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COMMUNICATION SKILLS WITH PATIENTS IN CLINICAL PRACTICE AMONG MEDICAL STUDENTS IN THE MEKONG DELTA REGION, VIETNAM[1]

HABILIDADES DE COMUNICAÇÃO COM PACIENTES NA PRÁTICA CLÍNICA ENTRE ESTUDANTES DE MEDICINA NA REGIÃO DO DELTA DO MEKONG, VIETNÃ

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ABSTRACT

This study aimed to assess the communication skills with patients in clinical practice among medical students from the 4th to 6th year at Can Tho University of Medicine and Pharmacy and Tra Vinh University. The study aimed to evaluate the communication skills with patients in clinical practice of medical students from year 4 to year 6 at Can Tho University of Medicine and Pharmacy and Tra Vinh University, and to find out the factors affecting the learning and practice of this skill. A cross-sectional descriptive study was conducted with 606 medical students, using a quantitative approach through a structured questionnaire to assess six patient communication skills. The questions were divided into 49 items, measuring from basic understanding to the ability to practice independently and confidently on a 5-point scale. Medical students in the Mekong Delta region demonstrated high levels of proficiency in patient communication skills, especially in creating a comfortable and respectful communication environment for patients (mean score = 4.27). However, summarizing and synthesizing information was the weakest skill (mean score = 3.94). Final-year students outperformed fourth-year students, and female students demonstrated better skills than male students in the five communication elements. In-depth studies revealed barriers such as limited time in patient interactions and difficulty in providing feedback.

Keywords: Communicative Skills, Clinical Practices, Medical Students.

RESUMO

Este estudo teve como objetivo avaliar as habilidades de comunicação com pacientes na prática clínica entre estudantes de medicina do 4º ao 6º ano da Can Tho University of Medicine and Pharmacy e da Tra Vinh University. O estudo teve como objetivo avaliar as habilidades de comunicação com pacientes na prática clínica de estudantes de medicina do 4º ao 6º ano da Can Tho University of Medicine and Pharmacy e da Tra Vinh University, e descobrir os fatores que afetam o aprendizado e a prática dessa habilidade. Um estudo descritivo transversal foi conduzido com 606 estudantes de medicina, usando uma abordagem quantitativa por meio de um questionário estruturado para avaliar seis habilidades de comunicação com o paciente. As perguntas foram divididas em 49 itens, medindo desde a compreensão básica até a capacidade de praticar de forma independente e confiante em uma escala de 5 pontos. Estudantes de medicina na região do Delta do Mekong demonstraram altos níveis de proficiência em habilidades de comunicação com o paciente, especialmente na criação de um ambiente de comunicação confortável e respeitoso para os pacientes (pontuação média = 4,27). No entanto, resumir e sintetizar informações foi a habilidade mais fraca (pontuação média = 3,94). Os alunos do último ano superaram os alunos do quarto ano, e as alunas demonstraram melhores habilidades do que os alunos do sexo masculino nos cinco elementos de comunicação. Estudos aprofundados revelaram barreiras como tempo limitado em interações com pacientes e dificuldade em fornecer feedback.

Palabras clave: Habilidades comunicativas, práticas clínicas, estudantes de medicina.

Introduction

Clinical practice is an essential part of health education, and only effective clinical teaching and learning can help students acquire practical competencies and attitudes-key factors that determine the professional capabilities of healthcare providers.

Communication skills with patients in clinical practice have long been regarded as one of the critical elements contributing to the success of medical students' learning processes. The "Basic Competency Standards for General Practitioners" issued by the Ministry of Health of Vietnam is structured following the general framework of competency standards used in Asia-Pacific and ASEAN countries to meet regional requirements and facilitate benchmarking. This standard is divided into four domains encompassing 20 standards and 90 criteria. These domains include: professional practice competency; the ability to apply medical knowledge; medical care competency; and communication and collaboration competency. This underscores the significance of communication skills in medical students' clinical practice, contributing to their ability to care for and treat patients after graduation (Ministry of Health, 2015)

Smith, J., & Lee, A. (2022), Enhancing medical students' communication skills: A systematic review of simulation-based training programs. This article reviews and evaluates the research on the use of simulation-based training programs to improve communication skills of medical students. The analysis shows that these programs have positive effects on improving students' communication skills, empathy, and ability to deal with patients in the clinical setting. In addition, the authors emphasize that simulation methods create a safe learning environment, allowing students to practice and correct errors without affecting real patients.

Maria C. Hausberg, et al. (2012) carried out research on 150 students, 26 of whom received training in communication skills, while the rest underwent a conventional learning program. Using two assessment methods, MASS-Global and self-evaluation before and after intervention, the results showed similarities in communication skills between the two groups before the intervention. However, after the intervention, the experimental group exhibited significant improvements in empathy and exploratory behaviors in communication compared to the control group. Self-assessment by the students also indicated greater improvement in the experimental group compared to the control group.

Research by Choudhary A. and Gupta V. (2015) on a small sample of 48 fourth-year medical students revealed improvements in communication skills

following an intervention. The students' scores on patient communication and standardized patient satisfaction surveys demonstrated enhanced performance.

Additionally, Tran Van De (2021), in a survey of 2,032 healthcare students in Vietnam during the COVID-19 pandemic, identified barriers to direct patient interaction, including fear for family health (61.4%), lack of training (39.4%), and insufficient knowledge (38.6%). More than half of the students expressed a desire to volunteer for non-patient-facing activities, such as data entry (65.9%) and logistics (57.7%). This indicates a lack of confidence in direct patient communication, further highlighting gaps in students' communication skills.

Garcia, M., & Patel, R. (2022). Patient-centered communication: Assessing medical students' competence through objective structured clinical examinations. This paper investigates the assessment of medical students' patient-centered communication skills through Objective Structured Clinical Examinations (OSCEs). This is a standardized test method to assess students' ability to apply communication skills in practice.

Kumar, S., & Thompson, L. (2023). The impact of communication skills training on medical students' empathy and patient care. This article examines the impact of communication skills training on empathy and patient care quality of medical students. The author focuses on evaluating communication skills training programs implemented in modern medical environments. The authors assert that communication skills training not only improves empathy but also improves the quality of patient care among medical students. The article recommends that medical schools prioritize communication skills training as an important part of their curricula, in order to develop a team of doctors who are both technically competent and empathetic.

Nguyen, T., & Williams, D. (2023). Barriers and facilitators to effective communication in clinical settings: Perspectives of medical students . Hernandez, L., & Chen, Y. (2023). Integrating communication skills into medical curricula: Outcomes from a longitudinal study. O'Connor, P., & Zhang, H. (2024). Medical students' self-perceived communication competence: A cross-sectional analysis. The paper analyzes medical students' self-assessment of their communication

abilities through a cross-sectional study. The study found that students tend to overestimate their communication abilities, especially in skills such as listening and creating a comfortable communication environment. Factors influencing self-assessment include year of study, gender, and clinical experience. Final-year students and female students tend to overestimate their self-assessment. The paper recommends that more objective assessment methods be used to better understand students' actual communication abilities.

Ali, S., & Roberts, K. (2024). Cultural competence and communication: Training medical students for diverse patient populations. Brown, A., & Wilson, G. (2024). Evaluating the effectiveness of virtual patient simulations in teaching communication skills. Davis, E., & Martinez, J. (2024). The role of reflective practice in enhancing communication skills among medical trainees. The role of reflective practice in enhancing communication skills among medical trainees. The article focuses on cultural competency training and communication skills for medical students to meet the needs of diverse patient groups. The author emphasizes that cultural understanding helps students communicate more effectively, increases patient satisfaction, and reduces misunderstandings. The results of the study indicate that training programs that combine theory and practice, such as cultural simulations, help students develop the ability to adjust their language and behavior to each patient group. The article recommends that cultural competency be integrated into the medical curriculum as a mandatory component.

Taylor, R., & Singh, P. (2024). Developing communication skills in undergraduate medical education: A meta-analysis of randomized controlled trials. This paper performs a meta-analysis of randomized controlled trials (RCTs) to evaluate the effectiveness of communication skills training methods in undergraduate medical education.

Johnson, A., & Brown, B. (2022). Communication skills training for medical students: A systematic review. Hernandez, G., & Lee, H. (2023). Cultural competency in medical communication: Training outcomes for future physicians. O'Connor, I., & Patel, J. (2023). Simulation-based education to enhance communication skills in medical students: A meta-analysis. Garcia, M., & Thompson, N. (2023). The influence

of communication skills on patient satisfaction: Perspectives from medical students. Smith, K., & Zhang, L. (2023). Evaluating the long-term effects of communication training on medical students' patient interactions Williams, C., & Davis, D. (2022). The role of empathy in doctor-patient communication: Insights from medical students. Ali, O., & Roberts, P. (2024). Integrating communication skills into medical curriculum: Challenges and solutions. Martinez, E., & Nguyen, F. (2022). Assessing the impact of communication skills workshops on medical students' clinical performance. This paper evaluates the impact of communication skills workshops on clinical performance of medical students. The study found that these workshops had a positive impact on students' communication abilities, especially in skills such as listening, explaining information to patients, and building trusting relationships. The results showed that students who participated in communication skills workshops significantly improved their interactions with patients, leading to higher patient satisfaction and improved clinical outcomes. The paper recommends that medical schools should conduct communication skills workshops more frequently and integrate them into their curricula to enhance clinical performance.

Brown, S., & Wilson, T. (2024). The effectiveness of virtual reality simulations in teaching medical communication skills . Davis, Q., & Martinez, R. (2024). Medical students' perceptions of communication skills training: A qualitative study. This article discusses the integration of communication skills into the medical curriculum and the challenges involved. The authors point out that although communication skills are important in medicine, their integration into the curriculum faces a number of challenges, including lack of resources, limited time, and a lack of consensus among faculty on teaching methods. The article suggests solutions such as improving collaboration between departments, increasing the use of technology and simulation, and providing opportunities to practice communication in clinical settings.

Ali, O., & Roberts, P. (2024). Integrating communication skills into medical curriculum: Challenges and solutions. Nguyen, W., & Williams, X. (2024). Barriers to effective communication in clinical rotations: Medical students' insights. Taylor, U., & Singh, V. (2024). Developing communication competence in medical students: A

longitudinal study. The article examines the development of communication skills in medical students through a longitudinal study. The study followed students from their first to fourth years and assessed their progress in communication skills, such as listening, asking questions, and providing information to patients.

To provide more scientific evidence for developing and enhancing medical education programs, both in Vietnam and globally, several studies have described the current state of clinical teaching and assessed the effectiveness of various interventions aimed at improving the quality of medical education. Initial intervention studies have focused on enhancing basic skills through active teaching methods. The feasibility of these interventions, however, depends on specific institutional factors and conditions. In the Mekong Delta region, research on clinical practice skills in general, and patient communication skills in particular, remains limited. This prompted the current study on "Communication skills with patients in clinical practice of medical students in the Mekong Delta region."

Methodology

Research Sites and Participants

Research Sites: The study was conducted at two universities:

(1) Can Tho University of Medicine and Pharmacy;

(2) Tra Vinh University

Participants: The survey included 606 medical students.

Table 1 – Characteristics of Research Participants

Characteristic	*Number*	*Percentage (%)*
University		
1. Can Tho University of Medicine and Pharmacy	393	64.9
2. Tra Vinh University	213	35.1
Gender		
1. Male	277	45.7
2. Female	329	54.3
Ethnicity		
1. Kinh	527	87.0
2. Khmer	45	7.4
3. Hoa	26	4.3
4. Not specified	8	1.3
Academic Performance		
1. Excellent	45	7.4
2. Good	202	33.3
3. Fair	315	52.0
4. Average	38	6.3
5. Poor	1	0.2
6. Not specified	5	0.8
Academic Year		
1. Fourth Year	137	22.6
2. Fifth Year	211	34.8
3. Sixth Year	258	42.6
Total	606	100.0

Methods for Assessing Current Status

Study Design: The study employed a descriptive design and quantitative research methods using questionnaires. The questionnaire scale consisted of five proficiency levels for skill assessment:

Level 1: Students have recently learned the skill practice process (scores between 1.0 and <1.8).

Level 2: Students have observed instructors performing the skill (scores between 1.8 and 2.6).

Level 3: Students can perform the skill under supervision and assistance from instructors (scores between 2.6 and 3.4).

Level 4: Students perform the skill independently following the skill practice process (scores between 3.4 and 4.2).

Level 5: Students perform the skill independently and correctly multiple times, feeling proficient and confident in their practice (scores between 4.2 and 5.0).

- *Development of Items for the Scale:*

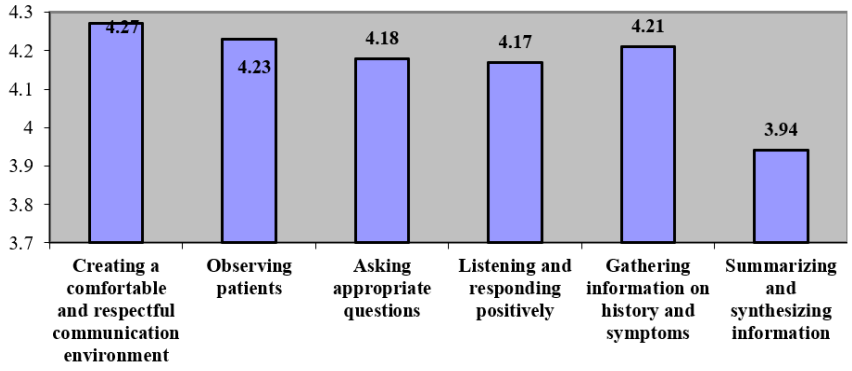
The communication skills group consisted of 49 items categorized as follows: Skills for creating a comfortable communication environment and showing respect for patients: 7 items; Skills for observing patients: 5 items; Skills for asking appropriate questions: 9 items; Skills for active listening and positive feedback: 8 items; Skills for gathering information during medical history-taking: 9 items; Skills for summarizing and synthesizing information: 11 items.

Results and Discussion

1. General Assessment of Patient Communication Skills

Medical students' communication skills with patients consist of six sub-skills. The average scores (ĐTB) for these sub-skills are illustrated in Chart 1.

Chart 1 – Sub-skills in Patient Communication Skills (Average Scores)



In general, the six sub-skills of patient communication skills among medical students in the Mekong Delta region were assessed at a high proficiency level (average scores ≥ 4). Among these sub-skills, the most proficient was Creating a Comfortable Communication Environment and Respecting Patients (average score = 4.27), while the least proficient was Summarizing and Synthesizing Information (average score = 3.94).

Key sub-skills such as Creating a Comfortable Communication Environment, Respecting Patients, Observing Patients, and Gathering Patient History achieved Level 5 (average scores > 4.2), indicating that surveyed students could perform these skills independently, multiple times, with confidence and proficiency.

Table 2 – Proficiency Levels of Sub-skills in Patient Communication

Skills / **Levels of Proficiency**	**Creating a comfortable and respectful communication environment**		**Observing patients**		**Asking appropriate questions**		**Listening and responding positively**		**Gathering information on history and symptoms**		**Summarizing and synthesizing information**	
	Number	*%*	*Number*	*%*	*Number*	*%*	*Number*	*%*	*Number*	*%*	*Number*	*%*
1. (1 – 1,8)	3	0,5	4	0,7	4	0,7	5	0,8	4	0,7	5	0,8
2. (>1,8 – 2,6)	8	1,3	11	1,8	7	1,2	4	0,7	6	1,0	11	1,8
3. (>2,6 – 3,4)	38	6,3	41	6,8	47	7,8	50	8,3	41	6,8	80	13,2
4. (>3,4 – 4,2)	209	34,5	279	46,0	239	39,4	231	38,1	242	40,0	316	52,1
5. (>4,2 – 5,0)	348	57,4	271	44,7	309	51,0	316	52,1	312	51,6	194	32,0

Medical students in the Mekong Delta region demonstrated very low performance in sub-skills of patient communication at Level 2 (all under 2%) and particularly low at Level 1 (all under 1%). Overall, the highest percentages of students performed the sub-skills at Levels 4 and 5.

The results of assessing the sub-skills in patient communication revealed that creating a comfortable communication environment and respecting patients; asking questions; active listening and providing feedback; gathering patient history information are the skills with the highest number of students achieving the highest proficiency level (Level 5, with respective rates of 57.4%; 51.0%; 52.1% and 51.6%).

Meanwhile, observing patients and summarizing and synthesizing information are the skills with the highest number of students achieving proficiency

at Level 4 (with respective rates of 46.0% and 52.1%). In summary, most medical students in the Mekong Delta region evaluated themselves as being capable of independently performing the skills of observing patients; summarizing and synthesizing information according to the standard procedure, and independently performing the skills of creating a comfortable communication environment and respecting patients; asking questions; active listening and providing feedback; gathering patient history information proficiently and confidently. Medical students believed that among the communication skills, they were most proficient in creating a comfortable communication environment and respecting patients, while summarizing and synthesizing information was the least proficient skill.

The in-depth interviews with lecturers revealed that "*students were taught 15 theoretical periods and attended 2 practice sessions in the patient communication skills training room. Most of these skills were applied in hospitals. Students began basic clinical nursing practice in the second semester of their first year, so these skills were practiced from that semester onwards. In 2017, the university conducted an evaluation of students' communication skills with patients, assessed by instructors at practice hospitals, and approximately 50% of students were evaluated as having good communication with patients. Following this result, students were taught patient communication skills earlier, more frequently, and began clinical practice earlier. By 2021, after reviewing the training program, the university implemented an online evaluation of students, which showed that 70%-80% of students were rated at Level 5 for patient communication skills. However, very few students could effectively perform the skill of active listening and providing feedback to patients.*" (in-depth interviews - management staff).

2. Comparison of Components in Communication Skills with Patients Across Different Segments

The results of the comparison regarding the proficiency levels of components in communication skills with patients between male and female medical students are presented in Table 3.

Table 3 – Results of the Comparison of Component Skills in Patient Communication Skills Across Different Segments

Skills	Criteria	Gender		Academic Year		
		Male	Female	Fourth Year	Fifth Year	Fifth Year
	Number	277	329	137	211	258
Creating a comfortable and respectful communication environment	Mean (SD)	4,19	4,34	4,15	4,23	4,36
	Standard Deviation (SD)	0,68	0,59	0,61	0,72	0,57
	p-value	0,004		0,002		
Observing patients	Mean (SD)	4,15	4,29	4,11	4,18	4,32
	Standard Deviation (SD)	0,70	0,60	0,60	0,71	0,62
	p-value	0,007		0,004		
Asking appropriate questions	Mean (SD)	4,09	4,25	4,04	4,16	4,28
	Standard Deviation (SD)	0,65	0,58	0,60	0,66	0,57
	p-value	0,001		0,001		
Listening and responding positively	Mean (SD)	4,10	4,22	4,10	4,12	4,24
	Standard Deviation (SD)	0,65	0,52	0,53	0,65	0,54
	p-value	0,015		0,021		
Gathering information on history and symptoms	Mean (SD)	4,10	4,30	4,11	4,14	4,32
	Standard Deviation (SD)	0,64	0,57	0,59	0,68	0,55
	p-value	0,000		0,001		
Summarizing and synthesizing information	Mean (SD)	3,94	3,95	3,74	3,91	4,08
	Standard Deviation (SD)	0,66	0,59	0,58	0,67	0,57
	p-value	0,752		0,000		

The data in Table 3 shows that there is a statistically significant difference in 5 out of 6 component skills, namely creating a comfortable and respectful

communication environment, observing patients, asking appropriate questions, listening and providing positive feedback, and gathering information about medical and family history (with p-values of 0.004; 0.007; 0.001; 0.015; 0.000, respectively). According to the self-assessment results of medical students, female students perform all five component skills more proficiently than male students (the average score of male students is all < 4.20, while the average score of female students ranges from 4.22 to 4.34). Summarizing and synthesizing information is the only skill where there is no statistically significant difference in proficiency between male and female medical students.

The results of the One-Way ANOVA test show a statistically significant difference among fourth-year, fifth-year, and sixth-year medical students in all six component skills of communication (with p-values < 0.05). Higher-year medical students are more proficient in creating a comfortable and respectful communication environment, observing patients, asking appropriate questions, listening and providing positive feedback, gathering information about medical and family history, and summarizing and synthesizing information than lower-year students. Fourth-year medical students are less proficient in these skills compared to fifth-year students, and fifth-year students are less proficient than sixth-year students (see Table 3).

In summary, there are differences in the skills of creating a comfortable and respectful communication environment, observing patients, asking appropriate questions, listening and providing positive feedback, and gathering information about medical and family history between male and female medical students. Moreover, all six component communication skills are more proficiently executed by higher-year medical students compared to lower-year students.

3 Manifestations of Skills in the Group of Communication Skills with Patients

The proficiency levels of medical students in each manifestation of component skills within communication skills with patients vary. Some manifestations are at the highest proficiency level (level 5), while others are at a lower proficiency level (level 4).

In the skill "creating a comfortable and respectful communication environment," medical students in the Mekong Delta region are most proficient in "greeting, addressing, introducing themselves appropriately to the patient" (Mean = 4.47 and at level 5 - the highest proficiency level). The manifestation where medical students are least proficient in this skill group is "commenting on the patient's issues based on their own viewpoints and standards" (Mean = 3.85 and at level 4).

The manifestations within the skill of observing patients are all at a high proficiency level (all Mean > 4.0). Among these, students perform best in "observing external expressions of the patient (skin, nails, hair, etc.)" (Mean = 4.28). Meanwhile, "observing the patient's behavioral expressions" and "observing the patient before, during, and after examination" are at the lowest proficiency level (both Mean = 4.18).

Table 4 – Manifestations of Component Skills in Communication Skills with Patients

Manifestations	Mean	SD
Skill: Creating a comfortable and respectful communication environment		
Skill: Creating a comfortable and respectful communication environment		
1. Greeting, introducing, and addressing patients appropriately; introducing oneself to the patient	4.47	0.74
2. Maintaining appropriate communication posture, leaning slightly forward during interaction	4.39	0.79
3. Focusing eye contact on the patient during communication	4.42	0.75
4. Speaking kindly and gently; reassuring and encouraging the patient	4.39	0.73
5. Using nonverbal communication (e.g., appropriate attire, open and friendly facial expressions)	4.28	0.80
6. Praising and encouraging the patient when they have the correct viewpoint	4.10	0.88
7. Commenting on the patient's issues based on one's own standards	3.85	0.89
Skill: Observing patients		
1. Observing external expressions of the patient (e.g., skin, nails, hair)	4.28	0.74
2. Observing physical signs on the patient's body (e.g., respiratory muscles, abdomen)	4.26	0.71

Manifestations	Mean	SD
3. Observing emotional expressions of the patient (e.g., anxiety, fear)	4.23	0.75
4. Observing the patient's behavioral expressions	4.18	0.75
5. Observing the patient before, during, and after examination	4.18	0.77
Skill: Asking appropriate questions		
1. Asking short and clear questions	4.10	0.71
2. Ensuring question content is relevant to the intended purpose	4.18	0.73
3. Using language appropriate for the patient's understanding level	4.20	0.74
4. Allowing time for the patient to respond	4.33	0.74
5. Using open-ended questions to clarify symptoms and disease progression	4.13	0.78
6. Asking open-ended questions about the patient's treatment before visiting the clinic	4.14	0.79
7. Using closed-ended questions to confirm information provided by the patient	4.23	0.75
8. Using closed-ended questions when the patient's presentation is unfocused	4.18	0.78
9. Combining open-ended and closed-ended questions to gather and verify information	4.14	0.82
Skill: Listening and responding positively		
1. Actively listening to the patient's presentation to understand their information	4.39	0.73
2. Allowing time for feedback and encouraging the patient to share their concerns	4.18	0.73
3. Avoiding interrupting the patient	4.22	0.79
4. Incorporating appropriate nonverbal communication	4.02	0.86
5. Explaining questions to help the patient understand their current health issues	4.00	0.84
6. Recording information provided by the patient	4.38	0.73
7. Providing objective and realistic advice to the patient	3.89	0.81
8. Summarizing the patient's information and confirming details	4.27	0.70
Skill: Gathering information on history and symptoms		
1. Introducing oneself and requesting permission to ask the patient administrative questions	4.20	0.83
2. Using appropriate open-ended questions	4.20	0.80
3. Using closed-ended questions to confirm information	4.27	0.72
4. Using suitable language, avoiding technical jargon	4.20	0.72

Manifestations	Mean	SD
5. Employing appropriate nonverbal communication (e.g., posture, gestures)	4.20	0.77
6. Asking about family members with similar illnesses and their treatments	4.30	0.77
7. Asking about environmental factors impacting health (e.g., epidemiological factors)	4.22	0.76
8. Asking about cultural or traditional factors influencing health	4.03	0.80
9. Summarizing and recording important information relevant to diagnosis and treatment	4.28	0.76
Skill: Summarizing and synthesizing information		
1. Fully recording patient information	4.26	0.77
2. Checking for additional documents or clarifying information	4.19	0.75
3. Summarizing and interpreting the patient's presentation	4.17	0.74
4. Asking if the patient has additional information to provide	4.09	0.81
5. Identifying disease risk factors	4.02	0.76
6. Advising the patient on their illness	3.76	0.87
7. Evaluating information to prepare for subsequent steps	3.87	0.86
8. Advising on nutritional and care regimens	3.73	0.89
9. Advising on follow-up visits and treatment adherence	3.52	0.94
10. Advising on health promotion and disease prevention awareness	3.67	0.94

Similar to the skill of observing patients, all manifestations in the skill of asking appropriate questions have a mean score (ĐTB) > 4.0. Medical students participating in the study self-assessed themselves as most proficient in "allowing time for the patient to respond" (Mean = 4.33) and least proficient in "asking short and clear questions" (Mean = 4.10). One student commented, "*Due to regulations on limited time to interact with patients, I have less time to think about making the question truly easy to understand; in specific situations, I sometimes cannot ask the patient precisely, so sometimes the patient does not fully understand my questions.*" (Y2 medical student, in-depth interviews).

In the skill of listening and providing positive feedback, the manifestation that medical students rated themselves as most proficient in was "actively listening to the patient's presentation to understand the information provided" (Mean = 4.39). On the other hand, the manifestation "providing objective and realistic advice

to the patient" had the lowest mean score (Mean = 3.89). This suggests that for medical students, listening is easier than providing feedback to patients. A student stated, "*Providing advice like doctors is very challenging; my ability has not yet fully met this requirement*." (Y3 medical student, in-depth interviews).

The skill of gathering information about medical and family history is essential for medical students to collect general information about the patient, reasons for hospitalization, medical history, and family history (epidemiology, lifestyle, etc.), and to summarize the medical history. According to the self-assessment of medical students in the Mekong Delta region, the highest-rated manifestation was "asking if any family members have this disease, how it was treated, and its progression" (Mean = 4.30). Meanwhile, the lowest-rated manifestation was "asking patients about cultural, traditional, or customary factors affecting their health and the health of the community where they live" (Mean = 4.03). Medical students were more proficient in asking about issues related to illnesses and less proficient in asking deeper questions about the patient, such as cultural or traditional factors that might impact their health.

Among the 11 manifestations of the skill "summarizing and synthesizing information," the manifestation "remembering and fully recording the patient's information" was rated as the most proficient by medical students in the Mekong Delta region (Mean = 4.26, level 5). Manifestations related to remembering or recording information all had mean scores (ĐTB) > 4.0, while those related to guiding or advising had significantly lower mean scores (ranging from 3.52 to 3.87). The manifestation "guiding follow-up visits and treatment adherence" had the lowest proficiency level in this group (Mean = 3.52).

In conclusion, communication skills with patients play an essential role in the clinical practice of medical students in the Mekong Delta region. Most students can perform these skills at levels 4 and 5. They are most proficient in creating a comfortable communication environment and least proficient in summarizing and synthesizing information. Senior medical students demonstrate better communication skills with patients compared to junior medical students.

Conclusion

The majority of medical students in the Mekong Delta region assessed themselves as being capable of independently performing patient observation skills, summarizing and synthesizing information according to standard procedures, and independently executing skills such as creating a comfortable and respectful communication environment, asking appropriate questions, listening and providing positive feedback, and gathering information about medical and family history with proficiency and confidence. Among the communication skills, students considered themselves most proficient in creating a comfortable and respectful communication environment, while summarizing and synthesizing information was the least proficient skill.

There are differences in the skills of creating a comfortable and respectful communication environment, observing patients, asking appropriate questions, listening and providing positive feedback, and gathering information about medical and family history between male and female medical students. Additionally, all six component communication skills of senior medical students were more proficient than those of junior students.

Male medical students demonstrated lower communication skills compared to female students. Furthermore, communication skills improved with higher academic years, with sixth-year students showing the best communication skills, followed by fifth-year students, and the least proficient being fourth-year students.

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