

Nurs Midwifery Stud. 2015 December; 4(4): e29774.

doi: 10.17795/nmsjournal29774

Published online 2015 December 1.

Editorial

Why Educators Should Apply Theories and Models of Health Education and Health Promotion to Teach Communication Skills to Nursing and Medical Students

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Received 2015 May 6; Revised 2015 June 18; Accepted 2015 July 20.

Keywords: Communication, Training Programs, Health Education, Health Promotion

Why medical and nursing students need education in communication skills? And how these skills should be thought? These are two important questions in medical education. Effective communication between health care providers and their clients is a crucial factor in patient-centered care. Identifying clients' needs and taking appropriate actions to overcome these problems need appropriate communication skills (1). Providing effective communication skills to nursing and midwifery students and helping them to reflect this on both work and personal lives is one of the main goals of education (2). According to Simonson (3), 25 years ago, formal writing courses were not offered at about 86 of 101 (85%) responding American medical schools. Furthermore, regarding his professional commitment, he hoped that his residents as well as other medical students would benefit from "formal professional written and verbal communication" programs soon.

After 25 years, thanks to very admirable efforts of educational policy makers, the number of medical schools that offer formal communication skills has been significantly increased; however, the number of patient complaints about physicians and nurses communication skills has been dramatically increased. For instance, in content analysis of 1216 complaints of patients by Montini et al., "poor provider-patient communication" contributed to 17% of complaints (4). In a study in Turkey, nursing students' mean score of communication skills scale was 165.27, which showed a moderate level of these skills (2). Benbassat found that teaching interviewing skills to medical students had serious problems. First the students were faced with wide variability in interviewing

styles and different role models, second clinical teachers were not usually specialists in patient interviewing and third there was no valid method for assessment of interviewing skills (5). It seems that the efficacy of our communication skills programs is still under question and as Simonson has recommended, it needs something more than theoretical teaching (3). For instance, role modeling, critical reflections and formative and summative evaluations should be integrated in teaching programs.

The role of theories in designing and conducting medical and nursing education is well defined. Learning theories are popular within nursing education and many important notions such as self-monitoring and simulation design have been derived from these theories. Sociocultural theories have been largely overlooked in medical and nursing education (6). It is believed that theories and models in health education and health promotion (HEHP) should be used in planning, implementing and evaluation of any educational programs about communication skills to enhance the success rate of educational programs (7).

In "effective training strategies for teaching communication skills to physicians: an overview of systematic reviews" (8), the methodological errors of studies were reported as one of the limitations of overview. Reporting such an error in many studies supports the idea of using theories and models of HEHP in teaching communication skills. Indeed, applying theories and models would decrease methodological errors of studies, which in turn, would allow instructional designers to access many valid and reliable educational strategies. Applying theories and models of HEHP in instructional designs regarding communication

skills should be a crucial concern of educators; otherwise, their blind attempts to improve medical students' communication skills would usually fail to succeed.

Moreover, using different constructs of theories and models of HEHP lets educators recognize constructs which are the most important predictors of physicians' successful communication behaviors. Consequently, designing educational programs based on highly predictive constructs would be the key to their success.

Based on social, epidemiological, educational and administrative and policy assessment, performed in a recent Ph.D. dissertation in Tarbiat Modarres University, Precede-Proceed model was the effective model for planning interns' physician-patient communication skills and for the most part, the items from interviews with 14 faculty members and 7 medical interns were matched with the constructs of Social Cognitive Theory. Based on confirmatory factor analysis (CFA), the most important predictors of successful communication behavior among interns were recognized and used to write lesson plans to train participants in the intervention group of the educational quasi-experimental study (IRCT2013021812511N1).

Having a good grasp of theories and models of HEHP and practicing theories and models of HEHP in formal communication courses by educators and health leaders would improve the outcome measures of communication skills programs. For this reason, educators should appreciate that theories and models are for all health care administrators, not just for students.

Acknowledgments

The authors would like to express their gratitude to faculty members and students, who participated in this study, for dedication of their invaluable time and experiences.

Footnotes

Authors' Contribution:All authors contributed equally in writing this editorial.

Financial Disclosure:The authors declared no conflicts of interest, regarding this research or the preparation of this manuscript.

Funding/Support:The idea of this editorial was based on a Ph.D. dissertation funded by Tarbiat Modares University.

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