

## Innovations in Family Medicine Education

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*Editor's Note:* Send submissions to jfreeman3@kumc.edu. Articles should be between 500–1,000 words and clearly and concisely present the goal of the program, the design of the intervention and evaluation plan, the description of the program as implemented, results of evaluation, and conclusion. Each submission should be accompanied by a 100-word abstract. Please limit tables or figures to one each. You can also contact me at Department of Family Medicine, KUMC, Room 1130A Delp, Mail Code 4010, 3901 Rainbow Boulevard, Kansas City, KS 66160. 913-588-1944. Fax: 913-588-2496.

### Communication Skills in a Lebanese Medical School: From Movie Theaters to Medical Classrooms

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**Background:** *Communication skills are widely taught in US medical schools, but in Lebanon, such teaching is in its infancy.* **Methods:** *At the American University of Beirut, we piloted a communication skills teaching package using video scenarios in Arabic. A total of 150 second-year medical students addressed eight communication issues in a 3-hour multi-method workshop that included watching and discussing video clips and role-playing.* **Results:** *Students evaluated the sessions positively for relevancy, quality of video clips, teaching methods, and usefulness for future practice.* **Conclusions:** *This interactive, role-playing workshop proved highly acceptable to Arab students and has been permanently incorporated into the curriculum.*

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Good communication skills increase patient and physician satisfaction, improve compliance, and enhance patient care outcomes.<sup>1-4</sup> In US medical schools, communication skills teaching is a Liaison Committee on Medical Education (LCME) requirement<sup>5</sup> that has been widely researched and practiced.<sup>6-10</sup> However, in Lebanese medical schools, communication skills traditionally receive little attention, and none of the five established

medical schools provides dedicated courses.

In 2002, at the American University of Beirut, members of the Department of Family Medicine designed, implemented, and evaluated the school's first communication skills workshop, using video clips in Arabic to stimulate discussion. Although use of videotapes in communication skills teaching is common in the United States and Europe,<sup>10</sup> it has not previously been reported with Arab students. In this paper, we describe the culturally sensitive package<sup>11</sup> we developed to teach basic communication skills to Arab medical students and report our initial evaluations.

#### Methods

##### *Setting and Subjects*

The American University of Beirut is a privately funded institution with a traditional "2+2" 4-year curriculum on the American model. Of the 75 students per year, almost all are ethnic Arabs, and approximately 28% are female. All second-year medical students in academic years 2001–2002 and 2002–2003 participated in the intervention, in eight small groups of 8–10 students per year, for a total of 150 students.

##### *Intervention*

Before our intervention, the only communication skills teaching offered was two lectures—one on his-

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tory taking and a second on the doctor-patient relationship—during the second-year physical diagnosis course. Our intervention was an additional 3-hour interactive small-group workshop involving discussion around video scenarios. These scenarios were the first communication skills videos produced in Arabic and made available to medical students in the Middle East.

*Communication Skills Workshop Description*

With the help of a professional film company, and at the cost of \$7,000 (US), five family medicine faculty produced eight 2-minute video clips in Arabic. These clips address basic communication skills, including use of questions, clarification, facilitation confrontation, and reflection. Each scenario has three segments. The first demonstrates poor communication skills and stimulates student discussion. The second includes the authors' suggestions for a better interview. In the third segment, an improved version of the scenario is replayed to illustrate the teaching messages. The scenarios are based on actual encounters while precepting residents and students. Faculty, residents, and medical students were the actors. Two PhD clinical psychologists and one psychiatrist reviewed and commented on the material before finalization. The workshop facilitators are the authors of this paper. We met several times to finalize detailed guidelines to standardize the format and content of each session.

*Communication Skills Workshop Format*

Each 3-hour workshop started with a brainstorming session on the importance of, and barriers to, good communication skills. Then, students viewed the eight video clips. After the first segment of each clip, students discussed the poor communication skills displayed. Students then role-played the same sce-

nario, demonstrating better communication skills, and received feedback from the rest of the group before viewing the last two segments. Following the discussion on the barriers to good communication skills, we played a clip from "Patch Adams" (time counter 14:02–15:50) to illustrate the concepts of proper introduction and active listening. We showed a segment from "E.T." (time counter 20:50–25:34) after the facilitation clip (fifth scenario) to reinforce the value of mirroring.

**Evaluation**

After each workshop, students completed an anonymous satisfaction survey. The survey consisted of six items on a 5-point Likert scale ranging from poor to excellent. The items elicited students' opinions on style of presentation, relevance of material presented in future practice, quality of video, use of video and role-play in teaching, and the overall value of the session. In the project's second year (2002–2003), in addition to the Likert scale questionnaire, students provided written comments about previous exposure to communication skills sessions, what useful ideas they learned, what they liked most and least about the workshop, and prior exposure to good or bad examples of communication skills.

**Results**

Students' evaluations of the six items on the 5-point Likert scale are summarized in Table 1. A total of 146 students (97%) completed the evaluation form. Seventy students (48%) spontaneously requested that more topics be covered, such as communicating bad news and dealing with problems pertaining to sexual health.

Although 48% of those who returned the questionnaire in the second academic year were exposed to 3 or more hours of communication skills in prior training, 90% stated that they had received more than six useful ideas from these sessions. Students remarked positively on the interactive discussions, receiving immediate feedback on their suggestions, having the scenarios in Arabic (since this is more reflective of real-life situations), and the human aspect of interaction depicted in the scenarios and movie segments. Only 3% of students believed that the session was too long and time consuming. Students' examples of good communication skills included doctors offering explanations or listening to the patient. Examples of poor communication skills included doctors being hurried, not having enough time to talk to their patients, and appearing "arrogant" and "lacking in empathy."

Table 1

Survey Responses to the Likert Scale Questionnaire

	<i>Mean</i>	<i>Median</i>	<i>Mode</i>	<i>SD</i>
Relevance of material	4.66	5	5	0.53
Style of presentation	4.59	5	5	0.62
Video quality	3.93	4	4	0.67
Video scenarios as teaching tool	4.45	5	5	0.65
Role-play as teaching tool	3.97	4	4	0.89
Overall evaluation	4.38	4	4	0.62

SD—standard deviation

Excellent=5, good=3, poor=1

### Limitations

Our study is limited by the small size of our intervention (one 3-hour workshop) and by our limited evaluation, which focused on students' satisfaction. We do not know if students' knowledge of communication skills improved or if their behavior with patients changed. However, our workshop was highly innovative for our setting, and our goal was to investigate if the interactive, role-playing format would prove acceptable to Arab students.

### Conclusions

In our setting, Arab students were highly satisfied with our interactive, role-playing workshop. They particularly appreciated the video scenarios in Arabic. Most wanted more of this kind of teaching. Our workshop has been adopted permanently into the curriculum, and our next step is to investigate if our intervention results in students' increased knowledge or behavior change.

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