

Impact of Communication Skills Training Programme on Interns in a Medical College of India

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Abstract:

Introduction: Communicative skills in medical education are inadequately met. Research has shown that poor communication can contribute to improper diagnosis and lack of understanding of patient's problems, investigations, and treatment options. Poor communication can lead to poor compliance to treatment and dissatisfaction among patients. **Objective:** Assessment of the improvement in the communication skills after the training programme workshop. **Method:** The interns posted in the department of community medicine were pre-tested using Kalamazoo Essential Elements Communication Checklist (Adapted) [KEECCA] who then underwent focused training by the trained faculty members. Two weeks following completion of training, all participants were subjected to a post-test and comparison between the pre-test and post-test scores was done using Wilcoxon Signed-Rank Test. The test was two sided and a p value less than 0.05 was considered as statistically significant. In order to know the effect of sensitization programme, feedback of the students and the faculty members as the assessors was taken after the completion of the posting. **Results:** On the application of wilcoxon signed rank test, it was found that the difference between the pre and post test scores of assessment on kalamazoo scale after the training of interns on communication skills was found to be statistically significant as the t-value was 4.072 with the p-value less than 0.001 that is also highly statistically significant. **Conclusions:** The incorporation of communication skills in the medical curriculum will not only improve the doctor patient relationship but also help in arriving at the proper diagnosis through improved skills.

Keywords: Communication, Intern, Training

Introduction:

Interpersonal and communication skills are considered a core area of competency for medical students, residents, and practicing physicians in medical education.^[1,2] WHO has defined five attributes for a physician: a caregiver who assesses and improves the quality of care, who makes optimal use of new technologies, who promotes healthy lifestyles, who reconciles individual and community health requirements and who is able to work efficiently in teams. In order to achieve the aforementioned goals development of communication skills is important.^[3] Fortunately this issue has attracted increasing attention in recent years globally, which is based on the evidence that adequate doctor-patient communication is related to better health outcomes, better compliance and higher satisfaction of both

doctor and patient.^[4] Effectiveness of doctor-patient communication has been linked to patient recall and understanding, symptom resolution, reduction in psychological distress and perception of physician competence.^[5-9] Thereby, there is growing awareness that effective communication between doctor and patient and appropriate attitudes of doctors are core clinical requirements for the medical profession.^[10]

The attitude of medical students toward learning communication skills has long been a matter of concerns for medical teachers, curriculum planners and policymakers.^[11,12] While the past focus of medical education was largely on the competent performance of practical procedural and examination skills, this has now transformed into a more holistic approach that involves the compassionate delivery of care.^[13]

Objective:

Assess the improvement in interpersonal skills and skills pertaining to (history taking, listening, explaining the illness, explain dosage and duration of treatment, advice on prevention of similar illnesses in future) after the communication skills training programme.

Method:

The permission of the institutional ethical committee was taken before conducting the study. Written permission through e-mail was taken for the use of Kalamazoo Essential Elements Communication Checklist (Adapted) ;[The KCS-Adapted instrument was minimally modified at Harvard Medical School by Rider and colleagues² using global ratings on a Likert scale (1 = poor to 5 = excellent) for the 7 KCS competencies.] The informed consent of interns [Medical intern is a term used in some countries to describe a physician in training who has completed medical school and has a medical degree, but does not yet have a full license to practice medicine unsupervised], who participated in the study was also obtained. The study duration was for one year including data collection for 3 months. The study subjects were the interns posted in the department of community medicine in Rohilkhand Medical College and Hospital [Bareilly, Uttar Pradesh] in this duration of data collection.

Faculty members who underwent basic training in communication skills as a part of basic course workshop and ATCOM [Attitude and Communication (AT-COM)] sensitization in medical education technologies were sensitized and oriented for the workshop for training the interns using the validated MCI module on ATCOM sensitization. The same faculty members being a part of the medical education unit who participated in the training of the interns assessed individually all interns on patients and their average was taken to avoid bias.

The Kalamazoo Essential Elements Communication Checklist (Adapted) was used to identify the 10 skills for assessment.

First of all, the pilot testing was done to know the feasibility of the study. After the pre-test, all interns underwent focused training by the trained faculty members comprising of multiple sessions in a day. Two weeks following completion of training, all

participants were subjected to a post-test to avoid bias introduced due to immediate post-test.

Results:

On application of wilcoxon signed rank test, it was found that the difference between the pre and post test scores of kalamazoo scale after the training of the interns on communication skills through the workshop was found to be statistically significant as the t-value was 4.072 with the p-value less than 0.001 which is highly statistically significant.

On comparing individually the questions asked in the kalamazoo scale as a pre and post test, it was found that building the relationship (t-value-3.691), opening the discussion (t-value-3.510), gathering the information (t-value-2.952), understanding the patient's perspective (t-value-3.450), sharing information (t-value-4.155), reaching agreement (t-value-3.400) and providing closure (t-value-4.114) were all found to be statistically significant (P-value <0.05)^[1,2]. (Table 1 and Figure 1)

Discussion:

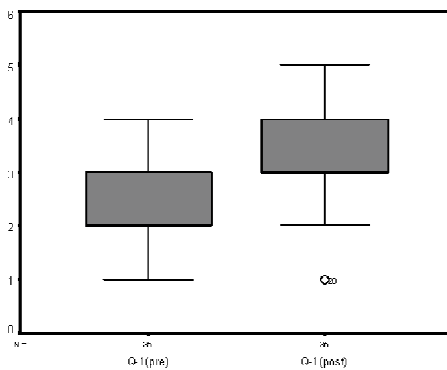
In the indexed study, it was evident that there was a significant improvement in the scores of post test after the training of interns on communication skills through the workshop as compared to the pre-test scores. It was found that the difference between the pre and post test scores of kalamazoo scale was found to be statistically significant on application of wilcoxon signed rank test [t-value 4.072 ; p-value less than 0.001; highly statistically significant.

Similarly, Barbara L. Joyce^[1] found significant improvement in their study when rated by the faculty, self rating and that done by the simulated patients where it was found that Residents' cumulative self ratings on the KEECCA [Kalamazoo Essential Elements Communication Checklist (Adapted)] ranged from 14 to 35 with a mean (SD) of 26.87 (5.01) where most (79.8%) residents rated their communication skills as "good" or better; Faculty ratings ranged from 13 to 35 with a mean of 25.25 (5.08) where a majority of faculty (79.9%) rated residents' skills as "good" or higher, and 27.9% of faculty provided "very good" or "excellent" ratings while cumulative ratings ranged from 13 to 35 with a mean of 21.72 (4.53); a smaller proportion of (54.1%) rated residents as "good" or better, and only 15.6% provided ratings of "very good" or "excellent."

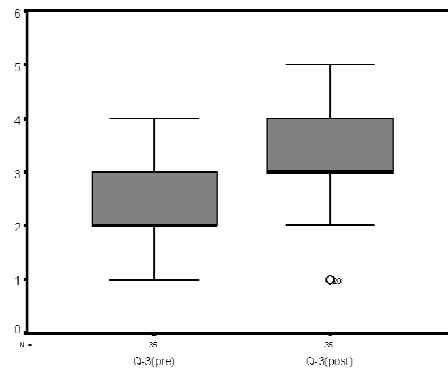
Table 1: Comparative statistics of Wilcoxon signed rank test based on Kalamazoo Essential Elements Communication Checklist (Adapted)

	Mean \pm S.D. Pre-test	Mean \pm S.D. Post test	Z -value	p-value
TOTAL SCORE	14.7 \pm 5.1	21.7 \pm 5.1	0.001	<0.001
Q-1 Builds a Relationship	2.37 \pm 0.910	3.4 \pm 0.914	3.691	<0.001
Q-2 Opens the Discussion	2.37 \pm 0.942	3.37 \pm 1.031	3.510	<0.001
Q-3 Gathers Information	2.43 \pm 0.815	3.23 \pm 0.843	2.952	<0.05
Q-4 Understands the Patient's Perspective	2.29 \pm 0.987	3.23 \pm 1.003	3.450	<0.001
Q-5 Shares Information	1.97 \pm 0.822	2.83 \pm 0.891	4.155	<0.001
Q-6 Reaches Agreement	1.63 \pm 0.942	2.69 \pm 0.932	3.400	<0.001
Q-7 Provides Closure	1.66 \pm 1.110	3.0 \pm 0.939	4.114	<0.001

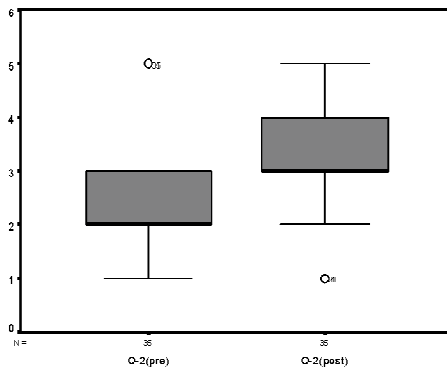
Figure 1: Comparative statistics representation of the data by whisker and box plot



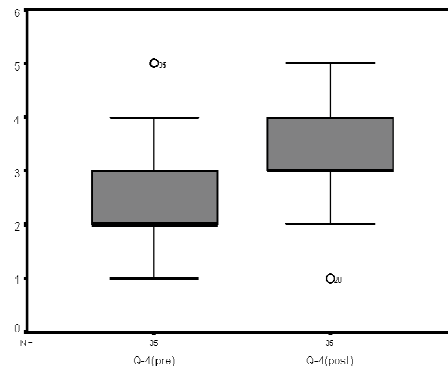
Q-1 Builds a Relationship



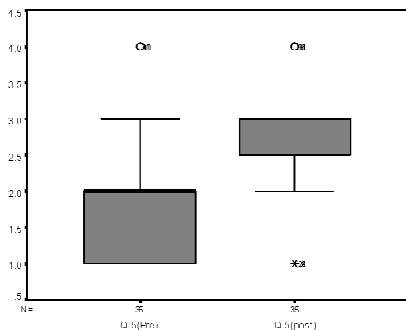
Q-3 Gathers Information



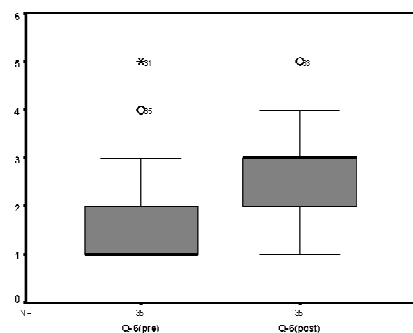
Q-2 Opens the Discussion



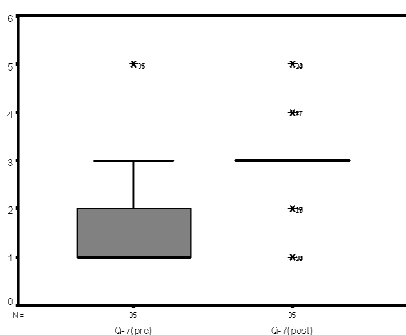
Q-4 Understands the Patient's Perspective



Q-5 Shares Information



Q-6 Reaches Agreement



Q-6 Reaches Agreement

Similar results were found in the study conducted by Nayyar Iqbal^[2] where ninety-six per cent of participants (50 out of 52) showed improvement in their performance after the focused training though the assessment done using Calgary cambridge scale [Communication skills assessment scale]. The mean marks of the pre-test and post-test were 10.77 ± 3 and 18.04 ± 2 , respectively, out of a maximum mark of 20 ($p < 0.05$).

Conclusions:

The research work enlightens the medical educators that introduction of communication skills programme of the interns showed improvement in their communication skills leading to a step towards

the accomplishment of the goal of a competent Indian Medical Graduates. Therefore, it is strongly recommended that this kind of training programme should be incorporated in the curriculum, not only as a part of the internship training programme but also as a part of the undergraduate training in medical institutions.

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Declaration:

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Conflict of Interest: Nil

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