



Breaking Barriers: The Role of 'Professional English and Communication' Courses in Medical Education

Lamara Kadagidze, Ph.D

Dr. of Education Sciences, Professor
Grigol Robakidze University; Tbilisi, Georgia

[Doi: 10.19044/esipreprint.12.2023.p156](https://doi.org/10.19044/esipreprint.12.2023.p156)

Approved: 01 December 2023
Posted: 06 December 2023

Copyright 2023 Author(s)
Under Creative Commons CC-BY 4.0
OPEN ACCESS

Cite As:

Kadagidze L. (2023). *Breaking Barriers: The Role of 'Professional English and Communication' Courses in Medical Education*. ESI Preprints.

<https://doi.org/10.19044/esipreprint.12.2023.p156>

Abstract

The present paper explores the significant role of effective English communication in enhancing the physician-patient relationship in multicultural healthcare settings. The primary objective is to evaluate the impact of a specialized "Professional English and Communication" course on the communication skills of medical students at East-West Teaching University in Tbilisi, Georgia. Employing a mixed-methods approach, the study included a quantitative survey and qualitative feedback from a cohort of 11, both: native and non-native-speaker students of a Medical Doctor One-Cycle Educational Program. The students engaged in role-plays and discussions based on structured scenarios, which were integral components of the 13-week course. Findings indicated that the course was highly effective, with 75% of students rating it as "Very effective" in improving their professional English and communication skills. A significant percentage of students reported increased engagement and comfort in participating in class activities after the implementation of structured guidelines for role-plays. The work concludes with the affirmation of the value of targeted communication skills training in medical education, particularly through practical activities such as role-plays. Students' feedback also revealed the importance of a supportive and inclusive learning environment in promoting engagement and overcoming challenges. These findings have implications for the design of similar courses to cater to diverse student populations in the medical field. Future research should

explore the long-term impact of such courses on students' professional practices and patient outcomes.

Keywords: Professional English and Communication, Medical Education, Multicultural Healthcare Settings

I. Introduction:

Communication is a critical aspect of healthcare, influencing all areas of practice and playing a pivotal role in the prevention, diagnosis, treatment, and follow-up of health conditions. Effective communication between healthcare providers and patients can lead to improved patient satisfaction, better adherence to treatment plans, and ultimately, improved health outcomes. In contrast, poor communication can result in misunderstood health information, increased patient anxiety, and decreased compliance with treatment regimens.

Studies have demonstrated the vital role of communication in healthcare settings. For instance, Stewart et al. (2000) found that patient-centered care, which heavily emphasizes effective communication, significantly improves health outcomes. Similarly, Zolnieriek and Dimatteo (2009) conducted a meta-analysis and discovered a direct correlation between physician communication and patient adherence to treatment plans.

Moreover, communication issues have been implicated in a substantial number of medical malpractice claims. Greenberg et al. (2007) reported a significant number of surgical patients experienced injuries due to communication breakdowns.

Furthermore, effective communication is crucial for shared decision-making, a process where physicians and patients collaborate on healthcare decisions. Charles, Gafni, and Whelan (1997) argued that shared decision-making, a cornerstone of patient-centered care, is fundamentally a communicative process. Elwyn et al. (2012) expanded upon this idea, offering a model for shared decision-making in clinical practice that is heavily reliant on clear and effective communication.

Language barriers in healthcare can pose significant challenges, leading to compromised quality of care and patient safety. Patients who cannot communicate effectively with their healthcare providers are more likely to have misunderstandings about their diagnoses and treatment plans. This can lead to reduced adherence to medication regimens, decreased use of preventive services, increased risk of adverse events, and overall lower patient satisfaction.

Furthermore, language barriers can also influence the therapeutic relationship between patients and physicians, creating a sense of isolation and mistrust. It can prevent patients from fully participating in their care and

inhibit their ability to provide a complete medical history or to understand their diagnoses and treatment options.

Purpose of the Study

The aim of this study is to evaluate the effectiveness of "Professional English and Communication" courses in improving the communication skills of medical students, and consequently, enhancing their future relationships with patients of diverse linguistic and cultural backgrounds. Given the significance of effective communication in healthcare and the detrimental impact of language barriers, such courses are a potentially powerful tool in medical education.

They aim to equip medical students with the necessary skills to navigate linguistic barriers and understand the nuances of communication in a multicultural context. By analyzing their efficacy, we hope to contribute valuable insights to the current discourse on improving patient-physician relationships, enhancing patient care, and training future physicians for a multicultural healthcare environment.

In doing so, the study also seeks to provide actionable recommendations for further development and integration of such courses in medical education, with the goal of fostering a healthcare landscape that is sensitive to the diverse needs of patients from different cultural and linguistic backgrounds.

II. Background/Literature Review

Effective communication is the cornerstone of good healthcare, but the quality of communication in healthcare varies considerably. Many factors influence this, including time constraints, increasing reliance on technology, and the nature of the patient-doctor relationship itself. Physicians often struggle to balance their responsibility to provide information while also offering empathy and support (Epstein & Street, 2007). Moreover, some studies suggest that the doctor-patient relationship is increasingly shifting from a paternalistic model to a more collaborative one, but this is still not universal and depends on many factors (Emanuel & Emanuel, 1992).

Language and cultural barriers can significantly impact healthcare outcomes. For instance, patients with limited English proficiency (LEP) often report lower satisfaction, receive less preventive care, have worse chronic disease control, and are at a higher risk of experiencing medical errors (Karliner, Jacobs, Chen, & Mutha, 2007).

Culture, which influences patients' health beliefs, medical decision-making processes, and their understanding and interpretation of medical information, can also significantly impact the effectiveness of healthcare communication (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003).

For example, cultural differences may impact patients' willingness to disclose personal information, seek care, adhere to treatment recommendations, or participate in shared decision-making.

Communication skills training is a fundamental part of medical education. It usually involves teaching students how to effectively gather information from patients, provide medical information, make shared decisions, and build therapeutic relationships (Makoul, 2001).

Despite the importance of communication skills, the effectiveness of current training methods is mixed. Some studies suggest that communication skills training improves medical students' knowledge and communication skills in the short term, but the long-term retention of these skills is less clear (de Haes & Bensing, 2009). This might be due to a variety of factors, including the timing of the training, the use of pedagogical strategies that may not promote long-term skill retention or the lack of opportunities to practice and receive feedback on these skills.

III. Methodology:

This research employed a mixed-method approach to evaluate the effectiveness of the "Professional English and Communication" course offered remotely at East-West Teaching University in Tbilisi, Georgia. The course was integrated into the standard curriculum for a cohort of 11 freshman medical students from various cultural and professional backgrounds. The study utilized both quantitative surveys and qualitative feedback to gain a comprehensive understanding of the course's impact.

Participants

The sample group consisted of 11 freshman medical students hailing from diverse cultural backgrounds including the UK, Africa, Ireland, India, Australia, Saudi Arabia, and Lebanon. Some of the students had prior medical experience or were working as nurses, while others had no or solid backgrounds in other fields, such as psychology.

Course Structure

The course ran for 13 weeks, with four practical hours per week. A key feature of the course was its use of role-plays and discussions to facilitate experiential learning. Students were provided with structured role-play scenarios and guidelines to help them navigate various medical communication situations, such as giving a consultation, explaining a case to a patient's relative, collaborating with colleagues to review a patient's case, referring a patient to specialists, discussing end-of-life health care with patients and/or their relatives, breaking bad news to patients and/or their relatives, different context handovers for healthcare professionals, etc.

Data Collection

1. **Survey:** Following the course, students completed a survey with ten questions that assessed their perception of the course's effectiveness, the quality of its content, the level of engagement, and the clarity and fairness of assignments and assessments. It also solicited their comfort level in participating in class discussions and activities, and their perception of the instructor's flexibility in adjusting the course to meet their needs.
2. **Qualitative Feedback:** Students were asked to comment on what they liked most about the course, suggest potential improvements, and provide any additional comments or suggestions for future course iterations.

Data Analysis

Quantitative data were analyzed by calculating the percentage of responses for each answer choice in the survey questions. Qualitative responses were analyzed thematically to identify common trends, experiences, and suggestions for course improvement.

This mixed-method approach allowed for a detailed evaluation of the course's effectiveness, providing valuable insights into students' experiences and perceived improvements in their professional English and communication skills. This feedback can inform future course iterations to ensure continued success and improvement.

IV. Results:

The key findings of this study, derived from the collected survey data and qualitative feedback from the participants, highlight the overall effectiveness of the "Professional English and Communication" course. These findings cover students' perceptions of the course content, their engagement levels, and the challenges they encountered during the course.

Our statistical analysis of the survey data, which includes the percentages of responses for each question, elucidates the students' perspectives on the effectiveness of the course, the quality of its content, their engagement, and their comfort level in participating in class discussions and activities.

After the initial survey, guidelines were introduced to aid students in navigating various medical communication scenarios during role-plays (See the appendix). These additional guidelines and structure significantly bolstered students' confidence, particularly those who initially found the course challenging. This marked improvement was echoed in the students' feedback and subsequent evaluations.

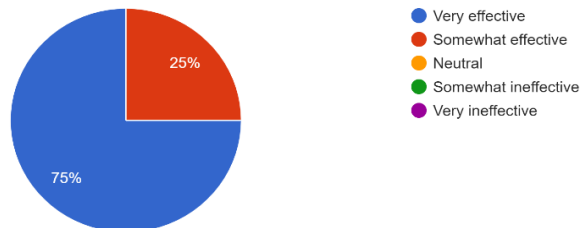
In specific examples drawn from the qualitative feedback, students underscored the positive impact of their enhanced communication skills. These examples underscore how the course enabled students to overcome challenges, foster confidence, and effectively communicate in diverse medical scenarios.

Findings:

1. The majority of students (75%) rated the "Physician English and Communication" course as "Very effective" in improving their professional English and communication skills (See Pie Chart 1). The remaining 25% found it "Somewhat effective," indicating an overall positive perception of the course's impact.
2. Regarding the quality of the course content, 62.5% of students rated it as "Excellent," while 37.5% rated it as "Good." This suggests that the majority of students found the course material relevant and valuable (See Pie Chart 2).

Pie Chart 1.

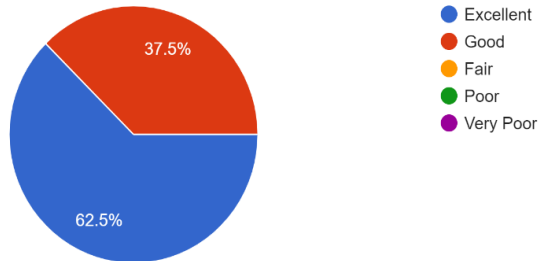
1. How would you rate the overall effectiveness of the course in improving your professional English and communication skills?
8 responses



3. Regarding the quality of the course content, 62.5% of students rated it as "Excellent," while 37.5% rated it as "Good." This suggests that the majority of students found the course material relevant and valuable (See Pie Chart 2).
4. The engagement level in the course was high (See Bar Graph 1), with 75% of students finding the activities and discussions "Very engaging," while the remaining 25% found them "Engaging." This indicates that the interactive nature of the course was well-received.
5. The majority of the students (75%) reported feeling challenged "Very often" or "Somewhat often" during the course (See Pie Chart 3), suggesting that the course effectively pushed students out of their comfort zones and stimulated their learning.

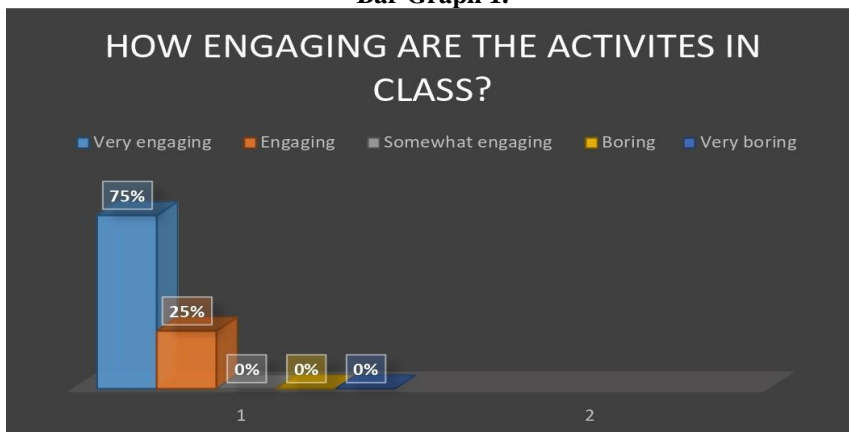
Pie Chart 2.

2. How would you rate the quality of the course content?
8 responses



6. In terms of comfort level in participating in class discussions and activities, 62.5% of students felt "Very comfortable," 25% felt "Somewhat comfortable," and 12.5% felt "Somewhat uncomfortable." This data (See Bar graph 2) indicates that most students were at ease in participating, while a minority may have faced some barriers to engagement.

Bar Graph 1.



Discussion:

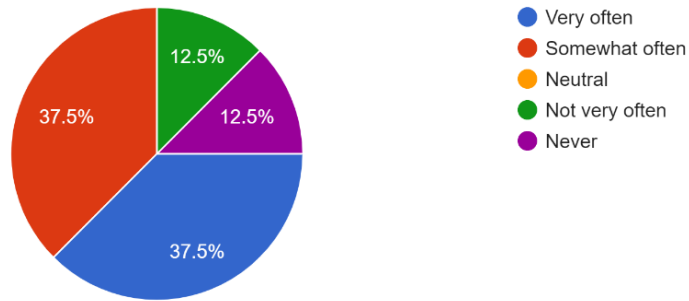
The findings suggest that the "Professional English and Communication" course had a positive impact on students' professional English and communication skills. The course was well-received by the majority of students, with high ratings for its effectiveness and engagement. Notably, the introduction of structured guidelines for role-plays and discussions appeared to significantly improve students' confidence and ability to participate, especially for those who initially found these activities

challenging. The case examples demonstrate the practical benefits of improved communication skills in real medical scenarios.

Pie Chart 3.

4. How often did/or do you feel challenged in the course?

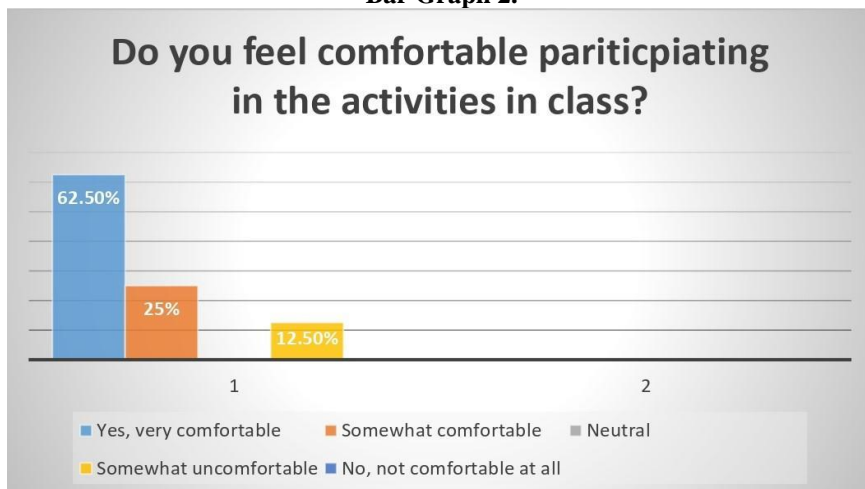
8 responses



V. Future Research

The results of this study lay a promising foundation for further investigation into the effectiveness of professional English and communication skills training for medical students. Several areas have been identified for potential future research:

Bar Graph 2.



Follow-up surveys or interviews could be conducted to assess the long-term retention of communication skills imparted during the course. This could assist in evaluating how students apply the skills they have learned in

their subsequent medical practice and determine whether additional support or training is necessary for reinforcing these skills over time.

Some students voiced discomfort while participating in class discussions. Future research could delve into this issue more thoroughly to understand the barriers to participation and devise strategies to overcome them. This might lead to interventions aimed at creating a more inclusive and accessible learning environment for all students.

Considering the multicultural nature of the cohort, future studies could examine the impact of students' cultural backgrounds on their experiences and perceptions of the course. This could offer valuable insights into how the course can be tailored to meet the needs of diverse student populations and foster cross-cultural communication in healthcare settings.

In conclusion, continued research in these areas will contribute to a more comprehensive understanding of how to effectively impart professional English and communication skills to medical students. Furthermore, it will ensure that the course continues to evolve and improve in response to students' needs and feedback.

Conclusion

This study underscores the vital role of targeted communication skills training in medical education, particularly in fostering competence in English language and cross-cultural communication. The implementation and evaluation of the "Professional English and Communication" course at the East-West Teaching University revealed significant positive impacts on the student's professional English and communication skills, an increased level of engagement, and bolstered confidence, particularly after the integration of structured guidelines for role-plays.

These findings serve as a testament to the power of active, scenario-based learning strategies in honing critical communication skills for multicultural healthcare environments. Moreover, the study has highlighted the unique challenges and opportunities present in a multicultural cohort of students, showcasing the need for inclusive, flexible, and tailored approaches in teaching communication in healthcare.

The student feedback received throughout the study provides a valuable compass for refining future iterations of the course. Continued responsiveness to student needs, as well as adaptability to meet these needs, are critical for the course's ongoing success and evolution.

Future research endeavors, such as longitudinal follow-up surveys and a deeper exploration of the factors influencing student engagement and comfort, are instrumental in the continued development and improvement of such courses.

In conclusion, equipping future healthcare professionals with effective communication skills through targeted courses like "Professional English and Communication" stands as a significant strategy to improve physician-patient relationships and healthcare outcomes in our increasingly multicultural society. The progress and findings of this study are a step forward in this crucial academic and professional mission.

Human Studies :

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Funding Statement: The authors did not obtain any funding for this research.

Data Availability: All the data are included in the content of the paper.

Conflict of Interest: The authors reported no conflict of interest.

References:

1. Stewart, M., Brown, J. B., Donner, A., McWhinney, I. R., Oates, J., Weston, W. W., & Jordan, J. (2000). The impact of patient-centered care on outcomes. *Journal of Family Practice*, 49(9), 796-804. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/11032203/>
2. Zolnierok, K. B. H., & Dimatteo, M. R. (2009). Physician communication and patient adherence to treatment: a meta-analysis. *Medical care*, 47(8), 826-834. DOI: 10.1097/MLR.0b013e31819a5acc
3. Greenberg, C. C., Regenbogen, S. E., Studdert, D. M., Lipsitz, S. R., Rogers, S. O., Zinner, M. J., & Gawande, A. A. (2007). Patterns of communication breakdowns resulting in injury to surgical patients. *Journal of the American College of Surgeons*, 204(4), 533-540. DOI: 10.1016/j.jamcollsurg.2007.01.010
4. Charles, C., Gafni, A., & Whelan, T. (1997). Shared decision-making in the medical encounter: What does it mean? (or it takes at least two to tango). *Social science & medicine*, 44(5), 681-692. DOI: 10.1016/s0277-9536(96)00221-3
5. Elwyn, G., Frosch, D., Thomson, R., Joseph-Williams, N., Lloyd, A., Kinnersley, P., ... & Barry, M. (2012). Shared decision making: a model for clinical practice. *Journal of general internal medicine*, 27(10), 1361-1367. DOI: 10.1007/s11606-012-2077-6

6. Epstein, R. M., & Street, R. L. (2007). Patient-centered communication in cancer care: Promoting healing and reducing suffering. National Cancer Institute, NIH Publication No. 07-6225. Retrieved from https://cancercontrol.cancer.gov/sites/default/files/2020-06/pcc_monograph.pdf
7. Emanuel, E. J., & Emanuel, L. L. (1992). Four models of the physician-patient relationship. *Jama*, 267(16), 2221-2226. DOI:10.1001/jama.1992.03480160079038
8. Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health services research*, 42(2), 727-754. doi: 10.1111/j.1475-6773.2006.00629.x
9. Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O. (2003). Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public health reports*, 118(4), 293-302. doi: 10.1016/S0033-3549(04)50253-4
10. Makoul, G. (2001). The SEGUE Framework for teaching and assessing communication skills. *Patient education and counseling*, 45(1), 23-34. DOI: 10.1016/s0738-3991(01)00136-7
11. de Haes, H., & Bensing, J. (2009). Endpoints in medical communication research, proposing a framework of functions and outcomes. *Patient education and counseling*, 74(3), 287-294. DOI: 10.1016/j.pec.2008.12.006

Appendix:

A sample of scenario-based guidelines and case studies to practice from the course “Professional English and Communication I” implemented at East-West University, Tbilisi, Georgia¹.

Scenario III

Cooperation with colleagues to review a patient's case
(Ongoing interdisciplinary team meetings to review a treatment plan):

Preparation Strategies:

1. Inform all team members about the purpose of the meeting and its agenda.
2. Assign a facilitator or chairperson to lead the meeting and keep the discussion on track **if needed**.
3. Consider inviting any specialists or experts who may have additional insight or expertise related to the patient's case.

Guideline:

1. Collect all relevant medical records, imaging, and laboratory results for the patient.
2. Schedule a meeting with the colleagues involved in the patient's care, including other physicians, nurses, and support staff.
3. Begin the meeting by introducing all participants and their respective roles in the patient's care.
4. Present a brief overview of the patient's case, including their medical history, current symptoms, and relevant test results.
5. Encourage colleagues to ask questions or provide additional information that may be pertinent to the case.
6. Collaborate with colleagues to develop a comprehensive treatment plan for the patient, considering all available treatment options, such as determining a timeline for implementing the treatment plan, including any necessary follow-up appointments or procedures; considering the patient's insurance coverage and financial situation when developing the treatment plan; consulting with outside specialists or experts for additional input or advice, etc.
7. Document all decisions and action items agreed upon during the meeting, and provide copies to all team members.
8. Schedule a follow-up meeting to review the patient's progress and make any necessary adjustments to the treatment plan.
9. Maintain open communication with all colleagues involved in the patient's care, updating them on any changes to the treatment plan or the patient's condition.

Cases to Practice:

Instruction:

1. Read the case study carefully and identify the key clinical findings and relevant medical history.
2. Identify the potential complications and management options for the patient.
3. Research and discuss the relevant treatment guidelines and evidence-based practices.
4. Collaborate with other healthcare professionals to review the patient's case and develop a comprehensive management plan.

¹ The illustrated scenario and cases to practice were compiled by the author for use in the 'Professional English and Communication I' course at East-West University, Tbilisi, Georgia, 2023.

5. Present the management plan to the patient and their family, explaining the rationale and potential benefits and risks of each option.

Case 1: A 65-year-old man presents to the emergency department with chest pain and shortness of breath. He has a history of hypertension and hyperlipidemia. The emergency physician suspects a heart attack and orders an ECG and cardiac enzymes. The cardiologist on call is contacted and asked to review the patient's case and provide recommendations for further management.

Data for Case 1:

1. **Key clinical findings and relevant medical history:** The patient is a 65-year-old male presenting with chest pain and shortness of breath, with a medical history of hypertension and hyperlipidemia. The emergency physician suspects a heart attack and orders an ECG and cardiac enzymes. The cardiologist is contacted to provide recommendations for further management.
2. **Potential complications and management options:** Potential complications of a heart attack include arrhythmias, heart failure, and cardiogenic shock. Management options include medications such as aspirin, nitroglycerin, and antiplatelet agents, as well as invasive procedures such as percutaneous coronary intervention (PCI) or coronary artery bypass grafting (CABG).
3. **Relevant treatment guidelines and evidence-based practices:** The American Heart Association (AHA) and American College of Cardiology (ACC) have published guidelines for the management of ST-elevation myocardial infarction (STEMI), which include prompt reperfusion therapy with PCI or fibrinolytic therapy. These guidelines also recommend aggressive secondary prevention measures, including medications such as beta-blockers, ACE inhibitors, and statins.
4. **Collaboration with other healthcare professionals:** The patient's case should be discussed with the cardiologist, interventional radiologist, and/or cardiac surgeon as appropriate to determine the best course of action. The nursing staff should also be involved in the management plan and educated on the patient's condition and treatment plan.
5. **Presentation of the management plan:** The management plan should be presented to the patient and their family in a clear and concise manner, explaining the rationale and potential benefits and risks of each option. The patient should be encouraged to ask questions and participate in the decision-making process, with the ultimate goal of optimizing the patient's outcomes and quality of life.

Case 2: A 45-year-old woman presents to the primary care physician's office with complaints of fatigue, weight gain, and hair loss. The physician suspects hypothyroidism and orders thyroid function tests. The results come back indicating low thyroid hormone levels. The physician consults with an endocrinologist to review the patient's case and provide recommendations for further management.

Data for Case 2:

1. **The key clinical findings** in this case are fatigue, weight gain, and hair loss, which are consistent with the symptoms of hypothyroidism. The patient's medical history, including any medications or supplements she is taking, should also be reviewed.

2. **Potential complications** of untreated hypothyroidism include heart disease, nerve damage, and infertility. Management options for the patient may include thyroid hormone replacement therapy, lifestyle modifications such as a healthy diet and exercise, and regular monitoring of thyroid function.
3. **Relevant treatment guidelines** and evidence-based practices for hypothyroidism should be researched and discussed, including recommended dosage and monitoring of thyroid hormone replacement therapy. The risks and benefits of different treatment options should also be considered.
4. **Collaboration with other healthcare professionals**, such as an endocrinologist or a nutritionist, may be necessary to develop a comprehensive management plan that addresses the patient's individual needs and concerns.
5. **The management plan** should be presented to the patient and her family in a clear and understandable manner, explaining the rationale for each option and the potential benefits and risks. The patient should also be informed of the importance of regular follow-up and monitoring