

Doctor-Patient Communication Skills Training in Intimate Partner Violence in Mozambique

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Abstract

The available literature shows that Intimate Partner Violence (IPV) elements in medical curricula are not standardized and that medical doctors hardly receive effective or any training at all. This results in a lack of appropriate competencies to deal with IPV. We study to identify ways to improve curricula on IPV content to enhance prevention and medical care in Mozambique. The results of this study are a promising complement of the analysis of the competencies learned by the medical students in Mozambique with the current curriculum. The research thus provides justification for developing a competency-based interprofessional curriculum to improve communication skills in IPV in medical school's curriculum in Mozambique.

Introduction: Understanding the Problem and the Opportunity

Communicating effectively with patients requires complex skills to enable doctors to take accurate patient histories, consider the patient perspective, involve patients in the interview process, attend to their emotional wellbeing, and initiate a process of clinical reasoning (Manuel et al. 2019; Ishikawa et al. 2005; Berman and Chutkan 2016; Hulsman et al. 1999; García De Leonardo et al. 2016; Loureiro et al. 2017). Mastery of communication competency is critical for medical students to assist patients. The medical doctor has different beliefs, values, and practices about medicine and health care that can be different from what any patient may believe, value, or practice related to their own illness (Manuel et al. 2020). Medical schools are starting to recognize the importance of these competencies in their curriculum.

Despite the recognition of the need for better doctor-patient communication skills, problems related to the teaching-learning process on communication skills contribute to misdiagnosis, lack of adherence to therapy, low patient and health professional satisfaction, medico-legal problems, and less effectiveness and increase of costs for health systems (Loureiro, Cavaco, and Ferreira 2015; Franco et al. 2016; Kurtz, Silverman, and Draper 2005; Heaven, Clegg, and Maguire 2006). In Latin America, Portugal, and Spain (LAPS), few medical schools have formally incorporated communication skills into their curricula, and there is considerable variation not just in the types of competencies required, but also in terms of when, where and how communication skills should be taught (García De Leonardo et al. 2016). In general, little information is known about medical students' comprehensive mastery of Intimate Partner Violence (IPV) curriculum contents and how IPV should be taught to acquire better physician-patient communication skills in Mozambique. A SWOT analysis conducted by Loureiro and

colleagues on teaching and assessment of clinical communication skills in Portuguese, Angolan, and Mozambican Medical Education (Loureiro et al. 2017), found that students from Angola and Mozambique emphasize the importance of developing communication skills throughout the course, particularly for promoting behavior change in patients and the community in general in areas of considerable health concern in these countries. They added that at the moment that they conducted the analysis, in the three institutions that offer a formal communication skills curriculum, there are differences in the teaching and assessment and that there is no formal framework on medical education (Loureiro et al. 2017). The analysis also revealed a discrepancy between program content, difficulty distinguishing skills from themes, as well as the need of establishing essential communication components, how they “are integrated to achieve communication goals,” and describing strategies, skills, and process tasks. They found a similar pattern in terms of when these skills are taught, as it appears to be dealt with in the basic cycle years (Loureiro et al. 2017).

In general, little information is known about medical students’ comprehensive mastery of communication skills in IPV curriculum contents and how IPV should be taught to acquire better physician-patient communication skills. At the time when this project was designed, no formal communication skills training related to IPV exists in the Mozambique setting. In a recent PhD research (Manuel, 2020), we conducted studies to identify ways to improve curricula on IPV content to enhance prevention and medical care in Mozambique. The research was conducted adopting mixed methods approaches and consisted of four sub-studies. The research setting builds on five medical schools in Mozambique. The first study tackles a scoping review of the literature published between 1998 and 2018 and helped to synthesize the literature and associated research gaps about key concepts of IPV response training programs as they have been integrated into medical undergraduate and graduate curricula. The second study was built on a survey administered to third and sixth-year medical students (N387), enrolled in five medical schools in Mozambique. The instrument focused on mapping students' perceived mastery of their knowledge, skills, and attitudes related to IPV. A WHO model guided the related IPV competence framework. In the third study, we screened the extent that curricula of Mozambican medical schools focused on IPV and helped to develop related competencies. The final study adopted a mixed-methods approach. In total, 34 of all fourth-year medical students (59%) from one medical school in Mozambique were involved in a quasi-experimental pre-test/post-test design to study the impact of an innovative intervention to develop critical IPV knowledge, skills, and attitudes, underlying a patient communication script. The quantitative study was complemented with a qualitative analysis of student perceptions.

FINDINGS

1. The knowledge, skill, and attitude components of IPV competencies for medical trainees were hardly considered in the studies in the literature. Inspiring examples of teaching and learning approaches were outlined.
2. The overall mean perceived mastery of IPV competence components of 387 medical students (response ratio of 66%) was 37%.

3. Few medical schools in Mozambique could be identified as addressing IPV in their curriculum.
4. Students reported that a simulation module on doctor-patient communication skills substantially helped gain the required skills and attitudes to deal with IPV victims.

Intended Outcomes

As a recommendation for the studies mentioned above, we intend to develop an innovative communications skills training taking into account the following: (a) foster the adoption of clinical simulations related to IPV, support the use of information technology to instigate medical training on IPV, introduce online approaches such as asynchronous group work and setting up flipped classroom designs; (b) train medical staff to guarantee their mastery of doctor-patient communication skills on IPV, involve medical staff in the development of the training program, develop half-day or two-day workshops to foster interaction with staff from other medical institutions. We also aim to:

1. Develop guidelines for communication skills and IPV curriculum contents in medical schools in Mozambique.
2. Increase awareness of doctors on own biases on dealing with victims of IPV using innovative training and workshops.
3. Influence policy changes and decision making on with victims of IPV using evidence summaries, policy briefs and workshops.
4. Increase reporting of IPV victims to reduce the number of deaths by IPV, decrease the number of wrongly reported cases and decrease the number of losses of follow-up of cases using patient-centeredness doctor-patient communication.

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