

Introducing Communication Skills Training among Interns using Attitude, Ethics, and Communication Module

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Abstract

Background: Communication skills are the backbone for patient care services such as patient interviews, counseling the patient, and explaining treatment options. The present study was conceived to evaluate the communication training program and perceptions of medical interns and faculty regarding the same. **Methodology:** Sixty medical interns were included in this cross-sectional study. Training on communication skills was imparted which was later assessed on the basis of Kalamazoo scale. Attitude of the interns regarding communication skill training was assessed using Rees and Sheard Scale. The attitude of faculty regarding introduction of communication skill was also assessed. **Results:** The mean score on Kalamazoo Consensus Scale was 19.65 ± 4.97 with a range of 10–29. Females had a higher score (21.09 ± 5.80) as compared to males (17.88 ± 3.21), but this was not statistically significant ($P = 0.157$). The mean score for positive and negative attitude scale was 59.15 ± 5.51 and 25.20 ± 9.60 . **Conclusion:** The ability to communicate effectively is a core competency expected of medical graduates and communication skills training of medical students and interns with the help of didactic lectures, role plays, and videos, etc., can go a long way in improving their communication skills.

Keywords: Communication skills, competency, interns, medical education, patient care, training

INTRODUCTION

Communication is the art of transmitting information and meaningful interaction to exchange ideas and attitudes with one another. It can be viewed as a professional practice where appropriate rules and tools are applied to enhance the utility of the information being communicated.^[1] Akin to many similar people-based professions, medical practice too relies heavily on communications skills. It forms the foundation for patient care and physician-patient interactions.^[2]

Effective communication skills benefit physicians and help to improve health outcome in patient care along with an overall impact on burden of disease in the community. Moreover, patient outcomes such as drug adherence, patient satisfaction, and coping with illness depend, among others, on the doctor's communication abilities.^[3]

There is evidence that, although effective communication improves patient outcomes, doctors are not all ideal communicators and skills of communication can be learned.^[4] Most experts share the conviction that good communication

skills are not innate and can be learned through intentional, systematic, and experiential training.^[5,6] The relationship between medical student's attitudes toward the learning of communication skills and their demographic and education-related characteristics were first studied by *Rees C and Sheard C*.^[7]

In the last few decades, the importance of communication skills training in medical education is being recognized globally as well as locally. Most medical colleges in developed countries are offering programs in interviewing and communications skills to their medical students.^[8,9] In India, however, adequate attention has not been given to communication skills training in either undergraduate or postgraduate teaching in medical

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colleges. Medical teaching faculty in India perceives communication skills to be not-teachable, or that these skills can be acquired and improved with experience.^[10]

This study makes an attempt to address this unmet need and introduce communication skills training using interactive methods focusing on its practical application through intern-patient encounters in an OPD setting.

Objectives

1. To evaluate the perception of faculty and Interns on communication skills training
2. To introduce training on basic communication skills among interns during their rotatory internship posting in Community Medicine in an OPD setting.

METHODOLOGY

This Cross-sectional study was conducted on MBBS students during their internship posting at the Urban Health Training Center (UHTC), attached to Community Medicine department in tertiary care teaching hospital over a period of six months.

Prior permission was sought from the Institutional Ethics Committee which was waived off as this study was part of medical education course. Departmental faculty was sensitized regarding the conduct of training program. 5–8 interns (approx.) are posted in UHTC for 15 days during their rotatory internship posting of 2 months in the department of community medicine.

Written consent was taken from all study participants after explaining them about the basis of the study. The first 3 days were utilized to train the interns on communication skills using videos, small group discussions, and role plays. After imparting training, the interns were allowed to communicate with patients under supervision. They were assessed on their communication skills using Kalamazoo Essential Elements Communication Checklist-Adapted.^[11] The interns were assessed as Poor/Fair/Good/Very Good/Excellent. The score varies from 7 to 35, and the communication skills were graded as poor,^[7-13] average (14–20), good (21–27), and excellent (28–35).

The attitude of interns toward communication skill was evaluated using Rees and Sheard communication skill attitude scale which contains 13 positively worded questions and 13 negatively worded questions.^[6] This scale has been validated in various settings and languages. The perception of the interns and faculty members was taken regarding the importance of the training on communication skills at the end of the study. Confidentiality of the information was maintained at all levels.

The data were entered in Microsoft Excel spreadsheet and analyzed using SYSTAT software version 13.2 SYSTAT software version 13.2 for Windows (San Jose, CA: Inpixon Inc). Data were expressed in percentages, and Student's test was applied to derive inference from the data.

RESULTS

A total of 60 medical interns were enrolled in the study. In the Kalamazoo consensus scale, highest and lowest mean scores were in domain K3 and K4 (3.05 ± 0.89 and 3.05 ± 1.10 , respectively) and domain K1 (2.5 ± 0.95). The total mean score of seven domains of Kalamazoo scale was 19.65 ± 4 . Females had higher score (21.09 ± 5.80) as compared to males (17.88 ± 3.21) in communication task in Kalamazoo consensus scale [Figure 1].

The mean score for positive and negative attitude scales was 59.15 ± 5.51 and 25.20 ± 9.60 [Table 1]. For positive attitude scale, male interns had higher score as compared to females, but this was not statistically significant ($P = 0.245$). For negative attitude scale, females had higher scores as compared to males which was not significantly different ($P = 0.503$). Figure 2 shows the assessment of male and female interns with respect to Kalamazoo Scale.

DISCUSSION

This study introduced the teaching of communication skills to the interns and assessing their skills in OPD setting using Kalamazoo Scale. The study also analyzed the attitude of interns and teaching faculty on the importance of

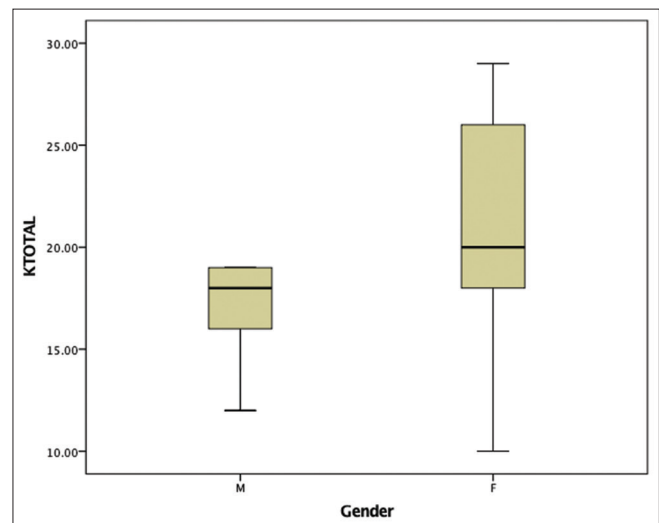


Figure 1: Box plot for Kalamazoo scale among males and females

Table 1: Rees and Sheard score (positive and negative attitude score)

	PAS	NAS
Mean±SD	59.15±5.51	25.20±9.60
Median (range)	60.5 (45-65)	24 (13-51)
Gender		
Male	60.77±4.63	23.55±7.93
Female	57.81±6.03	26.54±10.97
P	0.245	0.503

NAS: Negative attitude score, PAS: Positive attitude score, SD: Standard deviation

communication skills. Through this study, emphasis has been laid on the development of effective communication skills among budding doctors laying stress on the various aspects that how this skill is helpful to them in their profession while treating the patients.

At the outset of posting, training was imparted on communication skills through small group discussion and role play. Similar methods were also used by Deveugele *et al.*^[12] in their efforts to teach communication skills to medical students. Haq *et al.*^[13] in her study described the content and methods used to teach communication skills to medical students.

In the present study, the efforts were made to understand the utility of teaching communication skills to medical students. Aspegren^[14] in his guide on communication skills stated that communication skills can be taught but are easily forgotten if not maintained by practice. The most effective point in time to learn these skills is at medical school and practice them during clinical posting and internship period.

Training on communication skill to interns was imparted and the skill was later assessed using Kalamazoo scale. In a study by Yedidia *et al.*,^[15] effect of communications training on medical student performance concluded that communication curricula using an established educational model significantly improved 3rd-year students communication competence, as well as their skills in relationship building, organization and time management, patient assessment, etc., and increased clinical competence. The authors in the present study had similar experience that communication skill can be taught to students with improved outcomes.

In the present study, the mean score of PAS and NAS was 59.15 ± 5.51 and 25.20 ± 9.60 , respectively. In our study, the PAS score was higher as compared to study done among dental interns in Bangalore city.^[10] Positive attitudes score may motivate the implementation of “communication skill training program” to the students, as positive attitude reflects caring patient orientation, thus a better health outcome. However, lower NAS score implies that the communication skill teaching is not considered important by the medical graduates.

All the faculty members opined that that communication skill training should be the part of curriculum but time of

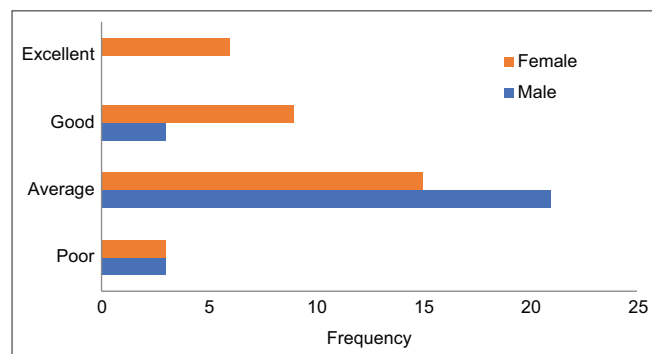


Figure 2: Bar chart showing Kalamazoo distribution among different gender

introduction varied with faculty. Majority (75%) opined that it should be introduced from very beginning while 25% wanted it before clinical postings. The barriers recognized in introducing communication skills in under graduation were identified as lack of fixed curriculum, lack of time, and resources and untrained faculty to teach soft skill. Despite all the barriers, the importance of teaching communication skills to budding doctors is very essential as it would help in developing better doctor patient relationship.

In this study, we implemented teaching and assessment of communication skills of budding doctors. This will address the increasing professional need for enhanced interpersonal and communication skills training. National Medical Commission has introduced the communication skill in the (Attitude, Ethics, and Communication) module. In this module, communication has been identified as one of the competencies which the Indian medical graduate must possess. Introduction of communication skill teaching will enable the researchers and teaching faculty to collect the data regarding the retention of these skills and to see whether uniform teaching and assessment over the entire course improves students’ performance.

The study had some limitations. The present study was a one-time intervention, thus it was difficult to predict the exact magnitude of the impact of training. Furthermore, the long-term use of acquired skills was missing. The sample size of the study was small due to the short study duration.

CONCLUSION

Teaching communication skills to medical students with the help of didactic lectures, role plays, and videos, etc., may help in improving their communication skills. The ability to communicate effectively is a core competency which the Indian Medical Graduate must develop. Inculcating habits of good communications skill during formative years will help the medical students and future practitioners and is a positive investment for the better future health of the society. Regular courses on effective communication are the need of the hour to improve the doctor – patient relationship.

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Conflicts of interest

There are no conflicts of interest.

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