

Introducing Communication Skills Teaching into the Curriculum

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Abstract

Background: To describe the design of a communication skills workshop for final year medical students.

Methods: A simple observational pre-post workshop analysis was done after a 2 day Communication Skills workshop which included four themes: doctor-patient relationship-building skills, breaking bad news, dealing with distressed patients and patients with psychosocial issues, conflict resolution and negotiation skills. At the end of the workshop an OSCE was conducted, using in-house videos, and trainee doctors acting as simulated patients at different stations.

Results: Pre- post workshop survey showed increased understanding by the students of the importance of effective communication skills. Results of the paired T-Test revealed an increased awareness of the importance of communication skills among the students with p values<0.001 for all dimensions measured.

Conclusion: Students need a strong foundation and an early start to build communication skills..

Key Words: Communication, Curriculum, Students.

Introduction

Effective communication skills are not only necessary for doctors in information gathering, diagnosis, treatment and patient education in a better way, but they also result in increased satisfaction, greater symptom resolution, lower referral rates, improved functional status and enhanced health outcomes among patients.^{1,2}

Little data exist for the effectiveness of communication skills teaching for medical students in developing countries¹. PubMed and other sources do not list any articles from Pakistan relating to teaching communication skills at an undergraduate level. The question often arises that who should be responsible for such courses. Attitudes of students and teachers is a major determinant to accomplish the positive results. All this makes the teaching of communication skills a mammoth task.³

Subjects and Methods

Department of Medicine and Medical Education, Foundation University Medical College, conducted a 2 days interactive, small group format workshop for the final year medical students of year 2010. About 96 students attended the workshop (Seventy female and 26 male students) . A 12 member multi-disciplinary volunteer team of faculty and postgraduate trainees was formulated with representation from the Departments of Medicine, Obstetrics, Gynaecology, Pathology and Biochemistry. Three members of the team had gone through the CPSP workshop on communication skills and one member was a FAIMER (Foundation for advancement of Medical Education and Research USA) Fellow. Doctor-patient relationship-building skills, breaking bad news, dealing with psychosocial issues, e g, spirituality, sexuality, violence and conflict resolution and negotiation skills were selected as four themes for the workshop.

The four senior faculty members worked with junior faculty in four teams to develop objectives of the small group exercise, process and scripts of the exercise using role-play, facilitator notes for each small group, faculty and student manuals, power point presentations for the wrap-up sessions .

To promote reflection of students on the importance of communication skills, the workshop included an Oscar winning movie based on a patient with terminal cancer 'Wit' which was shown to the students. An eight station OSCE was designed with live simulated patients (SP) and in-house videos made by the faculty team role playing scenarios, on which students were asked to comment on the skills of the doctor.

During all case scenarios Student -Simulated Patient interaction began and Examiner started rating the student's communication skills. The live Simulated Patients (SP) stations required students to demonstrate recognition of feelings, use of open/closed questions and encouraging patient to describe their problem and explanation. The performance of the student was

Table 1. Retrospective pre-post evaluation form for the workshop.

FOUNDATION UNIVERSITY MEDICAL COLLEGE COMMUNICATION SKILLS WORKSHOP FINAL YEAR MEDICAL STUDENTS														
Thinking back to before you began the Communication skills workshop and now, rate your KNOWLEDGE, SKILLS/COMPETENCE, ATTITUDES:														
LEVEL OF UNDERSTANDING														
1:none or no skill; 2:vague knowledge, skills or competence; 3:slight knowledge, skills or competence; 4:average among my peers; 5:competent; 6:very competent; 7:expert, can teach others														
	Rate your skills, knowledge, attitudes to address the following topics BEFORE workshop							Rate your skills, knowledge, attitudes to address the following topics TODAY						
I understand improving my communication skills would increase my ability to work	1	2	3	4	5	6	7	1	2	3	4	5	6	7
I know the steps of how to deliver bad news	1	2	3	4	5	6	7	1	2	3	4	5	6	7
I am able to communicate effectively in a small group	1	2	3	4	5	6	7	1	2	3	4	5	6	7
I understand that while communicating I have to keep in mind principles of confidentiality	1	2	3	4	5	6	7	1	2	3	4	5	6	7
I understand how good communication skills can lead to an informed consent	1	2	3	4	5	6	7	1	2	3	4	5	6	7
I have to learn that principles of ethics & communication skills are part of professional behaviour	1	2	3	4	5	6	7	1	2	3	4	5	6	7

marked by faculty using the Liverpool Communication Skills Assessment (LCSA), a 12 item, 4 category rating system. ⁴ The videos were made using a hand-held camera to reduce costs. At the end of the workshop students were asked to fill a retrospective pre-post evaluation form for the workshop (Table 1).

Results

Eighty four out of ninety six Final year medical students who participated in the workshop filled out the retrospective pre-post survey form. Sixteen students were reluctant to fill-up the proforma as they were in a view that they might be overconfident before the workshop and they actually want to learn more about the subject to give some final opinion about themselves. The results of those who completed the proforma showed that for all six questions asked to assess the student's awareness and knowledge, attitudes about communication skills and their self perceived communication skills, there was a great difference in the level of understanding before and after the workshop which was highly statistically significant (p-values <0.001) (Table 2).

Table 2: Pre-post evaluation workshop results and significance

Item	Pre-workshop score	Post-workshop score	p-value
Question 1	3.9	5.7	<0.001*
Question 2	3.0	5.7	<0.000**
Question 3	3.9	5.7	<0.001*
Question 4	3.8	5.9	<0.001*
Question 5	3.3	5.6	<0.000**
Question 6	3.3	6.1	<0.000**

Discussion

Economic, technical, political, social, and cultural factors are constantly demanding substantial changes in the delivery of health care. Future physicians and scientists must learn the principles of medicine and research in the broadening context of a biological, psychological, and social perspective at an earlier stage. Improved knowledge and attitudes are not sufficient in themselves to change behaviour in daily practice. Practical training with a proper credence to humanistic aspect is required. Present study showed that by learning communication skills

medical students can learn the steps of how to deliver bad news, how to communicate and work effectively with their colleagues in small groups. In contrast to our study, in a survey done at Nottingham UK in 2003, students rated their communication skills slightly but significantly lower at the end of their communication skills. This was because they realized that they were overconfident in their level of communication skills before the workshop and after learning so much detail rated them lower and showed a need to learn more to improve their communication skills.⁵

There is a considerable variability in the methodology and incorporation of teaching skills in the curriculum. Role playing has been used often to teach communication skills and has been shown to result in improvement in communication skills among medical students.^{6,7}

Educators working to teach communication skills face a number of challenges. Some educators and students take communications skills for granted but some others view formal communication training as an unnecessary distraction from basic biomedical sciences for pre-clerkship students and impractical for busy students and clinicians. The attitude that some students have a natural gift for these skills, while others do not, may impede effective curriculum development. Inconsistencies in terminology, content, methodology, expected competencies and outcome measures in this subject have contributed to further confusion.⁸

The obvious problem with an isolated workshop is the loss of impact if the skills are not reinforced over the years. Institutional curricular committees should ensure teaching of communication skills through out the curriculum in a spiral fashion. A very helpful tool for this purpose is Problem Based Learning (PBL), which ensures that students learn to communicate with each other, resolve conflicts and work in a team. The small group training creates a huge workload. Choosing the most important suitable

trainer for communication skills is not easy. The selection and training of simulated patients for these workshops remains a challenge. Students with specific communication problems should be picked up early and special attention should be paid to them. Conductance of workshops in non-pressured environment and formative feed back to students are the components ensuring successful outcomes of communication skills

Conclusion

It is imperative to develop guidelines for communication skills.

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