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The ability to express oneself

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The medical degree programme places too little emphasis on strengthening the students' ability to express themselves.

Photo: Sturlason

Language is closely associated with thinking and cognitive processes. We need words to understand and communicate our perception of reality. Doctors in all specialties use speech and writing to communicate with each other, with their patients and with society. Doctors' ability to understand and make themselves understood is therefore as important as knowledge and practical skills. Communication and language are core to the work of all doctors, including clinicians. Clear, comprehensible and sufficiently precise language is not easy to achieve, however. It requires experience, skills and attitudes (1).

Good communication is always a two-way process. The form and content must be adapted to the situation and the recipient, and adjusted when needed. This applies especially to clinicians in their communication with patients. We know that communication failure between doctor and patient is a frequent cause of complaints in the healthcare services (2). Precise information in a referral is crucial for the ability to make correct assessments and priorities in the specialist health services (3), and poor language can render medical certificates less authoritative (4). Sloppy referrals and incomprehensible discharge summaries can result in poorer patient treatment and a less efficient health service.

Medical terminology is at the core of all medical education and training. The students must learn a lot of new words and terms, and learn to observe, take notes, assess and communicate. The medical degree programme must therefore include learning activities that help develop the students' ability to express themselves orally and in writing. The time available for such learning activities during medical studies is limited, however. This makes it even more important to make the best use of every opportunity for feedback from the teacher to the student. Unfortunately, the dearth of feedback from the teachers on the writing of patient records and oral presentations of clinical findings from patient examinations is a recurrent feature of the students' evaluations of the degree programme. Some students complete their studies with only minimal feedback on their oral and written presentations.

> ***«Doctors' ability to understand and make themselves understood is as important as knowledge and practical skills»***

Medical terminology is as important for doctors as legal terminology is for lawyers. Both of these can be difficult to understand for a lot of people. The Faculty of Law at the University of Oslo has implemented a number of initiatives to provide law students with more writing practice (5). Our medical faculties can draw inspiration from this as well as ideas to improve their own teaching.

The study behaviour and priorities of students are affected by many factors, including exams. In the medical degree programme, exams are increasingly in digital form with multiple choice questions (MCQ). These are questions that the students answer by ticking 'the single best answer' out of 3–4 predefined response alternatives (6). Some students will be able to identify the correct alternative by recognising key words in the answer (7), and many students learn methods to eliminate wrong response alternatives (8). The ability to answer unaided and using their own words, as doctors need to do in most situations in medical practice, is not tested. Worse still, students may pick up a dangerous habit in clinical practice: they do away with logical reasoning and reflection, which takes time, and instead make a guess when they do not know what should be

done. The ability to describe clinical findings, for example a hernia, a rash or an x-ray image, and to pursue a sensible line of reasoning is more important than the ability to tick a box on a form.

Today's medical students have excellent grades from upper secondary school or have spent years improving their grades in particular subjects (9). The students are therefore highly motivated and qualified to embark on a demanding course of study. However, the student body is not as homogenous as many appear to believe. The students' abilities and potential vary considerably, and their ability to express themselves is not always as good as might be expected. This applies equally to students from an immigrant or non-immigrant background. A top grade in Norwegian language from upper secondary school is no guarantee that the student will write well. Programme descriptions, teaching and types of exams in the medical degree programme must therefore be able to foster, promote and develop the students' ability to express themselves.

LITERATURE

1. Tønnesson JL. Ti teser om klart språk. Michael 2021; 18 (Suppl 26): 212–21.

2. Thorsen O, Hartveit M, Baerheim A. The consultants' role in the referring process with general practitioners: partners or adjudicators? a qualitative study. BMC Fam Pract 2013; 14: 153. [PubMed][CrossRef]

3. Aarseth G, Lie AH, Natvig B. Hvordan står det til med legeerklæringene? Tidsskr Nor Legeforen 2012; 132: 2148–9. [PubMed][CrossRef]

4. Gallagher TH, Mazor KM. Taking complaints seriously: using the patient safety lens. BMJ Qual Saf 2015; 24: 352–5. [PubMed][CrossRef]

5. Nordrum JCF. Arbeidet med juridisk klarspråk. Michael 2021; 18 (Suppl 26): 201–11.

6. Gjersvik P. Exam theory for dummies. Tidsskr Nor Legeforen 2020; 140. doi: 10.4045/tidsskr.20.0142. [PubMed][CrossRef]

7. Sam AH, Westacott R, Gurnell M et al. Comparing single-best-answer and very-short-answer questions for the assessment of applied medical knowledge in 20 UK medical schools: Cross-sectional study. BMJ Open 2019; 9: e032550. [PubMed][CrossRef]

8. Wessel J. Exam experts with weak knowledge. Tidsskr Nor Legeforen 2021; 141. doi: 10.4045/tidsskr.20.0946. [PubMed][CrossRef]

9. Studieplasser i medisin i Norge. Behov, modeller og muligheter. Oslo: Kunnskapsdepartementet, 2019. https://www.regjeringen.no/contentassets/9b5b81d102384507b85150f2e0f1b089/11745900_rapport_utredning_fra_grimstadutvalget.pdf Accessed 4.10.2021

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