



Original article

Teaching and assessment of clinical communication skills: Lessons learned from a SWOT analysis of Portuguese Angolan and Mozambican Medical Education[☆]



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ARTICLE INFO

Article history:

Received 27 January 2016

Accepted 17 December 2016

Available online 24 January 2017

Keywords:

Medical education

Clinical communication skills

Teaching

Assessment

Curricula integration

Qualitative

SWOT analysis

ABSTRACT

Background: The importance of clinical communication skills (CCS) teaching and assessment is increasingly recognized in medical education. There is a lack of outcome-based research about CCS teaching and assessment processes in Portuguese medical education. Our goal is to conduct a SWOT analysis of this process in Portugal, Angola and Mozambique in order to contribute to the establishment of an action plan for more effective CCS teaching and assessment in medical curricula.

Methods: Between 2010 and 2012, semi-structured interviews focused on the state of the art of teaching and assessment of clinical communication skills were conducted with key stakeholders of medical courses in Portugal, Angola and Mozambique. The design corresponds to an exploratory, descriptive and cross-sectional study, with the analysis of the recorded interviews. Interview transcripts were analyzed to identify salient themes/coding template in their discussions of the CCS teaching process. The coding and analysis of the surveys is qualitative.

Results: 87 interviews were performed at the 8 Portuguese, 1 Angolan and 1 Mozambican medical schools. Results indicate that the teaching and assessment process of CCS is in the beginning stages with these commonalities noted: (i) Variability amongst faculty in the teaching and assessment methods, (ii) disconnection of CCS between basic and clinical cycles, (iii) content and process skills and (iv) faculty development.

Conclusions: CCS training lacks a formal structure with considerable variation of the CCS teaching process in these countries. The interviews promoted a rise in awareness of this situation and how these skills can enhance the quality of curricular change. Some important opportunities for the development and implementation of a framework of an integrated communication skills curriculum such as curricular reforms and well-established cooperation and networks were identified. The acknowledgement of the importance of integrating these skills in ME by key stake-holders and students in institutions and the identification of champions motivated to commit to the effort are strengths that should be considered to integrate and enhance CCS in the medical curricula.

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Background

Clinical communication skills (CCS) teaching and assessment is a core component of clinical competence. There is ample evidence that the effective teaching and training^{1–3} of these skills has a positive impact on physician's communication skills.^{2,4,5} There is also some consensus on the essential elements of effective CCS courses^{6–8} and that there is correlation between communication,

[☆] The research was conducted at the Faculty of Medicine of the University of Porto, Portugal (data was collected at all schools of medicine in Portugal, at the Faculty of Medicine of the University Eduardo Mondlane in Maputo, Mozambique and at the Faculty of Medicine of the University Agostinho Neto in Luanda, Mozambique).

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clinical reasoning, and medical problem solving.⁹ These studies have been widely acknowledged and motivated gradual integration of CCS training across medical education.^{10–12}

Medical schools are accepting the many challenges involved in developing clinical communication programmes. There is wide variation currently in the methods to teach and assess these competencies.^{1,4,13} Commonly, CCS are delivered at a pre-clinical stage of medical education and training is much less structured during the clinical and postgraduate phases.^{7,14–16} Our prior research¹⁷ which corroborates previous findings of other studies,^{18,19} has shown that experiences in CCS training affect attitudes towards the doctor-patient relationship, and content analysis associations suggesting that these perceptions are influenced by context, i.e. faculty and curricula.

In Portugal and in Portuguese speaking African countries there is a lack of research as well as lack of benchmarks on teaching and assessment processes for communication skills in medical schools. This occurs in the background of globalization in medical education and the recognition of CCS as a core competence for education of physicians who share the same language.

This research was conducted with the purpose of examining the current educational practices of CCS teaching and assessment in Portuguese and Portuguese speaking African medical schools to identify needs, potentials for curriculum development and faculty training with the intention of enhancing the necessary skills for a greater humanization of the medical practice as a caring profession.

Methods

There are presently 8 Medical Schools in Portugal, 3 in the south, 2 in the centre and 3 in the north part of the country. Seven schools have 6 year curriculum and are organized in 2 cycles: (i) Degree in Basic Health Sciences and, (ii) Master Degree in Medicine. One school has a 4 year curriculum orientated for graduated students and is organized according to Problem Based Learning (PBL). The Faculty of Medicine of the University Agostinho Neto (FMAUN) in Luanda, Angola, has a traditional curricula, with 6 year duration and at the University Eduardo Mondlane (FMUEM).

We conducted interviews with the key stakeholders of the medical schools such as course directors, heads of the medical education, and faculty responsible for teaching of specific courses (syllabus). These courses included Medical Psychology, Clinical Semiotics/Propedeutic (course where the physical exam is taught and students have contact with patients in wards for the first time), Communication Workshops, Clinical Interview, Surgery, Medicine, Family/Community Medicine/Public Health, Psychiatry, Paediatrics and Gynaecology/Obstetric. Medical students were invited via e-mail to participate in an in-depth interview study. In Portugal and Mozambique, the interviews were conducted by EL and a research associate. In Angola interviews were conducted by EL.

Utilizing a qualitative approach semi-structures interviews lasting from 15 to 90 min were audio-recorded face to face. Ethical approval for this study was obtained from the Ethics Committee of the Faculty of Medicine University of Porto/Hospital of São João, Porto.

The interview questions were developed considering the need to provide a comprehensive assessment of the teaching techniques of communication skills in Portuguese and Portuguese speaking African medical schools. These questions were inspired by a previous and pioneer study by Novak et al.²⁰ Before data collection, interview questions were piloted with senior faculty and students of Faculty of Medicine of the University of Porto (FMUP). Interviews were preferred to surveys because we found that *clinical communication skills* were not perceived by all in the same manner and therefore interviews would enable a greater clarification and

understanding of the process. As we intended to understand what the different medical courses foresee in terms of the teaching and assessment process of CCS as opposed to what is actually done in comparison to how students perceive their experience throughout their medical education, we felt the need to interview course directors, faculty and students. Questions for course directors and/or heads of the medical education approached what is being done, in general terms in that specific medical school, of CCS teaching and assessment (when, where, how it is taught and assessed, and type of remediation, if applicable). Interview questions for faculty responsible for teaching specific courses assessed the following: general knowledge and competencies of the courses, the related specific communication skills, what teaching methods are used, how are they assessed, and the training of who teaches in CCS). Interview questions for students requested a description of their experience of the teaching and learning process of CCS in the course. The data was collected through open ended and semi-structured questions

All recorded interviews were transcribed verbatim and using a thematic analytic approach guided by phenomenology.²¹ EL, MAF and two fellow research associates with experience in qualitative analysis methods read through the interview transcripts to identify initial themes which were then compared and finally led to a coding template. All themes and codes were later reviewed by all authors to warrant that all transcripts clearly reflected those themes.

Results

From January 2010 and June 2012, 69, 10 and 8 semi-structured interviews ($n=87$) were conducted at medical schools in Portugal ($n=8$), Angola ($n=1$) and Mozambique ($n=1$) (Table 1).

Results have been divided according to the main areas (i) heads of Medical Schools and/or Medical Education departments, in order to find out their perceptions of what is being done in terms of CCS (ii) faculty for specific courses, in order to attain the general learning objectives and what teaching and assessment methods are used, and (iii) students to understand their experience of the teaching and learning process of the CCS throughout their medical training.

Heads of medical schools or medical education departments

The interviews with the heads of the Medical Schools or Medical Education Departments revealed that 6 of the Medical Schools in Portugal and the Angolan school at the time of the study did not have a formal CCS curriculum. Two medical schools in Portugal (one in the north [C] and one in the south [H] of the country – see Appendix A) and the Mozambican medical school have a longitudinal integration of CCS throughout the medical course. The interviews enabled a clear perception of (i) the general CCS content; (ii) the timing and teaching methods used; (iii) who teaches CCS and (iv) the assessment process:

Content

The heads of these medical schools described Medical Interviewing and the basic behaviours students should learn to interact with patients and families are the main topics covered in the teaching of CCS. Those who confirmed to have a longitudinal integration were not clear on the framework/models of the teaching and learning process used. The heads of the schools in Angola and Mozambique also identified health education (in order to help individuals and populations improve their health, by increasing their knowledge or influencing their attitudes) as a main concern.

Timing and teaching methods

The main teaching of CCS occurs in the basic cycle years of the courses, i.e. first 3 years of the course, when the contact with patients is very sparse. Lectures, seminars and role-plays are the

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