ORIGINAL ARTICLE

CONTENTS

Teaching clinical communication skills in Ukraine: a cross-sectional study

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ABSTRACT

Aim: To analyze the Ukrainian medical graduates' self-assessment of communicative competence, review the Ukrainian medical education related to teaching clinical communication, and to suggest ways of improving fostering clinical communication skills.

Materials and Methods: A descriptive literature review was done. The authors held a cross-sectional study using a convenience sample study in 2024 with the Bogomolets NMU 190 medical PhD students and practicing physicians, who were questioned to evaluate their clinical communication skills. The participants were offered a 12-item questionnaire regarding the clinical communicative competence, with open- and close-ended questions. The survey results were processed using statistical methods of grouping, generalization (in absolute and relative terms), and comparison. For relative values, standard errors and confidence intervals (95%) were calculated. The probability of difference between observation groups was determined using chi-square test (χ^2). Open-ended questions were analyzed using the qualitative description method.

Results: Among eligible 700 individuals, 190 individuals participated in the study, including 120 medical PhD students and 70 practicing physicians. Total majority could not recollect being taught medical communication during their undergraduate studies. Only 16% have heard about the SPIKES protocol. The analysis of the open-ended questions revealed answer clusters, in which the respondents associated clinical communicative competence with language skills, emotional self-control and polite behavior. This could be caused by learning the communication course at the Language or Psychology Departments.

Conclusions: Clinical communication skills are underestimated in the medical curriculum, taught by non-clinical departments. The Ukrainian education needs integration of the clinical communication course into practice course, to be taught by practicing physicians, which, in its turn, requires training Ukrainian clinical teachers by European communication protocols.

KEY WORDS: clinical communication, medical education, physician

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INTRODUCTION

Clinical communication skills make up an essential component of medical education, as they represent ability of the physician to interact with the patients within the medical environment [1]. Teaching communication skills is a basic component of any European medical school curriculum, where the physician's soft skills are emphasized. In Ukraine, integration of clinical communication skills into medical curricula has historically been less emphasized. However, the clinical communication skills are integrated in the syllabuses of numerous Ukrainian medical courses.

AIM

The aim of the paper is to analyze the Ukrainian medical graduates' (PhD students and practicing physicians) self-assessment of learning the communicative competence, and the communicative competence itself, review the Ukrainian medical education related to teaching clinical communication, and to suggest ways of improving fostering clinical communication skills during the medical studies.

MATERIALS AND METHODS

The cross-sectional methods study using a convenience sample study was held within the frame of the Bogomolets NMU research. The authors reviewed medical teaching sources and performed a context analysis of the Ukrainian medical schools' curriculums and syllabuses to define the significance of the clinical communication skills development.

In 2024 the authors questioned the former medical students – medical PhDs and practicing physicians to evaluate their self-assessment of the clinical communication skills, their experience of fostering the skills during the undergraduate training. The questions for

Table 1. The clinical communicative competence knowledge and skills, confirmed by the respondents

Question	Medical PhD students (N 120)	Practicing physicians (N 70)	Overall (N190) CI, 95%
1. What is your gender?			
- female	50 (41,7%)	40 (57,1%)	90 (47,4%)
- male	70 (58,3%)	30 (42,9%)	100 (52,6%)
-other	0	0	0
2. What is your age:			
- 20-30	65 (54,2%)	15 (21,4%)	80 (42,1%)
- 30-40	40 (33,3%)	40 (57,1%)	80 (42,1%)
- 40-50	15 (12,5%)	10 (14,3%)	25 (13,1%)
- over 50	0	5 (7,2%)	5 (2,7%)
3. How long ago did you study in the University?			
- less than 10 years	65 (54,2%)	15 (21,4%)	80 (42,1%) [34,9–49,3]
- 10-20 years ago	40 (33,3%)	40 (57,1%)	80 (42,1%) [34,9–49,3]
- 20-30 years ago	15 (12,5%)	10 (14.3%)	25 (13,1%) [8,3–17,9]
- more than 30 years ago	-	5 (7,2%)	5 (2,7 %) [0,3–5,1]
4. Do you recollect studying the course about communicative competence in the University?			
-yes	15 (12,5%)	5 (7,2%) *	20 (10,5%) [6,1–14,9]
- no	80 (66,7%)	60 (85,4%) **	140 (73,7%) [67,3–80,1]
- indefinite answer	25 (20,8%)	5 (7,2%)	30 (15,8%) [10,6–21,0]
5. Do you recollect studying the course about communicative competence during your further education?			
- yes	40 (33,3%)	20 (28,6%) **	60 (31,6%) [24,8–38,4]
- no	35 (29,2%)	25 (35,7%)	60 (31,6%) [24,8–38,4]
- indefinite answer	45 (37,3%)	25 (35,7%)	70 (36,8%) [29,8–43,8]
6. Do you know about the SPIKES protocol and what it is?			
- Yes	20 (16,6%)	10 (14,3%) *	30 (15,8%) [10,6–21,0]
- No	80 (66,7%)	60 (85,7%)	140 (73,7%) [67,3–80,1]
- Don't remember	20 (16,6%)	0	20 (10,5%) [6,1–14,9]
7. Do you know the sequence how to tell the patient bad news?			
- Yes	25 (20,8%)	60 (85,7%) ***	85 (44,8%) [37,6–52,0]
- No	45 (37,5%)	2 (2,9%)	47 (24,7%) [18,5–30,9]
- Don't remember	50 (41,7%)	8 (11,4%)	58 (30,5%) [23,9–37,1]
8. Do you know how to resolve conflicts with a patient on the first stage of the conflict?			
- Yes	40 (33,3%)	50 (71,4%) ***	90 (47,4%) [40,2–54,6]
- No	18 (15,0%)	2 (2,9%)	20 (10,5%) [6,1–14,9]
- Don't remember	62 (51,7%)	18 (25,7%)	80 (42,1%) [34,9–49,354]
9. Do you know how to interact with the patients in shock according to the Kubler-Ross staging?			
- Yes	45 (37,5%)	15 (21,4%) **	60 (31,6%) [24,8–38,4]
- No	12 (10,0%)	50 (71,4%)	62 (32,6%) [25,8–39,4]
- Don't remember	63 (52,5%)	5 (7,2%)	68 (35,8%) [28,8–42,8]
10. Assess your clinical communication skills:			
- Bad	2 (1,7%)	2 (2,9%)	4 (2,1%) [0,1–4,1]
- Satisfactory	25 (20,8%)	5 (7,1%)	30 (15,8%) [10,6–21,0]
- Good	68 (56,7%)	33 (47,1%)	101 (53,1%) [45,9 –60,3]
- Excellent	25 (20,8%)	30 (42,9%) ***	55 (29,0%) [22,4–35,6]

Chi-square test: * – $p>0,5$; ** – $p\leq0,05$; *** – $p<0,01$

the survey were composed by the group of the authors. The participants were invited to participate in the questioning through the social network. The respondents' informed consent was expressed in the Google Form. The study was conducted in line with the applicable laws and regulations. No further communication was held with the participants regarding the results of the study.

A total of 190 respondents participated in the study, 90 females and 100 males. The participants were offered a 12-item questionnaire regarding the clinical communicative competence, with open- and close-ended questions. They were asked about their gender, age, period after the graduation, and a set of questions about fostering their communicative competence during the undergraduate studies, evaluation of its effectiveness, self-assessment of their personal clinical communication qualities, as well as strong and weak points regarding the communicative competence. Last two questions were open-ended, and the thematic analysis of the open-ended questions about strong and weak communication points was conducted.

The survey results were processed using statistical methods of grouping, generalization (in absolute and relative terms), and comparison. For relative values, standard errors and confidence intervals (95%) were calculated. Open-ended questions were analyzed using the qualitative description method. The open responses were grouped into key themes, based on their recurrent pattern. The respondent's quotes were labeled with alphanumerical codes denoting a respondent (R) and the consecutive number of the answer (R1).

RESULTS

Among eligible 700 individuals (200 medical PhD students and 500 physicians who received invitation to participate in the study), 190 individuals participated in the study, including 120 medical PhD students and 70 practicing physicians (Table 1). The group was relatively equal in gender distribution (47% females against 53% males), and the average age of the sample ranged from 20 to 40 years old (84%). The medical PhDs represented a younger sample, with 87% of 20-to-40-years-old group, while the practicing physicians' group was older.

Total majority (89,0±2,3%) could not recollect medical communication course during their undergraduate studies. The number of those who could not recollect such courses during postgraduate continuous medical education decreased to 68,4%±3,4%. As for the basics of the clinical communication, only 15,8%±2,6% have heard about the SPIKES protocol, although 44,8%±3,6% consider they possess the skills of telling bad news to the patient. 31,6%±3,4% know about management of stressful situation with grieving patients according to the Kubler-Ross. Nonetheless, the participants evaluate their clinical communication skills high, as 47,4%±3,6% stated they could resolve conflicts at the initial stage, and the overall share of those with self-assessed communication skills at excellent and high level makes up 82,1%±2,8% (Table 1).

The respondents represented two huge groups, the medical students and practicing physicians, which did not differ significantly by size. The group of PhDs showed higher response for the undergraduate clinical communication studies (12,5%±3,0% vs 7,2%±3,1% of physicians, $p>0,05$), further communication education (33,4%±4,3% vs 28,6%±5,4%, $p\leq0,05$), and they show better results in answering about practical components of the clinical communication, than the physicians. However, they do not evaluate their skills of conflict resolving and communication as high as the physicians.

The participants were also asked to represent their views on their strong and weak points in medical communication. The offered answers were analyzed and grouped according to the basic key words into several clusters (Table 2).

The analysis shows that most participants associate their communicative competence with the skills of sending clear messages during the communication, communicating patiently, without aggression, resolving conflicts and good command of knowledge. Most see no difference between the clinical communicative competence and the knowledge of grammar of the language. They defined their good clinical communication competence as the skills of explaining, speaking correctly and politely, being patient and not rude, being resilient and being able to work under pressure. As for the bad communication competence qualities, they were mostly associated with the language skills and poor emotional self-control, expressed in increased irritability, shouting at the patients and being rude. The recalled characteristics show that the participants have vague notion about the communication competence, mostly associating it with language skills, rude or polite behavior.

DISCUSSION

The issue of the communicative competence derives from the professional competence, which was raised by A. Fitzgerald et al. who included into the professional competence the influence of the interaction [2]. The professional competence qualities grouping by Steiner-Hofbauer et al. includes communication and patient involvement [3]. The study by Petek Šter M et al. stresses on the significance of

Table 2. Strong and weak clinical communicative competence characteristics self-assessment results

Defining in the communication competence:	The answer cluster defined by analysis:	Phrases related to the subgroup and the alphanumerical numbers of respondents
Strong points	Skill to explain medical information correctly to the patients	I can explain medical procedures (R8, R32, R74, R165) I can speak so that the others understand (R7, R34) I use colloquial terms for non-medical people for them to understand (R18, R67, R82) I am a good speaker (R23, R58, R94, R 171) I can explain clearly (R11, R31, R76)
Strong points	Ability to avoid conflicts by resolving on initial stages or not initiating them	I never have conflicts with patients (R2, R47, R152) I always settle any cases if they arise (R15, R62, R91) I am not a conflict person (R22) I am easy in communication (R42, R81, R169) I am a peaceful person (R6) I prevent conflicts (R10, R52, R73, R188)
Strong points	Skills of speaking without making language mistakes	I know language very well (R3, R51, R79, R137) I don't use dialects ("Surzhyk") (R34) I do not make language mistakes (R148, R152)
Strong points	Resilience skills	I can communicate under stress (R35, R78, R111) I speak to my patients even when I am exhausted (R47) I always find time to speak to patients (R88)
Strong points	Ability to tell bad news	I can say about unfavorable diagnosis (R32, R175) I can tell bad news, no matter how hard it is for the patient (R19) I know how to tell the worst information (R36) I am supportive, and I can speak about death (R92)
Strong points Strong points	Patience skills	I can explain the same information to my patients endlessly (R77) I am patient (R13, R34, R66, R163) I do not lose temper with patients (R12, R45)
Strong points	Ability to prove your point of view to any person	I can bring my views to my patients (R18, R50, R179) I can persuade (R 106, R141) I can explain what is needed (R 77)
Strong points	Non-rude behaviour	I do not shout at my patients (R11, R54, R88, R176) I do not swear (R6, R31, R71) I do not use force, even in extreme situations (R24, R35)
Strong points	Skills of working under pressure	I do not lose my temper when I am under pressure (R91) I can communicate even in very nervous circumstances (R67)
Weak point	Rudeness	I am sometimes rude (R29, R55, R183) I can be impolite (R53) I can shout at my patients (R57, R90) I can use obscene lexics, if I am irritated (R49, R74)
Weak point	Inability to remain patient when the other person doesn't understand you	I sometimes lose my temper (R58) I can behave aggressive (R51)
Weak point	Shouting at the others	I can shout without reason, just because of my bad mood (R104) I find emotional control hard and can shout(R40) Sometimes I shout at my nurse (R60)
Weak point	Inability to work with the elderly patients	I avoid communication with the elderly (R33) It's hard for me to speak to the elderly as I get annoyed (R70) I cannot repeat many times to the elderly (R145)
Weak point	Emotional burnout and loss of self-control	Sometimes I have no strength to communicate at work(R44), (R68) Sometimes I feel depressed and do not want to communicate (R40) I feel myself empty inside, and I do not want to communicate in such moments (R93)
Weak point	Mistakes in Ukrainian language when speaking to the patients	I make mistakes in Ukrainian (R11), (R165) I may forget the word in Ukrainian (R31), (R77) I do not use feminitives, and it is bad(R81)

communication for the doctor's personality[4]. C. Kiessling states the communicative competence is an important part of the physician's competence as a motor competence [5]. M. Deveugele et al. states that the good communication skills of a doctor include three basic categories: information giving, paying attention to emotions and shared decision-making [6]. From this, we observe the communication competence as a main quality of a physician which should be fostered during their medical studies.

Teaching the communicative competence to medical students must be, according to Kiessling, based on the transfer: of the knowledge and skills to real-life bedside situations [5] or via digitalization [7]. Similarly, our study showed that the communication skills were underestimated by both practicing clinicians and medical PhD students. Most participants could not define what was meant by the communicative competence, and associated it with language knowledge, emotional stability and polite behavior.

The analysis of the sources regarding the curriculum and syllabuses of medical students shows that the communication in medicine is widely emphasized abroad, but neglected in Ukraine. J. Dec-Pietrowska et al. states that the good communication skills for a physician in Europe are taught at various courses [8]. J. Howick et al. reviewed medical curriculae of the UK, Canada and the USA, where the medical communication skills are taught at the course "Medical humanities"[9]. S. Exenberger et al. states that the issue of the communicative competence is widely studied within the general curriculum [10]. Schildmann et al. found out that in Germany the students assessed teaching medical skills as quite average [11]. Deveugele analyzed a 6-year experience of learning the communication skills and stated three main problems of it: such teaching is usually limited, not systemic, far from reality, and is not implemented during hospital practice [6]. M. Makowska et al. analyzed the effect of the "medical humanities" in the medical schools of Poland and concluded that many students didn't perceive it as an important part of the curriculum [12]. As for the participants in our study, they also stated they knew how to tell the patients bad news, with simultaneous low knowledge parameters. This shows that most communication skills by the participants were based rather on their experience than on receiving education.

So, we observe insufficient emphasis on the communication skills in the medical education. In Ukraine, the communicative competence is mostly considered through a prism of language competence. The communicative competence is usually taught by the Language and Psychology Departments, where, the language departments emphasize correct grammar and vocabulary knowledge [13]. This coincides with the study results, where the participants associated communication competence of a physician with the correct language use. The psychology department emphasizes emotional self-regulation. The communicative skills courses are usually taught to the medical students during their first two years in the University, as the second half of the training is devoted to clinical courses. But it is exactly in the senior study period, during the bedside practice, where the students need the skills. The course should be introduced into the curricula of each clinical course.

The lack of knowledge on clinical communication derives from inappropriate attention to it during medical studies. The communicative competence courses should be embedded in the curricula of all courses, not as a separate course. This could be achieved when the course will be taught not by philologists or psychologists, but the clinicians who apply the knowledge and skills throughout practice.

CONCLUSIONS

The clinical communicative competence is neglected within the medical school curriculum in Ukraine. The attempts to introduce the course by the departments of Language Studies or Psychology, separated from the clinical practice, created incorrect notion about the course content in participants. The study showed that both junior and senior physicians associated clinical communication competence with language skills and emotional self-regulation, showing poor knowledge of essentials of clinical communication. The existing training standards in this regard need improvement, with introduction of the clinical communication during every medical course, taught presumably by the practicing physicians. In its turn, this necessitates training of such physicians in European schools, with further transfer of the experience to the junior colleagues.

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CONFLICT OF INTEREST

The Authors declare no conflict of interest

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