

SHOULD WE TEACH SOFT SKILLS TO FUTURE DOCTORS?

Maryam Fourtassi

Faculté de Médecine et de Pharmacie de Tanger, Abdelmalek Essaâdi University, Tangier, Morocco.

Corresponding Author:

Maryam Fourtassi, MD, PhD.

Affiliation: Faculté de Médecine et de Pharmacie de Tanger, Abdelmalek Essaâdi University, Tangier, Morocco.

E-mail: fourtmary@yahoo.fr; *Orcid ID:* <https://orcid.org/0000-0003-4915-5399>

*Copyright © 2014- 2023 M. Fourtassi, This is an open access article published under Creative Commons Attribution -Non Commercial- No Derives 4.0 International Public License (CC BY-NC-ND). This license allows others to download the articles and share them with others as long as they credit you, but they can't change them in any way or use them commercially. **Published in March, 2023.*

doi: 10.46327/msrjg.1.000000000000----; doi url: <https://doi.org/10.46327/msrjg.1.000000000000---->

Long ago, the doctor delivered care, but also served as a judge, a master and a scholar. Doctors were respected for their medical knowledge and their healing skills, but also and above all for their human values which made them the main destination for people suffering any physical or moral pain [1]. Doctors always had the solution because they knew how to listen, understand, advise, make difficult decisions and manage their own distress and that of others. They also had charisma and knew how to speak and convince.

Today, these so-called "non-technical" skills, have become quite scarce. Consequently, trust issues gradually set in the doctor-patient relationship, making some citizens doubt the intentions and values of their doctors and directing them towards the traditional healers and charlatans, who know how to charm their customers, even if they might endanger their health and life.

Medical training has two major components that are equally important, namely; technical training which aims to develop skills for diagnosing and treating illnesses (hard skills), and behavioral training (soft skills) which aims to develop skills centered on managing people as a whole and not the disease per se (soft skills). While technical medical training has experienced great development thanks to the technological revolution with the development of more efficient and less invasive diagnostic and therapeutic tools, behavioral training has not followed the same curve, particularly in developing countries.

Throughout history, the physician's behavioral skills, commonly known as "soft skills", were not taught in books such as anatomy or botany, but passed down from the master to his apprentices in an informal way. These skills were included in what is known as the "hidden curriculum", where knowledge and know-how are transmitted from generation to

generation by simple replication, without going through traditional teaching formats [2]. The trainees simply did as they saw their masters do. Nowadays, the "human values" supporting soft-skills have gradually been overshadowed by the liberal and individualist philosophy which has affected the medical profession as well as other fields in modern societies. Thus, the role models to follow have become rare in the ranks of medical teachers. Thus, future doctors are less and less exposed, in their training environment to the soft skills, they are supposed to develop. This resulted in doctors who are technically competent, but not very capable of engaging their patients in a relationship of respect and trust.

Faced with this current inefficiency of the hidden curriculum in transmitting the values of the medical profession, it becomes extremely important and urgent to adopt a strategy and a training program in "soft skills" for our future doctors in order to enable them to deliver the best possible care to their patients. In Morocco, as part of the ongoing reform of medical studies, it is essential to rethink the priorities and training objectives. The best way to achieve this goal, would be the adoption of a competency-based approach, positioning soft skills at the same level of requirement as technical skills in training and in assessing medical trainees and graduates.

CONFLICT OF INTEREST: None.

REFERENCES:

1. Duffin, J. History of medicine: a scandalously short introduction. 3rd Edition 2021; University of Toronto Press.
2. Mahood SC. Medical Education: beware the hidden curriculum. Can Fam Physician 2011; 57(9): 983-5.