

THE MEDICAL RESIDENTS' COMMUNICATIVE COMPETENCE DEVELOPMENT: NEW APPROACH

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Abstract

Introduction:

Nowadays, psychological and simulation training is one of the most advanced technologies to develop and improve existing skills. More and more countries are moving into the training and examining of its medical specialists on a mandatory basis using stated technologies. The important part of those trainings is the non-technical skills development, which are the main tools in establishing contact and trust between physician and patient.

Objective:

To establish the new complex training efficiency for the medical residents' communicative competence development.

Materials and methods:

250 various specialties' medical residents of Odessa National Medical University underwent our new complex of psychological and simulation training named "Successful communication. Mastery of professional interaction" specially designed for their communicative competence development. It was aimed on expanding the possibilities of establishing contact in various communication situations, understanding other people, myself and relationships between people skills elaboration, mastering the skills of effective listening, activating processes of self-knowledge and self-actualization and expanding the range of creative abilities. We used developed by us several questionnaires and check-lists with 10-points score system. Such categories as subjective assessment of communicative competence prior to the passing of simulation training and after, as well as relevance, practicality and informativeness were evaluated.

Results:

The objective communicative competence responses analysis before and after the complex training showed that medical residents before sessions assessed the personal communicative competence of 15 respondents (6%) – as 5 points, 70 of the students (28%) - as 6 points, in 90 (36%) – as 7 points, 35 (14%) – as 8 points and 40 residents (16%) rated it as 9 points. After the sessions the positive dynamics of changes were fixed, the subjective level of communicative competence shifted significantly on one point ($p < 0,001$). The relevance, practicality and informativeness were highly rated by all the residents with the average score of 8.90 points, 8.80 points and 8,24 points respectively.

Conclusions:

There is a positive trend between our complex training conducting and medical residents' communicative competence effective development. For the more complete disclosure of the future physician professional formation communicative component essence is necessary to continue the study of his communicative competence structural components, the connections and factors that influence its formation and development, deepening the phenomenological aspect of the problem.

Keywords: Training, psychology, innovation, evaluation and assessment, communication, communicative competence, non-technical skills, simulation.

1 INTRODUCTION

Current international requirements for the training of specialists in the field of higher medical education are aimed at ensuring the training of qualified, competent, psychologically and socially competent doctors. A modern doctor must possess cognitive and behavioral skills in making clinical decisions, skills in effective behavior in the process of professional interaction with patients, their relatives and

colleagues, highly developed communication skills, professional competence and moral and ethical attitudes at the level of modern medical achievements [1,2].

The necessary psychological knowledge, behavioral and communication skills allow medical professionals to effectively communicate with patients, make informed and responsible clinical decisions, and base medical practice on the principles of psychological and communicative competence.

Communicative competence is a generalizing communicative property of a person, including communicative abilities, knowledge, skills, sensual and social experience in the field of business communication [2].

Communicative competence presupposes not only the presence of certain psychological knowledge (about personality types, about the ways of experiencing and responding to stress in different people depending on the type of temperament), but also the formation of some special skills: the ability to make contact, listen, and "read" the non-verbal language of communication, build a conversation, formulate questions. The communicative competence of the doctor includes such components as knowledge and understanding of the psychological characteristics of the patient, the doctor himself, the communicative processes that arise during interaction, as well as the acquisition of clinical communication skills and ethical and professional problems.

It is important for a medical professional to have developed communication skills with the patient, to competently bring information about the patient's problems and aspects of his treatment to himself and to the attention of his relatives, to communicate effectively with patients.

It is important to understand that far from all patients have developed communication skills, and the condition of a sick person provokes communicative problems. The doctor, of course, needs to have the skills to ensure patient adherence to treatment. In addition, he must be able to motivate the patient to overcome the disease, maintain and encourage his autonomy, recognize and understand the individual and social factors that influence the course of the disease, the choice of treatment and rehabilitation option [1, 3].

In the system of reforming and modernizing the healthcare industry, it is becoming increasingly important to train a team of medical specialists who are fluent in various communication competencies, which is an important condition for successful work, and therefore, to increase the competitiveness of a medical institution and the quality of its services, public satisfaction with medical care and satisfaction medical staff with their professional activities [4].

Aim: determination of the effectiveness of comprehensive simulation training in the development of communicative competence of interns.

2 METHODOLOGY

On the basis of the educational and innovative center for the practical training of doctors and the Department of Simulation Medicine of Odessa National Medical University, simulation trainings are held, including simulation training and psychological training.

Training is a mixed form of training, as it involves the simultaneous use of two methods: informing and completing tasks. Moreover, the fundamental difference between training and other teaching methods is that with its help you can:

- 1 develop learning abilities;
- 2 to formulate specific activities;
- 3 to promote effective forms of communication in the process of this activity.

The training of specialists responsible for the life and health of people in the modern world simply cannot be built without the most important simulation component. The creation of a wide arsenal of simulators and robots simulating opportunities for practical actions close to real conditions, computer modeling of various clinical situations in the dynamics of their development opens up new horizons for practical training and professional development of doctors. Clinical skills training through the use of simulators, simulators and standardized patients has been the gold standard in medical education in developed countries for more than 10 years. The most significant argument in favor of the use of simulation techniques is that participation in simulation medical training helps to avoid mistakes in future practice by creating conditions in who are supposed to make mistakes and learn from them. Simulation, close to

reality, allows you to learn from experience technical and non-technical skills. Simulation trainings include activities aimed at developing, improving practical (technical) skills, shaping the stages of the medical care algorithm, communication skills in the work of the medical team and developing communication skills, while the use of mannequins in training interns leads to a good assimilation of the theoretical part and mastery practical skills that are necessary for every young specialist in practical activities [5].

Non-technical “non-technical skills” related to the human factor are developed through psychological training.

The psychological training we developed on the topic: “Successful communication. Mastery of professional interaction”, aimed at the formation of communicative competence. Its purpose is to expand the possibilities of establishing contact in various communication situations, developing the skills of understanding other people, themselves, and relationships between people, mastering the skills of effective listening, activating the processes of self-knowledge and self-actualization and expanding the range of creative abilities.

250 simulation interns of various specialties took part in the simulation trainings. After conducting psychological training, the participants were offered questionnaires developed by us: “Assessing the personal level of communicative competence”, “The effectiveness of simulation trainings in the development of communicative competence”.

Such categories were evaluated as a subjective assessment of communicative competence before undergoing simulation training and after, as well as relevance, practicality and information content. Each of these categories was evaluated by interns on a 10-point scale, where 1 point is a low score, 10 points is the highest score.

3 RESULTS

An analysis of the answers to the question of subjective level of communicative competence (SLCC) before and after the simulation training showed that for interns before the simulation training, the assessment of personal communicative competence in 15 respondents (6%) - 5 points, in 70 respondents (28%) - 6 points, 90 (36%) - 7 points, 35 (14%) - 8 points and 40 respondents (16%) rated 9 points. After the training, the following results were obtained: 25 respondents (10%) had a subjective communicative competence level of 6 points, 70 respondents (28%) had 7 points, 105 respondents (42%) had 8 points, and 40 respondents (16%) - 9 points and 10 respondents (4%) - 10 points. Thus, we can trace the positive dynamics of change.

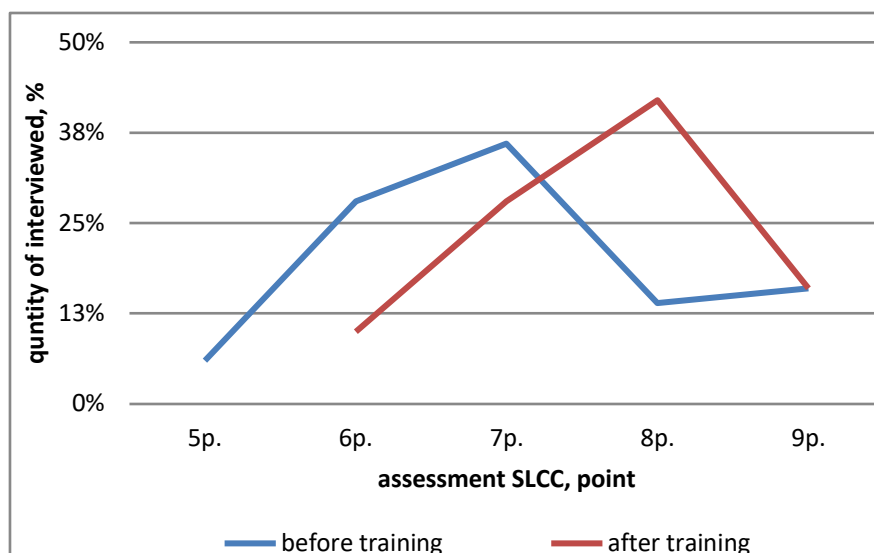


Figure 1. Assessment of the subjective level of communicative competence

After the training, the subjective level of communicative competence shifted by one indicator. The number of respondents increased significantly (by 28%), who assessed the level of communicative competence by 8 points, before the training 14%, after - 42%. However, the assessment of the level of

communicative competence by 9 points remained at the same level. At the same time, 4% of respondents rated their level of communicative competence at 10 points. The relevance of simulation trainings in the development of communicative competence was evaluated by 35 interns (14%) by 7 points, 40 interns (16%) by 8 points, 80 (32%) - 9 points, 95 (38%) - 10 points. The practicality of the training was evaluated by 90 interns (36%) by 8 points, 120 (48%) by 9 points, 40 (16%) - 10 points. The informational content of the trainings of 55 (22%) interns was 7 points, 97.5 (39%) 8 points, 80 (32%) 9 points, 17.5 (7%) 10 points.

Training a competent health professional is a complex multi-level process. Unfortunately, communicative competence does not stand out as a separate goal in preparing a doctor. Simulation trainings give us this opportunity. Training in communication skills during simulation training helps interns to act more efficiently, confidently in aspects of the doctor-patient relationship that are often found in practice. In particular, psychological trainings are aimed at increasing the professional effectiveness of medical workers. During the training work, a discussion is held on topics of relevance to all and the exchange of personal experience. Trainings include techniques aimed at increasing the psychoenergetic potential, increasing communicative competence and awareness of their role as a subject of professional communication in problem situations. The formation of communicative competence, in our opinion, should be an integral part of the training of medical workers. For doctors, communicative competence is not only a necessary professional quality, but also the only possible form of individual psychological defense. The presented work suggests the possibility of further development of this direction. In particular, in our opinion, it seems appropriate to continue the study of the communicative competence of future doctors at the subsequent stages of their professional development.

4 CONCLUSIONS

- 1 There is a positive trend between simulation training and the effectiveness of the development of communicative competence of interns.
- 2 For a more complete disclosure of the essence of the communicative component of the professional formation of a future doctor, it is necessary to continue studying the structural components of his communicative competence, the relationships and factors affecting its formation and development, deepening the phenomenological aspect of the problem. Perhaps this will help to identify patterns in the dynamics of the development of a doctor's communicative competence in subsequent stages of professionalization.

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