

Teaching attentive listening to medical students: need and strategies

Zerlis Nawaz, Usman Mahboob

Abstract

Listening is a primary skill essential for learning and is positively correlated with academic achievement. It also enables a healthcare professional to fully explore patients' concerns in healthcare settings. There has been much discussion on how effective listening practices can facilitate students' learning. A clear understanding of listening as a 'process' and planned listening activities can help exploit listening skills in formal and informal learning contexts. This paper explores strategies through which listening can be taught to undergraduate medical students in a small group setting. A planned tutorial is discussed, including methods that can be used to teach listening skills. The simple guidelines provided here can be used in most small group teaching methods. These teaching strategies are likely to allow undergraduate students to evolve into better listeners and, therefore, better lifelong learners and future physicians

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What is attentive listening?

One of the basic skills required of a medical student is listening. It has a significant role in learning as speaking, reading, and writing all follow listening. Listening differs from merely hearing sounds in that, it is a voluntary active process, requiring conscious effort. 'Active listening' is a two-way interactive process that engages the listener and the speaker. The basis of such active listening is full attention, respect, reflection, and inquiry.¹ Despite its undeniable importance, very little time is spent on listening instruction compared to speaking instruction. Around 55 percent of our life is spent in listening, yet 'listening' as a skill is not covered sufficiently in academic curricula.¹ Listening skills must be a fundamental part of the learning environment to be inculcated in young medical students.

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Institute of Health Professions Education and Research, Khyber Medical University, Peshawar, Pakistan.

Correspondence: Zerlis Nawaz. Email: zerlis@hotmail.com

ORCID ID. 0009-0004-8399-940X

Much of the literature in Medical Education has focused on 'speaking' for learning. However, listening is an equally important core skill that can be mastered. Studies which have explored the effects of listening in small groups showed that attentively listening to others during a small group discussion and creating explanations post-listening assists recall and long-term retention of the learned information.² Moreover, in groups, effective listening is a prerequisite to produce appropriate responses and create a worthwhile discussion, which then aids deeper learning. Therefore, listening skills can be considered a foundation for learning. 'Listening for learning' not only involves listening but also other cognitive processes such as critical thinking, planning response, and decision making.³ Research has shown that when appropriately conducted, a group discussion can modify the behaviour of its members and develop their cognitive skills.³ During group discussions, listening to others' ideas can help students understand the underlying reasons for problems and to create better solutions. Therefore, effective listening is also a prerequisite for the development of problem-solving skills.¹

Why is attentive listening important for students?

Throughout medical school, students undergo a challenge to understand and recall vast medical terminologies, extensive knowledge, and diverse clinical scenarios. The better listeners they are, the greater knowledge they may be able to acquire. Moreover, medical students are also future clinicians; therefore, they must learn to listen for learning more about their patients. As stated in academic medicine literature: "Sometimes listening to a person will cure half of one's problems."⁴

As educators, it is essential to help novice learners evolve into active listeners. Taught listening strategies, especially when coupled with continued active listening practice, are likely to transform the inexperienced learner into an effective one.⁵ Therefore, preparing medical students to be attentive listeners should aim to train them with the listening skills of a good future physician.⁵ Moreover, skills teaching follows an order, and the acquisition of simple skills such as listening should precede the more complex skills.⁶ This necessitates the addition of teaching 'listening

skills' early in the medical school curricula. Some of the strategies which can be used as guidelines for educators for enhancing students' listening are discussed below. However, it should be noted that these strategies are just guidelines for educators and other methods present in the literature may also be adapted to inculcate listening skills in students.

How can 'attentive listening' be taught to medical students?

1. Before beginning to teach 'listening for learning', the 'listening process' should be described to make students aware of their learning. Students should be explained that true listening involves interpretation, evaluation, and response to what is heard. The importance of 'wanting to listen' must be stressed upon.

2. In a tutorial setting, the facilitator monitors the students as they listen to content and work in groups. The tutor should facilitate the students by giving them precise instruction to manage their listening and help learners stay focused. They should be guided to 'think about their thinking'. This enhances the process of metacognition in the students' minds. Metacognition is simply defined as the 'awareness and management of one's own thought'.⁷ With the help of the process of metacognition, students can be enabled to enhance their thinking patterns and thereby improve their listening skills.⁸

3. Asking probing questions can also serve as a helpful strategy. Following are a few examples: Why is it important to listen actively? What are the barriers to listening? What makes a person an effective listener?¹ Such questions can help students reflect on their listening practices. This strategy is likely to help since reflection is known to be a good tool for improving learning. Moreover, having group discussions on what 'active listening' looks and feels like, is likely to help the students.

4. Displaying wall-sized 'reminder' charts in the classroom. These are charts which may serve as an aid to remind students to listen and, therefore, re-inforce attentive listening in them.⁸

5. Using cognitive strategy. This strategy focuses on reproducing information as well as its repetition as a key for long-term learning.⁶ Students can be given pre-reading material, then required to listen to the facilitator in the group and finally can be asked to reproduce what they learnt in the form of a summary. Thus, the goal of teaching 'listening for learning' should include listening for acquisition, that is, the ability to use the content heard as a basis for speaking activities.

Detailed guidelines for educators for enhancing 'attentive listening' in students

Table 1 provides an easy-to-follow guide, outlining the teaching of listening skills. It is based on the basic requirements of effective listening, i.e., identification, comprehension, and replication.⁹

Planned listening activities that can be used in small group teaching include paraphrasing exercises followed by peer reviews and dictation done in pairs or groups. The use of information technology and media to improve listening skills is also well-documented. With the increasing popularity of electronic tutorials, it is interesting to consider utilising them to teach listening skills in groups. The resources could include, for example, audios of physiological processes, demonstrations of procedures or medical videos.¹⁰ The use of podcasts (audio files) that are readily available on the internet is also becoming popular in the teaching of listening. When using them in tutorials, the required resources include a laptop, speakers, and the internet.

Table-1: A guide for teaching 'listening for learning'

1. Activate students' prior knowledge by providing reading material before the tutorial
2. Allow students to read through related material before listening to the content
3. Clearly state the purpose and learning outcomes of the task given
4. Explain the 'process' and goals of listening
5. Always construct the listening activity around a contextualised task as it resembles real-life tasks and gives the listeners an idea of what type of information to expect
6. Guide students to listen for meaning rather than 'skimming' through information
7. Allow students to comprehend the main idea using higher order thinking
8. Ask students to comprehend the details such as supporting facts
9. Ask students to reproduce what was learned by listening

Figure 1 describes planned steps that can be used when teaching listening in a tutorial. The process is initiated by providing pre-reading material which 'activates' listening. This is followed by a 'first listen' of the planned content, for example, an audio describing a physiological process. The listened content should be discussed first in pairs

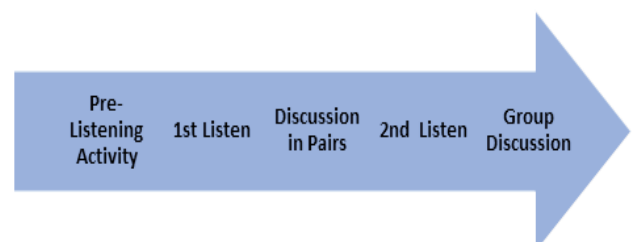


Figure-1: Steps to plan a listening activity in a tutorial

(peer-assisted learning), followed by a 'second listen' where students listen for more details and add to their original concepts. Finally, the whole group may collectively discuss the topic.⁶ As this process includes interaction amongst peers, asking questions for clarification, and developing a common understanding, it is in conjunction with the 'social strategy' used by lecturers to improve listening by students.⁹ Social strategy is an approach to get students to become active participants in class through interaction with others and sharing of knowledge. It may be adapted in PBL tutorials which can serve as a tool for teaching listening skills, critical thinking skills, and problem-solving skills—all interlinked cognitive processes.

Following the steps in Figure 1, an audio or a video regarding a medical problem can be viewed by the group members, followed by group discussion. The 'Scribe' in each PBL group can especially benefit from it, especially if the facilitator guides taking of notes. The 'guided notes' will allow students to listen carefully for outlining, taking notes of important details, and categorising the listened information correctly.¹ In addition, it will allow students to build their surveying and sorting listening skills. In each consecutive PBL session, a different participant can be given the role of 'scribe' to allow for all students to benefit from the activity. However, problems may arise when more than one person speaks at the same time, which can cause distraction and jeopardise 'listening for learning'. Ground rules must be set to avoid concurrent background discussion, focusing on listening to 'one speaker at any given time'.¹⁰ It should also be noted that the literature is largely silent on the matter of whether silent members of PBL are collaborative or not. It is important to realise that they may be adding to their knowledge through listening for learning. Silence can be an act of support, a way to acknowledge group consensus. Most significantly, it can reflect a 'listening for gaps' in the group discussion and may lead to views that provide new insights to the group's understanding.¹¹ Facilitating factors that support the teaching of listening include favourable seating arrangements and appropriate interpersonal distances. Lastly, facilitators should attempt to always practice role-modelling. This can be done by displaying active listening skills during a discussion with students. Over time, students may naturally 'absorb' such behavioural characteristics into their learning styles.¹ Lastly, it is

important to realise that the educational environment, and students' cultural context may influence the strategies adapted for enhancing attentive listening skills.

Conclusion

Effective listening is responsible for students' learning as well as for effective communication, which further aids deeper learning. Teaching strategies can be adapted to ensure development of listening skills in medical students. Therefore, the need to investigate and apply effective methods for teaching this critical skill must urgently be addressed.

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