

Perception of Medical Students about Communication Skills Laboratory (CSL) in a Rural Medical College of Central India

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ABSTRACT

Introduction: “The art of medicine is intricately tied to the art of communication.” In traditional medical curriculum, communication is not taught formally and this leads to a gap in reliability and consistency of the teaching. Few studies have shown that much litigation against doctors is due to lack of communication and not because of lack of clinical expertise. Considering the importance of training in communication skills, it was included in the curriculum of students of DMIMS (DU), which has got probably the first communication skills lab in a medical college in India.

Aim: To study the perception of medical students about usefulness of communication skills lab.

Materials and Methods: This observational study was carried out at Communication Skills Lab (CSL) of Jawaharlal Nehru Medical College, Sawangi (M), Wardha, Maharashtra. Feedback was obtained with the help of a prevalidated questionnaire from

65 final MBBS students about their perception about utility of the module taught in the CSL including factors which helped and which hindered in learning. Descriptive statistics was used for the quantitative data and categorization for qualitative data.

Results: A total of 78.46% students were of the idea that CSL posting is must for all medical undergraduates. A 93.83% perceive that the module taught was very relevant and useful and were satisfied with the duration of posting (81.47%). A 78.46% students experienced improvement in their communication skills. They opined that more emphasis should be given on communication between doctor and patient (61.53%).

Conclusion: The students found communication skills lab very useful. They desired more emphasis on communication between doctor and patient and sought more interactivity, video demonstrations to be part of the module.

Keywords: Communication module, Interactivity, Feedback

INTRODUCTION

“The art of medicine is intricately tied to the art of communication” [1]. “Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship” [2,3]. Clinical communication skills encompass a series of skills that facilitate the communication between doctor and patient [4].

In today's era there is an increased demand of time, information by patients for answering their questions related to the disease, investigations and treatment options. The patients expect the doctor to be polite, empathetic and to possess a human touch [4].

Doctors who are skillful at communicating, may more easily identify the needs of the patient and provide an adequate response to the patient's “illness perspective” (e.g. questions, worries and concerns), which may also assist in promoting the doctor's effective management of the patient's health concern [5]. The key areas of communication during medical interview includes asking open ended questions more than the direct questions, effective listening, appropriate praise to the patient, providing enough information in a language which the patient can understand as a part of advice and finally checking their understanding [5].

However, during interviews of patients, most doctors tend to concentrate on medical aspects associated with “disease” (e.g. signs and symptoms) rather than on the patient's unique experience of his or her “illness”, including the patient's ideas concerning the cause and outcomes of the disease [6,7]. This was illustrated by a study showing that doctors interrupted their patients' opening statements after a mean period of 18 seconds [8]. This behaviour may lead to the loss of valuable information that is vital to arriving at a correct diagnosis [8]. Placing the patients' concerns at back foot creates a negative doctor and patient relationship [9]. Ultimately the objective of any form of doctor-patient communication is to find

the cause of patients problems and improve the patient's health and medical care [3,10]. Even though many doctors considered their communication adequate or even excellent, studies on doctor patient communication have demonstrated discontent from patients' view point [3,10,11].

Though communication is an important component of patient care, in traditional medical schools it was never included in the teaching learning methodology and was incorporated informally as a part of clinical rounds and faculty feedback without specific or in-depth focus on communication skills per se leaving gaps in the reliability and consistency of these teaching methods which are gaining increased attention from medical schools and accreditation organizations [1]. Some of the important barriers identified for good communication are time constraints, arrogance, telephone calls, language barriers and cultural insensitivity [5]. Research has shown that the patient satisfaction can be improved if the doctor has undergone training to acquire good communication skills [5].

Over the last decade many medical faculties have introduced practical communication skills training for their students so as to improve satisfaction level at the patient end by correcting behaviour of doctors [12]. Some studies showed superior performance of students trained in communication behaviour skills, in terms of acquiring accurate and relevant information from patients. But other studies have found no difference between communication skills of those who have received training in communication skills and those who did not receive any training [12].

There is also an increased interest in research in this field of doctor-patient communication, recognizing the need to experiment with the teaching methods and to measure the clinical skills [1]. The attitude of medical students towards learning communication skills have long been a matter of concerns for medical teachers, curriculum planners and policy makers [13-15]. Like any other skill, good

communication skill is an art which can be acquired and improved by putting conscious efforts in day to day practice. Such skills should also be incorporated as part of medical teaching curriculum [5].

In view of importance of training in communication skills, it was included in the curriculum of students of Datta Meghe Institute of Medical Sciences, (Deemed University), {DMIMS (DU)}, Sawangi (Meghe), Wardha, which has got probably the first communication skills lab in a medical college in India. The Communication Skills Lab (CSL) was started in the year 2011 and was under the aegis of Department of Medical Education, DMIMS (DU). Department of Medical Education was later upgraded to School for Health Professions Education and Research (SHPER). Since it was a new venture, this study was carried out to get a feedback from the students and recommend any necessary changes in the module of skill lab.

OBJECTIVES

To study the perception of medical students about usefulness of communication skills lab, to study factors facilitating and hindering learning in the lab and to study their preference regarding particular components of communication skills.

MATERIALS AND METHODS

This cross-sectional observational study was carried out over a period of 6 months, from 1st January 2014 to 30th June 2014 in Communication Skills Lab (CSL) at Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, (DU), Sawangi (M), Wardha after approval from the Institutional Ethical Committee.

In our University, the MBBS students are posted in the CSL for two days during their first year and five days during their second year and third professional years. The first year module is labeled as 'sensitization module' as students are in a transition phase from non professional (high school and junior colleges) to professional course. The module from second year onwards is labeled as 'consolidation module'. The students are posted in a batch of 25 each.

Inclusion criteria

- Students of final MBBS (III/I) who were posted in communication skills lab during the study period.
- Students who attended the full five days posting without absentee.
- Students who consented to be a part of the study.

Exclusion criteria

- Students who did not wish to participate in the study.

MATERIALS AND METHODS

The III-I MBBS students who were posted in communication skills lab were taught with a communication skills module during their posting of 5 days for 2 hours each day. Each day a different faculty member, trained in communication skills, engages the students. These faculties are members of Medical Education Unit (MEU) and were trained in communications skills in a workshop conducted by School for Health Professions Education (SHPER) for this purpose.

Module of Communication Skill Lab for III- I MBBS: The module deals with various aspects of communication and professionalism including rapport building with the patient, history taking, consent, examination of patient and grief announcement. The teaching methods used are didactic lectures, debates, role plays, group activities and videos. The students are also sensitized about time management, stress management and conflict management skills. On the last day of posting the students are taught about common vernacular terminologies regarding the symptoms [Table/Fig-1].

Feedback: In the present study at the end of the posting, feedback from the students were collected. The feedback was based on a

Day	Topic
1	<ul style="list-style-type: none"> • Get acquainted • Power point presentations on communication skills • Discussion on the power points • Planning /practice for role play
2	Role plays <ul style="list-style-type: none"> • Importance of History taking – Deviant, Ideal • Rapport Building – Deviant, Ideal • Examination of patient - Deviant, Ideal • Ward & Bedside manners - Deviant, Ideal • Behaviour in the clinical postings – Deviant, Ideal
3	Debate: Topics: <ul style="list-style-type: none"> • Good communicators are born as good communicators • Language is an important barrier for communication • Communication gap and generation gap are inter-related • Health professional students should be posted in the communication skill lab. • The generation of family physicians was the generation of excellent communicators.
4	Powerpoint presentations on: <ul style="list-style-type: none"> • Conflict Management • Time Management • Stress Management • Team Performance • Sympathy and Empathy • Leadership skills
5	<ul style="list-style-type: none"> • English to Marathi Dictionary

[Table/Fig-1]: Details of the module are as follows:

pre-designed and pre-validated questionnaire. This questionnaire included:

- Nine close ended (quantitative) questions and
- Three open ended (qualitative) questions.

The close ended questions were to be answered on a five point Likert scale where 1=strongly disagree and 5=strongly agree. These questions focused on the reactions and feelings about the communication skills lab.

Open ended questions dealt with factors which facilitated learning, the factors that hindered learning. Students were also asked their suggestions about improvement in the module. The feedback was analysed.

STATISTICAL ANALYSIS

For close ended questions, various percentages were calculated and also average score on a scale of five was estimated. Open ended responses were qualitatively analysed using coding and categorization.

RESULTS

During the study period 85 students of final MBBS were posted in communication skills lab. Out of these 65 met the inclusion criteria and feedback forms were obtained from them. Before posting in the communication skills lab (CSL) 12 out of 65(18.46%), students were unaware about communication skills lab. A total of 30 (46.15%) students were slightly aware and remaining 23 (35.38%) were well aware of CSL as they are posted during the 1st and 2nd MBBS as well (But attendance is not compulsory) [Table/Fig-2].

Awareness	Unaware (%)	Slightly aware (%)	Well aware (%)
No of students (N)- 65	12 (18.46)	30 (46.15)	23(35.38)

[Table/Fig-2]: Student's awareness about communication skills lab before posting

In the feedback questionnaire, among the closed ended questions, 78.46% students opined that CSL posting should be compulsory to the medical students. Out of these 40% students strongly agreed and 38.46% agreed. Only two students (3.07%) strongly disagreed and five (7.69%) disagreed and 10.76% were neutral on this question. Average score on 5 point scale was 4.04. The students who strongly disagreed were probably concerned with the timing of the posting i.e. last semester. They thought that they should get more time to study.

Parameter	SD No (%)	D No (%)	SD+D (%)	N No (%)	A No (%)	SA No (%)	A+SA (%)	Average score
CSL posting should be compulsory	2 (3.07)	5 (7.69)	7 (10.76)	7 (10.76)	25 (38.46)	26 (40)	51 (78.46)	4.04
CSL is well equipped	0	4 (6.15)	4 (6.15)	5 (7.69)	26 (40)	30 (46.15)	56 (86.15)	4.26
Modules taught are helpful	0	0	0	4 (6.15)	40 (61.53)	21 (32.30)	61 (93.83)	4.26
Faculties are competent	0	3 (4.61)	3 (4.61)	11 (16.92)	25 (38.46)	26 (40)	51 (78.46)	4.13
Faculties are approachable	1 (1.53)	3 (4.61)	4 (6.14)	8 (12.30)	26 (40)	27 (41.53)	53 (81.53)	4.15
Duration of posting is adequate	4 (6.15)	0	4 (6.15)	8 (12.30)	25 (38.4)	28 (43.07)	53 (81.47)	4.12
Posting has improved your communication skills	2 (3.07)	2 (3.07)	4 (6.14)	10 (15.38)	26 (40)	25 (38.4)	51 (78.46)	4.07

[Table/Fig-3]: Student's reaction to communication skills lab posting using a 5 point Likert scale
Five point Likert scale – SD (Strongly disagree) – 1, D (Disagree) – 2, N (Neutral) – 3, A (Agree) – 4, SA (Strongly agree) – 5

A total of 56 (86.15%) students felt that the CSL is well equipped, in terms of availability of audio-video aids, small group discussion rooms, reading material, computers. Out of the 56 students 26 (40%) agreed and 30 (46.15%) agreed strongly. Almost 94% students (61) agreed that the module taught in CSL was useful and 21 (32.30%) of these students agreed strongly. Not a single student had commented that the module was not of any help. Average score on a 5 point scale was 4.26.

Four students said that the posting duration is inadequate. Whereas 53 (81.53%) students felt that the posting duration was adequate. Out of this 43.07% (28) strongly agreed to adequacy of duration of posting. Only four (6.14%) students felt that, there was no improvement in their communication skills after the posting in CSL (Two strongly disagreed and two disagreed). These were the students who also thought that the duration of posting was inadequate and the timing of posting was not correct. On the other hand 51 (78.46%) students felt that, their communication skills improved after the posting in CSL. This includes 38.4% students who agreed strongly and 40% who agreed. Average score was 4.07 [Table/Fig-3].

Maximum students (61.53%) wanted to learn about communication between doctor and patient. Thirty five percent (35.38%) i.e. 23 students opined that communication between student and teacher should be taught in the module of CSL. Surprisingly almost 18.46% students preferred modules on student-student communication, indicating the communication gap between peers. Only one student (1.53%) wanted to learn about communication between student and non teaching staff. This aspect of communication is important in the clinical settings but mostly overlooked [Table/Fig-4].

Analysis of the open ended questions suggested that, the students found group discussions (33%) and interactive sessions (20%) very helpful for learning in CSL, followed by role play (18.46%), games (16.92%). The students were of the opinion that, power point

Module for communication between	No of students (%)
a. Student – teacher	23 (35.38)
b. Student- student	12 (18.46)
c. Student- non teaching staff	01 (1.53)
d. Doctor- patient	40 (61.53)
e. Any other	Nil

[Table/Fig-4]: Student's preference about communication skill module

Factor	No of students (%)
1. Group discussion	22(33)
2. Interactive sessions	13 (20)
3. Role play	12 (18.46)
4. Games	11 (16.92)
5. Power point presentations	5 (7.69)
6. Infrastructure and ambience	3 (4.61)

*Open ended question. All students did not respond to these questions.

[Table/Fig-5]: Factors facilitating learning in communication skills lab*

presentations (7.69%) were not very helpful in learning. In fact it was stated as the top most factor (9.23%) causing hindrance to learning and 4.61% students found the infrastructure and ambience of CSL as one of the factors facilitating learning [Table/Fig-5].

Top five factors causing hindrance to learning, as stated by students were power point presentations (9.23%), less interactivity, small duration of posting, communication gap between teacher and students (6.15% each) and interruption in power supply (4.61%). The reason for felt or perceived communication gap between teacher and student could be due to more use of power point presentations by the teachers, which sometimes become monotonous [Table/Fig-6].

The most common suggestion given by students for improvement in the module of CSL was regarding increasing the interactivity. The students also wanted more role plays with various themes, some video demonstrations about real patient encounter and increase in duration of the posting [Table/Fig-7].

DISCUSSION

Our results are comparable to other studies done on communication skills in medical students. Neupane MS et al., in their study of, "Attitude towards learning communication skills in medical students of Chitwan Medical College, Nepal" also found similar results, where in the students in lower terms had a stronger tendency to learning communication skills than the ones in higher terms [15]. One of the important observations in this study was that along with positive attitudes about communication skills, negative attitudes should also be taken into consideration and steps should be planned and executed to modify or eliminate them. In their study some of the most important constituents of negative attitudes were: "My ability to pass exams will get me through medical school rather than my ability to communicate", "Nobody is going to fail their medical degree for having poor communication skills", "learning communication skills is too easy" and "I haven't got time to learn communication

Factors	No of students (%)
1. Power point presentations	6 (9.23)
2. Less time	4 (6.15)
3. Less interactivity	4 (6.15)
4. Communication gap between teacher and student	4 (6.15)
5. Interruption in power supply	3 (4.61)

[Table/Fig-6]: Factors causing hindrance to learning*
*Open ended question. All students did not respond to these questions

Areas of improvement	Suggestions
Teaching – learning methodology	<ul style="list-style-type: none"> The teaching methodology should be more interactive There should be more role plays Video demonstrations should be more
Timing – duration	<ul style="list-style-type: none"> Duration should be more Should be during VI or VII semester

[Table/Fig-7]: Suggestions for improvement from the students*
Note - *Open ended question. All students did not respond to these questions

skills". Such negative attitudes if not channelized and controlled might have negative effect on positive attitudes as well. Not only is it recommended to place more importance on communication skills but also to provide greater opportunities for students to learn the communication skills [15].

In the present study, 93.83% students opined that the modules taught in the CLS were helpful with a average score on 5 point Likert scale of 4.26. A study by Towle A and Hoffman J also had similar results with average score of 4.21 of the relevance of modules taught in communication skill lab [16]. In the study by Ghodke et al., all the students strongly agreed with the importance of effective communication [17]. Billings JA and Block S in their study of palliative care in undergraduate medical education has suggested that offering undergraduate and graduate training about death and dying care, breaking bad news and communication with dying patient and their families can prove useful [18].

Majority of the students felt that faculties in CSL are competent as well as approachable. The findings are in concordance with those of Towle A et al., [16].

Overall 51 students (78.46%) agreed to the point that CSL posting had helped them in improving their communication skills. Similar were the findings of Towle A et al., and also Wagner PJ et al., [16,19]. There is some evidence that taking courses that emphasized communication skills training also influenced the medical students' attitudes towards them [20,21]. In the study by Rees C et al., which examined the attitudes before and after the course for communication skills, the students rated their communication skills significantly lower at the end than before the start of the course. By the end of the course even positive attitudes towards learning communication skills become significantly lower as compared with the start. In this study as per the researchers, the reason might have been the overconfidence of students about their abilities to communicate with patients, which was brought down to more realistic levels after learning the communication issues during their training [20,21].

A 61.53% (40) students wanted that communication between doctor and patient should be focused more. Wagner PJ et al., had similar observation in their study [21]. Ghodke BV et al., in their study concluded that the perception of students on death related issues like breaking the bad news to the relatives and communication with dying and relatives of dying patients need to be improved [17]. The literature review suggest that medical students perception of the importance of communication skills is determined by their attitude towards communication skills training and attitude may eventually influence the learning and adoption of communication skills in the clinical setting. The students self assessment of their ability to communicate effectively with the patient is responsible for the development of attitude towards communication skills training [21].

LIMITATION

There are chances of bias on part of the responders. Very few responders answered the open ended questions. Focus grouped

discussion in addition to the feedback form might have helped in getting a better perception.

CONCLUSION

The students found communication skills lab very useful in improving their communication skills. They desired more emphasis on communication between doctor and patient. They sought more interactivity and video demonstration to be part of the modules.

The methodology used to teach the modules should be more interactive. Apart from doctor patient communication, communication between students and teacher and between students themselves also needs to be taught. Video demonstrations should be added in teaching methodology. Power back up should be provided to the communication skills lab.

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