RESEARCH PAPER

Feasibility of a Structured Communication Training Programme among Clinical Staff: A Pilot Study

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ABSTRACT

Background:

Patient education and effective communication are essential components of quality healthcare delivery. Healthcare professionals play a critical role in ensuring that patients understand their health conditions, treatment plans, and self-care practices. However, inadequate training in patient education strategies and communication skills may hinder effective patient care (1,2).

Objective:

1. To assess the feasibility of Structured Communication Training Programme among clinical staff.
2. To evaluate its effectiveness in improving knowledge and clinical practice related to patient education and communication.

Methods:

A quantitative one-group pre-test and post-test pilot study was conducted among 12 healthcare professionals in selected hospitals. A structured knowledge questionnaire and clinical practice checklist were used. A 2-hour structured Communication Training Programme was administered. Data were analyzed using descriptive statistics and paired t-test.

Results:

The mean knowledge score increased from 14.75 to 25.75, and clinical practice scores improved from 6.91 to 11.58. A statistically significant difference was observed ($p < 0.05$).

Conclusion:

The structured Communication Training Programme was effective in improving knowledge and clinical practice related to patient education and communication skills.

Keywords: Patient education, communication skills, clinical practice, educational intervention, pilot study

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1. INTRODUCTION

Patient education is a cornerstone of modern healthcare and plays a crucial role in improving patient outcomes, treatment adherence, and satisfaction (1). Effective communication between healthcare professionals and patients ensures that patients understand their diagnosis, treatment, and self-care requirements (2).The study is conceptually aligned with patient-centered communication principles, emphasizing interaction, understanding, and active participation in healthcare delivery

Despite its importance, studies indicate that healthcare professionals often lack formal training in patient education and communication skills (3,4). Poor communication can lead to misunderstandings, medication errors, and reduced adherence to treatment plans.

Structured Communication Training Programme have been widely used to improve knowledge and clinical competencies among healthcare professionals (5). These interventions provide systematic learning opportunities through lectures, demonstrations, and interactive methods.

Communication skills training, when combined with patient education strategies, enhances both cognitive and behavioral competencies (6). Therefore, this study was

conducted to evaluate the effectiveness of a structured Communication Training Programme.

2.OBJECTIVES OF THE STUDY

1. To assess the feasibility and preliminary impact of a structured Communication Training Programme on knowledge and clinical practice related to patient education and communication skills among Clinical Staff.

2. To evaluate its effectiveness in improving knowledge and clinical practice related to patient education and communication among Clinical Staff**.**

3. METHODOLOGY

3.1 Research Design

A quantitative evaluative research approach was adopted for the study. The study used a one-group pre-test and post-test design.

3.2 Study Setting

The study was conducted in selected hospitals in Northern India.

3.3 Study Population

The study population consisted of healthcare professionals working in selected hospitals.

3.4 Sample Size

A total of 12 healthcare professionals participated in the pilot study.

3.5 Sampling Technique

Convenience sampling technique was used to select participants.

3.6 Inclusion Criteria: Participants who:

- were willing to participate in the study
- were available during the data collection period
- were working in selected hospitals

3.7 Exclusion Criteria

- Participants who:
- Were unavailable during data collection
- Declined participation

3.8 Data Collection Tools

Three tools were used to collect data.

3.9 Demographic Proforma

Used to collect demographic information including age, gender, educational qualification, and years of clinical experience.

Structured Knowledge Questionnaire

The structured knowledge questionnaire consisted of 30 items assessing knowledge related to patient education and communication strategies.

Clinical Practice Checklist

A checklist used to assess the utilization of patient education strategies in clinical practice which consist of 13 item carrying Yes 1(one) marks and No 0 (zero) marks.

3.10 Structured Communication Training Programme

Table: 1 Program Overview

Component	Description
Duration	2 hours
Method	Lecture + Demonstration +Role Play

Table: 2 Session Plan

|Session	Topic	Duration
Introduction	Pre-test	10 min
Patient education	Concepts	20 min
Communication	Skills	25 min
Barriers	Discussion	15 min
Teaching strategies	Demonstration	20 min
Role play	Practice	20 min
Summary	Post-test	10 min

The structured Communication Training Programme was developed to address gaps in patient education and communication practices among healthcare professionals.

The intervention focused on:

- Enhancing understanding of patient education principles
- Improving communication skills
- Promoting strategies for verifying patient understanding (including elements of teach-back)
- Encouraging application of structured teaching methods in clinical practice

The program included lectures, demonstrations, and role play to facilitate both knowledge acquisition and skill development.

Data Collection Procedure

Data collection was conducted in three phases:

- Pre-test assessment of knowledge and clinical practice.
- Implementation of the structured educational training program.
- Post-test assessment conducted immediately after the intervention.

3.11 Feasibility and Gap Identification

The pilot study was conducted to assess the feasibility of the intervention and to identify gaps in knowledge and clinical practice.

Pre-test findings indicated:

Limited knowledge of structured patient education strategies

Inadequate use of communication techniques

Minimal application of methods to verify patient understanding

The intervention was designed to address these gaps through structured training.

4. DATA ANALYSIS

Data were analyzed using descriptive and inferential statistics. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize the data. The paired t-test was used to determine the difference between pre-test and post-test scores (8).

5 RESULTS

The pilot study included 12 healthcare professionals.

Table: 3 Socio-demographic data frequency distribution. (n=12)

Sl. No	Demographic Variable	Category	Frequency (%)
1	Age	18-24 year	1 (8)
		25-30 year	3 (25)
		31-36 year	4(33)
		>36 year	4(33)
2	Gender	M	2 (17)
		F	10 (83)
3	Marital Status	Married	11 (92)
		Unmarried	1 (8)
		Divorced	0(0)
		separated	0 (0)
4	Experience	0-2 year	0 (0)
		2-4 year	1 (8)
		4-6 year	0 (0)
		6 year & Above	11 (92)

5.1 KNOWLEDGE SCORES

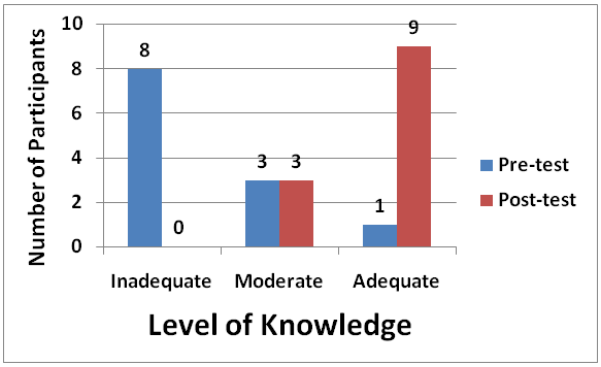
The mean knowledge score increased from 14.75 in the pre-test to 25.75 in the post-test. This indicates a substantial improvement in knowledge after participation in the educational training program.

Statistical analysis using paired t-test showed a significant difference between pre-test and post-test knowledge scores ($p < 0.05$).

Table 4: Comparison of Knowledge Levels (Pre-test vs. Post-test)

Knowledge Level	Pre-Test(n=12)	Post-Test (n=12)
Inadequate	8	0
Moderate	3	3
Adequate	1	9
Mean ± SD	**14.75 ± 2.86**	**25.75 ± 3.12**
Paired t-test	**t(11) = 3.893 , p = 0.001 (Significant)**	

Figure 1: Comparison of Pre-test and Post-test Knowledge Levels. (n=12)



The figure shows a clear improvement in knowledge levels from pre-test to post test most participants from the inadequate category in the pre-test to the adequate category in the post-test.

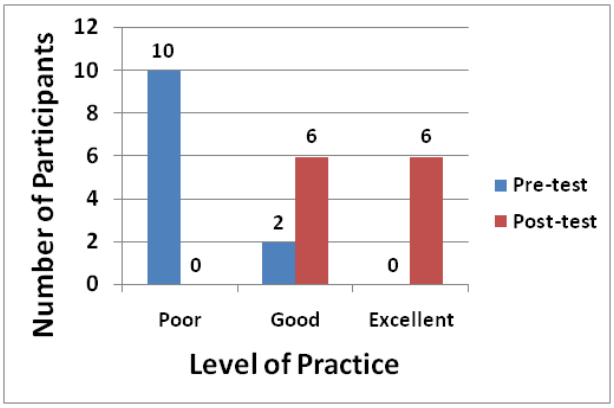
5.2 Clinical Practice Scores

Similarly, the mean clinical practice score improved from 6.91 in the pre-test to 11.58 in the post-test, indicating improvement in the utilization of patient education strategies in clinical practice.

Table: 5 Comparison of Practice Levels (Pre-test vs. Post-test)

Practice Level	Pre-Test(n=12)	Post-Test (n=12)
Poor	10	0
Good	2	6
Excellent	0	6
Mean ± SD	**6.91 ± 1.74**	**11.58 ± 2.03**
Paired t-test	**T(11) = 5.77 , p < 0.001 (Significant)**	

Figure 2: Comparison of Pre-test and Post-test Practice Levels. (n=12



These findings suggest that the structured Communication Training Programme contributed to improving both knowledge and clinical practice among participants.

6 DISCUSSIONS

The present pilot study aimed to evaluate the effectiveness of a structured Communication Training Programme in improving knowledge and clinical practice related to patient education and communication skills among healthcare professionals. The findings of the study demonstrated a significant improvement in both knowledge and clinical practice scores following the intervention.

The increase in knowledge scores observed in the post-test indicates that the structured communication training session was effective in enhancing participants' understanding of patient education principles and communication strategies. This improvement can be attributed to the use of focused content, simplified explanations, and interactive teaching methods, which facilitated better comprehension within a short duration.

Similarly, the improvement in clinical practice scores suggests that participants were able to translate theoretical knowledge into practical application. The inclusion of demonstration and role play in the intervention likely contributed to skill acquisition and behavioural change. These methods provide experiential learning opportunities, which are essential for developing communication competencies in clinical settings.

The findings also highlight the importance of structured and planned educational programs in addressing gaps in professional competencies. Healthcare professionals often receive limited formal training in patient education and communication skills during routine clinical practice. Therefore, targeted interventions such as the one used in this study can play a crucial role in strengthening these essential skills.

Another important observation is that even a short-duration intervention (2 hours) was sufficient to produce measurable improvements in both knowledge and practice. This indicates that brief, well-designed training programs can be effectively implemented in busy clinical environments without disrupting routine workflow. Such interventions are practical, cost-effective, and easily replicable across different healthcare settings.

The improvement in communication-related practices further emphasizes the role of interactive learning strategies. Techniques such as role play and case-based discussions allow participants to actively engage in the learning process, thereby improving retention and application of knowledge. These approaches also help in developing confidence while interacting with patients.

The study also supports the feasibility of conducting structured Communication Training Programme in real clinical settings. The successful implementation of the program, along with positive outcomes, suggests that similar interventions can be scaled up in larger studies to generate more robust evidence.

However, certain limitations should be considered while interpreting the findings. The small sample size limits the generalizability of the results. Additionally, the use of a single-group design without a control group restricts the ability to establish causal relationships. The short duration of follow-up also limits the assessment of long-term retention of knowledge and skills.

Despite these limitations, the study provides valuable insights into the effectiveness of structured Communication Training Programme in improving professional competencies. The findings emphasize the need for integrating such training programs into routine in-service education for healthcare professionals.

7. LIMITATIONS

- Small sample size.
- Convenience sampling.
- Short-term evaluation.

8. CONCLUSION

The present pilot study demonstrated that a structured Communication Training Programme was effective in improving both knowledge and clinical practice related to patient education and communication skills among healthcare professionals. The significant increase in post-test scores indicates that even a short-duration, well-planned training program can enhance cognitive understanding as well as practical competencies.

The findings suggest that structured and focused educational sessions can address existing gaps in patient education practices and communication skills in clinical settings. The integration of interactive teaching methods, such as demonstration and role play, contributed to better learning outcomes and facilitated the application of knowledge into practice.

Additionally, the study highlights the feasibility of implementing brief educational interventions within routine healthcare settings without causing major disruption to clinical workflows. This makes such programs practical, cost-effective, and scalable.

Although the study was limited by a small sample size and short follow-up period, it provides preliminary evidence supporting the effectiveness of structured Communication Training Programme s. Future studies with larger sample sizes, control groups, and long-term follow-up are recommended to further validate these findings.

In conclusion, structured Communication Training Programme s have the potential to significantly enhance healthcare professionals' competencies in patient education and communication, ultimately contributing to improved patient care and health outcomes.

Conflict of Interest: *The authors declare that there is no conflict of interest regarding the publication of this study.*

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