



EDITORIAL

Communication Skills Are Vital in All We Do as Educators and Clinicians

There are many paradoxes in our traditional approaches to educating health professionals. None is more striking than the contrast between the level of need for communication skills and the amount of time that is actually spent developing and reinforcing these skills among trainees and practicing professionals.

Can you think of anything that is more basic or more pervasively needed for being an educator or for being a health professional than superb communication skills? Despite the vigor with which some representatives of basic science and clinical disciplines proclaim the importance of their own domains, none of the formal discipline is routinely needed by all health professionals, irrespective of specialty, as is the capability of communicating well.

Communication, of course, is far more than choosing the right words or forming grammatical sentences. Communication involves making a meaningful connection with one or more other people for the exchange of ideas, information, feelings, or influence. Optimal communication is a reflection of what people know, how they think, how internally comfortable they are, what skills they have and, in a word, *who* they are. Full communication involves earning and sustaining trust, listening actively, mastering timing, conveying a sense of sincere caring, formulating ideas clearly and succinctly, transmitting sympathy or empathy as needed, and much more.

How many teachers in our schools of the health professions do you suppose fully understand these concepts, let alone practice them skillfully? I don't think anyone has the answer to that question, but I've watched many teachers in action over the decades and I'm not encouraged by what I've seen. We also have reasons to worry that not many practicing physicians are especially skilled in these areas (Waitzkin & Stoeckle, 1973; Platt & McMath, 1979; Beckman & Frankel, 1984; Frankel & Beckman, 1995).

An especially serious indication of our collective deficiencies as communicators has been surfacing recently. In the UK, where the expanded Bristol Royal Infirmary Inquiry has been in progress (Bristol Inquiry Unit, 1999), and in the USA, where the Institute of Medicine released its highly worrisome report (Kohn *et al.*, 1999), the public has become broadly aware of the profoundly serious problem of high levels of injury and death secondary to medical errors. As observed in the editorial leading a recent theme issue of the *British Medical Journal* devoted to medical errors (Leape & Berwick, 2000), and as confirmed in an interesting analysis comparing medical teams to airline cockpit teams

(Helmreich, 2000), communication breakdowns are important factors in these sad equations.

Like practitioners, teachers without high levels of communication skills fail in fulfilling their responsibilities. Such teachers are far less helpful than they should be in their primary mission, and they inadvertently do harm by being negative role models. Unarguably, teachers must be good communicators.

A large clue to the seriousness of our neglect of communication is the organizational structure of most schools of the health professions and of most curricula in those institutions. Teachers and administrators tend to assign time and resources to those things that they consider important and that they personally understand. In most places and most curricula there is no established group organized around this core set of capabilities, and the opportunity for learning communication skills is severely limited both in time and in the sophistication of the teaching brought to bear on the process. I encourage you to reflect on how much actual time is scheduled for the learning of these most complex of human skills and where in the overall program that time is assigned in your school. Is there provision for ongoing evaluation of the learners' communication effectiveness, for reinforcement of effective skills, or for remedial work when needed? How many of those who supervise your clinical students are able to perceptively assess the communication capabilities of those in their charge or provide sophisticated guidance when needed?

Our Current Issue

In this issue of *Education for Health* we have several reminders of the importance of communication in our professions.

The groundbreaking series by Pauli, White & McWhinney, which began in our prior issue (2000a) and concludes here (2000b,c), calls for profound changes in the ways we conceptualize and practice health care and, consequently, in what and how we teach others who are becoming health professionals. They are inviting us—in Thomas Kuhn's apt phrase—to make a *paradigm shift* (1996).

Pauli *et al.* ask that we begin viewing medical education as a 'moral education,' which is a major change from the rather impersonal and mechanical way that much of medical education now proceeds. They say, 'By this we mean attention to personal development of each student in the moral sense through the cultivation of true sentiments, of habits of reflection, of imagination, of curiosity, and of capacities for introspection' (2000c). They are asking for, and provide compelling arguments in support of, far greater attention than we now give to the many personal factors that underlie our communication patterns.

In the study by Friedberg & Glick (2000), a major factor influencing the career choices of those in their sample was found to be the nature of the patient–physician relationship in primary care. As they point out, 'It should be noted that 93% of all respondents, both PCP (primary care physicians) and

NPCPs (non-primary care physicians), thought that the human contact with the patient was an important factor when choosing PC.’ It is of course ‘human factors’ that underlie our effectiveness as communicators. Our level of comfort as communicators may well be a factor in graduates’ choices of career specialty. Good communicators are comfortable dealing with the inevitable ambiguities of human encounters. When people avoid primary care, one factor may be their effort to avoid the discomfort of the inherent ambiguities in dealing with people who haven’t been pre-screened and who often have a considerable need to communicate.

Even in the touching stories told by our featured people (Rogayah Ja’afar and Thomas Toltaku) in our ‘Making a difference’ (Westberg, 2000a) and ‘the student’s voice’ (Westberg, 2000b) columns, we have further confirmation of this theme. Both of them emphasize the importance of achieving trust in their experiences with communities. Perhaps the most basic of all elements in human communication is trust. As Dr. Ja’afar says, in explaining the root of the successes her group enjoyed, ‘We had worked together with the community and gained their trust.’ Which is exactly what was at the basis of the success of the ‘Del Rio Project’ (Goodrow & Meyers, 2000).

It is no news to anyone who has tried to establish an effective partnership between an educational program and a community that a deciding variable underlying the project’s prospects for success is often the level of trust between the key participants, just as it is between teachers and learners. If you want to learn more about – or be better equipped to help others learn about – communication skills, you might want to consider getting the helpful CD-ROM set reviewed and discussed in this issue (Jason, 2000).

Communication skills are so basic to what we do that the name of this journal could accurately have been ‘Communication for Health.’ Our current issue is another of many illustrations of that point.

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