

**Iya Kaminska** <sup>1</sup>

ORCID: <https://orcid.org/0000-0001-7156-0484>  
kamshik@ukr.net

**Maryna Starchenko** <sup>1</sup>

ORCID: <https://orcid.org/0000-0002-8722-9486>

**Lyala Grusha** <sup>1</sup>

ORCID: <https://orcid.org/0000-0002-7272-9314>

**Liudmila Moskalenko** <sup>1</sup>

ORCID: <https://orcid.org/0000-0001-7936-0508>

<sup>1</sup> Bogomolets National Medical University (Ukraine, Kyiv)

## TEACHING MEDICAL STUDENTS COMMUNICATING SKILLS IN ENGLISH

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Interdisciplinary integration of the Foreign Language and Medical Communicational Psychology disciplines is an advantageous choice for the medical students. The discipline Foreign (English) language is best appropriate for teaching medical students communication with the patients. The article contains basic information on introducing the doctor-patient communication skills course in the English lessons, based on the personal experience of the authors. The authors have conducted a study of effectiveness of the communication skills psychological-linguistic course read to the medical students, the results of which have proven high efficiency of such integration.

**Purpose.** To analyze peculiarities of teaching communication skills at English classes, basing on the personal experience of the authors, to assess changes in the parameter before and after the introduced English communication course.

**Methods.** Literature review method was used to gather information on how communication skills are taught abroad, the method including analysis and synthesis of information; initial and final testing and questioning the students – to assess the quality of their

knowledge before and after the experiment, statistical processing of the data with the Statistica 20.0 software was used. The author tests to assess the English communication skills included multiple questions regarding communication of doctors and patients.

**Conclusions.** The study showed initially low level of the communication skills characteristics, expressed with negative mindset, negative communicative behaviour, loss of self-monitoring and self-control, which, after a year course of Communication in English, have significantly improved. The authors state also rather beneficial effect of such integration onto the level of language knowledge of the students, as high motivation provides for increased learning activity and better results. The authors consider effective holding similar studies and courses with the senior medical students and practicing physician, who are more actively engaged in communication with the patients.

**Keywords:** medical students, communicating skills, English for Professional Purposes, teaching.

## Introduction

Communication skills are particularly significant for medical specialists as they predispose the efficiency of good doctor-patient contact. It is the task of a medical school not only to teach the undergraduates bases of medicine, but main principles of effective communication with the patients, though, unfortunately, the issue is often neglected by educational establishments. Considered as “insignificant” by both students and teachers, particularly those of post-Soviet space, the component is quite often insufficiently shaped in medical specialists. So, it is of primary importance to pay attention to its development during the whole training of the students, at the classes of Deontology, Psychology of Communication and the Language classes. Up to the authors’ idea, the language classes (both native and foreign ones) are best suited for teaching the medical students communication with the patients, irrelevant of the language studied. The communicative character of the Language classes (termed as Language for Specific purposes”, aimed at studying the professional language aspects) predis-

poses for teaching medical students not only words and grammar, but the communication skills themselves, which includes both professional vocabulary, regulations and ethics. So, in order to improve the applied teaching methods at the Foreign language (presumably English) classes, the theme of teaching communicating skills to medical students at English classes was chosen.

Aim of the paper – due to the literature review and personal experience of the author, to define the basic peculiarities of teaching medical students communicating skills in English, to define the criteria of successful teaching, to emphasize strong and weak sides of the teaching, to evaluate empirically the effect of teaching medical student's communication skills in English.

### **Basic characteristics of teaching medical student's communication skills in English: defining the notion**

Teaching medical students communication skills is a rather significant issue which has been studied by numerous authors. It is possible to distinguish three basic directions of studying communication skills training to medical students and medical specialists: so, the first approach is studying the communication skills training by J. Drouin (2003), A. Hannah et al. (2004), L. Lymar (2020), S. Omelchuk (2016), C.E. Rees (2001). The authors agree that teaching communication skills is particularly important, but they emphasize key points which predispose for the communicational success, being the empathy (Winefield 2000), gender and professional factors (Omelchuk, Lymar 2016), student's attitude to communication in the whole (Shankar 2006), etc. Totally, the authors agree that the communication skills should be taught at medical schools, as the component does not appear from nothing, being predisposed for the interaction of the medical students, teachers, psychologists and the dean's office (Lymar 2020). The representatives of the second direction dwell on the necessity of teaching just medical language, medical English or any subject regarded as the "Foreign language for professional purposes". This direction is supported by such authors as A. Boniadi (2013), P.Y. Lu (2012). McEvoy (2009) dwells on the medical texts interpreting while M. McCullagh (2008) stops at communication component as the speaking part of teaching medical students English language. Though, most authors agree that teaching English for medical purposes shouldn't be re-

stricted to just communication, as the notion is much wider than that. The representatives of the third direction state that teaching communication skills is best realized at the foreign (English) classes, stating that communication skills shaping is the primary task of the course Foreign language for special purposes”. E.H. Glendinning (2006) in his guide of Medical English, aimed at teaching communication skills, stresses on the main goal of teaching English to medical students- providing for their communication with the medical environment participants. H. Swadi (1997) analyses the dependence of the first language and communication performance of medical students, while D.M. Mirza (2010) and D. Farnill (1997). State that communicating with the patients in foreign, not well mastered language may present significant difficulties for the medical specialists. McCullagh & R. Wright (2008) agree that good communication skills are closely related to the language performance, and P. Zrníková (2013) stresses on the necessity of processing medical files in English on order to master the foreign language appropriately, which will provide for successful medical communication. So, the authors agree that teaching medical English (or any other foreign language) is a successful predisposition for the medical specialists fluently communicating with the patients.

## **Basic principles of teaching Medical English**

There are certain principles teaching medical English as a foreign language should be based on the following postulates:

1. Medical students should possess some initial foreign knowledge level, which should exceed at least the B1 level. Otherwise, despite medical terminology bears international character and is easily recognized, it is impossible to teach medical communication in the language. This includes knowledge of basic grammar, spelling and lexicological categories, ranked as the B1 knowledge level. If the students turn out to know foreign language poorer than that, first, the language level should be improved, and only then the professional English to be taught.

2. The discipline of medical English includes all aspects of medical communication, both active and passive ones: writing, reading, listening and, finally, speaking. Teaching writing and speaking represent two basic directions which predispose for the doctor’s ability to communicate successfully within the medical environment.

3. Communication skills of a medical specialists are represented not only with the language knowledge skills, but with their cultural, deontological and psychological skills, which together make up his communication ability. That is, the doctor must be able to interact with the patients regarding the deontological and legislative principles, minding the social cultural peculiarities of various people as well as the psychological peculiarities of interaction, not to mind his own psychological characteristics.

4. Usually, teachers of foreign language emphasize the language skills and abilities, thus neglecting the interactional characteristics, which require further knowledge of psychology, legislation and deontology. This should be corrected; as foreign language classes represent a perfect opportunity of improving the communication skills through the inter-disciplinary integration.

5. Collaboration between the foreign language teachers, coaches, medical university psychological service as well as other departments, engaged in teaching communication in native language, should be required.

Teaching medical student's, the communication skills in English is best organised, due to the authors' personal experience, as follows:

- Introducing the essential vocabulary and grammar, which should be used under the certain circumstances;
- Doing drills for the mastering the introduced constructions, which altogether will include not only the language tasks, but be interactive, with live medical communication situations;
- A set of medical communication cases should be devised by the foreign language teacher, requiring for the knowledge of not only English, but all aspects of medical interaction;
- A special training of psychological interaction qualities (motivation for communication, self-control qualities, self-correction qualities, communication mindset) should be regarded.

The themes to be studied should be related to both medical and communicational themes: "Human body", "Surgery", "Medical emergencies", "National Health service structure". "Injuries and traumas", "Drugs and Drugstores", "Nutrition and harmful habits", "Newest technologies" as well as various pathologies of all systems known, with recommendations on their management. Here a special portfolio of interactive communication tasks should be devised, which will include not only solving practical tasks on diagnosing, initial and secondary communication with the patient, making decisions and administering the therapy, but

ethical problems. For example, when studying the theme of “Surgery” and organ transplantation issue within the theme, the problem of donor queues may arise. The situational task is formulated as follows: if you choose in the donor list between the 40-year-old alcoholic, father of three children, and a single 25-year-old police officer, who would you choose as a donor # 1 and why.

Teaching medical students communication skills in the Ukrainian medical schools should proceed during two first years, when the students study two subjects: “Foreign language” (which is presumably English, as the licensing examinations are taken in English) during the first year, and “English for Special Purposes” (which is more medicine-focused), during the second year. Totally both disciplines represent about 6 ICTS credits.

### **Study of medical English author method efficiency**

In order to check for the efficiency of teaching medical student’s communication skills in English classes, the authors held in 2018-2019 academic years the experiment with the O. Bogomolets National medical university students. The participation was voluntary, upon receiving the students’ oral permission. So, initially the communication skills of the students were assessed by the parameters: “Positive communication mindset” (a standardized test of communication skills), “Self-regulation skills” (author questionnaire) and the “Language skills” (Language speaking tests). The positive communication skills test included the questions on the incidence of positive or negative thoughts to the others, productive mindset characteristics, etc., with the positive mindset prevailing. The students were asked to choose from the options: “I never shout or say rude things to my friends”, “I sometimes may say some unpleasant things or shout at my friends”. “I rarely shout or say rude things to my friends” and “I quite often have a go at my friends and yell at them”. Other questions to choose answers for were: “People around often annoy me”, “People around sometimes annoy me” and “People around never annoy me, I don’t care at all”. The self-regulation component was assessed by the questions of self-monitoring one’s behaviour (“I always analyze my day and monitor where I was right or not”, “I sometimes analyze my day and monitor where I was right or not”, “I never analyze my day and monitor where I was right or not”) and self-perception (“I realize I often behave inappropriately, “I realize I sometimes behave inappropriately”, I never behave inappropriately) and its correction (“I always correct my behaviour”, “I often correct my

behaviour”, ”I never correct my behaviour”). The “Language skills” test was represented with a standardized language test including the sections of “Reading”, “Writing”, “Vocabulary in Use”, “Listening” and “Speaking”, thus, assessing the knowledge by the International A1-C2 scale. 120 students (10 academic groups) of the second year of O. Bogomolets National medical university were surveyed at the beginning of the study year. The results were as follows: as for the positive communication skills: only 12.5% states they never release their emotions, shouting at the others, 57.2% stated they sometimes do it, with the rest admitting they often behave in such destructive way. So, altogether the negative characteristic here makes 87.5%. As for the positive thinking, 34.2% often feel annoyed by the others, and only 18% never feel annoyed (though, the data didn’t prove to be statistically significant, due to the statistical analysis). As for the self-regulation, low self-regulation parameters were detected: so, only 7.5% stated they often analyze their behaviour, 11.2% never analyze their behaviour and 81.3% sometimes analyze their behaviour. Further feedback on behaviour correction also lacks sufficient parameters: so, only 4.5 stated that they realize they may behave inappropriately, while 76% denied they ever behaved in a wrong way. So 14% always correct their behaviour and 3.5% never correct their behaviour, considering it appropriate. As for the language skills test, out of 120 tested students 4% had C1 level, 14.5% – B2 level, 49.4% – B1 level, 25.5% – A2 and 6.6% – A1 (initial level).

The Professional English classes were aimed at development of communicative skills, simultaneously with the language tasks offering the students various psychological drills in English. Thus, discussing interaction, leadership, tolerance, functions within the communication, attitude to the others and doing various psychological exercises, self-monitoring, solving interactive medical interaction cases represented the basic part of the curriculum. The 2-hour classes were held every week. In the end of the academic year (the experiment lasted for 2 terms) similar tests were taken by the students. As for the English level, significant improvement was noticed, with the one-stage shift, as 12% showed the C1 level, 21.3% – B2 level, 57% – B1 level, 8.7% – A2 and about 1% – A1 level. As for the other characteristics, 35% stated they don’t shout at the others, noting other effective methods of releasing emotions. The annoyance level decreased overall, as only 14.5% stated they often felt annoyed, which could be explained due to various techniques of managing annoyance and anger, offered at the classes. The amount of those, analysing their behaviour, increased, as now 21.4% stated they often analyze their behaviour and the amount of those who never

analyze their behaviour declined to 2.5%. Over 15% stated they realize they may behave inappropriately, with 57% denying wrong behaviour. Out of the surveyed 48% corrected their behaviour, which makes a significant change in the correction patterns expressed by the students.

## **Discussion**

The obtained results evidence about high efficiency of the offered course. The initial testing shows rather unproductive interaction characteristic parameters, as the surveyed showed low level of communicative tolerance, high annoyance level, inability to control their emotions, combined with low self-regulation characteristics: low level of self-monitoring and the subsequent correction of the behaviour. The conducted English classes with various psychological components changed the characteristics, as in the end of the study the students significantly decreased their negative mindset characteristics, with lower data on annoyance, more restraint at expressing negative emotions to the others, and a rather increased level of self-monitoring and self-correction, where inappropriate. Unfortunately, the authors have held the study for only 1 academic year, which seems insufficient for them to evaluate efficiency of the project. Though, it is evident, that due to low communication skills, which are nationally predisposed for the absent education on the issue, the initial low level of awareness on the interaction principles. All these components being corrected during the English classes course, the students showed totally different parameters, which may predispose for the effective communication. The authors suppose that the similar experiment should be held with the senior students and starting their practice medical specialists, as correction of the second- and first-year-student's skills bears more theoretical than practical character. Not to mention, that interactive character of the course stipulated for improved English language level, due to interest and motivation of the students through practical activity”.

## **Conclusions**

Interdisciplinary integration represents a significant issue of modern education. Teaching medical students communicating skills at professional English classes is the best example of such integration, as it provides both for improved language level and the communication characteristics of the students. Teaching

communication skills at English classes requires the initial foreign (English) language level from the students, a set of standardized initial psychological tests and a complex of psychological communication drills in English. Due to high motivation of the students and its interactivity, it shows good results, as the students improve their language level together with correcting the communication characteristics. The conducted with the O. Bogomolets National medical university students survey showed high efficiency of the course, with initial poor characteristics of the surveyed on communicative tolerance and self-monitoring skills, which gradually shifter to the positive ones within a year of the course. The authors suppose beneficial to hold the course with the senior students and young medical practitioners, who are more practically engaged in the doctor-patient interaction.

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