

## SHORT COMMUNICATION

## HOW TO TEACH 'LISTENING FOR LEARNING' IN A CLINICAL CONTEXT?

Syed Muhammad Junaid<sup>1</sup>, Usman Mahboob<sup>2</sup>, Natasha Nadeem<sup>1</sup>, Nayab Iqbal<sup>1</sup>, Ali Maqbool Khuwaja<sup>3</sup>, Madeeha Bangash<sup>1</sup>

<sup>1</sup>Rehman College of Dentistry Peshawar, <sup>2</sup>Khyber Medical University, Peshawar, <sup>3</sup>Bitahi Medical and Dental College, Mirpurkhas-Pakistan

Active listening skills are an important factor in communication skill set. And for budding doctors they need to be incorporated in the undergraduate medical programs. Studies have shown that patients, prefer the doctors who can listen to them instead of just looking at their signs and symptoms. Listening is related to empathy when strictly talking from patient's perspective. Having better listening skills can also lead to less prescription errors and help the doctor to identify some missing points from the history that can help in the diagnosis. Listening skills can be taught in different ways. Role plays are a safe way to teach them however, while teaching them in a clinical setting; we need to approach it in a different way like bedside teaching, Chairside Dental OPD etc.

**Keywords:** Empathy, Physicians, Students, Education, Dental, Communication

**Citation:** Junaid SM, Mahboob U, Nadeem N, Iqbal N, Khuwaja AM, Bangash M. How to teach 'listening for learning' in a clinical context? J Ayub Med Coll Abbottabad 2022;34(2):392-3.

**Q: What are listening skills?**

Listening skills are an important aspect in the learning behaviour.<sup>1</sup> If you could actively listen to something, you would be able to pick up small details as opposed to not paying attention or paying some attention. Listening skills have been constantly included in the communication skill set. When we say listening skills, People usually assume they already know the skill. Indeed, everyone with two ears and a working mind can listen. But when we talk about listening skills, we mean is to peel away the distractions and unnecessary information. The ability to only focus on the core information is called listening skills.<sup>2</sup>

Listening can be of 2 types Active and Passive. Active listening can be roughly defined as giving someone your undivided attention without interrupting them.<sup>3</sup> The motive being learning by listening to the speaker. On the other hand, passive learning can be substituted to multitasking or listening while working on something else.<sup>4</sup> The prime example would be to text while listening to someone. The type of listening we want our students to learn is active listening.

**Q: Why do we want to teach it to undergraduate students?**

Communication skills are an important aspect of medical field. If you do not know the problems of the patient, you cannot treat or diagnose them. The better your communication skills the more comfortable the patient will be in telling you, their problems. And in turn the patient develops a feeling of trust on you.<sup>2</sup>

Listening skills are regularly included in the communication skill set.<sup>5</sup> A skill that is very much neglected in the undergraduate program.<sup>6</sup> Indeed, we are producing a lot of skilled and knowledgeable doctors. But are they good listeners? Or do they give the patient ample time to explain their problems. It is said that the diagnosis is usually hidden in the history given by the patient. The doctor just needs to dig it out.<sup>7</sup> But sadly, in our undergraduate programs listening skills are not very much stressed upon.

The importance of listening skills cannot be emphasized much. If you are not actively listening to the chief complain or the history of the patient, there are chances that you will miss an important detail regarding the diagnosis of the patient. This has been clinically proven in a study paper by Roxana Delbene.<sup>8</sup> The information that was presented to the doctor in the record was different than the patient's information and it missed an important medical history record. This information was only picked up when the doctor listened to the patient.

Similarly, patients on the other hand feel very dissatisfied when the physician lacks communication skills and cannot give time to listen to the patient. This also leads to prescription errors.<sup>7</sup> Patients have also expressed the doctors who listened to them are more empathic than the doctors who lack this skill.<sup>9</sup>

**Q: How can we teach listening skills to undergraduate students?**

Teaching listening skills in a clinical setting can be a challenge. Over the years bedside teaching has been on the decline due to a number of factors.<sup>10</sup> But medical students still prefer it as a mode of teaching in a clinical setting.<sup>11</sup> Students enjoy bedside teaching because it is patient centered and it exposes them to first hand clinical experience of doctor patient communication and to clinical skills like examinations.<sup>12</sup>

We can teach listening skills in a clinical setting by generally two teaching strategies. First one and more common being bedside teaching. Second being, Dental chairside in the OPD's. In both the strategies the no of students should be kept around small and proper space available so that the patient and students don't feel cramped and learning can take place unaffected.<sup>13</sup>

In order to teach listening skill, we need to follow the triad of patient, doctor, and student. All three must be prepared and present in a clinical environment to proceed.<sup>14</sup> As communication skills lie in the psychomotor domain. We will be following the psychomotor steps to teach the listening skills to students. In both bedside and chairside teaching firstly a group of students will be asked to observe the teacher while he/she take a comprehensive history. Observe how the teacher listens to the little details of the patient. Second step would be to help them to assist the teacher in taking the history. Then they would be asked to repeat the procedure directly under supervision. And lastly, they would be required to take the history independently.<sup>15</sup>

Regarding teaching listening skills in Dental OPD's we can use the same model and ask the students to observe when the teacher is taking history and noting down important details while keeping the attention towards what the patient is speaking.

The students later on can follow the steps and after the session the teacher can get their feedback using the 'ask tell ask' feedback model. And analyze the results at the same time. This is followed by discussion. This method is most widespread and best investigated.<sup>16</sup>

## AUTHORS' CONTRIBUTION

SMJ: Literature search, write-up. UM: Developing the idea, drafting, editing the final draft. NN: Finalizing the references. NI, AMK, MB: Proof reading.

## REFERENCES

- GÖNÜLAL T. Improving Listening Skills with Extensive Listening Using Podcasts and Vodcasts. *Int J Contemp Educ Res* 2020;7(1):311–20.
- Robertson K. Active listening: more than just paying attention. *Aust Fam Physician* 2005;34(12):1053–5.
- The University of Adelaide. Active listening: Writing centre learning guide. 2014;1–4. [Internet]. [cited 2021 Jan 21]. Available from: [www.adelaide.edu.au/writingcentre/](http://www.adelaide.edu.au/writingcentre/)
- Jones SM. Supportive listening. *Int J List* 2011;25(1–2):85–103.
- Canpolat M, Kuzu S, Yildirim B, Canpolat S. Active Listening Strategies of Academically Successful University Students. *Eurasian J Educ Res* 2015;15(60):163–80.
- McFarland K, Rhoades D, Roberts E, Eleazer P. Teaching communication and listening skills to medical students using life review with older adults. *Gerontol Geriatr Educ* 2006;27(1):81–94.
- Biglu M, Nateqv F, Ghोजazadeh M, Asgharzadeh A. Communication Skills of Physicians and Patients' Satisfaction. *Mater Sociomed* 2017;29(3):192–5.
- Delbene R. Listening to "How the Patient Presents Herself": A Case Study of a Doctor–Patient Interaction in an Emergency Room. *J Educ Train Stud* 2015;3(2):1–8.
- Pollak KI, Alexander SC, Tulskey JA, Lyna P, Coffman CJ, Dolor RJ, *et al.* Physician Empathy and Listening: Associations with Patient Satisfaction and Autonomy. *J Am Board Fam Med* 2011;24(6):665–72.
- Ramani S. Twelve tips to improve bedside teaching. *Med Teach* 2003;25(2):112–5.
- Shah H. Perceptions of Medical Students about Various Teaching and Learning Method. *J Islam Med Dent Coll* 2016;2016(5):198–200.
- Qureshi Z, Maxwell S. Has bedside teaching had its day? *Adv Heal Sci Educ* 2012;17(2):301–4.
- Sarwar S, Aleem A, Nadeem MA. Bed side teaching: Student's perception and its correlation with academic performance. *Pak J Med Sci* 2020;36(6):1–6.
- Garout M, Nuqali A, Alhazmi A, Almoallim H. Bedside teaching: An underutilized tool in medical education. *Int J Med Educ* 2016;7:261–2.
- Khoo EJ, Chua SH, Kutzsche S. Applying educational theories into planning a psychomotor learning activity: an undergraduate neonatal resuscitation programme experience. *Arch Argent Pediatr* 2019;117(2):e181–7.
- Keifenheim KE, Teufel M, Ip J, Speiser N, Leehr EJ, Zipfel S, *et al.* Teaching history taking to medical students: A systematic review. *BMC Med Educ* 2015;15(1):159.

Submitted: March 1, 2021

Revised: May 17, 2021

Accepted: June 8, 2021

### Address for Correspondence:

Syed Muhammad Junaid, Rehman College of Dentistry, Peshawar-Pakistan

Email: [syedmuhammadjunaid@gmail.com](mailto:syedmuhammadjunaid@gmail.com)