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Communication training in healthcare education: Implications for undergraduate optometry programmes – A narrative review

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Background: Effective communication is a core component of quality healthcare, influencing patient satisfaction, treatment adherence and health outcomes. The global shift toward patient-centred care, health equity and interprofessional collaboration has further elevated communication as a critical skill. However, in optometry education, formal structured communication training remains limited.

Aim: This narrative review synthesis the existing literature to support the development of an evidence-based, standardised framework that promotes communication competence among undergraduate optometry students across diverse clinical contexts.

Method: A comprehensive search was conducted across multiple databases, including MEDLINE, Academic Search Ultimate, CINAHL with Full Text and Scopus. A keyword-based search strategy employed Boolean operators and truncation (e.g., communicat*, undergrad*, optom*, train*) to capture variations in terminology across disciplines. The search covered the period from 1 January 2014 to 31 December 2024.

Results: In total, 1053 records were retrieved and 412 duplicates removed. The remaining 641 titles and abstracts were screened, with 30 studies meeting the full-text inclusion criteria.

Conclusion: The review highlights that structured communication skills training, particularly when supported by feedback, simulation interactions and reflective learning, can enhance clinical preparedness and professional confidence. However, the effectiveness of these interventions is influenced by factors such as student characteristics, resources and learning objectives.

Contribution: Although several strategies show promise, there remains a need for longitudinal research to assess the long-term effects of communication skills training interventions. Establishing a structured, context-sensitive framework is essential to address current gaps and support optometry students in developing the communication skills required for effective, patient-centred practice.

Keywords: communication skills; optometry education; healthcare education; patient-centred care training; undergraduate health professions.

Introduction

Effective communication is crucial in healthcare, as it significantly impacts patient satisfaction, adherence to treatment, and overall health outcomes.[1] In optometry, where practitioners must translate complex clinical information into patient-friendly language, effective communication is crucial to clinical professionalism.[2] Communication competence extends beyond the performance of individual communication skills. While communication skills refer to the specific verbal and non-verbal techniques used during patient interactions, communication competence reflects the integrated ability to apply these skills appropriately and sensitively across different clinical contexts.[3,4] It involves listening, empathy, cultural awareness, clinical reasoning and the capacity to adapt communication to a patient's background, needs and level of understanding.[5,6,7] These demands are heightened in multilingual and multicultural settings, where language and cultural beliefs shape how clinical information is interpreted.[8]

The growing focus on patient-centred care, health equity and collaborative practice has further elevated communication as a key determinant of safe and effective healthcare delivery.[9]

The World Health Organization (WHO) and World Council of Optometry (WCO) recognise communication as a core competency for professional optometrists, encompassing verbal, non-verbal and written interactions.[4,10] Its competency framework explicitly emphasises the importance of communication in ensuring quality and safety in clinical care. This international guidance has influenced national frameworks, such as the 2022 Australian optometry standards, which specifically focus on communication and collaboration.[11]

The findings of this review align with the AfriMEDS competency framework adopted by the Health Professions Council of South Africa's (HPCSA), in which *Communicator* is identified as a core graduate role.[12] However, while AfriMEDS states the expected outcomes of professional communication, it does not prescribe how communication competence should be taught or assessed within specific disciplines. In the context of this review, formal communication training refers to structured, intentionally designed teaching and assessment activities, as opposed to informal learning through observation during clinical placements.

Evidence suggests that communication training in undergraduate optometry programmes is often informally taught and inconsistently incorporated, resulting in varying student readiness.[1,13,14] Across the African region, optometry education is considered to differ in curriculum structure, clinical exposure models and resource availability.[15] In high-income contexts, programmes commonly report structured communication curricula that utilise simulation, standardised patients and explicit feedback practices (Table 1). In contrast, the wider African region exhibits a greater reliance on informal, role-model-based learning and inconsistent assessment methods, largely because of the substantial diversity in language and culture.[8,14,16] These differences affect the development of professional competencies, including communication, as learning opportunities and patient interaction are not always equivalent. Within South Africa, undergraduate communication training in optometry remains limited and is often not formally or constantly included across all year levels.[1,14] As a result, students often rely on informal learning during clinical placements by observing the communication styles demonstrated by supervisors.[16]

Research across health professions indicates that unstructured clinical exposure alone does not reliably develop the communication competence needed in complex and emotionally charged, or cross-cultural situations.[2,17] This is especially important in South Africa's multilingual and culturally diverse context, where students must be able to adapt explanations regarding sensitive matters related to vision loss and quality of life.[18] To support this, communication training should be included before, during and after clinical placement, rather than being assumed to be taught through experience.

Additionally, developments such as tele-optometry, accelerated during the coronavirus disease 2019 (COVID-19) pandemic,[19] underscore the need for a structured communication training framework that prepares graduates for in-person and virtual patient encounters.[2,4] This review examines current educational approaches, challenges and gaps in communication skills training to inform the development of a framework for communication competence for undergraduate optometry education. In doing so, it draws on evidence from health professions education while considering the specific contextual realities of South African optometric practice. The aim is to contribute to an evidence-based, standardised framework that supports optometry students in developing communication competence across diverse clinical environments. The review was guided by the following three questions: (1) *How is communication competence currently taught and developed in undergraduate health science education?* (2) *What teaching and learning approaches and assessment strategies are reported to support communication competence?* (3) *What challenges and contextual factors should be considered when designing a communication training framework for undergraduate health science education in South Africa?*

Research methods and design

This narrative literature review synthesises existing research on communication skills education in undergraduate health professions to inform the development of a structured training framework for optometry students.

Review design

A narrative review was selected as the literature on communication training is diverse and spans across multiple disciplines. Unlike systematic or scoping reviews, which emphasise breadth and mapping, the purpose of this review was to synthesise and interpret findings to inform the development of an educational framework. The review methodology provides flexibility to integrate empirical research and contextual considerations relevant to the South African training environment.

Search strategy

Electronic databases searched included MEDLINE (via EBSCOhost), Academic Search Ultimate (via EBSCOhost), CINAHL with Full Text (via EBSCOhost) and Scopus. The search spanned the period from 01 January 2014 to 31 December 2024. Search terms included combinations of:

- (*communication* OR '*communication skills*' OR '*clinical communication*')
- AND (*optometry* OR '*eye care*' OR '*health professions education*' OR *nursing* OR *medicine* OR *physiotherapy* OR '*occupational therapy*')
- AND *(undergraduate* OR *student*)
- AND *(training* OR *teaching* OR *curriculum* OR *education).*

Boolean operators and truncations were adjusted for each database to account for indexing differences. Where available, title-field searching was used to define fields. The keyword strategy was intentionally designed to capture broad terminology used across health professions programmes while retaining relevance to optometry.

TABLE 1: Summary of study characteristics.

Author	Country (Income level)	Profession	Study design or Participants	Training focus	Key findings	Relevance to SA context
Shah et al.[1]	UK (HIC)	Optometry	Simulation study using standardised patients	Simulation-based communication practice	Improved communication readiness and confidence	Simulation approach transferable but may need low-cost adaptation in resource-limited SA settings
Webber et al.[2]	Australia (HIC)	Optometry or Ophthalmology	Mixed methods interprofessional programme	Interprofessional collaborative communication	Collaborative communication strengthened team-based care	Relevant to SA as shared care in eye health expands between optometrists and ophthalmologists
Mucunguzi et al.[16]	Uganda (LMIC)	Optometry Students	Qualitative interviews	Clinical training experience	Communication skills mostly acquired informally	Similar reliance on informal learning occurs in SA → supports need for structured training
Doron et al.[17]	Israel (HIC)	Optometry	Pre–post reflective intervention	Reflective practice online	Increased communication awareness and reflection	Reflective strategies are low-cost and feasible to embed in SA teaching
Massie et al.[19]	Global (Mixed)	Optometry	Systematic review	Telehealth communication	Telehealth requires adapted communication techniques	Relevant as SA expands tele-optometry in rural and underserved settings
Brandenburg and Pesudovs[13]	Australia (HIC)	Optometry	Curriculum evaluation	Structured communication module	Embedding communication training improved confidence	Supports integrating communication longitudinally in SA curricula
Madadi et al.[8]	South Africa (UMIC)	Optometry Patients	Cross-sectional	Patient expectations of professionalism	Emphasised empathy, clarity, and respectful interaction	Direct SA evidence reinforces the need for communication competence training
Wang et al.[23]	Australia (HIC)	Optometry	Qualitative study on AMD communication	Communicating progressive vision loss	Highlighted the importance of emotional support and clarity	Relevant for SA clinicians managing chronic and degenerative eye disease
Putter et al.[14]	South Africa (UMIC)	Graduate Optometrists	Practice readiness assessment	Graduate competence	Identified gaps in communication preparation	Confirms insufficient formal training in SA programmes
Moura et al.[24]	Portugal (HIC)	Medicine	Cross-sectional	Curriculum preparedness	Constructive alignment supports competence development	The constructive alignment approach is adaptable to the SA optometry curriculum reform
Quail et al.[25]	Australia (HIC)	Medicine	Comparative simulation study	Simulation vs virtual vs clinical practice	Simulation-enhanced skill development before clinical exposure	Supports phased training (simulation → clinic) in SA
Kubota et al.[26]	Japan (HIC)	Pharmacy	Lab-based simulated patients	Simulated consultation training	Enhanced confidence and communication clarity	SP approach is transferable but needs budget-sensitive adaptation
Raurell-Torredà et al.[27]	Spain (HIC)	Nursing	Randomised clinical trial	Team role awareness and communication	Improved interprofessional role clarity	Relevant to SA as health systems shift toward coordinated care
Iqbal et al.[28]	India (LMIC)	Medicine	Training intervention	Focused communication workshops	Improved clinical communication competence	LMIC evidence showing workshops are effective even with limited resources
Mohiaddin et al.[29]	UK (HIC)	Medicine	Educational intervention	Early-stage communication training	Importance of scaffolded early learning	Supports introducing communication in year 1 in SA
Jiang et al.[30]	China (UMIC)	Medicine	Scenario drama roleplay	Emotional and relational communication	Improved handling of emotional conversations	Applicable to explaining vision loss and sensitive diagnoses
Beaird et al.[31]	US (HIC)	Nursing	Simulation + video feedback	Video-reflective learning	Increased self-awareness and behaviour modification	Video feedback is cost-feasible and adoptable in SA teaching
Nuzzo et al.[32]	France (HIC)	Medicine	Comparative simulation trial	Simulation before OSCE assessment	Improved OSCE communication scores	Directly supports integrating communication into OSCEs in SA
Engerer et al.[33]	Germany (HIC)	Medicine	Formative feedback intervention	Specific behaviour-oriented feedback	Improved communication performance and refinement	Supports structured feedback during SA clinical supervision
Engerer et al.[34]	Germany (HIC)	Medicine	360° feedback programme	Multisource behaviour feedback	Strengthened adaptability and self-awareness	Feasible for SA if implemented in structured clinical blocks
Lowe et al.[35]	US (HIC)	Genetic Counselling	Online communication training	Virtual communication practice	Increased confidence in sensitive communication	Suitable for remote or blended SA teaching contexts
Shorey et al.[36]	Singapore (HIC)	Nursing	Qualitative evaluation	Virtual reality communication simulation	Enhanced reflective learning	VR is useful but has higher resource demands → scalable alternatives needed in SA

Note: Please see the full reference list of the article, Kruger E, Labuschagne MJ, Kempen E. Communication training in healthcare education: Implications for undergraduate optometry programmes – A narrative review. Afr Vision Eye Health. 2026;85(1), a1103. https://doi.org/10.4102/aveh.v85i1.1103, for more information.

HIC, High Income Country; UMIC, Upper-Middle Income Country; LMIC, Low to Middle Income Country; VR, Virtual Reality; SA, South Africa; UK, United Kingdom; US, United States; vs, versus; OSCE, Objective Structured Clinical Examination; AMD, Age related macular degeneration; SP, Simulated Patient.

Inclusion and exclusion criteria

The inclusion criteria were:

- Studies on communication training in optometry or related health professions.
- Undergraduate education focuses.
- Clinical or interpersonal communication.
- Peer-reviewed articles published between 2014 and 2024.
- Full-text availability in English.

The exclusion criteria included:

- review articles
- articles not in English
- studies with unclear methodology
- non-health professions disciplines
- studies focusing solely on technical skills.

Screening and selection

Screening and study selection were conducted by the primary reviewer. Titles and abstracts were first screened for relevance, and each full-text record was then screened against the inclusion and exclusion criteria. Review articles were excluded from the final synthesis to ensure that only primary empirical studies informed the development of themes. Rayyan systematic review software streamlined article screening by facilitating duplicate removal and abstract screening.[20]

In accordance with the narrative review methodology, a single reviewer screening approach was employed. The researcher reflected on interpretations during each reading cycle to address potential bias.[21] Formal critical appraisal of study quality was not included, as the goal was to determine conceptual patterns rather than evaluate the strength of evidence or determine intervention effectiveness.[21] Given the scarcity of optometry-specific literature, studies from broader health professions were also included to ensure a comprehensive perspective. Table 1 summarises the characteristics of the included studies.

Data extraction and synthesis

Data on study aims, methodology and outcomes were extracted and analysed using inductive thematic analysis. The analysis followed the approach outlined by Braun and Clarke,[22] which involved familiarisation with the studies, generating initial codes, grouping codes into themes, reviewing and refining themes and synthesising thematic patterns across the included literature.

Scope of included evidence

While 30 studies met the inclusion criteria at full-text screening, not all were included, as some provided contextual or conceptual background rather than empirical evidence relevant to communication training approaches. Therefore, 22 empirical studies were used for thematic interpretation, with additional policy and conceptual literature used to provide contextual framing and theoretical foundation.

Ethical considerations

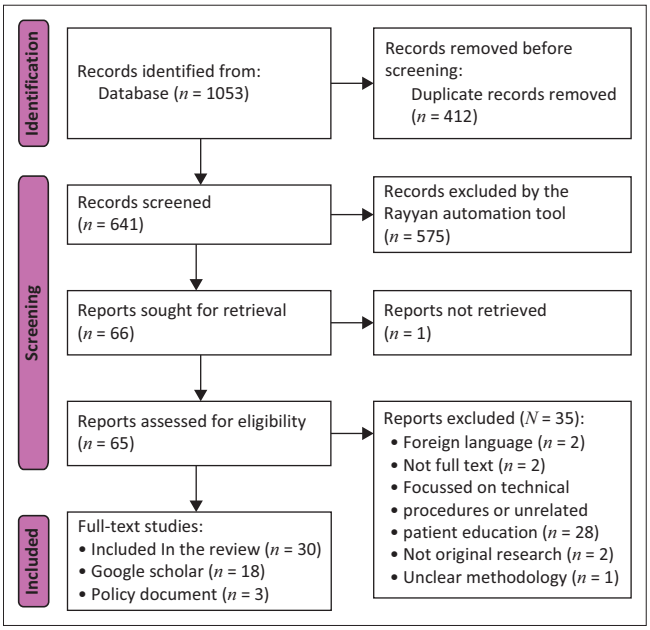
Ethical clearance to conduct this study was obtained from the University of the Free State Health Sciences Research Ethics Committee (No. UFS-HSD2022/1963/2006).

Results

The selection of articles for the narrative review is summarised in Figure 1. The initial search yielded 1053 articles, of which 412 were duplicates. After screening the remaining 641 articles, 65 met the inclusion criteria and were selected for full review. Thirty-five articles were excluded based on the criteria. While 30 studies met the inclusion criteria at full-text screening, the final compilation included 22 empirical studies that directly informed the identified themes, as recommended in narrative review methodology. Additional conceptual and policy sources were incorporated to support contextual interpretation. Of the 22 empirical studies, nine focused on optometry education or optometry clinical communication, while 13 were drawn from other health professions. Because optometry programmes share communication competence expectations with other disciplines, evidence from broader health professions contextualised these strategies to discipline-specific needs and patient interaction patterns.

Discussion

Training healthcare students in communication skills involves various methodologies and curriculum approaches, highlighting the complex and multifaceted nature of research on effective healthcare communication. This discussion explores structured programmes and teaching and learning activities for communication training in health professions.



Source: Adapted from Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ. 2021;372:n71. https://doi.org/10.1136/bmj.n71.[37]

FIGURE 1: Selection of articles for the narrative review.

Approaches to communication training in health professions

Integrating structured programmes, longitudinal training and constructive alignment have become a hallmark model of effective communication skills development in health professions education.[3,13,25]

Structured programmes

Transitioning from theoretical instruction to real-world clinical communication demands more than isolated lessons; it requires a thoughtfully structured and longitudinal approach.[25,36] When embedded across multiple academic years, structured programmes offer a sequenced learning experience that builds students' confidence and competence in patient-centred communication.[25,27] This deliberate scaffolding allows learners to revisit and refine key skills such as active listening, empathy and shared decision-making as they move through different stages of their training.[19,25]

Studies by Moura et al.[24] and Quail et al.[25] reinforce that integrating communication instruction throughout the curriculum, rather than in standalone modules, significantly improves students' readiness for the clinical environment. Within these programmes, tools such as Objective Structured Clinical Examinations (OSCEs) and simulated patient interviews provide structured, immersive opportunities to practise communication strategies under realistic conditions.[27,28,38] Some institutions have also adopted communication-specific frameworks, such as the VALUES tool, which guides learners in navigating sensitive conversations with emotional intelligence and clinical clarity.[38]

Standardised patients are widely used in health professions education to provide a safe and structured environment for learners to rehearse communication tasks and receive feedback, including in conversations involving psychosocial concerns or difficult news.[1] Although structured programmes like these have become central to communication training in medicine and nursing,[24,29,30] they remain underutilised in optometry education.[1,13] This is particularly noteworthy given the complexity of optometric consultations, which often require practitioners to translate clinical findings into patient-friendly language, manage anxiety related to vision loss, and navigate communication across diverse linguistic and cultural contexts.[2,8,23] These challenges highlight a pressing opportunity to expand structured communication models in optometry training, aligning them more closely with the evolving demands of patient-centred eye care in South Africa and globally.[1,14]

Longitudinal training

Longitudinal communication training, delivered across multiple academic years, enhances students' development of patient-centred competencies such as empathy, cultural sensitivity and clarity in clinical dialogue.[26,27,39] Repeated patient interactions and sustained training engagements support experiential learning and progressive skill acquisition.[38,40] However, communication skills may deteriorate without ongoing reinforcement, highlighting the importance of consistent practice throughout clinical education.[40]

Evidence from Swiss medical curricula demonstrates how structured communication training, encompassing history-taking, shared decision-making and complex interactions, can enhance core competencies.[40] Similarly, longitudinal approaches incorporating simulation and real-world application in nursing and pharmacy education appear more effective than isolated workshops.[26,27] A study involving fourth-year pharmacy students showed that gradual exposure to communication tasks enhanced clinical performance and underscored the need for standardised, scaffolded training.[26] Such an approach is particularly important in South Africa's multilingual and multicultural context, where students must be equipped to navigate linguistic and cultural diversity to deliver inclusive, patient-centred care.[38,39]

Constructive alignment

Constructive alignment, which refers to the deliberate linking of learning outcomes, instructional strategies, and assessment methods, is pivotal in practical communication training.[39] When learning is constructively aligned, students are more likely to internalise skills to reflect academic objectives and clinical realities.[3,24] Evidence from pharmacy and nursing education reinforces this point. For example, Kubota et al.[26] and Raurell-Torredà et al.[27] demonstrate how simulation, structured roleplay, and standardised assessments enhance students' preparedness for real-world communication demands when intentionally embedded within the curriculum. These methods are not simply instructional add-ons but integral components that ensure learning is purposeful, applied, and evaluated in alignment with clearly defined competencies.[26,27]

The importance of alignment becomes even more apparent in the context of curriculum design. Moura et al.[24] argue that a structured curriculum has a significant influence on students' readiness for clinical communication. Their findings suggest a shift away from fragmented or incidental teaching toward more intentional, vertically integrated designs that reinforce communication skills over time. This is particularly relevant in South Africa, where Putter et al.[14] identified notable gaps in clinical preparedness and communication training among graduating optometrists. Their study suggests that current curricula may lack the cohesive structure to develop these skills systematically.[14]

Internationally, the work of Quail et al.[25] offers additional insights. The authors highlight the value of scaffolding and sequencing by comparing structured, virtual, and traditional communication training methods.[25] Their findings suggest that communication competence is best developed not in isolated sessions but through a carefully staged process that builds complexity and confidence over time.[25] For optometry education, especially in diverse and resource-limited contexts such as South Africa, this reinforces the need for content-rich curricula that are constructively aligned with professional expectations and student development trajectories.[14,15]

Training methods for supporting communication competence

Simulation-based learning

Simulation-based training has emerged as a vital pedagogical tool in health professions education, offering students a safe and controlled environment to practise and refine communication skills without jeopardising patient safety.[30,31] These simulated experiences, ranging from OSCEs to roleplay scenarios and clinical dramas, enable learners to explore interpersonal strategies in structured, high-fidelity contexts that mirror the complexities of real clinical encounters.[27,28,32] Through iterative practice and guided reflection, supported by simulation-based training and structured feedback, students can incrementally build communication competence, adapting their responses to diverse patient cues, emotional states, and cultural contexts.[25,38,39]

Group roleplays and scripted clinical scenario dramas add another layer of realism, promoting active engagement and allowing students to develop confidence in navigating unpredictable communication dynamics.[41,42] Importantly, research suggests that repeated participation in these immersive exercises contributes not only to the development of specific communication techniques but also to longer-term improvements in students' self-efficacy and adaptability during patient interactions.[29,31,43]

In South Africa, the use of OSCEs in optometry education is becoming more widespread, reflecting a shift toward performance-based assessment of clinical and communication competence.[14] It reflects broader international trends prioritising experiential learning and skills-based training to bridge theoretical knowledge with real-world practice.[24,26,36] For optometry students, who are expected to translate complex diagnostic findings across language and cultural boundaries, simulation provides a valuable platform for developing clinical clarity, empathy and professional readiness before entering practice.[30,38]

Feedback-driven communication skills development

Feedback is critical in developing communication competence, offering students opportunities to reflect, refine and internalise key skills.[31,33,43] Structured feedback, whether delivered by instructors, peers or through self-assessment, provides specific, behaviour-focused guidance rather than broad, subjective overall impressions.[33,42] Video analysis allows learners to observe their interactions, identify strengths and weaknesses, and make informed improvements.[31] Similarly, peer evaluation and 360-degree feedback foster a collaborative learning culture, encouraging students to view communication from multiple perspectives.[33,42]

Research consistently shows that specific and behaviour-oriented feedback is more effective in shaping communication performance than general commentary.[33,44] In addition to improving interpersonal techniques, feedback also nurtures self-awareness, helping students to recognise their communication habits and adapt them to suit diverse patient needs.[43,45] These formative experiences contribute to deeper learning and long-term competency.[33]

Technology-enhanced training

Technology-enhanced learning has become a vital component in communication training, offering flexible and engaging platforms for skills development.[46,47,48] Virtual simulations and recorded roleplays have increased students' confidence and competence by replicating real-world clinical interactions in controlled environments.[31,49,50] Peer-led online sessions promote active learning by encouraging students to take ownership of their communication growth.[51] These digital approaches provide immediate feedback and foster reflective practice, crucial for improving communication effectiveness.[34,35]

However, the success of online communication training depends on thoughtful implementation. While some interventions have shown short-term gains, their long-term impact may wane without reinforcement and integration into broader curricula.[35,48] Additionally, disparities in digital access can pose barriers to equitable learning, particularly in under-resourced regions.[46] Addressing these challenges requires inclusive design and culturally sensitive delivery to ensure all students benefit from meaningful engagement, regardless of technological context.[23,50]

The mentioned studies underscore the critical need for integrating focused communication skills training into healthcare education.[34,48,51] Evidence shows that such training enhances student learning outcomes and strengthens their ability to navigate complex clinical interactions effectively.[26,27,28] Effective communication is also central to treatment planning, patient satisfaction and improved health outcomes.[27,29,30] Together, these findings suggest that a more intentional approach to communication training may be beneficial in health professions education and identify elements that could inform the future development of a communication training framework.

Implications for undergraduate optometry education

The evidence reviewed signals a necessary shift from informal, observational learning to structured, longitudinal and contextually responsive communication training.[24,36] The majority of articles (n = 24) were conducted in high-income countries. This distribution reflects a broader trend in literature where structured communication programmes are frequently formalised. While core communication competencies are globally relevant, their applications in South Africa require contextual adaptation because of the diverse language and cultural needs, as well as challenges in resource availability.[2] Simulation-based learning within the curriculum enables students to practise and refine communication in controlled yet authentic scenarios.[27,31] When paired with a structured feedback mechanism, including video review and peer evaluation, students gain valuable insight into their interpersonal strengths and areas for growth.[33,44] Technology-enhanced methods, such as virtual simulations and online peer sessions, support scalable

and accessible training solutions across diverse settings.[34,48] Communication training should be constructively aligned with curriculum goals and clinical competencies to ensure a lasting impact.

While evidence from health professions education shows multiple approaches to developing communication competence, its applicability to South African optometry requires a contextual adaptation. Multilingual and culturally diverse clinical settings emphasise the need for students to practice explaining and confirming patient understanding. Although these points do not constitute a framework, they offer evidence-informed considerations that may guide future framework development for undergraduate optometry programmes.

Limitations

As a narrative review, this study did not apply a systematic review protocol or formal quality appraisal procedures, which may limit reproducibility. Although the search strategy was thorough and included multiple academic databases, it is possible that some relevant studies were not identified. A narrative review also allows for a potentially subjective but reliable and collective use of information to reach a conclusion. Therefore, the findings should be interpreted as a consolidation of existing literature rather than a restricted analysis. The flexible nature of narrative review methodology enables the integration of diverse perspectives and contextual considerations, which is particularly valuable for informing curriculum development in settings characterised by cultural and linguistic diversity, such as South African optometry education. Included studies were not formally appraised for methodological quality. This may affect the interpretative depth of the synthesis, suggesting that the findings should be understood as conceptual insights that inform curriculum design rather than conclusive evidence of intervention effectiveness.

Conclusion

This review highlights a clear need to move from informal communication learning toward structured and explicit training in undergraduate optometry education. Evidence across health professions demonstrates that communication competence develops most effectively when programmes are constructively aligned and supported through simulation, feedback and reflective practice. Within optometry, specifically, research indicates that students often acquire communication skills incidentally during clinical exposure, particularly in diverse and resource-constrained settings, such as those found in South Africa. Strengthening communication training is therefore not an optional curriculum enhancement, but a requirement for achieving patient-centred care. Embedding communication development aligned with the HPCSA's AfriMEDS Communicator role offers a pathway to improving graduates' readiness for practice and supporting improved patient experiences and outcomes. The findings of this review form a foundation for developing a structured communication training framework that is relevant to the needs of South African optometry students, educators and the populations they serve.

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Competing interests

The authors Elene Kruger, Mathys J. Labuschagne and Elzana Kempen declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

CRediT authorship contribution

Elene Kruger: Conceptualisation, Formal analysis, Investigation. Methodology, Project administration, Resources, Visualisation, Writing – original draft. Mathys J. Labuschagne: Conceptualisation, Methodology, Project administration, Supervision, Writing – review & editing. Elzana Kempen: Conceptualisation, Methodology, Project administration, Supervision, Writing – review & editing. All authors reviewed the article, contributed to the discussion of results, approved the final version for submission and publication, and take responsibility for the integrity of its findings.

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Data availability

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