Construction of Communication Skills Training Mode for ENT Nursing Interns

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Abstract: ENT patients with sensory impairments require enhanced communication precision and patient tolerance in nursing care. Current nursing interns often demonstrate challenges including inadequate translation of medical terminology, insufficient empathy, and improper crisis communication, all of which negatively impact care quality. This study develops a specialized, scenario-based, and practice-oriented communication skills training framework through four dimensions: training requirements, content design, implementation pathways, and evaluation feedback. By aligning with professional demands and addressing interns' current challenges, the model aims to improve communication competence and technical proficiency, providing a practical framework for ENT nursing education while ensuring high-quality patient care services.
***Keywords*:** ENT nursing interns; communication skills; training models; nursing education

1. Introduction

With the advancement of the biopsychosocial medical model, communication has become a cornerstone competency in clinical nursing. ENT patients often experience impaired sensory functions and require intensive collaboration between healthcare providers and patients, presenting unique challenges in nurse-patient communication. As the backbone of nursing teams, interns 'communication skills directly impact patient care quality and safety. However, current training programs frequently lack specialized focus, leaving them ill-equipped for real-world clinical scenarios. Therefore, developing a systematic, discipline-specific communication skills training framework is crucial for enhancing interns' professional competence and ensuring high-quality specialized nursing care.

2. Practical needs and existing problems of communication skills training for ENT nursing interns

Patients with ENT disorders require heightened precision and patience in nursing communication due to their sensory impairments. Current nursing interns often demonstrate insufficient translation of specialized terminology, lack of empathy, and improper crisis communication, all of which compromise care quality. Existing training programs frequently lack discipline-specific focus, suffer from disconnection between theory and practice, and present fragmented content that fails to meet clinical demands. There is an urgent need to establish a systematic, discipline-specific communication skills training model.

3. The core construction of communication skills training mode for otolaryngology nursing interns

3.1 Specialized training content system based on job requirements

The training program is structured around three progressive tiers that align with core communication scenarios in ENT nursing. The foundational theory tier integrates ENT disease knowledge with communication principles, using case studies to establish connections between disease understanding and communication needs[2]. The core skills tier features modular training modules for high-frequency scenarios like medical history collection, procedure notification, and postoperative guidance, with clearly defined communication objectives and key phrases. The professional competence tier emphasizes empathy development and emotional management through role-playing simulations and psychology courses, enabling interns to effectively identify and address psychological stress caused by sensory impairments in patients, thereby enhancing communication effectiveness.

3.2 Diversified training implementation path and closed-loop evaluation and feedback mechanism

Following the progressive path of "theory-simulation-practice", we implement diversified training programs. Case-

based teaching is employed to analyze real communication scenarios, with group discussions organized to refine techniques. Standardized Patient (SP) simulation exercises are introduced to practice in realistic settings and obtain immediate feedback. A clinical mentorship system is implemented, featuring a step-by-step mentoring process of "demonstration-guidance-independent practice" to consolidate skills in real clinical settings[3].Online platforms provide supplementary resources such as micro-lectures and case libraries, supporting self-directed learning and interactive Q&A, thereby establishing an integrated online-offline learning mechanism.

3.3 Closed-loop training evaluation and feedback mechanism

The closed-loop training evaluation and feedback mechanism transcends traditional single assessments, establishing a process-result integrated system with multi-party participation to drive training optimization. Process evaluation is implemented throughout the training cycle through three key components: quantitative scoring of instructors 'daily communication interactions with interns, feedback on interns' communication logs, and performance evaluations during SP simulation training based on communication goal achievement. Outcome evaluation combines clinical practical assessments led by departmental expert panels with patient satisfaction surveys, incorporating patient feedback into the final evaluation[4]. The feedback optimization phase dynamically adjusts training content based on evaluation results—for instance, increasing technical training for interns with low pediatric communication scores, or enhancing psychological counseling modules when patient feedback indicates insufficient empathy. This creates a closed-loop system of evaluation-feedback-optimization-re-evaluation, ensuring practical alignment with real-world needs.

4. Implementation guarantee of communication skills training mode for ENT nursing interns

4.1 Faculty support

To build a dual-qualified faculty team, members must possess both clinical nursing experience in ENT departments and communication teaching skills. On one hand, we select senior nurses with over five years of departmental experience and rich patient-nurse communication expertise as clinical instructors. Through communication teaching skills training, we enhance their instructional capabilities. On the other hand, we invite communication studies faculty from nursing schools and psychology experts to participate in teaching, responsible for delivering theoretical courses and psychological literacy training. This ensures the faculty team can provide both clinical practice guidance and maintain professional standards in theoretical instruction. A faculty evaluation mechanism is established to regularly assess teaching effectiveness, motivating the team to continuously improve teaching methods.

4.2 Resource allocation

In terms of hardware resources, we have established a specialized ENT simulation training room equipped with diagnostic devices such as otoscopes and laryngoscopes, along with auxiliary tools for non-verbal communication training, providing realistic scenarios for SP simulation exercises. An online training platform has been developed to ensure interns can access learning materials anytime. Regarding software resources, we have compiled standardized case libraries containing clinical communication scenarios for ENT diseases, covering various disease types and communication contexts, with regular updates[5]. Additionally, we have trained professional SP teams to deliver comprehensive training in ENT disease knowledge and communication scenario enactment techniques, ensuring the authenticity and effectiveness of simulated scenarios.

4.3 Institutional safeguards

Develop the "Communication Skills Training Outline for ENT Nursing Interns" to define training objectives, content, schedule, and assessment criteria, ensuring standardized implementation. Integrate communication skills evaluations into interns 'clinical graduation assessments, requiring retakes or retraining for those failing, thereby reinforcing interns' commitment to communication skill development. Establish a departmental communication quality monitoring mechanism through regular random checks of clinical communication records, analyze identified issues, and adjust training strategies accordingly. Additionally, link interns 'communication performance to instructors' evaluations to motivate teaching enthusiasm.

5. Conclusion

The development of a communication skills training model for ENT nursing interns must be grounded in specialty

characteristics and closely aligned with clinical needs. By systematically designing training content, implementing diversified approaches, and establishing robust support mechanisms, this model achieves both specialization and practical application. Its implementation will directly enhance interns' communication abilities, facilitate clinical adaptation and professional growth, while playing a crucial role in improving nurse-patient relationships and ensuring nursing quality. In the future, exploring digital upgrades and gamification enhancements for this model will provide sustained momentum for cultivating high-quality ENT nursing professionals.

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