

The Current Difficulties in Communication Skills with Patients Facing Third-Year Students at Vietnam Military Medical University

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Abstract— The lack of skills for communication is one of the big issues that affects the performance of third-year Military students at Vietnam Military Medical University in their relationships as well as academic practice at hospitals. This cross-sectional study of 310 third-year Military students at Vietnam Military Medical University found that most of third-year Military students at Vietnam Military Medical University shared this challenge during their clinical practice and were aware of its negative impacts on the outcome of examination and treatment.

Keywords— Communication, obstacles in communication, communicate with the patient, communication in the military, communication of Military Medical doctor.

I. INTRODUCTION

Military students at Vietnam Military Medical University start their clinical learning in the third year, when they come into contact with patients. Good communication with patients will facilitate students to obtain information, examine patients and perform learning tasks. Although learners had been equipped with the background knowledge of communication with patients prior to clinical practice, they faced a lot of challenges in clinical practice, especially the lack of communication skills, which depletes the communication effectiveness. Many students lacked confidence in communicating, were hesitant about contacting patients, bashful in examination, while others were short of flexibility and agility in dealing with communication incidents. Therefore, a contemporary study in attempt to finds measures for communication skills shortage of third-year Military students at Vietnam Military Medical University is not only of a theoretical significance but also an urgent practical importance.

II. RESEARCH CONTENT

2.1. Research Subject and Methodology

Research subject: The lack of skills for communicating with patients in 310 third-year Military students at Vietnam Military Medical University.

Research methodology

- Research location and time: This study was carried out at Vietnam Military Medical University from September 2020 to April 2021.

- Sample size: 310 students

- Research variables

(1) Proportion of students with lack of skills for communicating with patients.

(2) Principal reasons for the lack of skills for communicating with patients.

- Data collection tools: A survey questionnaire which was designed based on the predefined variables. The questionnaire consisted of 3 parts: General information on the research subject; indications of the lack of skills for communicating with patients among third-year Military students; the causes of such lack and remedial measures.

Data processing: The data was cleaned, recorded using EpiData 3.1, and analysed via SPSS software. Descriptive statistical analysis method was used for two criteria: frequency and percentage.

2.2. A contemporary view on the lack of skills for communicating with patients among third-year Military students at Vietnam Military Medical University

Our survey at Vietnam Military Medical University came up with the statistics on some indications of the lack of skills for communicating with patients among third-year Military students, which is presented in the table below:

Table 1. The current indications of the lack of skills for communicating with patients among third-year Military students (n= 310)

Indications of the lack of skills for communicating with patients	Frequency of indication		
	Rarely %	Sometimes %	Usually %
1. Lack of self-control when the patient lacks cooperation.	22.9	25.48	51.62
2. Use lengthy and obfuscated language when communicating with patients.	11.45	30.8	57.75
3. Not know how to properly explore the patient's functional symptoms.	16.51	34.58	48.91
4. Unwilling to deliver a voluble communication with the patent.	20.8	31.58	47.62
5. Use specialty terminology to communicate with the patient and their family members.	11.75	38.50	49.75
6. Lack communicative sensitivity so as to boost the patient's confidence in the treatment process.	13.87	35.48	50.65
7. The translation of knowledge into practice is not really flexible and adaptable to specific diseases, patients and situations.	19.05	32.25	48.70
8. Not know how to use correct and simple language in communicating with patients.	9.58	33.32	57.1

Findings:

It is pointed out from Table 1 that the majority of students (88.55%) rated "Use lengthy and obfuscated language when

communicating with patients" as usually and sometimes happening. When it comes to hospital internship, third-year students are those who have the very first exposure to clinical learning. That is why a lot of them experienced confusion and awkwardness in everything, and it was understandable that their communication was wordy and rambling. Critically ill people were naturally uncomfortable and uncooperative during the examination when they met such probationary practitioners. Thus, a great deal of honing is very needed for students to have better communication skills and improve their apprenticeship.

About 57.1% of participants rated "Not know how to use correct and simple language in communicating with patients" and only 9.58% rarely suffered this challenge. This shortcoming entails confusion and anxiety on the side of the patient and their family as well. The communication effectiveness was impaired thereby.

More than half (51.62%) of students rated "Lack self-control when the patient lacks cooperation". This implied that may students found it difficult for them to stay calm when the patient denied their illness and behaved in a resistant, uncooperative manner.

The survey found that all students did not exclude such indications as: "Use lengthy and obfuscated language when communicating with patients", "Not know how to use correct and simple language in communicating with patients" and "Lack self-control when the patient lacks cooperation". Thus, the shortage of skills remains a great hindrance to the communication between third-year Military students and their patients. Filling such skills gaps will help students to obtain better communication outcomes in clinical practice.

2.3. Reasons for the lack of skills for communicating with patients among third-year Military students at Vietnam Military Medical University

Based on our study on the current lack of skills for communicating with patients among Military students at Vietnam Military Medical University, we discovered that the indications of skills gap were attributable to both subjective and objective factors.

2.3.1. Objective causes

The research team took into account objective causes and put them into the questionnaire for students to consider. The survey results are as follows:

Table 2. Objective causes for the lack of skills for communicating with patients among third-year Military students at Vietnam Military Medical University (n = 310)

Objective causes	Number of students	Percentage
1. The quite significant difference in terms of: age, gender, social status, level of education between the student and the patient.	125	40.41
2. Shortage of strict supervision and management, close attention, and meticulous guidance on communication tips ... from the supervisors and medical staffs at the admitting facility.	232	74.94
3. Uncharted communication environment with unexpected and complex happenings.	224	72.38
4. The patient is not fully aware of the clinical	250	80.82

practice purposes and tasks of probationary practitioner and unwilling to give proactive support.		
5. The facility (hospital) admits too many students, especially when departments are cramped and crowded with patients.	288	92.84
6. Communication classes are rare, theory-driven, stereotypical and impractical.	231	74.36

Findings:

In general, all mentioned causes received a very high rate of acknowledgement. Most of respondents admitted the fact that: There were too many participants in clinical practice, the departments were cramped, crowded with patients (92.84%), the patient was not thoroughly aware of the students' clinical learning tasks (about 80.82%), lack of strict management and close communicative instructions from teachers (74.94%), communication skills classes were limited and theory-driven (74.36%) were the causes for difficulties in communicating with patients.

2.3.2. Subjective causes

In addition to objective causes, subjective causes were also considered and included in the survey. The results are presented in the following table:

Table 3. Subjective causes for the lack of skills for communicating with patients among third-year Military students at Vietnam Military Medical University (n = 310)

Subjective causes	Number of students	Percentage
1. Personal characteristics.	145	46.80
2. Student's learning purposes are incomprehensive, not yet specifically and exactly defined.	272	87.72
3. Ailing awareness of learning: lack of activeness and initiative spirit in clinical learning, reliance on one's classmate during clinical practice.	231	74.42
4. Limited communication experience.	242	78.01
5. Deficient preparation of students in terms of profession, communication skills, psychology, etc., prior to clinical practice.	235	75.70
6. Student's unawareness/incomplete awareness of the psychological obstacles in communicating with patients.	215	69.25

Findings:

Most of the students (at least about 70%) agreed that: Incomprehensive learning purposes, limited communication experience, poor preparation in all aspects for real-life practice, weak learning self-awareness, unawareness of one's own shortcomings in communication, and personality traits (despite a modest proportion of respondents-about 46.80%) were subjective causes that contributed to the challenges in communicating with patients.

2.4. Recommendations of basic measures

Pursuant to:

- Decision No. 4031/2001/QD-BYT dated September 27, 2001 of the Minister of Health of Vietnam regulating the communication regime in medical examination and treatment facilities.

- Decision No. 29/2008/QD-BYT dated August 15, 2008 of the Minister of Health of Vietnam promulgating the code of

conduct for officials, civil servants and employees working at healthcare establishments.

We would like to recommend a number of measures as follow:

Measure 1: To provide third-year Military students at Vietnam Military Medical University with information and knowledge about communication skills

Target: To help third-year Military students improving their skills in communicating with patients.

Agenda: To provide complete systematic knowledge and rules on communication with patients.

Course of action:

- To establish a communication team in charge of propagandizing and training all the contents of the decision on communication with patients, which was issued in attachment to Decision No. 4031/2001/QD-BYT dated September 27, 2001 by the Minister of Health of Vietnam.

- To establish an information team in charge of daily voice-broadcasting about the decision on communication with patients, or posting the contents thereof at places of high people traffic, depending on the practical conditions of the University.

- To provide materials on communication skills.

- To organize a course on skills for communicating with patients for third-year Military students at Vietnam Military Medical University.

- To insert contents about professional and communication skills into the agenda of class sessions and briefings.

Measure 2: To organize scientific activities where students acquire and share their skills for communicating with patients, so as to further hone their communication skills.

Target: To give third-year Military students at Vietnam Military Medical University a favourable environment for exchange, learning and practice in skills for communicating with patients.

Agenda: To facilitate third-year Military students at Vietnam Military Medical University to exchange, learn and share experiences in communication skills.

Course of action:

- To initiate emulation movements in the university, build up highly-cultured and modern units where people communicate and behave culturally, and uphold a highly-spirited service mannerism toward comrades and especially patients.

- To organize scientific activities for students to exchange, learn and share experiences with other units, thereby forging their communication skills.

Measure 3: To organize the training and exercise of communication skills for third-year Military students at Military Medical University on a case-based approach.

Target: To help third-year Military students at Vietnam Military Medical University improving their skills for communicating with patients, so that they can hone a number of underlying communication skills.

Agenda:

- Relationship establishing skills

- Emotional and behavioural self-control skills

- Skills for succinct expression

Course of action:

(1) Relationship establishing skills

To coach in how to keep on friendly smiles when dealing with patients, to facilitate third-year Military students to discuss how to win patient's friendliness, trust and fondness; then, ask students to display how they communicated to win the patient's trust, friendliness and fondness when exploring medical information.

(2) Emotional and behavioural self-control skills

Sometimes patients appear to be uncooperative and insulting. In such cases, third-year Military students at Vietnam Military Medical University should remain emotionally and behaviourally composed by taking deep breaths, slowly inhaling by nose and exhaling by mouth, and keeping in mind positive thoughts, since sick people are in abnormal conditions and they deserve compassion rather than hatred.

A measure for honing emotional control skills is to encourage individuals to share their own success and failure experiences in controlling one's emotions and draw new lessons for oneself.

(3) Skills for precise, concise and understandable expression

This requires third-year Military students at Vietnam Military Medical University to use brief, easy-to-understand language and pay attention to the pronunciation, intonation, rhythm and timbre of their voice when communicating with patients.

To organize contests on communication skills at class, faculty and university level.

It is seen in reality that Military students had not paid due attention to refining and beautifying their tongues; most of them spoke in an unrefined communication style with a high frequency of local words and medical terminology when communicating with patients.

Students should take further work out with some cases that are frequently seen in medical examination and treatment practice, so as to forge skills for succinct communication.

III. CONCLUSION

The proportion of third-year Military students having difficulty in communicating with patients was quite high. The most common indications of skill gap were: Use lengthy and obfuscated language when communicating with patients (57.75%); and Not know how to use correct and simple language in communicating with patients (57.10%).

The principal reasons for such difficulties are: Student's learning purposes are incomprehensive, not yet specifically and exactly defined (87.72%); The patient is not fully aware of the clinical practice purposes and tasks of probationary practitioner and unwilling to give proactive support (80.82%).

In order to overcome the communication challenges effectively and thoroughly, Military students should strive to raise their awareness of the importance of communication with patients, at the same time constantly forges and hone their communication skills.



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