

## **COMMUNICATION SKILLS TRAINING IN MEDICINE DEGREES AT ANDALUSIA'S PUBLIC UNIVERSITIES: AN ETHICAL MATTER**

---

*Carolina Porras-Florido, Elena Becerra-Muñoz  
and Juan Salvador Victoria-Mas*

**Abstract:** In contexts where communication skills can be learnt and taught, they become an ethical matter as far as the proper provision of healthcare is concerned. Communication skills bestow greater empathy to exchanges with the patients and they are necessary to improve the ways of relationship between physicians and patients.

This study analyses the Medicine degrees program at public universities in Andalusia. This study takes this Spanish region as a reference to evaluate the communication training in Public Medicine Schools, and offers them some suggestions to improve medical skill communication.

The multidisciplinary dimension of communication skills training could be a vital tool in encouraging certain types of patient behaviour. The ever-increasing frequency of assaults by patients on the medical staff attending them are the ultimate proof that this dimension is currently lacking.

We shall also examine communication skills training as a key facet of the social responsibility intrinsically associated with the medical profession. Our research method involves firstly a review of the documents reflecting the current situation as far as skills training of the medical staff is concerned,

and secondly an analysis of the program followed in courses taught at Andalusia's Medicine Schools.

Therefore the study will demonstrate a scarcity in formal education on skills communication in Medicine degrees of the Andalusian Public University.

The paper concludes that real communication training appears after students have completed their superior studies at Public Medicine Schools when they learn physician – patient relationship at the treatment room by the trial and error method.

**Keywords:** *physician-patient relationship, communication skills training, communication and Medicine, public university, social health responsibility, Andalusia, Andalusian medical training, Medicine ethics.*

## INTRODUCTION

The importance of the relationship between communication and health first became apparent in the 1970s, but it was not until the first International Conference on Health Promotion, held in Canada in 1986, that healthcare professionals, health institutions and health services in general became actively involved through the introduction of the Ottawa Charter. It is necessary to apply communication skills and competencies in interpersonal relationships in all Medicine courses and at all levels of the medical profession in a context where communication can be learnt and taught (Rider and Keefer, 2006).

A previous study by Rivera et al. (2016), on which our examination of public higher education in Andalusia is based, revealed that earlier research into the physician-patient relationship had not been limited to a single discipline, the authors instead outlining a series of unrelated processes. Nevertheless, the above-mentioned researchers conducted a qualitative survey of a selection of deans from schools of Medicine and Communication at both public and private universities in Spain. This indicates that there are indeed tools available with which to develop communication in medicine, and that doing so will require the two disciplines to work together.

Also, Flórez et al (2000) establish that the physician – patient communication has to change through education because inside the treatment room communication is social and also emotional.

If properly applied to Medicine degrees, communication skills can be trained in such a way as to also facilitate the teaching of a more humanistic brand of medicine that more closely addresses the needs of individual patients (Rider and Keefer, 2006). In order for this to happen, empathy must be taught so that the feelings and emotions of others become our own.

While reviewing previously published literature, we encountered a study by Ávila-Morales (2017) which attributes the dehumanisation of medicine to several factors, notably economic restrictions and the prevalence of scientific training over humanistic education.

At the same time, communication training for healthcare workers, particularly doctors, needs to evolve – and fast. Technical and sociological circumstances are bringing radical changes to the way in which doctors communicate with their patients. New media of communication and the development of information and communications technology (ICT) have created a new paradigm. Easy access to information by everybody has helped to promote health in society; some 61 percent of Spaniards of average education and income use the internet to resolve health-related matters (Marín-Torres et al, 2013). This access to information leads the patient to demand more attention and a longer consultation time, with 76% of those surveyed recognising that they now asked their physician more questions than they had done before.

What is more, medical professionals prioritise the informative aspect of communication without considering its emotional effects (Alonso and Kraftchenko, 2003). Therefore, the multidisciplinary dimension of communication skills training could provide the key to achieving certain types of behaviour on the part of the patient. Mestre et al. (2002) note that ‘Empathy, when analysed from a multidimensional perspective that includes cognitive and emotional facets, is found to be linked to both less aggressive conduct and prosocial behaviour’.

Ultimately, one contemporary indicator that suggests that this dimension is insufficient is the fact that assaults by patients on the medical staff attending to them are becoming more and more common.

Furthermore, the analysis undertaken by Moreto et al. (2017) reveals that the dehumanisation of medicine is also prevalent outside Spain and starts during the medical training received by the doctors of the future.

Ethics and communication are the two humanistic disciplines that can aid teaching staff on Medicine degrees to promote proper communication in the physician-patient relationship.

## METHOD

Since Schools of Medicine first included subjects designed to promote and teach communication skills in their curriculums, there have been a number of studies, among them those by Rivera et al. (2016) and Ferreira Padilla et al. (2015). Though both analyse communication skills training in Spanish medicine schools, Ferreira Padilla et al. (2015) examine the evolution of communication between 1990 and 2014, focusing exclusively on subjects devoted to communication alone and concluding, like Rider and Keefer (2006), that communication skills can be taught and learnt. Rivera et al. (2016), however, also consider the possibility of including communication skills teachers in Medicine degrees.

Our study is a documentary review of existing literature dealing with the teaching of empathy and communication skills in Medicine degrees. This includes any factors relevant to communication with the patient in a contemporary context in which new technologies are habitually used as a means of personal communication and interaction. We focus our attention on the public universities of Andalusia.

Andalusia is the autonomous community that offers more places for medical students, after Catalonia and the Community of Madrid and within walking distance (988 Andalusia, 1134 Catalonia and 1478 Madrid). Another outstanding feature of the degrees in Medicine offered by the Andalusian faculties is that they have an annual cost below the average of Spanish universities, making them one of the most demanded by students.<sup>1</sup>

In conducting our examination, we focus on the variables identified by Wimmer and Dominick (1996), i.e. content dealing with communication, empathy and new technologies, highlighting the credits awarded, the year of the degree course in which they were taught, the nature of the subject, its reading list and the responsible department, concluding with our appraisal. Having completed this analysis, we shall then relate it to our review of literature dealing with empathy, humanisation and communication skills training.

Given the technological development that has taken place, and the demand on the part of students for instant access to information regard-

---

<sup>1</sup> Piece of information in [www.YAQ.es](http://www.YAQ.es) for Sports Culture and Education Ministry (MECD – Spanish Administration school year 2017-2018).

ing their studies and the methodologies that these entail, we have examined the syllabuses published on the web pages of all of Andalusia's public medicine schools, gathering information relevant to the teaching of the aforementioned skills. The variables outlined earlier will be applied to those subjects devoted exclusively to communication skills, empathy or ICT.

## ANALYSIS

There are five public universities offering Medicine degrees in the region of Andalusia: the University of Cádiz, the University of Córdoba, the University of Granada, the University of Málaga and the University of Seville. We will code these universities to analyze their programs without this implying a positive or negative judgment. The medical school curriculums at all five universities for the academic year 2017-2018 include communication skills training; some of them have a different nomenclature but all of them are part of the degree's basic or compulsory training, not merely an option. However, not all universities contemplate the need to attribute the subject the same number of hours for study.

At University A, 'Medical Communication' is taught in the second semester of the first year of the Medicine degree, with the Department of Medicine itself in charge of the training. The subject aims to teach students the following: the key components of non-verbal communication and the principal techniques used in verbal communication; healthcare communication – communicative habits that foster a trusting, therapeutic relationship; the influence of ambient factors on clinical communication; specific skills for informing patients of the nature of the problem and for handling particular situations, such as the presence of companions, difficult or aggressive patients, and the breaking of bad news. The reading list features updated content dealing with the affective function of communication in the relationship with the patient through a series of manuals and articles published between 2004 and 2014, although none of these refer explicitly to the physician-patient relationship in a digital context. 'Medical Communication' awards a total of 3 ECTS credits, for which the student is required to invest 75 hours (each credit equates to 25 hours of work on the part of the student in terms of attending classes, seminars or any other activities deemed necessary by the Medicine School in order for the subject to be passed satisfactorily).

The U-A syllabus also contains another subject relevant to physician-patient communication, empathy and assertiveness in the shape of 'Medical Ethics'. Affording 3 ECTS credits, this is taught in the second semester of the degree's third year. However, we note that it develops extremely similar competencies to those provided by 'Legal Medicine', an obligatory subject with 6 ECTS credits that features in the first semester of the fifth year. In both 'Ethical Medicine' and 'Legal Medicine', empathy and affective functions are overshadowed by the ethical aspects of medicine, the patient's rights and environment, the ethics surrounding death, and showing respect for the patient's culture, creed and autonomy when exercising medical practice.

Other subjects are also worthy of note. Two of these are related with the speciality of Internal Medicine: 'An Introduction to Internal Medicine and Clinical Propaedeutics' is an obligatory, year-long subject with 12 ECTS credits taught in the second year of the degree, while 'Family and Community Medicine, Emergency Medicine', also obligatory, awards 3 ECTS and comes in the degree's fifth year. In both, communication and its affective function are approached from a practical standpoint through a series of workshops and specialised sessions. The reading list makes no specific references to existing literature regarding the breaking of bad news, though students interested in the topic can find relevant material in the online repository provided as further reading.

Another optional subject carrying 3 ECTS credits is offered in the second semester of the second year of the Medicine degree, namely 'The Sociology of Health and the Healthcare System'. Its training objectives include recognition of the role of the family and social networks in the process of falling ill and returning to health; it also identifies the social factors and agents that determine the health of individuals, groups and society as a whole, as well as the capacity to recognise the effects of social inequality in health, among other topics.

Mention must also be made of 'An Introduction to Information Technology'. Taught in the first semester of the Medicine degree's first year, like 'Medical Communication' and 'The Sociology of Health and the Healthcare System', it offers 3 ECTS credits. Its training objectives include teaching students how to work with Windows, to use the tools provided on the U-A web page to send emails and access the online library and virtual campus, to use a word processing program to create a properly-structured text, and also to express themselves clearly with the aid of presentation software, among other basic IT skills. The syllabus refers to

the use of Word, Power Point and Excel in Windows 98; such content could be considered obsolete by students of the digital native generation, who have grown up and been educated in a more technologically-advanced world offering access to programming language and the Internet (Gé-trudix Barrio et al, 2010).

University B's syllabus, meanwhile, features 'Healthcare Communication' in the second year of the degree. In addition to being taught a year later (though still within the first cycle), it offers double the number of ECTS credits (6) and requires 150 hours of work. Its competencies include awareness of communication, patients and their family environment; awareness of the means of maintaining a clinical relationship (including verbal and non-verbal communication); and knowledge of how to deliver bad news, prognoses and therapeutic advice, among others. The syllabus deals with patient communication according to age, social environment and pathology/diagnosis. It identifies empathy, assertiveness and active listening as the keys to effective communication with the patient. Its approach to healthcare communication also takes into account the demands made by modern patients to whom ICT technology is available. The course lecturers belong to U-B's Psychiatric Unit, specifically the Department of Public Health, Radiology and Physical Medicine.

The fifth year of U-B's Medicine degree features 'Preventive Medicine and Public Health', an obligatory subject with 9 ECTS credits. Though the promotion of health is not highlighted among its competencies, it does include participation in local health education among its objectives. It also expects students to use ICT in clinical and therapeutic activities and to be able to use clinical and biomedical sources to organise, interpret and communicate scientific and healthcare information.

U-B also offers an optional subject in the degree's fifth year: 'Clinical Research', which delves more deeply into one of the objectives of 'Preventive Medicine and Public Health'. It requires students to invest 75 hours and carries 3 ECTS credits. We examined the competencies of 'Clinical Research' in order to reflect the communicative and other skills it teaches, which include using a PC, understanding scientific texts, and learning the principles of telemedicine; however, we found no references to the latter in either the syllabus or the reading list.

Additionally, the U-B syllabus features 'Legal and Ethical Medicine', an obligatory fifth-year subject with 9 ECTS credits involving 225 work hours. Among its competencies, we find learning to recognise, diagnose,

and manage physical and mental injury, and respecting the patient's culture, beliefs and autonomy when exercising medical practice.

The optional subjects lack any content connected with either communication or the physician-patient relationship. Nevertheless, we noted that the fifth year of the degree features 'English I' and 'English II' (the numbers refer to the minimum level of English required to enrol); topics include physician-patient situations in a foreign language which serve as a guide to the student when faced with the diagnosis and treatment of English-speaking (or non-Spanish-speaking) patients.

As well as communication-related subjects, the University C syllabus also includes a joint module: 'Social Module, Communication Skills and an Introduction to Research', 'Medical Communication' is again an obligatory subject, carrying 6 ECTS credits like its U-B counterpart. The Psychiatry and Medicine departments are responsible for the content of this subject, which is taught in the second semester of the degree's second year. This includes topics and practical activities designed to teach communication skills: analysis of communication and interpersonal relationships, active listening and how to overcome obstacles to communication, and verbal and non-verbal communication, to name but a few. The aim of all of these is to develop the student's observation skills and empathy. However, while analysing the content of 'Medical Communication', we found no reference in the reading list to the current communicative environment in which physician-patient relationships are now played out, nor to the modes of communication encountered by healthcare workers once they have completed their university studies. The most recent reference dates back to 2005, a time when the digital divide had yet to erect its communicative barriers.

With regard to empathy, it is worth noting that this is found to increase among medical students as they progress from year to year of their degree, though only in the case of females, students who have done volunteer work, and those who have endured the illness of a close friend or family member (Esquerda et al., 2016). In this regard, Moreto et al. (2017)<sup>19</sup> point out that students of medicine display a lower degree of empathy at the end of their studies than in the initial years; one reason for this is that they seek to prevent the human suffering observed from having a direct effect on their own emotions.

Nevertheless, they throw down a series of challenges to medicine schools, insisting that empathy can indeed be taught through mirror neurons. If lecturers and tutors teaching clinical practices show empathy

and assertiveness with pupils and patients, their students will carry similar conducts and techniques into their medical careers (Moreto et al., 2017).

Another communication-related subject that we analysed was 'History of Medicine', which is obligatory in the third year of the degree. This provides an insight into the constitution and transformation of the medical profession and of physician-patient relationships, as viewed from a modern-day perspective reflecting the social and historical context of our times (specialisation phenomena, feminisation, globalisation, provision of medical care, societal inequality, etc.). It also seeks to make the healthcare professionals of the future aware of the importance of observation, to develop their communication skills, and to encourage self-teaching and continuous training. However, the reading list focuses on the history of medicine and writing as a science.

This same Social Module, Communication Skills and an Introduction to Research also features an obligatory subject entitled 'Principles of Researching Health and Bioethics', which is taught in the second semester of the U-C Medicine degree's second year and carries 6 ECTS credits. In line with those examined earlier, its syllabus also encourages students to adopt an approach to the medical profession that respects the patient's autonomy, culture and beliefs, as well as advocating caution when making clinical judgements. The need to apply ethical and legal principles to the physician-patient relationship is also stressed. It should be noted here that informing the patient is one of the doctor's ethical duties, but is it being fulfilled? Contextualising the effect of the illness on the patient's environment, and, conversely, the influence of the patient's milieu and family upon the condition suffered is one of the competencies covered by 'Primary Care towards the resolution of Health Problems'. This optional subject with three ECTS credits is taught in the first semester of the fourth year of U-C's Medicine degree. While it does provide a means of acquiring communication skills relevant to the physician-patient relationship, we find it to be heavily focused on primary care, which may lead those students who have ruled out a career as a GP to avoid the subject. Nevertheless, it could still serve as a guide to physician-patient communication in specific situations, in particular the breaking of bad news, given that family pressure tends to hamper the patient's right to be informed, as pointed out by Bascuñán et al. (2007). This study of healthcare professionals looks closely at bad news communication training. Though the younger doctors had been educated in this facet, most

of those surveyed felt that their training had been insufficient and even erroneous.

Having analysed all of the content of the subjects offered by U-C's Medicine degree, we encountered others which, despite not being classified within the aforementioned Module or including the words 'communication' 'care' or 'patient' in their titles, did, however, involve the teaching of communicative and assertive skills (a case in point being the above-mentioned 'Primary Care towards the resolution of Health Problems').

A basic subject with 6 ECTS credits in the second year of the Medicine degree is 'Medical Psychology'. This is worthy of note due to the fact that it focuses more on the physician-patient relationship, the attitude of both towards sickness and death, and the importance of personality and its evolution throughout the various stages of life and illness than do any of its counterparts. However, it does lack competencies as far as teaching the communication skills required to apply these principles is concerned.

The fourth year of the Medicine degree offers an optional subject entitled 'Evolutive Psychiatry', carrying 3 ECTS credits. Though oriented towards mental illnesses, it nevertheless features communication skills vital for interviewing child and adolescent patients, teaching students how to properly manage such scenarios in terms of both the patient and their family environment.

An examination of the University D syllabus reveals 'Communication in Medicine', a subject taught by the Department of Psychiatry. This requires 150 hours of work on the part of the student, awards 6 ECTS credits, and is part of the basic training given during the second semester of the Medicine degree's first year. As at U-C, it falls within the boundaries of the Social Medicine Module, Communication Skills and an Introduction to Research; however, the content of U-D's iteration is more extensive and detailed, featuring twice as many topics as U-C's 'Medical Communication'. Nevertheless, while the content covers what the syllabus refers to as New Communication, in which communication and technology are highlighted, there are no references at all to digital communication, relevant web pages or the physician-patient relationship in a digital setting. Furthermore, despite the fact that 83 percent of patients between the ages of 25 and 44 consult the Internet for health matters, 'Primary Care' fails to recommend any trustworthy websites or pages with corroborated information where patients might find answers to health-related questions (Marín-Torres et al., 2013).

Outstanding among the specific competencies included in U-D's 'Medical Communication' are learning to break bad news and the development of communication skills for dealing with patients and their environment, family and social alike.

The second year of U-D's Medicine degree features an obligatory subject entitled 'Preventive Medicine and Public Health I', which offers 3 ECTS credits. Eminently theoretical in nature, its competencies include teaching students to communicate effectively with their patients, relatives, the media and other healthcare workers. However, though it lists the development of media communication skills among its objectives, the subject's methodology and reading list lack any content designed to foster the acquisition of these skills.

In the degree's third year, 'Neurophysiological Principles of Human Conduct' is offered as an option with 3 ECTS credits. We chose to highlight this subject over the others available as it employs a neurophysiological approach to achieve its ultimate aim of understanding human beings, their behaviour, and that of others, thus encouraging empathy and appropriate physician-patient interaction.

An examination of the curriculum of University E's Medicine degree reveals that first-year students are offered two options, each carrying 6 ECTS credits. The specific objective of 'Medicine and Society' is to provide an introduction to the physician-patient relationship, giving students an insight into how pain affects the daily lives of patients, their family and their friends. The course methodology, which includes a compulsory Medicine 2.0 workshop, is clearly adapted to contemporary media of communication. However, the assessment is limited solely to attendance of classes and workshops, and, as the syllabus notes explain, "pupil and group activities will be evaluated by the pupils themselves".

'Medicine and Society' is taught by personnel of the Health Centres Library in association with teaching staff; though the identity of the latter is not specified, the Department of Medical Biochemistry, Molecular Biology and Immunology is listed as responsible for the subject.

'Principles of Medical Practice' is the subject to which we referred in the previous paragraph. Among its objectives, we would highlight knowledge of the precepts of the humanistic and communicational approach to medicine, at the centre of which is the study of the human being as a multidimensional entity for whom health is determined and conditioned by a combination of biological, psychological and social factors.

The sources of humanistic information in the context of medicine are also provided, though the theoretical content is limited to a series of one-off sessions. Analysis of the remaining subject material leads us to conclude that it offers little training relevant to the physician-patient relationship, although it does address and emphasise the importance of humanism-based medicine.

The first obligatory subject dealing with the physician-patient relationship encountered by students on U-E's Medicine degree comes in its second year in the shape of 'Care Communication' a course carrying 6 ECTS credits overseen, like its U-B counterpart, by the university's Psychiatry Department. However, at U-E we find that of the nine specific objectives listed, eight make explicit reference to the physician-patient relationship. Also relevant in this regard is the presence of a specific topic entitled Distance Care Communication: e-Health.

The third year of U-E's Medicine degree features the obligatory 'Medical Ethics' (3 ECTS credits) whose objectives include equipping students, in human, social and ethical terms, to deal with both physician-patient relationships and the challenges currently presented by medical practice. Similarly, it seeks to instil respect for patients and their rights, as well as dealing with communication skills and interpersonal relationships. Though the module addresses Ethics in Care Relationships, we feel that the type of physician-patient communication training offered here is based on ethical concepts concerning patients and their clinical rights.

The fifth year of U-E's Medicine degree features 'Legal Medicine', an obligatory subject with 6 ECTS credits that also deals with communicative aspects of the physician-patient relationship such as "Recognising, diagnosing and handling physical and mental damage". Delving more deeply into the same topic, the same year of the degree also offers 'Pain in Medical Practice', an optional subject which, like the aforementioned course, requires 150 hours of work on the part of the student. Its main aim is to provide "an overview of pain treatment, enabling students to understand and deal with the patient's needs". It should be noted here that encouraging the development of affective communication and emotional management skills is key to the achievement of good physician-patient communications and relations (Chirino and Hernández, 2015).

The obligatory subjects in the fifth year of the medicine degree at U-E also include 'Preventive Medicine and Public Health', which, while not giving a direct insight into the physician-patient relationship, nevertheless seeks to instil the techniques essential to proper health education, teach-

**Table 1**

Uni- versity	Subject Name	Credits (Hours)	Department or Overseer	Nature	Year	Bibliographic Reference	Ref. to ICT
A	Medical Communication	3 ECTS (75 h)	Medicine	Obligatory	First	2004-2014	No
B	Care Communication	6 ECTS (150 h)	Psychiatry	Basic Training	Second	1982-2014	No
C	Medical Communication	6 ECTS (150 h)	Medicine and Psychiatry	Obligatory	Second	1986-2010	No
D	Communication and Medicine	6 ECTS (150 h)	Psychiatry	Basic Training	First	1961-2008	No
E	Care Communication	6 ECTS (150 h)	Psychiatry	Obligatory	Second	2006-2015	Yes

ing students to evaluate healthcare quality and patient safety strategies, as well as enabling them to identify the social determinants of patient health. Meanwhile, the optional ‘Promotion of Health’ (6 ECTS credits) aims to ensure that all of the healthcare components identified by the Ottawa Charter as essential to proper social care and prevention are implemented.

Outstanding among the specific competencies taught by this subject are social communication and mediation skills, appreciation of the community as an active element in the health-sickness process, the application of educational techniques to health promotion, and the development of listening skills and empathy, through verbal and non-verbal communication alike (Table 1).

## CONCLUSIONS

Having analysed the curriculums of Andalusia’s Public Medicine schools we conclude that, while they provide training on the communication skills necessary to the physician-patient relationship, the criteria observed in doing so is inconsistent. At C and A ‘Medical Communication’ is studied; D offers ‘Communication and Medicine’, while B and E teach ‘Healthcare Communication’. These subjects are overseen by the Psychiatry Department at B, D, E and C, though at the latter, responsi-

bility is shared by the departments of Psychiatry and Medicine. At A, meanwhile, the Medicine Department alone takes charge.

At all of the universities examined, the subjects in question are taught as part of the First Cycle: in the first year of the Medicine degree at A and D, and in the second year at B, C and E. In terms of time invested by the student, with the exception of A (75), all involve a total of 150 hours.

As far as the reading list is concerned, only three universities, A, B and E, feature recent references, and, save for the latter, which has a single relevant entry, none of these deal with the implementation of new technologies, either as a contemporary media of communication or as a bridge in the physician-patient relationship (Figure 1).

We also discovered that subjects related with Ethical Medicine stress the importance of developing empathy, identifying patients as the key figures in the exercise of medical practice and emphasising their rights.

Of all the subjects analysed, we would like to highlight one in which we are unsure whether the criteria for passing is dependent on the use of new technologies alone or on their implementation in physician-patient communication and relationships, as according to the syllabus for 'Medicine and Society' (University E), assessment is dependent on the students themselves and their attendance. Kurtz, Draper and Silverman (2005-2017) appointed skill communication have to be evaluated by a professional committee. Nevertheless, the other subjects in the program of the medicine schools included in our research are taught by lecturers from different branches of medical study.

It should be noted that no faculty includes the multidisciplinary personnel required to provide full training in such a boundary-crossing field

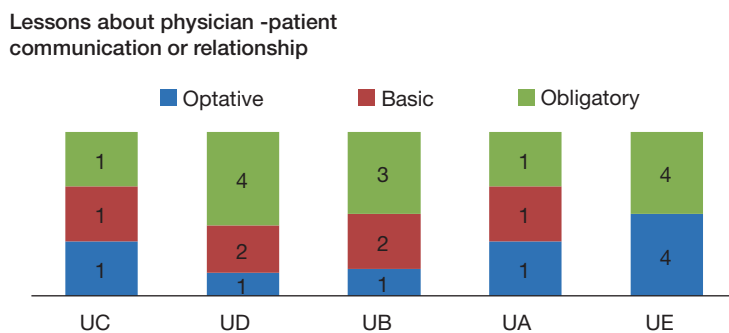


Figure 1.

as Communication, despite the presence of subjects whose objectives include “media communication skills”. As pointed out by Becerra and Calleja (2014), multidisciplinary communication and health studies are a “valid and innovational” tool in the learning of both subjects. Their study shows how one group of Communications students and another studying Health Sciences work together and share knowledge specific to their particular fields. While the results are positive for both groups, what we would highlight from our review is that better understanding of communication and the skills it requires are displayed by the pupils studying Health Sciences. This in turn leads us to conclude that the teaching of communication skills in Medicine degrees for subsequent application in the physician-patient relationship must continue to evolve and adapt to the multifaceted nature of communication itself, despite the fact that the assembly of a multidisciplinary teaching staff was not considered viable by the deans surveyed at a selection of Medicine and Communications Schools in various public and private Spanish universities (Rivera et al., 2016).

At the same time, we are faced with the ethical issue of evaluating and fostering good conduct and the development of empathy as a skill that is crucial to good physician-patient communication and which favours the establishment of a sound interpersonal relationship based on mutual trust (Moreto et al., 2017). In order to recover, the patient trusts his or her doctor, the treatment and the behavior therapy (Makoul G., 2001).

Another benefit of communication training at medicine school is to promote investigation or publish papers (Marusik & Marusik, 2003).

The devotion of more time to subjects related with empathy and communication in the physician-patient relationship would be a sign that such behaviour and affective expertise were indeed being encouraged. Ethics and communication are disciplines whose very *raison d'être* lies in the human being, a view shared by Ávila-Morales (2017), who feels that, in order to humanise Medicine students must be trained in liberal arts, which will help them to blossom into professional physicians with an extensive knowledge of culture and the humanistic studies. Lingard & Haber (1997) agree to the suggestion that medical students learn rhetoric improved skills communication.

Passalacqua (2009) believes that teaching skills communication to medical students “will continue to grow”. But today the physicians have failed to realise that their current lack of communication skills is a problem. According to a study by Moreno Jiménez et al. (2005), some 68%

of those working in Primary Care do not feel incompetence to be a factor in violence: “Though doctor incompetence would appear to be the ultimate cause, in most cases we should probably interpret incompetence as a failure to communicate properly with the patient rather than blaming any deficiency in clinical skills.” For this reason, it is imperative that institutional support be provided that might affirm once and for all that “communication skills have an influence on health”, and that the availability of sufficient care time is key to proper physician-patient communication. In this regard, the study published by Moreno Jiménez et al. (2005), while not providing hard evidence that communicative failures are a factor in the rising number of assaults on healthcare staff, does at least pave the way for further investigation.

Finally, we must recognise that communication skills training for the physician-patient relationship needs to keep pace with the evolution of both society itself, and information and communications technology, adapting to the contemporary determinants of changing modes and media of communication in a world that is now demanding more and better information about health. The real communication training appears after students finish their superior studies at Public Medicine Schools when they learn physician – patient relationship at the treatment room by the trial and error method.

## REFERENCES

- Barrio, G. F., Durán Medina, F. J., Arroyo, G. R., Gálvez de la Cuesta, M. D. C., & García, G. F. (2010): “Una taxonomía del término “nativo digital”: nuevas formas de relación y comunicación”. En Congreso Euro-Iberoamericano de Alfabetización Mediática y Culturas Digitales Sevilla: Universidad de Sevilla.
- Bascuñán, M. L., Roizblatt, A. D., “Comunicación de malas noticias en medicina: un estudio exploratorio”. *Revista de Medicina de la Universidad de Navarra* [S.l.], oct. 2017. Disponible aquí.
- Bulletin Redacción Médica, health publication, 2019, [www.redaccionmedica.com](http://www.redaccionmedica.com)
- Escrivá, V. M., & García, P. S., & Navarro, M. F. (2002). “Procesos cognitivos y emocionales predictores de la conducta prosocial y agresiva: La empatía como factor modulador.” *Psicothema*, 14 (2), 227-232.

- Esquerda, M., Yuguero, O., Viñas, J., Pifarré, J. “La empatía médica, ¿nace o se hace? Evolución de la empatía en estudiantes de medicina”. *Atención Primaria*, 48 (1) pp. 8-14 (2016).
- Flórez Lozano, J. A., Martínez Suárez, P C., Sánchez, C. V. “Análisis de la comunicación en la relación médico-paciente”. *Medicina Integral* Vol. 36 (3). 2000 pp. 113.
- González, A. M., & Kraftchenko, O. B. “La Comunicación Médico-Paciente Como Parte De La Formación Ético-Profesional De Los Estudiantes De Medicina”. *Rev Cubana Educ Med Super* 2003; 17(1) pp. 38-45.
- Jiménez, M. A., Ramírez, V. F., Zerolo Andrey, F. J., Rodríguez, A. L., Serena, P. H., & Salido, M. J. (2005) “Análisis de la violencia del paciente en atención primaria”. *Aten. Primaria*; 36 (3) pp. 152-158.
- Kurtz, S., Draper, J., Silverman, J. (2005-2017). Book: *Teaching and Learning Communication Skills in Medicine*. London: CRC Press, <https://doi.org/10.1201/9781315378398>.
- Levinson, W., Roter, D. L., Mullooly J. P., Dull, V. T., Frankel, R. M. *Physician-Patient Communication: “The Relationship with Malpractice Claims Among Primary Care Physicians and Surgeons”*. *JAMA*. 1997;277(7):553-559. doi:10.1001/jama.1997.03540310051034.
- Lingard L., Haber, R. J. “Teaching and Learning Communication in Medicine: a Rhetorical Approach”. *Academic Medicine* [01 May 1999, 74(5):507-510].
- MacDonald, N. *Oxford Textbook of Palliative Medicine*. Oxford University Press, ISBN 9780192630575 (2016).
- Makoul, G. “Essential elements of communication in medical encounters: the Kalamazoo consensus statement” *Acad Med*. 2001 Apr; 76(4):390-3.
- Marusić, A., Marusić, M., “Teaching students how to read and write science: a mandatory course on scientific research and communication in medicine”. *Acad Med*. 2003 Dec;78(12):1235-9.
- Marín-Torres, V., Valverde Aliaga, J., Sánchez Miró, I., Sáenz del Castillo Vicente, M. I., Polentinos-Castro, E., & Garrido Barral, A. “Internet como fuente de información sobre salud en pacientes de atención primaria y su influencia en la relación médico-paciente” (2013), *Atención Primaria*, 45 (1) pp. 46-53.
- Moreto, G., et al. “Reflexiones sobre la deshumanización de la educación médica: empatía, emociones y posibles recursos pedagógicos para la educación afectiva del estudiante de medicina”. *Educ Med*. 2017. <http://dx.doi.org/10.1016/j.edumed.2016.12.013>.

- Muñoz, B. E., & Calleja-Reina, M. A. (2016) “El Aprendizaje Multidisciplinar: Metodología en Alumnos de Distintos Grados Universitarios”, Trabajos Docentes para una Universidad de Calidad. Coord. David Caldevilla Domínguez. Ediciones Universitarias McGraw-Hill (Aravaca, Madrid); pp. 137-148 ISBN: 9788448612672.
- Padilla, G. F., Antón, T. F., Júlvez, J. B., & Cabrera, R. A. “Competencia en comunicación en el currículo del estudiante de Medicina de España (1990-2014): de la Atención Primaria al Plan Bolonia. Un estudio descriptivo” *Atención Primaria*. 2015; 47 (7) pp. 399-410.
- Rider, E. A., & Keefer, C. H. (2006) “Communication skills competencies: definitions and a teaching toolbox”. *Medical Education*, 40: 624-629. doi: 10.1111/j.1365-2929.2006.02500.x
- Rivera, R. A., Ojea, V, E., González, R. F., Túniz López, J. M. “Análisis de la Formación en Comunicación y la Relación Médico-Paciente en los Grados de Medicina en España” *Index Communication* n.º 6 (1) 2016 pp. 27-51.
- Rodríguez, R. C., Cedeño, E. H., “Comunicación afectiva y manejo de las emociones en la formación de profesionales de la salud”. *Educación Médica Superior* 29 (4) pp. 872-879. 2015.
- Roger, D. W., Joseph, R., & Dominick. *La investigación científica de los medios de comunicación. Una introducción a sus métodos*. Bosch 1996 ISBN 84-7676-359-X.
- Stacey A. Passalacqua (2009) *Teaching and Learning Communication Skills in Medicine*, 24:6, 572-574, DOI: 10.1080/10410230903104954.
- Ávila-Morales, J. C. “La deshumanización en Medicina. Desde la formación al ejercicio profesional”. *Iatreia*. 2017. Abr-Jun; 30 (2) pp. 216-229 DOI 10.17533/udea.iatreia.v30n2a11.

Carolina Porras Florido  
University of Málaga  
carolinaporras@uma.es

Elena Becerra Muñoz  
University of Málaga  
elenabm@uma.es

Juan Salvador  
Victoria Mas  
University of Málaga  
jsvictoria@uma.es

Submission: April, 5<sup>th</sup> 2019

Acceptance: September, 16<sup>th</sup> 2019