



## **TECHNOLOGIES OF PROFESSIONAL COMMUNICATION IN PEDIATRICS**

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**Abstract :** The foundations of successful professional interaction between a doctor and a patient are inextricably linked with his communicative competence, which is built on the acquired knowledge of communication and interaction with patients or their relatives. Developing communication skills among medical students is one of the key needs of medical education. From these positions, the formation of communication skills should be built continuously and consistently from basic mastery of the basics of communication processes in junior years to mastering the skills of communicating with patients, taking into account the chosen specialty in senior years.

**Keywords:** communication skills, verbal, non-verbal communication, professional training, optional lectures, master classes, communication skills, children, parents.

### **INTRODUCTION**

**The purpose of the study** is to analyze the practical application of communication skills in relationships between patients and their parents of FMIOPH students on the basis of the information consulting service (ICS) of the Fergana regional branch of the Republican Center for Social Adaptation of Children. Improving communication skills that confirm the need for professional, high-quality communication between a pediatrician and pediatric patients and their parents. Proposals for teaching and improving communication skills among medical students are being considered, which will improve the efficiency and quality of pediatric care, and they are also sharing experience in organizing electives on communications in pediatrics.

### **Materials and methods**

Our study involved 62 4th-5th year students of the Faculty of Medicine, who listened to lectures and participated in master classes on the developed elective training program for practical training of communication skills with patients “Communicative relationships between doctors in pediatrics”, who studied in elective classes on professional communication skills in the 2022



academic year. The following methods were used in the study: survey, testing, participant observation method (the process of interaction between doctor - patient, doctor - patient's parent), methods of qualitative and quantitative analysis of results using statistical methods, students answered questionnaires, expert survey techniques were conducted and interviews. The full cycle of elective classes and master classes was attended by 62 4th-5th year students of the Faculty of Medicine. Communication of 4th-5th year medical students with parents of children who applied to the ICS of the Fergana regional branch of the Republican Center for Social Adaptation of Children.

At the beginning of the study, 75% of students experienced difficulties communicating with pediatric patients and their parents. Parents' reluctance to trust their child to a student is 48%. Lack of experience in asking open and closed, leading questions to parents was noted by 52%.

According to the students' own assessment, the greatest influence on the formation of the communicative culture of a future doctor is exerted by family (61.0%), books (29.3%), and university teachers (36.2%).

When analyzing the structure of patient complaints, it was found that 90% of conflicts arise due to the inability or unwillingness of the doctor to explain information about the patient's health status to the patient or his relatives.

**Results and their discussions.** The success of a pediatrician's professional activity is inextricably linked with his ability to use communication technologies, communicate with the patient, and mastery of theoretical and practical skills. A medical student's typical experience is not sufficient to successfully establish rapport with a patient. Most doctors receive limited training in communication skills, and therefore it is necessary to teach the practical fundamentals of communication in pediatrics not only in the first year, but also in subsequent courses and clinical department classes.

The experience acquired by medical students during the educational process outside a medical educational institution is insufficient for successfully establishing professional communication in pediatrics. In modern medical practice, the need for professional communication with patients and their families, compliance with ethical standards, the ability to feel and understand the patient's emotions, put oneself in the place of another person, understand what he feels, pain, sadness, etc. showing empathy, skills and knowledge of theoretical and practical skills, analysis of a specific case, verbal, non-verbal communication, rules of conversation, open and closed questions, conflict resolution is an integral part of the treatment process. The result is the formation of the necessary model of relationships between the members of this process.

In 1996, the Calgary-Cambridge model of physician-patient communication was proposed. Which includes the stages: beginning of consultation, collection of information, inspection, clarification and planning, completion of consultation. In many countries, doctors adhere to this model of patient trust in the doctor. Since trust is the key to successful treatment.

Communication skills are a set of verbal and non-verbal methods of professional communication between a doctor, necessary in a specific clinical situation: "doctor-child", "doctor-child's relative", "doctor-doctor", "doctor-nurse".

Developing communication skills among medical students is one of the key needs of medical education.

From these positions, the formation of communication skills should be built continuously and consistently from the initial mastery of the basics of communication processes in junior years to the detailed mastery of communication skills with patients, taking into account the chosen specialty in senior years. At the same time, special requirements are placed on pediatricians and general practitioners (GPs); their communication skills, of course, must be at a higher level than those of



doctors of other specialties. They must be able to establish contact with a child of any age, which is impossible without knowledge of the characteristics of the neuropsychic development of children of different age groups. A special feature is also the need to communicate with parents, since they are the ones who make decisions about the lifestyle and treatment of their child, and therefore the pediatrician and general practitioner have a huge responsibility for the child's health. The child's health also depends on how much his parents trust the doctor.

Assistants from the Department of Pediatrics conducted 2 lectures and 2 master classes on practical communication skills for 4th and 5th year students on the role of communicative competence in the practice of a pediatrician. After the lecture in the 5th year, an anonymous survey of 62 students was conducted. According to the survey, 36% said they needed to train their communication skills before the lecture and master classes, and 74% of respondents said after the lecture. On average, at the beginning of the study, students rated the statement "I consider it important to listen to the patient or his parents without interrupting with various questions" by 3.1 points, after completing the course - by 4.3 points (the importance increased by 37.14%), "I think it is important to clarify the concerns and expectations of the parents and the patient, i.e. child" at the beginning of the course by 3.51 points, at the end - by 4.76 points (importance increased by 33.85%), "I consider it important to share my conclusions with the child's parent" at the beginning of the course by 3.02 points, at the end - by 4.11 points (importance increased by 33.4%), "I consider it important to make joint decisions about further actions" at the beginning - 4.06 points, at the end - 4.86 points (importance increased by 19.7%). At the end of the course, students rated the following statements: "I acquired new knowledge" (average 4.86 points), "I acquired new skills" (average 4.63 points), "I began to feel more confident when communicating with patients and their parents" (average 4.31 points).

At the end of the study, difficulties in communicating with pediatric patients and their parents decreased for 28.5% of students. Parents' reluctance to trust their child to a student is 27%. Lack of experience in asking open and closed, leading questions to parents was noted by 23%.

The professional and psychological culture of a doctor includes both theoretical and practical parts, and an effective method of teaching clinical disciplines is teaching students at the "bedside". At an appointment with a pediatrician, the student learns to build relationships with the patient and his parents, on calls, active visits and patronage at home, in children's hospitals. In this regard, medical school students, receiving theoretical training in communications in the first and second years, realize its necessity and the importance of continuing practical training in senior years.

Parents of children expect doctors to provide more information about the child's condition, discuss it, explain it, and express their professional opinion. At the same time, if the doctor seems disinterested, dismissive or arrogant, patients lose confidence in the specialist, sometimes even to the point of looking for another doctor. A pediatrician must be able to establish contact with a child of any age, which is impossible without knowledge of the characteristics of the neuropsychic development of children of different age groups. A special feature of a pediatric doctor is also the need to communicate with parents (guardians), since they are the ones who make decisions about nutrition, lifestyle, and treatment of their child, and therefore the pediatrician has a huge responsibility for the health of the future generation.

**Conclusions.** The professional activity of a pediatrician is inextricably linked with his communication skills. They include knowledge, abilities and mastery of theoretical and practical skills. A medical student's normal experience is not sufficient to successfully develop communication techniques.



Simulation of situations (clinical problems and clinical scenarios) with their subsequent application in theoretical and practical classes.

Mastering the communication and practical skills necessary for a pediatrician and general practitioner to provide quality medical care through effective communication with patients, their relatives, and colleagues in teamwork conditions and in situations of inpatient, outpatient and emergency medical care.

Most doctors receive limited training in communication skills, and therefore it is necessary to teach the practical fundamentals of communication in pediatrics not only in the first year, but also in subsequent courses and clinical department classes.

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