of one specific integrated training preceding the pediatric clerkship.
Results: Key components of training throughout years 3–6 are reinforcement throughout the clinical years, adapting communication training to the clinical context of clerkships using a sandwich model with cycles of preparation, clerkship, and reflection. Evaluation: response rates were 69%, 93% and 93%, respectively. Students value practicing integration of communication and medical content with SPs who represent the population of their next clerkships. They appreciate the multisource feedback during the training, feedback by clerkship specific specialists and SPs is valued most.
Conclusions: This description shows an example of an integrated curriculum that helps students to feel well prepared for their communication tasks in subsequent clerkships.
Practice implications: Designing and implementing communication curricula to address the issue of integration is feasible. The effects of such integrated programs should be subject to future studies.
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1. Introduction

Along with knowledge and practical skills, effective patient-centered communication skills are essential components of clinical competence. These skills play an important role in realizing optimal health outcomes in patients [1–3]. The evidence clearly demonstrates it is possible to train students in these skills, and that methods using experiential learning are most effective [4,5]. Clinical communication has become increasingly accepted as a formal component of medical curricula, and recognized as a core competency by accrediting bodies and medical education organizations [6–8].

The importance of curriculum design and in particular the integration of clinical communication within the overall medical curriculum has also been highlighted. Without training, medical students' communication skills deteriorate as the curriculum progresses and without reinforcement, skills learned in single courses deteriorate over time [9–12]. Without integration during clinical training, the risk remains that students are insufficiently prepared for clinical practice, and have difficulties integrating communication with medical content and skills in their encounters with patients during their clinical work. Research suggests that a curriculum with more longitudinal communication training achieves more effective increase and retention of skills [13,14]. Graduates from medical schools with more comprehensive sustained communication courses have better interpersonal skills [15].

Although many medical schools have provided more curriculum time for communication skills training than in the past, clinical communication is still often not positioned as a central integrated component of the undergraduate curriculum. Communication skills are often taught separately from the clinical tasks. For example in many curricula, in the early pre-clinical years, communication skills are taught in separate courses from history taking, physical examination and biomedical topics, whereas in the clinical years, communication is often not explicitly or formally addressed during clinical rotations.

As integration is clearly important, suggestions have been made about how clinical communication could be implemented as a

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mainstream activity, proposing that programs should be planned in the clinical years of the curriculum and that training of communication skills should be integrated with clinical work [16]. Kalet et al. describes a successful collaborative initiative, integrating communication skills within clerkships in three medical schools in the USA, each tailoring the key principles to their own local situation and needs. However, there are still very few descriptions about development and implementation of such programs [16,17].

The new curriculum in Medicine of the Radboud University Nijmegen Medical Centre implemented an extensive integrated communication and consultation (C&C) training program. The purpose of this paper is to describe our experience with this new curriculum that integrates learning of communication with medical content and clinical work.

After this description we also share an evaluation featuring student perceptions of the value of this integrated communication skills curriculum.

2. Description of the curriculum

This medical curriculum was initiated in 2005 following the Bologna declaration and the decision in Nijmegen to change the existing curriculum of 4 years of preclinical education and 2 years clinical to a Bachelor/Master structure with three years for each [18,19]. Contrary to the situation in many medical schools, we decided to commence the longitudinal, integrated, systematic communication skills training program relatively late, just before the end of the third year and then continuing throughout the three years of the clinical training.

The three main reasons for this choice were:

(1) to introduce communication skills not as a separate skill but integrated with medical content;
(2) to provide training just before each clerkship starts, so students can immediately practice what they have learned during training ('just in time learning'); and
(3) to reinforce and further develop communication skills throughout their clinical training.

2.1. Preclinical preparation

Students begin to learn and practice communication skills during preclinical training as a precursor to the longitudinal C&C program. In the first month of medical school, there is a session on professional development with specific attention to communication skills and the biopsychosocial model [20]. A significant communication component of preclinical training is a one-month 'care episode' in the first year during which the student works as an assistant nurse in a hospital or nursing home [21]. The emphasis in this block is on communication with patients and other health care professionals, and communication is fully integrated with clinical work. At the end of the 3rd year, immediately prior to the clinical rotations, a teaching block is fully dedicated to skills training, including communication skills to prepare students to participate in the longitudinal C&C skills training program in the clinical years.

Table 1 describes the guiding principles upon which the longitudinal C&C program is based.

2.2. Clinical curriculum

The three year master programme is organized into 'episodes'. Each episode contains a cycle of three components within a sandwich model (Fig. 1):

(1) clerkship preparation sessions: 'classroom' preparation for one or more clerkships (skills training and additional transfer of knowledge) lasting between 1 and 4 weeks;
(2) one or more clerkships in which students observe and participate in patient care; and
(3) weeklong classroom-based reflection sessions focusing on issues raised during the previous clerkship.

Students can lose person-centered skills during clerkships when they observe practicing physicians with a variety of communication skills [9]. The sandwich design was intended to specifically prepare students for the knowledge and the variety of skills needed for each subsequent clerkship. This model gave us the opportunity to maximally prepare students to communicate with patients in their clerkships and reduce the possibility of "unlearning" as a result of observing inappropriate role modeling. "Both the skills training (described in more detail below) in each subsequent episode in the program and reflection after each clerkship contributes to students' ongoing preparation for each clerkships.

The reflection sessions include medical (diagnosis, therapy) and personal professional development issues. In these latter sessions, which are part of a longitudinal program in professional development, students can raise questions or problems they have experienced during their clerkships, referring to any of the competencies, not just communication. The issues are then discussed during supervision sessions within their own safe student group facilitated by their mentor. Additionally, each student will have a personal counseling session with the mentor to reflect on his or her progress and professional development during the master programme, and writes a 'reflection report'.

C&C sessions have been integrated into five of the seven required clinical episodes during the three years of clinical training and specific attention has been paid to the training of communication

Table 1
Key features of the clinical training program in communication and consultation skills (C&C).

Preparation: through interactive lectures, and with self study objectives pointing to relevant background literature throughout the program;
Experiential sessions with simulated patients: skills program with experiential half-day sessions in which students practice; using role-play and/or SPs; in groups of 12–15; further subdivided in groups of three students for practice with SPs; Every student practices at least once in every SP session, and receives personal agenda-led feedback after self-reflection.
Multisource Feedback: on communication and medical content by SP, psychologists, peers and/or physicians as a key feature of experiential sessions; students can practice alternative behavior with the SPs immediately if relevant.
Integration and clinical relevance: integration of communication and medical content emphasizing clinical relevance throughout training episodes.
Gradual building of skills: communication skills training starts 'simple' with
– 'reason for encounter' and history taking as first topics;
– using the biopsychosocial model for person-centered gathering of relevant context information; and
– teaching students a structure for the consultation[a];
– each subsequent part of the program reinforces existing skills and adds new skills
Assessment: formative and summative.

[a] Using the same content and structure as in Calgary Cambridge Guide,

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