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Didactic strategy for developing interviewing skills in the Health Promotion course

Estrategia didáctica para la formación de la habilidad de entrevistar en la asignatura Promoción de Salud

Estratégia didática para a formação da habilidade de entrevistar na disciplina Promoção da Saúde

Abstract

Introduction: the ability to conduct interviews is essential for medical students and constitutes an effective strategy to promote health. Therefore, it is crucial to design didactic strategies that integrate this skill in a planned manner into the Health Promotion course. **Objective:** to design a didactic strategy to develop the interviewing skill in the Health Promotion course. **Method:** the qualitative phase of an action-research study conducted at the University of Medical Sciences of Pinar del Río was presented, using theoretical and empirical methods. **Results:** a didactic strategy was designed with three formative dimensions—cognitive, educational, and curricular—structured in four stages: diagnosis, planning, implementation, and evaluation. Didactic actions were developed that included the restructuring of lesson plans, problem-based learning, and an elective course on the medical interview. **Conclusion:** the didactic strategy addresses the identified training needs in the Health Promotion course. Its organization by dimensions and stages makes it a viable proposal for developing the interviewing skill within the Health Promotion curriculum.

Keywords: higher education, interview, strategy, health, promotion

Resumen

Introducción: la habilidad de entrevistar es fundamental para los estudiantes de medicina y es una estrategia efectiva para promover la salud. Por ello, es crucial diseñar estrategias didácticas que integren esta habilidad de manera planificada para la asignatura Promoción de Salud.



Objetivo: diseñar una estrategia didáctica para desarrollar la habilidad de entrevistar en la asignatura Promoción de Salud. **Método:** se presentó la fase cualitativa de un estudio de investigación-acción desarrollado en la Universidad de Ciencias Médicas de Pinar del Río utilizando métodos teóricos y empíricos. **Resultados:** se diseñó una estrategia didáctica con tres dimensiones formativas: cognitiva, educativa y curricular, la que se estructuró en cuatro etapas: diagnóstico, planificación, ejecución y evaluación. Se desarrollaron acciones didácticas que incluyeron la reestructuración de planes de clase, aprendizaje basado en problemas y un curso optativo sobre la entrevista médica. **Conclusión:** la estrategia didáctica responde a las necesidades formativas identificadas en la asignatura Promoción de Salud. Su estructura por dimensiones y etapas, la convierte en una propuesta viable para la formación de la habilidad entrevistar en la asignatura Promoción de Salud.

Palabras clave: educación superior, entrevista, estrategia, promoción, salud

Resumo

Introdução: a habilidade de entrevistar é fundamental para estudantes de medicina e constitui uma estratégia eficaz para a promoção da saúde. Por isso, é crucial elaborar estratégias didáticas que integrem essa habilidade de forma planejada na disciplina Promoção da Saúde. **Objetivo:** elaborar uma estratégia didática para desenvolver a habilidade de entrevistar na disciplina Promoção da Saúde. **Método:** foi apresentada a fase qualitativa de um estudo de pesquisa-ação desenvolvido na Universidade de Ciências Médicas de Pinar del Río, utilizando métodos teóricos e empíricos. **Resultados:** foi elaborada uma estratégia didática com três dimensões formativas – cognitiva, educativa e curricular – estruturada em quatro etapas: diagnóstico, planejamento, execução e avaliação. Desenvolveram-se ações didáticas que incluíram a reestruturação de planos de aula, aprendizagem baseada em problemas e um curso optativo sobre a entrevista médica. **Conclusão:** a estratégia didática responde às necessidades formativas identificadas na disciplina Promoção da Saúde. Sua estrutura por dimensões e etapas a torna uma proposta viável para a formação da habilidade de entrevistar na disciplina Promoção da Saúde.

Palavras-chave: educação superior, entrevista, estratégia, promoção, saúde



Introduction

The interview is a data-collection tool that, owing to its flexibility, allows detailed information to be obtained while adapting to the context and characteristics of the interviewee. The medical interview not only identifies problems but also seeks to understand the patient and their life context, factors that contribute to the genesis and maintenance of the problem (Díaz-Bravo et al., 2013)

The evolution of educational approaches to teaching interviewing skills has moved from teacher-centered instruction toward experiential learning. A historical analysis shows that, throughout history, medical students managed to acquire interviewing skills without any defined methodology. During the 1970s, curricula began to shift toward a skills-based orientation (González-Veja et al., 2022; Rodríguez-Castillo & Cruz-Flores, 2025).

In the health sciences, communication is established as paramount in clinical practice. Fava et al. (2024) point out that the clinical interview is a basic procedure that is nonetheless continually neglected. Gómez et al. (2012), for their part, noted that it provides the channel of communication between physician and patient.

Practical skills should progress from familiarization and reproduction in the basic-training block to a productive level in the basic-clinical block. This, in turn, makes it possible to develop creativity within the community context of Primary Health Care (PHC) (Ojeda González et al., 2022). This is consistent with what was described by Denizon et al. (2021), for whom learning to conduct interviews, as well as taking clinical histories, improves student learning. In line with this, Tan et al. (2021) view the strategy as an effective way to develop communicative skills in medical contexts, specifically at the postgraduate level.

The curriculum of the Medicine program takes as its starting point the difficulties and shortcomings in health-related teaching and learning. The current Plan E curriculum connects students with the health field from the first year onward through the Health Promotion (HP) course, allowing them to address the health-disease process and develop the interviewing skill through its assessment system. When the topic was systematically reviewed, deficiencies were detected in the development of the interviewing skill, limiting the comprehensive preparation of future professionals (Cantillo & Gainza, 2022).

Recent research has shown that active methodologies are effective for communicative development. For Kerr et al. (2026), medical students' perspectives on communicative skills reveal unmet needs that call for specific didactic interventions. Dubé et al. (2000), for their part, had already laid the groundwork for communication skills in preventive interventions, underscoring the importance of the interview as a tool for modifying risk behaviors.

All of the foregoing confirms the need for proposals that integrate clinical communication into the student's training process. For this reason, the present study set out to design a didactic strategy aimed at developing the interviewing skill through the HP course, with the medical student at its center.

Methods and materials

The study followed an action-research approach and presented a qualitative phase for the design and grounding of the didactic strategy, conducted at the University of Medical Sciences (UCM) of Pinar del Río from January to December 2025. The quantitative component, aimed at validation, was conceived for a later stage of the research. The sample included twelve faculty members teaching the HP course. The 195 students were selected through purposive sampling.

Design phases: the study was organized into sequential phases, ensuring its logical, consistent, and contextualized character. Phase one was aimed at diagnosis, for the identification of training needs. Document analysis, interviews, and a focus group were employed.

Document analysis examined the program's Plan E curriculum to identify the presence of the interviewing skill. Semi-structured interviews were also administered to professors to explore their perceptions on the matter, as well as to identify difficulties stemming from the physician-patient relationship and the potential of the curriculum. A focus group with students was likewise conducted to gain deeper insight into their skills.

All of the data obtained made it possible to integrate the results and establish the regularities of the diagnosis. Triangulation was also used to identify points of convergence.

In phase 2, the theoretical-methodological grounding was described, integrating the results obtained in the diagnosis with the corresponding theoretical references. Theoretical methods such as the historical-logical method were used, along with its procedures of analysis and synthesis, as well as induction and deduction.

In phase 3, the theoretically grounded didactic strategy was designed across its cognitive, educational, and curricular dimensions, in keeping with the comprehensive notion of the interviewing skill; the general objective was formulated in conjunction with the needs identified, along with the stages conceived for diagnosis, planning, implementation, and evaluation, which ensure its organization.

In phase 4, the didactic actions aligned with the dimensions and the proposed objective were conceived. The ethical principles of scientific research were observed, ensuring the truthfulness and reliability of the information. Participants provided informed consent after being informed of the research objectives, in accordance with the Declaration of Helsinki.

Results and discussion

Phase 1. Diagnostic analysis

Document analysis of the Plan E curriculum for the HP course showed that the development of the interviewing skill is explicitly stated but is not systematized across the different thematic units, even though the medical interview is an

assessment present in every activity of the evaluation portfolio.

The interviews with professors revealed similar views regarding the need to develop the interviewing skill, along with shortcomings in its performance. Among the main difficulties identified were iatrogenic errors, lack of empathy, non-use of simulators, and insufficient preparation for managing the stages of the clinical method. Four professors suggested including an elective course in the first-year medical curriculum, using active teaching methods to provide knowledge about the medical interview and the correct use of communication.

Table 1

Content analysis of the interviews with professors

Category	Content	Reflections
Importance of the physician-patient relationship.	Empathetic communication, without medical iatrogenesis, as a component of the clinical method.	-Communication is essential for identifying risk factors and reaching an accurate diagnosis. -Without good empathetic communication, appropriate treatment cannot be achieved. -It is the first stage of the clinical method, hence its value.
Level of communicative development in the medical interview	Shortcomings in empathy, active listening, and language adequacy	-Students do not know how to conduct the medical interview, even though they know the theory. -They find it difficult to build rapport with the patient. -There are limitations in language use.
Curricular treatment of the interviewing skill.	Implicit presence, but fragmented across objectives and content	-Communication is not implicitly present in each unit of content, nor are there objectives to guide its development. -There is no use of simulators. -It is assumed that students learn it only through practice, without adequate structuring of the first stage of the clinical method.
Difficulties in practice when conducting the medical interview	Management of the patient's perceptions and emotions.	-They do not know how to conduct the interview in complex situations. -Insecurity is observed in identifying risk factors.
Learning needs regarding the interviewing skill	Requirement for intentional, systematic training	Students need preparation in each of the topics related to history-taking. Appropriate use of the empathetic communication process.
Assessment of active methodologies	Recognition of their training potential	-Simulations make it possible to train for real situations. -Use of individual and collective health-education techniques.
Need for a didactic strategy	Demand for intentionality and systematicity	-Organize the interviewing skill for portfolio assessment from within the Health Promotion course.

Source: Authors' own elaboration.

The focus group with students made it possible to identify their experiences related to the medical interview in establishing empathetic communication with patients, considering its first stage. The students agreed that the training received in the HP course does not explicitly or systematically address the development of the interviewing skill. They identified irregularities in active listening, in the identification of associated factors, and in the appropriate emotional handling of the patient. They expressed interest in receiving deeper preparation, and all showed willingness to enroll in an elective course that would allow them to develop the interviewing skill.

Table 2

Content analysis of the student focus group

Category	Content	Reflections
Experiences in the communication process when conducting interviews	Insecurity, fear of making mistakes	-During history-taking we feel a great deal of insecurity. -We become agitated when speaking with patients. -We are afraid of saying something wrong. -In most cases we wish the tutors were the ones conducting the medical interview.
Preparation received during the degree program	Perception of insufficiency	-The HP course is our first contact with conducting a medical interview, and there is no content related to this topic. -It is learned through each professor's individual experience. -No specific preparation for the medical interview is received, except in the medical office.
Empathy and iatrogenesis	Management of emotions, use of language, and how to create empathy	-Sometimes I do not know how to treat certain patients. -It is difficult to explain treatments without using technical terms.
Learning needs regarding the interviewing skill	Demand for practice and tutor guidance	-It is important to learn how to conduct the medical interview. -The use of simulators would be beneficial for practice. -Professors should do it first, teach us, and then we would go to the community to conduct the medical interviews.

Expectations regarding their training	Interest in actions to support their training	-It would be extraordinary to have dedicated spaces in classes and in the medical offices, with tutors, solely to learn the interviewing skill.
Assessment of active strategies	Acceptance and motivation	-Practical activities would help us feel more confident in the physician-patient relationship at all times. -I would be ready to enroll in courses on developing the interviewing skill. -These strategies make learning accurate and effective for the student.

Source: Authors' own elaboration.

The triangulation of document analysis, professor interviews, and the student focus group made it possible to identify points of convergence and to complement aspects of the object of study. Document analysis revealed the absence of an explicit and systematic formulation of objectives and content in the curriculum. This shortcoming was confirmed by the professors, who pointed out limitations in the core processes. The convergence of these regularities underpins the relevance of the strategy designed (Table 3).

Table 3

Data triangulation across document analysis, interviews, and focus group

Aspects analyzed	Document analysis	Interviews with professors	Student focus group
Presence of the interviewing skill in the curriculum	Present, not systematized	Present, but insufficient	Observed as underdeveloped
Level of development of the interviewing skill	Not explicitly assessed	Insufficient in practice at medical offices	Insecurity and fear
Main difficulties	Not described	Technical language, empathy	Lack of preparation
Learning needs regarding the interviewing skill	Evidenced by its absence in the curriculum	Request for intentional training	Request for practical training
Need for intervention	Neglect exists in the curriculum	Perceived by tutors	Requested by students

Relevance of active methodologies	Not described	Positively valued	Very good acceptance
Justification of the strategy	Due to its absence in the curriculum	Pedagogical demand	Training expectation

Source: Authors' own elaboration.

Phase 2. Theoretical-methodological grounding

The didactic strategy was aimed at planning and directing actions to achieve objectives and transform the object of study. Didactic strategies used in education have often failed to yield the expected results owing to factors compromised during teaching and learning.

As a result of this phase, the following were defined as the strategy's didactic principles: systemic, reflective, conscious, and interdisciplinary character. These principles, together with the diagnosis performed, constituted the reference points for developing the strategy's didactic actions.

Phase 3. Structural design of the didactic strategy

The structural design of the strategy defined three formative dimensions: cognitive, educational, and curricular, making it possible to address the interviewing skill comprehensively, allowing for the acquisition of theoretical knowledge and reflective practical demonstration. The strategy was structured into four stages: diagnosis, planning, implementation, and evaluation, ensuring its systemic organization and flexibility.

- Dimension 1. Curricular: a set of normative, methodological, and organizational elements that plan, regulate, and evaluate the development of the interviewing skill.
- Dimension 2. Cognitive: the process of actions and operations involved in strategic formulation according to the educational objective.
- Dimension 3. Educational: the level of self-regulation of the student and the group, with formative intent, arising from what is communicated and exchanged, reflecting the expected professional and human behavior.
- General Objective: to implement the didactic conception for developing the interviewing skill through the HP course.

Phase 4. Conception of the didactic actions

- Strategic action 1. Enhancement of the development of the interviewing skill and its stages, through didactic redesign.
- Strategic action 2. Design of an elective course that links the development of the interviewing skill with the stages of the clinical-epidemiological method.

- Strategic action 3. Training of the teaching staff.

In addition to these principal actions, workshops focused on the interviewing skill and its sub-skills, discussion forums, and active methods such as collaborative learning and the flipped classroom can be organized.

The behavioral interview is fundamental to assessment in clinical contexts. Implementing it requires basic clinical skills such as establishing relational components, identifying and characterizing the problem, and closing the interview, in such a way that guidance from a psychological perspective is essential (Becerra-Gálvez et al., 2025). Along the same lines, Fava et al. (2024) emphasize that the clinical interview constitutes an essential yet frequently neglected method in contemporary medical practice, which reinforces the need for systematic training from the early stages of the degree program.

Medical Education, in its comprehensiveness, regards health as a social process that takes into account biological, economic, ecological, and psychosocial determinants. Hence the training of a broadly profiled graduate whose modes of professional practice correspond to the particularities and social progress of the context (Silva-Velasco et al., 2023). This has been expressed by Carreño and Salgado (2005), who argue that the development achieved by Cuban Medical Education has earned it a prominent place within the Higher Education subsystem in Latin America. In this context, researchers agree that training in communicational skills, within such a framework, must be aligned with the contextual needs of the population to be served.

Clinical training, an indispensable element of Medical Education, requires didactic planning and direction of the training process, turning it into a transformative activity that takes into account the results of diagnosing the performance of physicians, professors, and students, adjusting strengths and weaknesses to needs and shortcomings in medical care (Escobar Yénder et al., 2022). Significant regularities are drawn from the fact that the development of the interviewing skill should not be fragmented, but rather a holistic form of learning connected across different disciplines, following a gradual and sequential approach (Díaz et al., 2023).

The clinical interview is the first and most important encounter between physician and patient. Through it, the clinical history is obtained, the patient's concerns are explored, bonds of trust are established, and the foundations are laid for diagnosis and the treatment plan. Moreover, its quality has an impact on the accuracy of the diagnosis, its correspondence with the treatment, and subsequent patient satisfaction (Dubé et al., 2000; Kerr et al., 2026).

From another perspective, Gilligan et al. (2025) identified the existence of significant gaps in students' preparation for information gathering. In keeping with this, Koerfer and Albus (2025) developed a comprehensive handbook addressing the theoretical foundations, didactics, practice, and evaluation of the medical interview, which is essential for training processes in medicine. In the view of Díaz and Delgado (2020), these should be organized from the curriculum across the different disciplines as a system, establishing strategy and tactics to shape professional modes of practice.

The essential condition for satisfactory learning is that the content be meaningful, linking to prior knowledge in a comprehensible and representative way. If what is learned is not soon applied, it will almost certainly be forgotten; therefore, the retention of learning must be promoted, along with opportunities for its constant use, and practice adjusted accordingly (Navarro Piñeyro & Umpiérrez, 2026).

The university in general, and the UCM in particular, calls for a highly qualified professional distinguished by a leading role in social transformation, in keeping with present-day Cuban society's commitment (Fernández-González et al., 2025). This social commitment of the medical university has likewise been documented in Latin American contexts, where training in the medical interview is closely linked to health equity (Wilcaso Cando et al., 2025).

Moreover, the internal articulation of the skills-development process requires understanding the sequenced transition of conceptual and practical actions within medical education. In this regard, research on special didactics conducted by Sixto and Márquez (2017) shows that professional skills should not be conceived in an atomized or fragmented manner, but rather as forms of assimilation of socially conditioned activity that respond to the profession's social mandate.

It is important to note that implementing strategies centered on simulation and experiential learning constitutes a positive avenue for developing lasting communicational capacities (Pérez Caldevilla et al., 2024). This is why one of the current challenges of medical education lies in ensuring that the interviewing skill is taught explicitly and systematically, with assessment that is both valid and reliable (Cantillo & Gainza, 2022; Linares et al., 2022).

For Zemlin et al. (2024), who conducted a related study, improvements may lie in empathy. In this regard, they succeeded in identifying genuine emotions in patients. They further found that most students developed the ability to understand the patient in emotionally charged contexts. This finding is especially relevant given that students must face related situations both during their studies and after graduation.

Furthermore, the interview in specific contexts, such as psychiatric settings, has shown that structured repetition and feedback are basic mechanisms for developing lasting competencies, as conceived by Hierlihy and Latus (2025), for whom flexible repetition and immediate feedback from instructors are indispensable. This confirms the relevance of the proposed didactic strategy, particularly in its implementation dimension, which emphasizes systematic practice with feedback.

Students' own perceptions of their training in communicational skills constitute a fundamental input for the design of effective didactic strategies. Kerr et al. (2026) longitudinally examined the perspectives of 273 third-year medical students. The researchers reported greater confidence in communicational skills by the end of the third year, particularly in formulating questions and responding to them.

The rotations that received the highest ratings for satisfaction with communicational training were emergency medicine, primary care, and family

medicine, whereas general surgery rotations received the lowest ratings. Students identified that successful interactions with patients were associated with fostering therapeutic relationships and exchanging information, whereas unsuccessful interactions were attributed to incompatible goals, violated expectations, unpredictable interactions, and time constraints. This study underscores the need to develop didactic strategies tailored to specific disciplines and centered on the skills students consider most relevant to their future clinical practice.

Breaking bad news constitutes one of the clinical situations of greatest communicational and emotional complexity. Goumas et al. (2024) conducted a systematic review of medical education aimed at improving skills in communicating bad news. The review included 21 relevant studies, of which 12 randomized studies demonstrated improvements in students, while 8 studies described training courses that helped build confidence in these skills.

The implementation of structured protocols for complex communicational situations has proven effective in reducing anxiety, according to Polivka et al. (2024), who developed and validated a protocol for communicating bad news that integrates key components such as preparing the environment, assessing the patient's perspective, the professional's presentation, managing emotions, and the final summary. The authors implemented this protocol in a structured educational program that included simulation sessions with standardized patients and OSCE-based assessment, demonstrating significant improvements in students' relational skills.

Adopting similar protocols in the Health Promotion course could help systematize the teaching of the medical interview, providing students with a clear and replicable framework for addressing complex clinical situations. Initially, such programs were didactic in nature, that is, teacher-centered (Benbassat & Baomal, 2009). This evolution theoretically supports the proposed didactic strategy, which integrates problem-based learning, simulation, and structured feedback.

The integration of validated psychotherapeutic approaches, such as motivational interviewing, with structured guides such as the Calgary-Cambridge model, has shown potential for improving medical students' communicational skills. Lindhardt and Thygesen (2024) examined how, drawing on motivational-interviewing theory, students who received specific training in motivational interviewing demonstrated improvements in key aspects of their communicational style favorable to the motivational approach, particularly in empathy and person-centeredness.

A troubling phenomenon documented in the literature is the decline in history-taking skills during training. Pfeiffer (1998) reported that students' skills in obtaining a clinical history peak at the start of the third year of medical school and then decline significantly toward the end of the fourth year. In this regard, Rieffestahl et al. (2024) carried out a study analyzing how medical students interact with patients, finding that simulated interviews differ from the real experiences students later encounter. This confirms the importance of developing didactic approaches that take into account the real-world settings in which these students will later carry out their work, with increasing complexity, as well as ongoing, accompanied clinical feedback.

Conclusions

A look at the current situation confirms the need to adopt a didactic strategy that takes the interviewing skill into account and that is centered on the medical student. The proposed strategy aligns with these contemporary trends, integrating cognitive, educational, and curricular dimensions into a systematic and contextualized training process. Overall, this strategic, relevant approach, grounded in theoretical and methodological foundations and structured by dimensions and stages that integrate active methodologies, constitutes a viable alternative within the context of higher medical education in the present century, responding to the training needs for the interviewing skill in the Medicine program at the University of Medical Sciences of Pinar del Río.

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