

Status and Reflection on Teaching Design of Doctor-Patient Communication Course

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Abstract: The development of modern medical models has called for new adjustments in medical education, challenging the traditional approach that focuses solely on knowledge and technical skills. This paper explores the status of the teaching design of the doctor-patient communication courses and proposes six key points to enhance effectiveness. These include cultivating students' "effective communication skills" as a teaching objective, emphasizing practical and real-world principles in teaching settings, employing a step-by-step design approach for course content, combining theory with practice in teaching methods, and utilizing the "CIPP four-step assessment method" for teaching assessment to meet the needs of training competent medical professionals and effectively improve medical students' communication abilities with patients.

Keywords: Doctor-patient Communication Courses; Teaching Objectives; Teaching Setting; Teaching Design; Teaching Assessment

1. Introduction

With the development of the market economy in China and progress in healthcare system reform, the biomedical model has transitioned into a "bio-psycho-social" medical model. This transformation has highlighted the direct contradiction between social healthcare supply and demand. Consequently, the doctor-patient relationship has increasingly become a societal focal point, presenting challenges and difficulties. Besides the continuous improvement of medical expertise, healthcare professionals also need to enhance their communication skills with patients. Therefore, it is imperative to improve the quality of doctor-patient communication teaching in

medical education. This endeavor involves determining teaching objectives, refining teaching settings, implementation, and assessment, as well as providing more effective doctor-patient communication education to medical students before their entry into clinical practice. These measures are crucial pathways to reduce medical disputes and alleviate doctor-patient tensions in their future medical careers [1].

2. Current Status of Doctor-Patient Communication Teaching

2.1 Guidelines for Doctor-patient Communication Teaching Objectives

The Global Minimum Essential Requirements in Medical Education, developed by the International Medical Education Organization in 1998, includes nine standards related to doctor-patient communication skills among the seven competency domains (60 standards) for medical students. Both the *Undergraduate Medical Education Quality Assurance Guide* for the Western Pacific Region by the World Health Organization and the *Global Standards for Undergraduate Medical Education* by the World Federation for Medical Education explicitly emphasize that medical education should equip every physician with exceptional medical competence and effective communication skills, encompassing knowledge, attitudes, and skills [2]. Furthermore, the renowned *Fukushima Declaration* by the World Federation for Medical Education states that "all doctors must learn the skills of communication and managing interpersonal relationships". In the same year, the Ministry of Education of China promulgated the *Principles and Basic Requirements for Developing Undergraduate Medical Education Professional Teaching Plans*, which

highlights the cultivation of medical students' practical abilities in their professional work. It was not until 2008 that the *Undergraduate Medical Education Standards - Clinical Medicine (Trial Implementation)* formulated by the Medical Education Professional Committee of the China Higher Education Association explicitly stated that medical students should possess the "ability to communicate effectively" within the objectives for ethical and professional qualities as well as skills [3].

2.2 Setting of Doctor-patient Communication Courses

Medical schools in foreign countries offer humanities and social science courses, including doctor-patient communication studies. In countries like the United States and Germany, these courses account for as much as 20% to 25% of the curriculum, while in countries like the United Kingdom and Japan, the percentage is around 10% to 15%. These courses combine professional education with humanities education, integrating mandatory and elective components. Examples of these courses include *Communication with Patients* and *Medical Art of Doctor-Patient Communication*. They emphasize the comprehensive development of medical students' communication skills from psychological, linguistic, and behavioral perspectives. Moreover, doctor-patient communication teaching is integrated throughout the entire medical education process. In a survey conducted by Peng Li et al. among 50 medical schools in China, only 40% of the schools offered elective courses related to communication, and many of them faced issues such as monotonous content, limited teaching hours, and lack of flexibility in teaching methods [4]. Medical schools that do not offer doctor-patient communication courses usually include a small amount of conceptual knowledge in the introduction to medical ethics or clinical medicine courses. However, the design and arrangement of these courses fall short of meeting the needs of medical students when dealing with complex doctor-patient relationships after entering clinical practice [3]. The emphasis on natural science knowledge and neglect of humanities knowledge in the domestic curriculum design

has led to the narrow perception of medicine as merely a technical discipline. Consequently, doctors trained under such circumstances often "prioritize disease over the person, neglecting the emotional and psychological aspects of patient care" [5]. For a considerable period of time, doctor-patient communication was not treated as an independent course within the medical education system. The majority of theoretical teaching on communication training was concentrated in courses such as *Medical Psychology*, and *Medical Ethics*, which fail to integrate the core content of doctor-patient communication [6]. Overall, the development of doctor-patient communication teaching in our country has lagged behind and lacks comprehensive planning.

2.3 Implementation of Doctor-patient Communication Courses

Most Western medical schools design their courses based on international education standards, resulting in different teaching systems with varying emphases. For example, the Association of American Medical Colleges proposes that doctor-patient communication teaching should cover both knowledge and skills. The content should include knowledge and skills related to interpersonal communication, communication in familiarizing with physician work procedures, communication skills and strategies, handling difficult situations encountered in clinical practice, and developing communication skills with healthcare colleagues or other team members [4]. Western educators employ a diverse range of teaching methods and emphasize practicality in their instruction. Teaching approaches in most medical schools involve a combination of lectures, special presentations, topical discussions, role-play simulations, and experiential exchanges. They also pay attention to using authentic scenarios as teaching materials, incorporating empathy experiences, and conducting teaching on communication topics such as delivering bad news, addressing domestic violence, and end-of-life care, allowing medical students to explore practical problems using the knowledge they have acquired [7].

In China, medical education places a greater emphasis on nurturing students' medical knowledge and skills. While there has been some recognition of the importance of

cultivating humanistic qualities, the teaching of doctor-patient communication primarily relies on classroom lectures, largely focusing on factual and conceptual knowledge. Training in communication skills often follows theoretical guidance, lacking in specificity and practical application^[8]. In recent years, several universities have started to value alternative teaching methods, including group discussions, problem-based learning, and role-playing, as ways to address this issue. However, the current situation presents challenges due to varying teaching models, uneven distribution of teaching resources, and disparities in faculty expertise. Consequently, the integration of humanistic care into medical education and the achievement of teaching goals in doctor-patient communication and skill development remain urgent tasks that require effective solutions.

2.4 Assessment of Doctor-patient Communication Courses

In foreign countries, standardized assessment systems have been established for doctor-patient communication teaching. These systems utilize measurement tools such as the SEGUE Framework, 360-degree assessment, the Calgary-Cambridge Observation Guide, and others. They also employ standardized patient examinations, teacher observations, and other assessment methods to evaluate medical students' communication skills, provide feedback on the effectiveness of doctor-patient communication teaching, and address deficiencies in various aspects of the teaching process. These approaches effectively enhance the standardization and quality of doctor-patient communication education [9]. Currently, various medical examinations in our country overlook the assessment of doctor-patient communication skills. Almost all medical schools prioritize the assessment of students' medical techniques, ranging from minor subject exams to graduation exams and institutional assessments. These assessments predominantly focus on theoretical knowledge and technical proficiency, neglecting the assessment of students' communication abilities with patients. The assessment system for doctor-patient communication teaching in China is relatively weak, primarily relying on theoretical knowledge exams to measure the effectiveness of teaching implementation [10].

3. Reflection on the Design of Doctor-Patient Communication Courses

3.1 Setting Clear Teaching Objectives for Doctor-patient Communication Courses

The teaching objectives for doctor-patient communication courses revolve around students acquiring "effective communication skills". The design of these objectives must align with the overall goals of talent development, fostering personal and professional growth, and ensuring that students' abilities meet the expectations of the current industry and society. The teaching system should be tailored to the key teaching points and students' needs.

3.2 Curriculum Design

The curriculum design for doctor-patient communication courses should prioritize practicality and relevance [6]. It typically consists of required courses, elective courses, and practical activities. As excellent communication skills are essential for competent medical professionals, it is recommended to offer doctor-patient communication courses as compulsory subjects. For universities with the necessary resources, optional courses related to doctor-patient communication can be added to provide students with interdisciplinary, comprehensive, and holistic knowledge in this field. In terms of practical activities, it is crucial to adhere to a student-centered approach. Role-playing, case analysis, and experience sharing should be the main focus in these activities. Additionally, students should be encouraged to actively participate in practical experiences, such as volunteering services and community health education activities, which can effectively compensate for the limitations of classroom teaching.

3.3 Teaching content and teaching methods

The curriculum design for doctor-patient communication courses can follow a step-by-step approach, with corresponding content designed for different modules, ensuring the foundational and practical nature of the teaching material. This design aims to guide students in grasping the key aspects of their learning process and addressing any encountered difficulties, ultimately enhancing their attitudes, knowledge, and skills in doctor-

patient communication. Generally, the teaching content can be divided into the following modules: ① Humanistic Medicine: This module covers topics such as medical history, the social and contractual nature of medicine, ethical standards in the healthcare industry, the needs of patients and physicians, and the meaning and patterns of doctor-patient relationships. ② Theoretical Foundations of Doctor-Patient Communication: This module includes the fundamentals of ethics, psychology, law, and the basic principles of interpersonal communication. ③ Principles of Doctor-Patient Communication: This module focuses on conceptual knowledge of doctor-patient communication, its importance, and the main obstacles encountered in this form of communication. ④ Basic Principles of Doctor-Patient Communication: This module covers professional attitudes and specialized skills required for effective doctor-patient communication. ⑤ The Process of Doctor-Patient Communication: This module includes topics such as establishing relationships, medical history taking and discussing disease-related issues, communication during physical examinations, information exchange, clinical decision-making, medical health education related to diseases, and concluding communication. ⑥ Skills in Doctor-Patient Communication: This module encompasses language skills, listening skills, non-verbal communication skills, techniques for resolving communication barriers, and delivering bad news. ⑦ Characteristics of Doctor-Patient Communication in Different Specialties: This module explores the communication dynamics in various departments, such as internal medicine, obstetrics and gynecology, pediatrics, and outpatient clinics. ⑧ Doctor-Patient Communication with Special Patient Populations: This module addresses doctor-patient communication in the context of medical disputes and communication with special patient populations. ⑨ Team Collaboration and Communication: This module focuses on the unique characteristics of healthcare teams, essential elements of team communication, and fostering team relationships and collaboration. Furthermore, it is important to appropriately incorporate education elements into each module, facilitating mutual interaction between

education and the doctor-patient communication curriculum. This approach ensures that the training of higher medical education professionals better serves the construction and development of the national healthcare system.

Building upon a rich set of teaching content, the primary teaching approach should be “a combination of theory and practice”. Various teaching methods, such as problem-based learning (PBL), case discussions, and role plays, should be employed to achieve more effective learning outcomes [11]. Practical teaching has always been a weak link in doctor-patient communication education in China. With a large number of medical students and limited clinical internship opportunities for doctor-patient communication, it is crucial to emphasize simulated real-life situations, utilize enlightening cases, and incorporate the use of standardized patients to guide and cultivate students’ communication awareness and skills. Furthermore, during the teaching process, especially in student medical practices, teachers should lead by example and demonstrate effective communication between themselves and patients, allowing students to observe and learn practical skills in doctor-patient communication [7.12].

3.4 Assessment System for Doctor-patient Communication Teaching

Using a medical communication competency scale assessment, theoretical examinations, teacher assessments, and self-assessment by students can provide feedback on the effectiveness of teaching to some extent [13]. However, combining medical students’ doctor-patient communication ability tests with classroom teaching assessments often provides a more comprehensive reflection of teaching outcomes. In the process of assessing doctor-patient communication teaching, in order to improve the effectiveness of assessment, the “CIPP Four-Step Assessment Method” can be utilized with the aim of promoting the development of students’ abilities. The assessment should cover several aspects: ① Context Assessment: It is necessary to clarify the scientific nature of the course structure. Expert panels composed of researchers in psychology, medicine, sociology, and related

fields can be invited to revise and iterate assessment criteria and content, ensuring the scientific and comprehensive nature of the assessment. ② Input Assessment: Collaborative lesson preparation should be conducted by mentoring teachers, main lecturers, and curriculum teaching supervisory experts, ensuring the scientific effectiveness of teaching plans. In-depth discussions and analysis of teaching activities should be conducted to determine core content and influencing factors. ③ Process Assessment: A comprehensive assessment of the implementation process of the courses should be conducted, examining changes in students' empathy, cognition, and attitudes towards doctor-patient communication before and after the course. Dynamic monitoring of medical students' doctor-patient communication abilities should be conducted. ④ Outcome Assessment: This involves measuring and judging the achievement of program objectives [14].

4. Conclusion

In conclusion, doctor-patient communication teaching is an important direction in medical education that adapts to the trends of medical education reform. It serves as a vital complement to the humanistic education in medical education and is an essential measure and inevitable trend for the systematic and scientific development of medical education. Medical schools must prioritize the teaching of doctor-patient communication courses and recognize the importance of such courses. Based on the students' actual conditions and teaching resources, appropriate teaching models for doctor-patient communication should be established. This includes strengthening the cultivation and training of medical students' doctor-patient communication abilities, laying a solid foundation for students to better adapt to their future professional lives.

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