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Original Article

Education Section

Assessment of Reaction and Perception about Training to Train the Resident as a Clinical Counselor through Feedback

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ABSTRACT

Introduction: Counseling the patient and family is among the responsibilities of residents, so, training residents for enhancing their counselling skills is of utmost importance. Hence, Universal College of Medical Sciences Bhairahawa, Nepal organised one-day "Training to train resident as a clinical counselor".

Aim: To take feedback of the participant residents and assess their reaction and perception about training.

Materials and Methods: Feedback of the training participants was taken on the valid semi-structured questionnaire comprised of four parts: Part A-Demographic information, Part B-Overall feedback on training, Part C-Feedback on specific sessions and Part D-Feedback for the improvement. Data was analysed using IBM SPSS version 21.

Results: The participants rated training on scale 1-10 for usefulness 8.86±1.03, content 9.07±1.41, relevance 8.86±1.35, facilitation 9.21±1.12, and overall 8.64±1.86. The residents perceived training transformed their counselling skills (3.57±0.51) rated on Likert Scale 1-4. Their rating on specific sessions were remarkable. Training clarified concepts and was comprehensive, interactive and effective were among the strengths of training while include more scenario, include real patients in role play were among the suggestions of the participants.

Conclusion: The rating of participants on the training was notable and their perception was positive.

Keywords: Counselling, Interactive, Skills

INTRODUCTION

Communication between patients and healthcare professionals serves two purposes; it determines relationship between them and provides prospect for exchange of information essential to evaluate patient's health status, implement treatment plan and assess the effects of treatment on patient's quality of life [1]. Counselling improves health-related issue of the patient and boosts his/her independent coping capabilities [2,3].

Patient requires adequate information about their ailment/s and treatment in order to use their own resources and capacities optimally [2,4]. The counselling must be family centered, performed in a patient way. It can be thought of optimum quality, if counselling meets the expectations of patients and their family members [2,5].

As doctor-patient communication is a fundamental part of healthcare, so, the good doctor-patient communication and relationship has a significant influence and impact on clinical outcome and quality care [2,6].

In order to counsel the patients well, all the healthcare staff must be thoroughly trained in terms of skills, expertise and knowledge. Thus to bring such concerns into actions, Health Professions Training Committee (HPTC) of Universal College of Medical Sciences, Bhairahawa organized one day training session for residents. The aim of the present study was to evaluate the feedbacks obtained from participants of the session and assess their perception and reaction regarding the training.

MATERIALS AND METHODS

This is a descriptive study done to assess how the participant residents perceived one-day "Training to train resident as a clinical counselor" at level-I of Kirkpatrick model of evaluation. The training was conducted in UCMS Teaching Hospital (TH), Bhairahawa, Nepal by lead author as a resource person and third and fourth authors facilitated the practice sessions and group work discussion. The informed consent was taken from the participants and ethical approval was obtained from institutional review committee of UCMS. (No UCMS/IRC/165/19 approved in July 2019). This study was done on August 03, 2019.

The specific objectives of the training were to enable the second-year residents recognise the importance of communication and counselling skills, learn how to resolve conflict, demonstrate communication and counselling skills and how to apply these in the practice.

Fourteen residents nominated by management (2 each from Department of Medicine and Surgery and one each from Department of Emergency, Orthopedics, Paediatrics, Psychiatry, Pathology, Conservative Dentistry, Oral Surgery, Orthodontics, Prosthodontics, and Periodontics) participated in the training.

The must to learn topics for counselling and interactive methods for teaching learning were selected for training. The sessions conducted in the training were: 1) Communication & Counselling: Overview; 2) Practice session- Three Role Plays (one on Paediatric problem, second on problems of elderly and third on dental problem of adult); 3) Patient counseling; 4) Group work: responses to queries of patient and family; 5) Features of effective counseling; 6) Role play: Managing Angry Subject; 7) Role play: Breaking Bad News; and 8) Conflict resolution.

At the end of training, feedback of the participant residents was taken on the valid semi-structured questionnaire. The similar sort of questionnaires used by the principal author for taking feedback from the participant residents in other trainings [7-9].

Kirkpatrick model of evaluation has four levels: Level I: Reaction; Level 2A: Learning- change in attitude; Level 2B: Learning-modification of knowledge and skills; Level 3: Behaviour-change in behaviour; Level 4A: Results: change in the system or organisational practice and Level 4B: Results- change among the participants' students and peers [7]. The questionnaire comprised of four parts:

Part A. Demographic information: In this part information regarding age of participant in years, their sex and year of graduation was obtained.

Part B. Overall feedback on training: This part contained two closed questions; one was on rating training on scale 1-10 (1=poor, 10=excellent) for usefulness, content, relevance, facilitation and training as overall and the second question was "Has this training transformed your counselling skills?

Part C. Feedback on specific sessions: This part covered eight closed ended questions on sessions conducted in training rated at Likert scale 1-4 (4=extremely important, 3=moderately important, 2=slightly important, 1=not important)

Part D. Feedback for improvement: This part was comprised of three open ended questions; good points/strengths of training, areas for improvement and additional comments.

STATISTICAL ANALYSIS

The collected data was entered into IBM SPSS version 21 for analysis after verification of individual questionnaire. The descriptive statistics such as frequency mean, and standard deviation were computed.

RESULTS

Part A. Demographic Information

There was equal number of male 7 (50%) and female 7 (50%) participants Their mean age was 29.29±1.81 years with range 27-32 years. The year of graduation was between 2013-2016.

Part B. Overall Feedback on Training

The participants overall rating on training was remarkable [Table/Fig-1]. Participants rated the statement "Has this training transformed your counselling skill? As 3.57±0.51 on Likert scale 1-4 (4=strongly agree, 3=agree, 2=to some extent agree and 1=not agree).

S. No.	Item	Rating (Mean±SD)
1a.	Usefulness (Scale 1-10)	8.86±1.03
1b.	Content (Scale 1-10)	9.07±1.41
1c.	Relevance of session and content (Scale 1-10)	8.86±1.35
1d.	Facilitation (Scale 1-10)	9.21±1.12
1e.	Overall (Scale 1-10)	8.64±1.86
2.	Has the traning transformed your training skill	3.57±0.51

[Table/Fig-1]: Overall Rating of the participant residents of "Training to train resident as a clinical counselor".
SD: Standard deviation

Part C. Feedback on Specific Sessions

The participants rating on specific session of training was notable [Table/Fig-2].

S. No.	Item	Rate (Mean±SD)
3	Rating on session "Overview of Communication and Counselling Skills" conducted in workshop on Likert scale 1-4.	3.50±0.52
4	Rating on session "Practice Session: Role Play on Counselling" conducted in workshop on Likert scale 1-4.	3.64±0.50
5	Rating on session "Patients' counselling" conducted in workshop on Likert scale 1-4.	3.57±0.51
6	Rating on session "Group work on responses to queries of patient and family" conducted in workshop on Likert scale 1-4.	3.43±0.65
7	Rating on session "Feature of effective counseling" conducted in training on Likert rating scale 1-4.	3.50±0.65
8	Rating on session "Managing Angry Subject with role play" conducted in training on Likert rating scale 1-4.	3.36±0.50
9	Rating on session "Breaking Bad News with role play" conducted in training on Likert rating scale 1-4.	3.29±0.47
10	Rating on session "Conflict Resolution" conducted in training on Likert rating scale 1-4.	3.64±0.45

[Table/Fig-2]: Rating of the participant residents on specific session of "Training to train resident as a clinical counselor".
(4=extremely important, 3=moderately important, 2=slightly important, 1=not important); SD: Standard deviation

Part D. Feedback for Improvement

The strengths/good points of training shared by the participants were: All relevant aspects of patients' counselling well explained; very informative, effective, interactive, equally and actively participated training; short duration, understandable, focused and comprehensive training; concept clarification; overview of communications and counselling; conflict management; handling conflict and counselling of the patient; filling gaps between conflict and counseling; exposure to newer and recent knowledge about counseling; practice session-role play, group work discussion; and changing of places during group work.

The suggestions of participants were: Improve audiovisual aids, improve management, give more example, include more scenario, include real patients in role play, some videos of real patients counseling may be included, inform participants little bit early, so that they get prepared, each and every resident must have this training, include more participants, make it more interactive and provide refreshment with more breaks in between.

The additional comments were: One of the dentistry residents mentioned "I feel, the counselling for medical and dental patients could be divergent in various scenario, so, it would be helpful to discuss more dental situations"; one medical resident said "It would be better if facilitators would have shown best way to do group discussion"; one resident stated "It was best way to spread messages to us how to counsel the patients and family in diverse situations"; another said "great to be the part of this training" and other affirmed "would like to participate in such training in future".

DISCUSSION

The presented study is first of its kind in Nepal to train the residents as counselor.

The overall rating of the participants on training on scale was notable; rated more than 8.5 on scale of 1-10. Their rating on specific sessions was remarkable; rated more than 3.25 on scale of 1-4. Training clarified concepts, training comprehensive, interactive, effective, participatory and training covered all relevant aspects of patients' counselling were among the strengths of training shared by the participants. Include more scenario, include real patients in role play and some videos of the real patients were among the suggestions reported by the participants. One of the participants stated that "It was best way to spread messages to us how to counsel the patients and family in diverse situations". All participants mentioned that this training transformed their counseling skills (3.57±0.51). This finding shows that perceived confidence of participants in counseling skills enhanced after this training.

The findings of present study are consistent with the findings of evaluation training of residents on counselling. Jay M et al., reported that higher counseling quality was observed while training residents regarding obesity issues when patient, residents and visit variables were accounted [10]. Kripalani S et al., revealed that a medication counseling training session was reported to improve on the self-reported confidence and behavior [11]. Burton AM et al., mentioned that after attending 3-h interactive obesity-counselling workshop for residents, residents improved their counselling skills and felt more confident on counselling patients [12].

It is obvious from present study and studies quoted that short term

training on counselling skills enhances confidence of resident.

Limitation(s)

The present study is limited to small sample size of the participants and focused only on immediate reaction and perception of the participants on training. Furthermore, the present study did not assess residents' confidence in counseling in relation to actual counseling skills imparted to real patient. Hence, it is difficult to say how much resident will be confident in counselling patient and family during actual practice.

CONCLUSION(S)

The findings of present study suggest positive reaction and perception of the residents on this short-term training to train resident as a clinical counselor. Future studies are desirable to assess the extent to which resident's perceived confidence/competence in counseling predicts actual performance in terms of both frequency and quality.

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REFERENCES

[1] Travaline JM, Ruchinskas R, D'Alonzo GE Jr. Patient-physician communication: Why and how. J Am Osteopath Assoc. 2005;105(1):13-18. Available from-https://www.ncbi.nlm.nih.gov/pubmed/15710660.
[2] Paavilainen E, Salminen-Tuomaala M, Leikkola P. Counselling for patients and family members: A follow-up study in the emergency department. ISRN Nurs. 2012;2012:303790. 7 pages. doi:10.5402/2012/303790.
[3] Anderson RM, Funnell MM. Patient empowerment: Reflections on the challenge of fostering the adoption of a new paradigm. Patient Educ Couns. 2005;57(2):153-57.
[4] Paavilainen E, Salminen-Tuomaala M, Kurikka S, Paussu P. Experiences of counselling in the emergency department during the waiting period: Importance of family participation. J Clin Nurs. 2009;18(15):2217-24.
[5] Hubley J. Patient education in the developing world-A discipline comes of age. Patient Educ Couns. 2006;61(1):161-64.
[6] Jacob KS. Basic Counselling skills for medical practice. Everyday Practice. Natl Med J India. 2000;13(1):25-28.
[7] Piryani RM, Piryani S, Ravish M, Rajesh P. Training to train resident as a clinical teacher: Perception of the participant residents. Am J Biomed Sci & Res. 2019;3(6). AJBSR.MS.ID.000724. DOI: 10.34297/AJBSR.2019.03.000724.
[8] Piryani RM, Piryani S. Clinical vignette-based interactive discussion sessions: Feedback from residents. Adv Med Educ Pract. 2019;10:829-33. http://doi.org10.2147/AMEP.S218157.
[9] Piryani RM, Piryani S, Kafle R. Research methodology training for first year postgraduate residents: Perception of the participants at kirkpatrick level one. Biomed J Sci & Tec Res. 2019;23(1):17076-79. DOI: 10.26717/BJSTR.2019.23.003837.
[10] Jay M, Schlair S, Caldwell R, Kalet A, Sherman S, Gillespie C. From the patient's perspective: The impact of training on resident physician's obesity counseling. J Gen Intern Med. 2010;25(5):415-22. DOI: 10.1007/s11606-010-1299-8.
[11] Kripalani S, Osborn C Y, Vaccarino V, Jacobson TA. Development and evaluation of a medication counseling workshop for physicians: Can we improve on 'take two pills and call me in the morning'? Med Educ Online. 2011;16:7133. DOI: 10.3402/meo.v16i0.7133.
[12] Burton AM, Brezausek CM, Agne AA, Hankins SL, Willett LL, Cherrington AL. Evaluation of a workshop to improve residents' patient-centered obesity counselling skills. Postgrad Med J. 2016;92(1090):455-59.

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