

*Original Article*

## Using the Chinese whisper game to teach communication skills in undergraduate medical students: A simple experiential learning model

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### ABSTRACT

Communication skills are a core component of the Competency-Based Medical Education curriculum for undergraduate medical students in India, and innovative, low-cost experiential methods are especially needed in resource-limited settings. This study describes the design, implementation, and evaluation of the Chinese Whisper Game as an experiential learning strategy to enhance communication skills among MBBS students. The activity was conducted during a one-hour communication skills session and involved sequential message passing, followed by structured debriefing using the reflective framework “What–So What–Now What.” Student feedback was collected after the session using a structured Google Form with Likert-scale items and open-ended questions. Seventy-two students participated in the activity, and forty completed the feedback form. Most students reported improved awareness of active listening, better understanding of communication breakdowns, and strong relevance of the exercise to clinical practice. Overall, the Chinese Whisper Game proved effective educationally.

**Keywords:** Communication, Teaching, Education, Medical, Undergraduate, Students, Learning, Educational Measurement, Competency-Based Education, Faculty, Active Listening

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## INTRODUCTION

The National Medical Commission (NMC) of India introduced the Competency-Based Medical Education (CBME) curriculum, which specifically emphasizes effective communication as a fundamental skill for medical practitioners. The AETCOM (Attitude, Ethics, and Communication) module outlines competencies related to empathy, active listening, patient-centered interactions, and effective transmission of clinical information. Conventional lecture-based teaching often fails to build these competencies.<sup>[1,2]</sup>

Through first-hand experience, experiential learning techniques like role play, simulation, and group activities assist students in comprehending communication difficulties.<sup>[3]</sup> In management and behavioral training, the "Chinese Whisper Game," also known as the "Broken Telephone," has long been used to demonstrate message distortion during communication. Its application in undergraduate medical education, however, has not been adequately documented.

This study describes the design and implementation of the Chinese Whisper Game for MBBS students and evaluates student perceptions of its educational value.

## MATERIALS

A cross-sectional descriptive study based on an experiential teaching activity was conducted for MBBS students during their communication skills/AETCOM teaching sessions at the Department of Community Medicine. Two batches of -the same year had one-hour sessions each.

All present students attending the session were included. Participation in the feedback survey was voluntary and anonymous.

**Teaching Activity:** If the activity, we need a short written message, space for students to stand in a line or circle, a whiteboard or a projector for debriefing - completely cost-free and suitable for settings with limited audio-visual facilities.

The one-hour session consisted of the following:

**Orientation (10 minutes):** Introduction to communication barriers, active listening, and relevance to medical practice.

**Activity (20 minutes):** Students were divided into groups of 8–12. The facilitator given a medium-length medical message (e.g., "The patient is a 45-year-old diabetic man who must take metformin twice daily after meals and avoid high-sugar foods"). The first student whispers the message to the next, and this continues until the last student announces the final version. After this, the original message was then revealed, and students were encouraged to discuss differences, distortions, and reasons.

**Debrief (30 minutes):** Facilitated using the "What–So What–Now What" reflective framework. [4] In this framework, first, Students explained what happened. Generally, they highlight distortions, confusion, hesitations, noise, distractions, and memory lapses during the activity. After this, they were asked to explain what it means in clinical practice, and students linked these observations to clinical communication. This helps them understand the importance of confirming understanding, using simple language, avoiding assumptions, maintaining focus, organizing the message clearly, and identifying barriers such as noise, interruptions, and multitasking. In the third part of the framework, students were asked to suggest corrective measures to prevent the miscommunication. Students can reflect on using the teach-back method, asking clarifying questions, being explicit, structured, and empathetic during communication, avoiding jargon, and summarizing key points at every encounter.

**Student Feedback:** A structured questionnaire (Google Form) assessed: Engagement and enjoyment, Understanding of communication barriers, Relevance to clinical practice, Effectiveness of facilitation, and Overall

perception. It consisted of 15 Likert-scale items (1–5) and 5 open-ended questions.

**Data Analysis:** Quantitative data (Likert scores) will be summarized as means and proportions. Qualitative responses will be analyzed thematically.

This teaching activity was part of routine CBME training. Feedback was anonymous and voluntary. No personal identifiers were collected. As per institutional norms, separate ethical approval was not required for educational interventions without patient involvement.

## RESULTS

A total of 72 students participated in the sessions, and 40 completed the feedback form (response rate: 55.5%).

**Student Engagement and Participation:** Most students enthusiastically participated and took an active role in the debriefing discussion.

**Student Feedback (Likert Scale):** 88% students agreed that the activity was interesting and engaging. 85% felt the activity improved their understanding of communication distortions, and the same proportion perceived that it was relevant to future doctor–patient interactions. (Table 1)

Table 1: Student Feedback Summary (n = 40)

| Sr. no. | Domain                       | Total score | % Agree/ Strongly Agree |
|---------|------------------------------|-------------|-------------------------|
| 1.      | Engagement & enjoyment       | 13.45       | 88.3%                   |
| 2.      | Understanding of concepts    | 13.35       | 85.0%                   |
| 3.      | Relevance to practice        | 13.25       | 85.0%                   |
| 4.      | Effectiveness of instruction | 13.20       | 90.0%                   |
| 5.      | Overall perception           | 13.40       | 90.0%                   |

### Themes from Open-Ended Responses

Three major themes emerged:

(a) Activity was enjoyable and memorable: Students described it as interactive, fun, and better than lectures.

*“It was fun...it made teaching much more fun and interesting and was more useful in interacting with proff and batchmates.”*

(b) Understanding of communication barriers: Students pointed out problems like background noise, presumptions, focus, and forgetfulness.

*“I was unable to understand what the other person was saying (the accent was difficult to understand).”*

(c) Clinical relevance: Students connected the exercise to taking patient histories, teaching patients, working as a team, and communicating clearly.

*“Communication is a key to healthy relationship. A bad communication can make anyone assume wrong about your wordings.”*

## DISCUSSION

This study demonstrates that the Chinese Whisper Game is an effective tool for teaching communication skills to MBBS students. Experiential methods promote deeper learning and reflection compared to traditional didactic strategies.<sup>[3,5]</sup>

Students were better able to understand the significance of active listening, the role of assumptions, and message distortion thanks to this exercise. Reflective thinking is an essential part of adult learning, and the debriefing approach promoted it. Simple group activities such as this have shown improved engagement and conceptual understanding in earlier studies.<sup>[6]</sup>

The activity had educational Relevance as it had:

1. Alignment with CBME Competencies: Supports competencies in AETCOM Module 2.1–2.8 on communication and empathy.

2. Promotes Active Learning: Students become participants rather than passive listeners. A lively environment generates enthusiasm for learning.

3. Low Resource Requirement: Ideal for government medical colleges with limited space and equipment.

4. Immediate Reflection: The contrast between the original and final messages creates memorable learning.
5. Faculty Observations: Higher engagement than routine lectures and better conceptual clarity. Students are able to relate the activity to real-life history taking

In all domains, activity scored very high satisfaction. Lowest scores in the domain of instruction effectiveness may be due to the instructor's naivety about the activity, as it was the first time both students and faculty attempted it. It could have been improved with a practice session before the real session with students.

### Content and Implementation

**Purpose:** The material addresses the need for effective communication skills training within the Competency-Based Medical Education (CBME) curriculum introduced by the National Medical Commission (NMC) of India. Communication-related competencies outlined in the AETCOM module – such as empathy, active listening, patient-centered communication, and clear transmission of clinical information—are often inadequately developed through traditional lecture-based teaching.<sup>[1,2]</sup> The Chinese Whisper Game was introduced to provide an experiential, low-cost method to help students recognize communication barriers, message distortion, and the importance of clarity in clinical interactions.

**Design and structure:** The educational intervention was structured as a one-hour experiential learning session. It included an initial orientation to communication barriers and relevance to medical practice, followed by the Chinese Whisper Game involving sequential message passing. The session concluded with a structured debrief using the “What–So What–Now What” reflective framework, which facilitated reflection on observed distortions and their implications for clinical communication.<sup>[4]</sup>

**Intended audience:** The material was designed for undergraduate MBBS students attending communication skills or AETCOM teaching sessions in the Department of Community Medicine.

**Delivery method:** The material was delivered as an in-person, facilitator-led classroom activity requiring minimal resources. It was conducted during routine teaching sessions without the need for advanced audio-visual equipment, making it suitable for resource-limited settings.

### Evaluation and Impact

**Assessment methods:** Evaluation was conducted using a structured student feedback questionnaire administered via Google Form after the session. The tool included 15 Likert-scale items assessing engagement, understanding of communication barriers, relevance to clinical practice, facilitation effectiveness, and overall perception, along with five open-ended questions for qualitative feedback. Quantitative data were summarized as means and proportions, and qualitative responses were analyzed thematically.

**User engagement:** A total of 72 students participated in the sessions, with 40 students completing the feedback form. Most students reported high levels of engagement and enjoyment. Eighty-eight percent agreed that the activity was interesting and engaging, while 85% felt it improved their understanding of communication distortions and was relevant to future doctor–patient interactions. Students described the activity as interactive, memorable, and more effective than traditional lectures.

**Potential impact:** The Chinese Whisper Game contributes to medical education by promoting active learning, reflection, and alignment with CBME and AETCOM competencies. Experiential learning approaches such as this have been shown to enhance engagement and conceptual understanding compared to didactic methods.<sup>[3,5,6]</sup> Its simplicity, low cost, and adaptability make it a useful tool for faculty seeking innovative methods to teach communication skills, particularly in government and resource-constrained medical colleges.

## CONCLUSION

The Chinese Whisper Game is a creative and powerful experiential learning exercise that helps MBBS students improve their communication abilities. It is simple to integrate into the CBME curriculum and is in line with AETCOM competencies. High levels of engagement, better comprehension, and a strong connection to clinical practice are all indicated by student feedback. Its low cost, minimal resource requirement, and adaptability make it suitable for government and resource-constrained medical colleges.

## AUTHORS' CONTRIBUTIONS

Conceptualization: NL, VN; Data curation: NL, SM; Methodology/formal analysis/validation: NL, VN, SM; Project administration: VN; Funding acquisition: NL; Writing – original draft: NL; Writing – review & editing: VN, SM, NL

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