

ORIGINAL RESEARCH

“Talk to them”: Teaching communication skills to students of Traditional Chinese Medicine

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ABSTRACT

Objective: To explore students' perceptions of the efficacy and value of teaching communication skills in a health professional course for Traditional Chinese Medicine (TCM).

Methods: Individual surveys were used to evaluate students' self-assessment of their communication skills pre and post a communication subject in a four-year degree course in a Bachelor of Health Science in TCM at a large metropolitan university in Australia. Quantitative and qualitative data were collected.

Results: Findings indicate that students recognise the need for good communication skills training as part of their professional training and self-reported that their communication skills improved following a semester of study of a communication subject.

Conclusions: One of the primary components driving increasing demand for complementary and alternative medicine (CAM), which includes TCM, is that consumers place a high value on effective communication and quality engagement with their CAM provider. Communication skills are often seen as the cornerstone of good health care practice, patient recovery and practitioner job satisfaction. Implementing a focused communication skills component in health professional educational programs, including those for TCM, is therefore essential. Further research is needed to explore the retention of these skills throughout health professionals' degree programs and after graduation and clinical experience, to evaluate the effectiveness and sustainability of personal communication skills education. Practice implications: Communication skills training should be incorporated into health care profession curricula, early in the program and integrated with clinical exposure.

Key Words: Communication skills, Health care professions education, Student perceptions

1. INTRODUCTION

Complementary and alternative medicine (CAM) includes a range of products and practices not traditionally associated with conventional medicine and includes Traditional Chinese Medicine (TCM).^[1,2] This area of medicine is increasingly popular in Australia as well as worldwide.^[2-5] Approximately half of the total health consults in Australia are undertaken by CAM practitioners^[6] with much of this care accessed concurrently alongside conventional health

services.^[7] People seek assistance from CAM for a range of reasons and notably when they feel conventional medicine fails to be of help^[8] and when they are dissatisfied with their interaction experiences with conventional health care providers.^[7,9-11] A desire for more personal control over their own health has been cited as another motivation for patients seeking CAM, with CAM practitioners perceived by patients as adopting a more individualised and holistic approach to care in partnership with their clients.^[3,7,11-14]

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A recent study^[14] indicates that CAM users evaluate their healthcare experience using the criteria of the quality of care, an empowering partnership, treatment efficiency, customisation of treatment and the physical environment of service delivery.

Despite the importance of communication and patient-centred interactions as key drivers for CAM use, educational approaches to facilitating and developing the requisite skills amongst CAM students have not been widely explored or evaluated. Accordingly, the authors undertook a survey of students in a four-year degree program in TCM at a large Australian university, before and after completion of a communication subject. The objective was to explore students' perceptions of the efficacy and value of teaching communication skills in a health professional course for TCM students.

Background

Patient-centred care has been recognised internationally as a crucial dimension of high quality health care. At the core of patient-centred care are collaboration and communication between the health care provider and the patient. Partnerships and a focus beyond specific conditions on health promotion and healthy lifestyle are the other two identified elements of patient-centred care.^[15] Patient-centred care is a redirection away from the paternalistic disease-focussed care which has traditionally dominated, particularly in conventional Western medicine.^[16] Patient-centred care is often defined by what it is not—technology driven, centred on the health professional and/or a hospital and focussed on disease or pathophysiology.^[17] Patient-centred care outcomes, on the other hand, have been identified as patient satisfaction, reduction of anxiety and improvement in quality of life, decreased admission rates and shortened lengths of stay as well as improved professional satisfaction.^[18] In all health care fields, effective communication is perceived to be central to improved health outcomes and achieving greater levels of satisfaction both for the patient and the health care professional.^[19–23] Poor communication has furthermore been associated with the increasing number of adverse patient outcomes and complaints against health care practitioners, which often are even more frequent than complaints about clinical competence.^[24–26] Further, scores achieved in examinations for national licensing of medical practitioners in Canada and the US related to communication and clinical decision-making were shown to be predictors of complaints made to regulation authorities.^[27] According to the Australian Health Practitioner Regulatory Agency (AHPRA), complaints against all registered health professional groups are increasing and a major source of complaints is the quality of communication and concerns about interactions between patients and health care profes-

sionals. In the period 2014–2015 the NSW Health Care Complaints Commission, Australia, reported that communication between health professionals, patients and their families was the second most common type of complaint (16.5%) following complaints related to treatment provided (39.4%).^[28] Communication as a precipitating factor in health care complaints clearly demands more attention.^[29] Similarly, a 2012 report from the UK highlighted a 23 per cent increase in complaints against health professionals in relation to communication.^[30]

Communication skills are often a core competency required by registration bodies.^[31] In Australia, the regulatory body which provides accreditation and registration for TCM practitioners, the Chinese Medicine Board of Australia (CMBA) Professions Registration Association (AHPRA) requires practitioners to meet certain standards of professional communication and collaboration. AHPRA states that Chinese medicine practitioners must communicate effectively with clients/patients, their caregivers and families and work effectively with other health practitioners at all times.^[32]

Health consumers place great emphasis on effective communication and are becoming increasingly vocal regarding the type and quality of health services provided to them. Consumers' expectations of interactions with health care professionals, however, are not always met. Oncology patients and patients with life-limiting illnesses, for example, have identified doctor-patient communications and information provision as problematic.^[21,33] Patients undergoing cardiac testing have reported that inadequate explanation and poor communication have resulted in a lack of trust between themselves and the physician.^[34] A US report on National Patient Safety Goals^[35] cited ineffective communication as the root cause of most frequent sentinel events. There is abundant evidence that poor communication between health care providers and patients is cause for a high level of concern.

The focus of the CAM model of care is on holism and integrative therapies and an increasing number of health care consumers are attracted to such a model over the reductionist model of conventional medicine.^[11] Consumers further claim that CAM practitioners have a greater knowledge of how nutritional, emotional and lifestyle factors affect health and that CAM is effective in improving wellbeing.^[9,36] Michlig, Ausfeld-Hafter^[37] found, in a comparative study, that patient satisfaction related to communication and relationship measures was higher for TCM patients than those receiving conventional medical care. Further, patients with chronic illness may not be seeking a cure from TCM, but rather are seeking psychological support and they perceive this to be more readily found in complementary medicine.^[9,11,37]

There is evidence that training health care professions in the requisite communication skills is necessary to enable them to provide patient-centred care^[38–40] and there is an abundance of literature on the positive effects of communication on the outcomes of health care. There is little data available, however, on how this could be addressed and sustained in health professionals education programs, and how receptive students are to it. Registering authorities and course accreditation bodies require education providers to address this aspect of good service delivery. In Australia, three universities and three private education providers deliver accredited programs for TCM practitioners. All programs include a communication component but there is considerable variability

in how this is undertaken. This paper reports on the value student TCM practitioners place on effective communication skills.

Communication for the complementary therapist

The subject, Communication for The Complementary Therapist, is offered in the first semester of the first year of a four-year undergraduate program in TCM. The subject introduces students to the theories and processes of effective communication with patients and facilitates the development of interpersonal skills in the complementary therapist. Particular focus is given to the skills that underpin the patient-health practitioner interview.

Table 1. Subject objectives

<ul style="list-style-type: none"> • Identify the helping process and provide an overview of effective interpersonal communication, interview and counselling skills, including motivational interviewing, and relationship building as well as barriers to effective patient/practitioner communication; • Understand the importance of communication on professional relationships including professionalism, self-presentation, communication with colleagues and conflict management; • Incorporate effective communication skills into the practice of Traditional Chinese Medicine (TCM) with an appreciation of ethical considerations and language and cultural differences; • Understand the impact of health beliefs, values and attitudes on the patients participation in health care; • Understand what is meant by emotional intelligence and its impact on capability; • Appreciate the significance of culture and perspectives of cultural difference on the helping relationship; • Examine the psychosocial nature of pain and the management of associated stress, anxiety and depression on the communication process.
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The communication skills were addressed through a variety of teaching and learning methods over 14 weekly sessions of a 2-hour lecture and a 2-hour workshop session. Effective communication requires a wide range of generic communication skills and the ability to apply those skills across a wide range of health care settings and skills to promote shared decision making, reviewing information and encouraging questions and discussions have been shown to be fundamental to effective patient/practitioner communication.^[40,41] The subject content was focussed on addressing the skills necessary for a history taking interview which was the major assessment for the subject. These skills comprised preparation and initiation of the interview, building rapport, establishing the structure, managing the interview, recognising and responding to patients' feelings and indirect communication, summarising and the active listening skills and therapeutic responses to build meaning into the relationship with the patient. The interview has been said to be the most frequently performed task in a physician's career and the same could be said of a Chinese Medical practitioner, and it has been described as a powerful, sensitive and versatile instrument.^[42] The interview is an opportunity for health professionals to

establish a positive relationship with their patients: it sets the scene for what follows in the interaction and the ongoing relationship. Effective communication in a history taking interview has also been judged to be necessary to obtain quality and quantity of information to make a more accurate diagnosis.^[42]

The students were given opportunities to apply the skills in interactions with each other in the form of role plays using the history sheet from the public clinic attached to the University where the students complete their clinical practice. The checklist developed for the assessment was adapted from the Kalamazoo Consensus Statement: Essential Elements of Physician-Patient Communication.^[43] It includes preparation and initiation, building rapport establishing the interview structure, managing the interview, recognising and responding to patient's feelings and indirect communication, and summary.

An additional component of the students' assessment where they were observed conducting a history taking interview with a patient was patient input, where patients completed a feedback sheet following the interview, rating the student

on a number of items using a five point Likert scale. This component of the assessment aligns with The Code of Conduct/Chinese Medicine Board of Australia which states that “assessing colleagues is an important part of making sure that the highest standards of practice are achieved”.[44]

A formative assessment was conducted during tutorial time in a collaborative teaching space. This required students to critique a video interview which they had conducted with a consumer of a health service, as a group work activity. On-line resources were made available to the students and these included videos of client interviews, again using the history sheet and checklist adopted for the assessment. These resources enabled a critique of the interview skills used in the video to be made. Students were able to view these resources as often as they wished throughout the semester.

Students in this program are allocated clinical experiences from the second week of semester and they complete 25 hours of clinical practice during their first semester at university. During the last half of the semester they are scheduled to complete their interview assessment. They receive immediate verbal feedback following the interview and they prepare a reflective paper which is assessed following the interview.

Students in this program are fortunate in that they are exposed to real-life patients from the second week of their four year program. They spend 1,030 hours in the public clinic attached to the university, observing and interacting with patients over their four year program. There is no teaching and learning activity involving simulated patients or simulated technology – their interpersonal skill development is always with real patients.

2. METHOD

2.1 Design

This study sought to explore the perceptions of TCM students undertaking a course in communication skills. A longitudinal descriptive design was adopted in order to identify student perceptions before and after they undertook the course.

2.2 Setting, participants & procedure

Participants were students of one tertiary education institution in Sydney, Australia. They were enrolled in a newly developed course in communication skills that emphasised patient-centred care and therapeutic communication skills, a component of the Bachelor of Health Science, TCM. All students enrolled in the subject were asked to voluntarily participate in the study. All participants were asked to complete a survey before and after undertaking the subject. Ethical approval was granted from the University Human Research

Ethics Committee.

2.3 Instrument & analysis

The study was undertaken using pre and post subject semi structured questionnaires. The pre-subject survey included demographics age, gender, ethnicity, primary language, education levels and previous occupation. The survey also asked students to self-evaluate their communication skills and to respond to the following questions:

- Could their communication skills improve?
- Did they believe that these skills could be taught?
- Did they believe that communication skills were an important part of professional practice as a TCM practitioner?
- Did they believe that communication skills were more important than technical skills?

They were also asked to provide short answers to the questions:

- What do you think might be the best way to teach communication skills? And
- What sort of skills do you think you need in order to communicate well with patients and colleagues?

The post subject survey included the previous questions (apart from demographic data) and added the additional questions:

- Could you please reflect on the communication subject and tell me if it was useful in terms of improving your communication skills?
- What were the most beneficial topics in the subject?
- What were the least beneficial topics in the subject?
- Did the subject content help you in preparing for the interview assessment?
- Was the interview assessment helpful in improving your communication skills and your ability to relate to a patient?

3. RESULTS

In accordance with the explorative nature of the study, data were analysed descriptively.

Thirty-seven students out of a total cohort of 41 completed the pre course and post course surveys, giving a response rate of 90.2%. The majority were female (68.3%) and 87.8% had not worked previously in an occupation related to TCM. Most students (78%) indicated that English was their primary language, while 17.1% said Chinese, 4.9% Korean and 2.4% Nepalese.

Whilst the program is an undergraduate program in TCM, the majority of students are over 21 (see Table 2), and come with previous qualifications, often in unrelated disciplines (see

Table 3). In Australia, most undergraduate course cohorts consist predominantly of recent school leavers.

Table 2. Age

Age group	Percent (%)
18-20	19.5
21-29	36.6
30-39	24.4
40-49	12.2
50-59	7.3

Table 3. Participant's qualifications

Age group	Percent (%)
18-20	19.5
21-29	36.6
30-39	24.4
40-49	12.2
50-59	7.3

When asked to rate their communication skills prior to undertaking the subject, 52.5% of students rated their communica-

tion skills as "good" and 5.2% identified their skills as poor (see Table 4). Only 17.5% identified that their skills could be improved and whilst 57.5% agreed that communication skills were an important part of professional practice for a TCM practitioner, 75% disagreed that communication skills were more important than technical skills.

When asked to comment on the best way to teach communication skills, 4% of students stated that they weren't sure and the majority of students felt practice, role playing and coaching would be the best way. One student wrote "a practitioner will only learn how to best communicate by being in a situation where they have to communicate".

In the post subject survey, 88.6% of students rated their communication skills as good and none identified themselves as having poor skills. 77.8% stated that their communication skills had improved following the subject and that their skills could continue to improve. 100% of students identified communication skills as an important part of professional practice as a TCM practitioner and 55.6% identified communication skills as being more important than technical skills. 78% said that communication skills should be the focus of a subject in a degree program for TCM and 22.2% disagreed.

Table 4. Communication skills pre and post TCM course

Item	Pre (%)	Post (%)
Communication skills rated as "good"	52.5	88.6
Communication skills rated as "poor"	5.2	0.0
Agreed communication skills could be improved	17.5	-
Felt communication skills had improved	-	77.8
Belief that communication skills are important to TCM practitioners	57.5	100.0
Belief that communication skills are more important than technical skills	25	55.6

Post subject students were asked to reflect on the subject and what they felt was the best way to teach communication skills. The majority answered "more practice", "more role playing". One stated that the subject provided "a more defined idea of what to address and the techniques to follow. It allowed me to feel I knew what I was doing correctly during the interview process instead of feeling like I was guessing/floundering". Another said "It has been useful to get me consciously thinking about communication as an important aspect of being a healthcare provider. Being exposed to a range of different communication techniques which I will be able to utilise when appropriate has been helpful". Another judged the subject "very useful. I was aware of communication skills but this course has helped practice these in class in different scenarios and put them into real life practice. It should have been introduced years ago as I've come across some fourth

year students with absolutely no idea how to talk to patients. Even people in my year who received recognition of prior learning for this course should have been forced to partake in the subject as it is such an important part of being a HCP".

When students were asked if the subject content helped them in their preparation for the interview assessment, 100% responded yes. Responses included: "I felt more confident that I knew about the interview process and what might come up for me during the interview", "It helped a great deal as we were able to practice and fine tune our skills before being unleashed on real patients. I think everyone needs to do this course before entering a clinic", "Yes it did. For example I use the content from lectures *e.g.* SOLER (non-verbal attending behaviour: squarely facing the person in a front on presentation, open posture; lean forward, eye contact, relaxed posture^[45] and I have incorporated this into my interviews"

and “Yes it did. Without it I would not have been aware of creating a safe and supportive environment in which to conduct an interview and how to be empathetic and get more information out of a client”.

In response to the question “Was the interview assessment helpful or not in improving your communication skills and your ability to relate to a patient?” 100% of students agreed it was helpful. Responses included “Yes it was very helpful to gauge how well I applied the knowledge to practice and to see how much I could still put into practice when under stress”; “Yes it is helpful. Practice is different with a real interview. If just practice with classmates still there be some communication problems I cannot find out but with a real interview I can find what to improve according to patients’ reaction”; “The interview assessment was helpful in that I was able to conduct an interview and get rounded feedback from both the lecturer and the patient on my ability to communicate. I was able to then reflect on the experience for myself. This has enabled me once more to be more conscious about the communication process within a clinical environment”.

Finally, 98% of students stated that they would benefit from more time in tutorials to practice/role play interviews in preparation for the interview assessment. They felt preparation was extremely important and that it helped decrease their anxiety when they were required to interview a real patient.

4. DISCUSSION AND CONCLUSION

The survey results indicate that the communication subject was perceived as helpful in improving TCM students’ therapeutic communication skills. While only 17.5% believed before they commenced the course that they could improve their communication skills, at the conclusion of the course, 77.8% reported that their communication skills had in fact improved. This dramatic finding challenges other studies that found when teaching doctor-patient interviewing skills to medical students, the students resented attempts to teach what they felt were elementary skills^[46] or that students only learn communication skills if they have the perception they need to develop these skills.^[19,23,40] On the contrary, this study found that even when students rated themselves as good communicators prior to beginning the communication subject; they reported afterwards that their skills had improved.

Some studies claim that technical competency for health care professionals increases over time while interpersonal/relational skills tend to decrease with time and clinical exposure.^[23,47,48] Other studies have shown that positive attitudes towards communication skills training decrease over

the period of the program and particularly following clinical exposure – or exposure to real patients rather than simulated patients.^[23,49] The sequencing of communication skills training may also be important.^[50] The majority of medical education programs only introduce communication skills training midway or towards the end of degree programmes.^[49,51] The students in this study, however, are introduced to communication skills training in their first semester of study. They begin interacting with clients in the public clinic attached to the university in that first semester and spend 25 hours in the clinic interacting with patients and being assessed conducting an interview with a patient.

A follow-up study of the same cohort of students is recommended at two later points: Towards the end of their studies and three years after graduating. This could determine if they maintained their communication skills in the face of two inhibiting factors: no further theoretical learning and increased clinical exposure.

It is clear that in TCM, as for all health care, effective communication is a cornerstone of good practice and is widely regarded as a key determinant of patient and health professional satisfaction.^[4,9,52,53] This study of TCM students demonstrates that student perceptions of the value of communication skills and their need for skills development can change. Incorporating communication subjects early in undergraduate tertiary programs may be particularly useful to lay the foundations on which we can build and expand communication skills. To ensure that students are interested and see the relevance of communication skills, the authors suggest early exposure to communication skills training and real life patients as well as feedback from patients. Students in this study benefited from access to patients in the public clinic attached to the university and were able to gain experience and feedback whilst being assessed in their interpersonal interactions with patients.

5. PRACTICE IMPLICATIONS

There is evidence to suggest that curricula for TCM practitioners should include communication skills training as a core component of a practitioner’s proficiencies, and that this is best done early in the program and integrated with clinical exposure.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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