

Usefulness of Training Attitude and Communication Skills to 3rd Year Professional Students: An Analytical Study

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Received: 27-09-2023 / Revised: 25-10-2023 / Accepted: 30-11-2023

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Conflict of interest: Nil

Abstract:

Introduction: The existing methods of teaching and assessing ENT needs to be reformed to develop a competent and committed medical practitioner who is skilled, responsive, committed to his patients and can communicate well. Like many other people based professions, communications skills are essential to medical practice also. Till now MBBS education focused on one domain of learning – cognitive (head) and rarely on psychomotor (hand) and rarest on affection and attitude (heart). There was no emphasis on communication skills. So, the concept of holistic health care is missing. We need to effectively impart and analyze attitude and communication skills of undergraduate medical students.

Objective: To analyze the effect of training attitude and communication skills in 3rd year students and to check the satisfaction level of students in communicating with patients before and after training session.

Methodology: 75 students of 3rd professional year who were posted in ENT clinical postings (January- February) were taken for study. The study was a cross sectional analytical study of 6 months duration. Pretest and post test scores of communication and attitude skills were assessed on gap consensus Kalamazoo scale by the students, faculty and relatives. Sessions of attitude and communication skills were taught by various means like small group, large group, role play, focused discussions and interactive lecture then again students were assessed on same scales by students themselves, faculties and relatives. Mean scores were calculated and compared by ANOVA and significance levels were determined by Using SPSS software (version 26.0).

Results: Mean scores of Gap Consensus Kalamazoo assessment scale significantly increased after the training session which was assessed by students themselves and faculties ($P \leq 0.05$). Statistically insignificant difference was found in mean scores assessed by relatives ($P \geq 0.05$). Students self assessment showed they find themselves weak on element 'A' i.e., they open up the discussion well but still need to work on building a relationship throughout the bedside examination.

Conclusion: Introduction of training sessions on attitude and communication skills to 3rd year professional students coming to clinical postings in department of Otorhinolaryngology significantly created a difference Their Mean scores increased after training sessions, students and faculties felt the need of such sessions to be part of regular clinical curriculum in 3rd year.

Keywords: Communication Skills, Health Education, Attitude, Clinical Curriculum

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Introduction

Good communication skills have become a useful asset in building an honest doctor patient relationship. It has become an indigenous part of

comprehensive medical care [1]. World Health Organization (WHO) has specified qualities that are important for a physician this includes that of a

caregiver, who knows community health requirements, reconciles individual, encourage healthy lifestyles, who make use of new technologies, and has good communication to be able to work efficiently in teams.

The existing methods of teaching and assessing ENT needs to be reformed to develop a competent and committed medical practitioner who is skilled, responsive, committed to his patients and can communicate well [2]. Till now MBBS education focussed on one domain of learning – cognitive (head) and rarely on psychomotor (hand) and rarest on affection and attitude (heart). There was no emphasis on communication skills. So the concept of holistic health care is missing. This has led to increased mistrust among public for doctors and increased violence against doctors due to negligence, unethical behaviour and lack of communication. Qualitative educational researches are also lacking in our institutes. We need to effectively impart and analyze attitude and communication skills of students for holistic health care delivery. If we do not improve and impart the good communication skills to the professional medical students and change their attitude then, mistrust in the society towards doctors will not change and the students will not become good and responsive clinicians. The importance of teaching empathy to budding doctors cannot be stressed enough. Proper and effective communication with the patient and the attendants is an art, and should be taught to all young doctors. William Osler famously said, “*The good physician treats the disease; the great physician treats the patient who has the disease*” [3].

The new competency based curriculum includes Foundation course which incorporates an orientation of undergraduate students to communication skills. This study was planned to assess usefulness of training the same to the 3rd year students who were not exposed to new AETCOM module in their initial years and depending on its statistical analysis it may be incorporated by other faculties in other departments. [4]

Material and Methods: Institutional ethical committee approval was taken before starting the study. The study was conducted at rural tertiary care center of northwest Maharashtra. The study was conducted for 3 batches of 3rd minor MBBS students posted for clinical postings in department ENT during the month of January 2020 each batch constituted of 25 students. On 4th, 5th and 6th day of posting history taking and examination of nose was given as task to students and were informed about the scale on which they will be assessed after that on 7th day, they were taught basics of attitude and communication skills over 3 hrs by department faculties by various means like small group discussions, videos, power point presentation and roleplay by interns posted. During last 3 days of posting they were reassessed on 7 elements of GKCS scale. Scorings entered into excel and data analyzed by Statistical analysis was done using Statistical Package of Social Science (SPSS Version 20; Chicago Inc., USA). Data comparison was done by applying specific statistical tests to find out the statistical significance of the comparisons. Quantitative variables were compared using mean values and qualitative variables using proportions. Significance level was fixed at $P \leq 0.05$.

Results: Pre and post training scores of Gap-Kalamazoo Communication Skills Assessment Form for each of the 7 elements by faculty, relatives and student him/herself were analyzed by SPSS software and we found Mean scores of GAP consensus Kalamazoo assessment scale significantly increased after the training session which was assessed by students themselves and faculties ($P \leq 0.05$). Statistically insignificant difference was found in mean scores assessed by relatives ($P \geq 0.05$). Students self assessment showed they find themselves weak on element ‘A’ i.e., they open up the discussion well but still need to work on building a relationship throughout the bedside examination. Attitude of student’s regarding importance of communication skills was analyzed by responses received on google forms created with standard 26 element attitude scale [5].

Table1: Comparative evaluation of mean score between students, faculty & relative after training session

SCALE	Student N=75		Faculty N=75		Relative N=75		P- Value
	Mean	SD	Mean	SD	Mean	SD	
A	3.27	0.684	3.67	0.600	3.67	0.704	0.001(HS)
B	3.53	0.963	3.60	0.885	3.53	1.095	0.892(NS)
C	3.38	0.721	3.53	0.723	3.80	0.986	0.006(S)
D	3.40	0.885	3.47	0.723	3.73	0.859	0.034(S)
E	3.33	0.949	3.47	0.811	3.40	0.717	0.618(NS)
F	3.60	0.885	3.27	0.935	3.73	1.004	0.008(S)
G	3.33	0.949	3.47	1.155	3.73	0.935	0.052(NS)
H	3.60	0.885	3.40	0.717	3.40	1.090	0.301(NS)
I	3.20	0.986	3.73	0.935	3.93	0.777	0.001(HS)

Table 2 : Communication skills assessment scale(gkcs)

ELEMENTS OF SCALE	SCORES				
	1	2	3	4	5
Builds a Relationship	Poor	Fair	Good	Very Good	Excellent
Opens the Discussion	Poor	Fair	Good	Very Good	Excellent
Gathers Information	Poor	Fair	Good	Very Good	Excellent
Understands the Patient's and Family's Perspective	Poor	Fair	Good	Very Good	Excellent
Shares Information	Poor	Fair	Good	Very Good	Excellent
Reaches Agreement	Poor	Fair	Good	Very Good	Excellent
Provides Closure	Poor	Fair	Good	Very Good	Excellent
Demonstrates Empathy	Poor	Fair	Good	Very Good	Excellent

Table 3: 26 Elements Communication Skills-attitude Assessment Scale

1	In order to be a good doctor I must have good communication skills
2	I can't see the point in learning communication skills
3	Nobody is going to fail their medical degree for having poor communication skills
4	Developing my communication skills is just as important as developing my knowledge of medicine
5	Learning communication skills has helped or will help me respect patients
6	I haven't got time to learn communication skills
7	Learning communication skills is interesting
8	I can't be bothered to turn up to sessions on communication skills
9	Learning communication skills has helped or will help facilitate my team working skills
10	Learning communication skills has improved my ability to communicate with patients
11	Communication skills teaching states the obvious and then complicates it
12	Learning communication skills is fun
13	Learning communication skills is too easy
14	Learning communication skills has helped or will help me respect my colleagues
15	I find it difficult to trust information about communication skills given to me by nonclinical lecturers
16	Learning communication skills has helped or will help me recognize patients' rights regarding confidentiality and informed consent
17	Communication skills teaching would have a better image if it sounded more like a science subject
18	When applying for medicine, I thought it was really a good idea to learn communication skills
19	I don't need good communication skills to be a doctor
20	I find it hard to admit having some problems with my communication skills
21	I think it's really useful learning communication skills on the medical degree
22	My ability to pass exams will get me through medical school rather than my ability to communicate
23	Learning communication skills is applicable to learning medicine
24	I find it difficult to take communication skills learning seriously
25	Learning communication skills is important because my ability to communicate is a life-long skill
26	Communication skills learning should be left to psychology students, not medical students

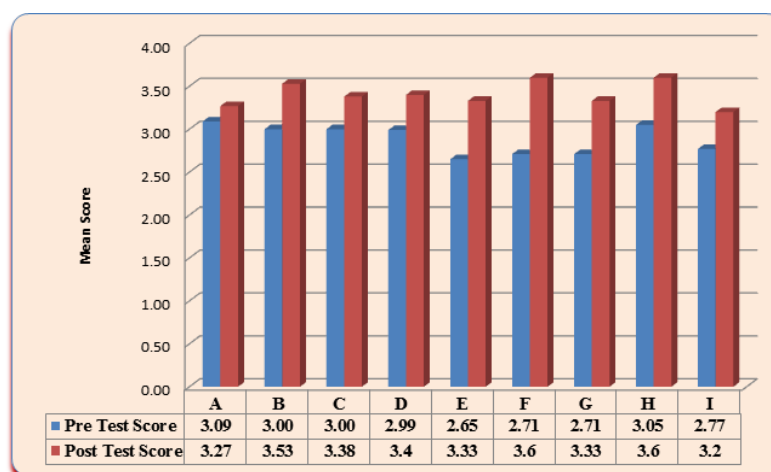


Figure 1: Comparative assessment scores before and after training session by students

Discussion:

Study done by Ravi P Shankar on attitude showed a significant association with attitude towards communication skills training during the clinical years and in our study also the training imparted in 3rd clinical year created significant difference⁴. Study conducted by Anjali Choudhary and Vineeta Gupta showed about 88% of the students in the sample were convinced of the importance of learning communication skills for effective practice [6]. Almost 90% students were communicating better after training as tested by improved SPSQ. The present study also showed the results in concordance as mean scores on Kalamazoo scale before and after training showed significant difference and 80% of students realized to be a good doctor, to work effectively in team and to diagnose the patients problems accurately communication skills play important role. A study done outside India in 2016 by Isabel Taveira Gomes showed that students Empathic attitudes and ability to collect information improved whereas interview structure and non-verbal behavior showed a decline during clerkships expressing a balance between the competencies that improved, those that declined, and those that remained unchanged [7]. In our study students found themselves weak on element 'A' i.e., they open up the discussion well but still need to work on building a relationship throughout the bedside examination.

In our project we found the good change in the attitude of students and gain in confidence and satisfaction of students in dealing with patients even after short training of attitude and communication skills in short postings then its value cannot be underestimated to be taught in regular curriculum especially in clinical years by clinical teachers which is ultimately going to achieve our Goal of an ideal IMG

Acknowledgement

I am thankful to faculties of Nodal center for Advance course in Medical education for constant guidance in completion of our project.

References:

1. Bagle, Tushar & Patel, Tejal & Baviskar, Pooja. (2021). Cross sectional evaluation of communication skills attitude in undergraduate medical students. *Journal of Medical and Allied Sciences*. 2021; 11(1): 45-50.
2. Nanda, Manpreet. (2017). Role of newer medical education technologies and attitude and communication (at-com) module in teaching otorhinolaryngology. *Journal of medical and dental sciences*. 66, 6301-6303.
3. Ambesh P. (2016). Violence against doctors in the Indian subcontinent: A rising bane. *Indian heart journal*, 68(5), 749-750.
4. Shankar, P Ravi & Dubey, Arun & Mishra, Pranaya & Deshpande, Vibhavri & Sreeram areddy, Chandrashekhar & Shivananda, P. (2006). Student attitudes towards communication skills training in a medical college in Western Nepal. *Education for health (Abingdon, England)*. 19, 71-84.
5. Rees, Charlotte & Sheard, Charlotte & Davies, Susie. (2002). The development of a scale to measure medical students' attitudes towards communication skills learning: The Communication Skills Attitude Scale (CSAS). *Medical education*. 36. 141-7.
6. Choudhary A, Gupta V.(2015) Teaching communications skills to medical students: Introducing the fine art of medical practice. *Int J App Basic Med Res* 2015; 5: 41-4.
7. Isabel Taveira-Gomes, Rui Mota-Cardoso, Margarida Figueiredo-Braga.(2016). Communication skills in medical students – An exploratory study before and after clerkships, *Porto Biomedical Journal*, Vol: 1 (5), 2016, 173-180