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Communication Skills Training in English Alone Can Leave Arab Medical Students Unconfident with Patient Communication in their Native Language

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ABSTRACT

Introduction: Communications skills curricula and pedagogy for medical students are often exported to non-English speaking settings. It is assumed that after learning communication skills in English, doctors will be able to communicate effectively with patients in their own language.

Methods: We distributed a questionnaire to third year Emirati students at a medical school within the United Arab Emirates. We assessed their confidence in interviewing patients in Arabic after communication skills training in English. Of the 49 students in the sample, 36 subjects (73.5%) completed and returned the questionnaire.

Results: Nearly three-quarters (72.2%) of students said they felt confident in taking a history in English, while 27.8% of students expressed confidence in taking a history in Arabic. Half of students anticipated that after their training they would be communicating with their patients primarily in Arabic, and only 8.3% anticipated they would be communicating in English.



Conclusions: Communication skills training purely in English can leave Arab medical students ill equipped to communicate with patients in their own communities and tongue.

Keywords: Communication skills, language, Arabic, international, culture, medical education

Introduction

Over the last few decades increasing emphasis has been placed on communication skills in undergraduate medical training¹. Medical schools in the developing world aspiring to meet international standards are also giving more attention to communication skills training. The models for teaching and assessing communication skills, developed in Western, English speaking settings, are considered easily transferable to the non-English context within the developing world². However, there is limited research on whether such curricula and methodologies do transfer well into countries where other languages are spoken.

For many non-English speaking countries, the default language of instruction for communication skills is English, for a variety of reasons³. Textbooks and videos on communication skills are predominantly in English. Countries also feel the need to produce graduates able to function in the English speaking clinical environment abroad so they can later bring specialist expertise back to their own countries⁴. Institutions also need for their trainees to meet international standards in their knowledge and skills, and the language of assessment by external bodies will usually be English.

For many such countries, however, upon completing their training physicians will then go on to communicate with patients in a language other than English. The effect of communication skills training in English followed by clinical practice with patients in another language has not been studied in depth. One study of Arab students who were taught communication skills in English concluded that such training does enable students to communicate effectively with patients in their mother tongue⁵, while a survey of students in another school in the United Arab Emirates carried out by one of the authors (Deen M Mirza) suggests the opposite⁶.

This paper describes the findings of a questionnaire-based survey carried out with third year medical students in one school in the United Arab Emirates (UAE). We looked at medical students' confidence in taking medical histories in Arabic after having been taught communication skills in English.

Methods

The Faculty of Medicine and Health Sciences, UAE University has a curriculum based on a British medical school model. A 2009 cohort was sampled for study, three years into the six-year course after having completed a year of clinical skills training within a skills lab setting. This training included numerous sessions of communication skills training and history taking exclusively in English. These students had not yet had clinical experience in either a hospital or an outpatient setting. The design of the questionnaire was based on our knowledge of the course content and of the clinical setting students would be entering the following year (Table 1). Ethical approval was obtained from the UAE University scientific research ethics committee.



Table 1: Questions asked in communication skills questionnaire

Question
Are you a native Arabic speaker?
Are you fluent in English?
Will most of the patients that you will see in the future speak Arabic with you?
Will most of the patients that you will see in the future speak English with you?
Are you confident now in taking a medical history in English ?
Are you confident now in taking a medical history in Arabic ?
Are you satisfied with the simulated patients that you practiced your communication skills with?
Have you had any practice in history taking/ communication skills in Arabic in this module?
Have you practiced history taking / communication skills in Arabic elsewhere?
Do you feel prepared for communicating with patients in the hospitals next year?
Should communication skills teaching be given mainly in English?
Should communication skills teaching be given mainly in Arabic?

Results

All students in the sample were Emirati and native Arabic speakers. Of the 49 students in the sample, 36 subjects (73.5%) completed and returned the questionnaire, specifically 24 of 33 females and 12 of 16 males. The non-respondents were either absent that day or were present but elected not to participate. Nothing further is known about the demographics of non-respondents because questionnaires were returned anonymously.

Table 2: Responses to the communication skills questionnaire

Question	Yes		Unsure		No	
	Number	%	Number	%	Number	%
Are you fluent in English?	15	41.7%	18	50%	3	8.3%
Will most of the patients that you will see in the future speak Arabic with you?	18	50%	17	47.2%	1	2.8%
Will most of the patients that you will see in the future speak English with you?	3	8.3%	25	69.4%	8	22.2%
Are you confident now in taking a medical history in English?	26	72.2%	6	16.7%	4	11.1%
Are you confident now in taking a medical history in Arabic ?	10	27.8%	20	55.6%	6	16.7%
Are you satisfied with the simulated patients that you practiced your communication skills with?	26	72.2%	7	19.4%	3	8.3%
Have you had any practice in history taking / communication skills in Arabic in this module?	2	5.6%	0	0	34	94.4%
Have you practiced history taking / communication skills in Arabic elsewhere ?	7	19.4%	5	13.9%	24	66.7%
Do you feel prepared for communicating with patients in the hospitals next year?	16	44.4%	20	55.6%	0	
Should communication skills teaching be given mainly in English?	13	36.1%	7	19.4%	16	44.4%
Should communication skills teaching be given mainly in Arabic?	13	36.1%	13	36.1%	10	27.8%



Half of students anticipated that after their training they would be communicating with their patients primarily in Arabic, and only 8.3% anticipated they would be communicating in English. All students spoke Arabic, 15 students (41.7%) indicated that they were fluent in English and another 21 students (58.3%) indicated they were not fluent or uncertain of their fluency in English (Table 2).

Nearly three-quarters of respondents (72.2%) were confident in taking a medical history in English, and only 10 (27.8%) were not confident or uncertain of their confidence. Despite all students being native Arabic speakers, only 10 (27.8%) felt confident in medical history taking in Arabic. Of the 26 students who reported confidence in history taking in English, 17 (47.2%) reported uncertain confidence in history taking in Arabic (Figure 1).

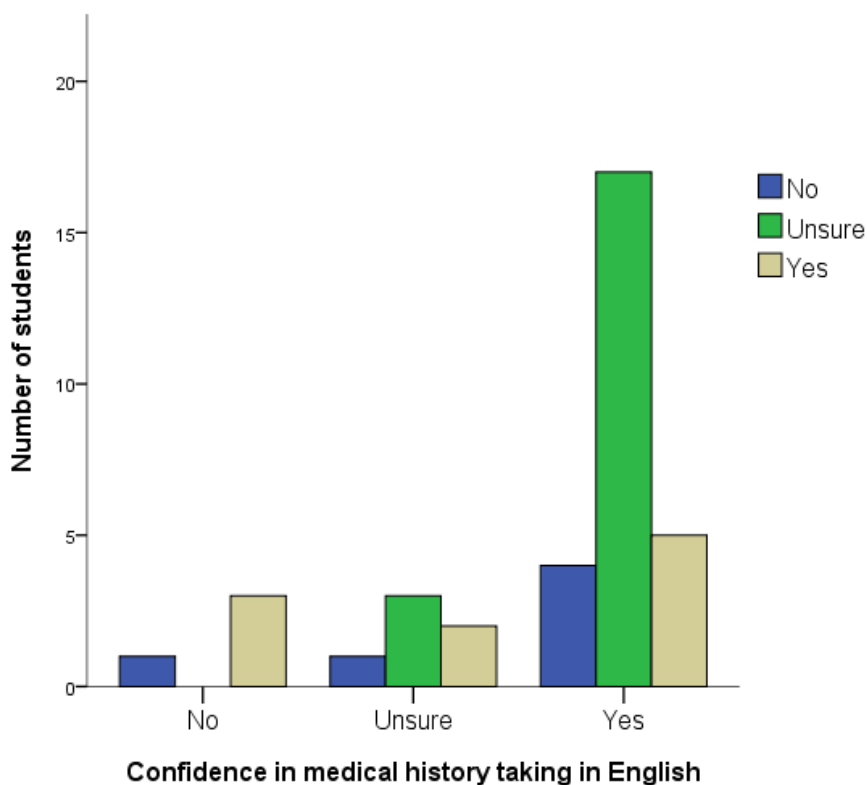


Figure 1: Comparison of confidence in history taking in English versus Arabic

Two students (5.6%) stated they had some experience in Arabic communication within the course, likely an impromptu practice with a particular bilingual tutor; it was not an intentional part of the course. Seven students (19.4%) reported practicing history taking in Arabic in some other context outside the course.

Finally, 13 students (36.1%) said they wanted the communication course mainly in English, while 13 (36.1%) wanted it mainly in Arabic. More students were certain they did not want communication taught only in Arabic. In the free text section of the questionnaire, several students wrote that they wanted to be taught communication skills in a mixture of English and Arabic.



Discussion

This study is limited by the small number of students sampled, which precludes statistical significance testing. Another limitation is relying solely on students' self-reported confidence data about communication, which may or may not translate into their actual communication performance.

After extensive communication skills training in English, three-quarters of students felt confident in taking a history in English, while only one-quarter expressed confidence in taking a history in Arabic. This suggests that it is not easy for Arab students to convert the communication skills learnt in English into their native language. This notion should be tested with communication skills based Objective Structured Clinical Examinations (OSCEs) in both Arabic and English after the communication skills course, when both patients and physician-faculty could assess students' performance in both languages.

This study's principal finding is similar to that reported for Malaysians studying medicine in Australia. When returning to Malaysia to practice, they experience difficulties communicating with patients in their mother tongue⁷. In India, where the language of instruction is English, it has also been noted that students are sometimes unable to communicate with patients in local languages⁸. In China medical schools have solved this problem by providing instruction in both English and Chinese, enabling students to function effectively locally⁹.

The issues encountered when exporting communication skills theory include matters of culture as well as language. In South Africa, for example, the cultural behaviour and beliefs of Zulu tribes has been found to profoundly change the dynamics of the consultation¹⁰. Translation theorists support the notion that both language and culture are fundamental to translation¹¹. It is important to recognize the possible limitations of adopting communication skills models that are based in Western culture¹².

The deficiencies from providing communication skills training in English to students who will be working with patients in Arabic were identified here before the clinical clerkship phase. The clinical skills training in the preclinical phase is designed to provide skills needed in the clinical phase without the added stress from needing to interact with real patients and simultaneously providing care¹³. If students leave the preclinical phase without exposure to key skills needed in the clinical context, i.e., communicating in patients' own language, then one of the main aims of such preclinical skills programmes is not being met. Additionally, if the setting of the preclinical phase skills teaching is markedly different from the real clinical setting, it becomes less clear how well students will perform in the clinical setting¹⁴.

In conclusion, this study has highlighted a possible gap in the communications skills training process within the UAE. Further research is needed to confirm these findings. If confirmed, this deficiency could be addressed by incorporating Arabic into the communication skills syllabus alongside English. Given similar findings in studies of several other countries, this issue will be relevant to a broad range of other non-English speaking countries that use Western style communication curricula.

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