

# Perception and Attitude of Medical Students towards Communication Skills Lab and Teaching Module

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## ABSTRACT

**Introduction:** The knowledge of proper communication skills with the patients plays a pivotal role in success of medical professionals. A practical approach would be to initiate its training at an early stage of education period of undergraduate medical students.

**Aim:** To assess perception and attitude of medical students towards Communication Skills Lab (CSL) and teaching module in Central India.

**Materials and Methods:** This cross-sectional study was conducted in Department of General Surgery at Index Medical College, Indore, India. Undergraduate medical students were

trained as per a systematic teaching module in a well equipped 'CSL'. Feedback was obtained via Likert scale and analysed after completion of the training course of eight days.

**Results:** A majority of the students (96.43%) opined that the training had improved their communication with the patients. They also felt that such training should be integrated in regular teaching curriculum of our country.

**Conclusion:** The training of basic communication skills can be introduced at an early stage of undergraduate medical curriculum in form of an effective, interesting and acceptable teaching module.

**Keywords:** Communication Lab, Conversational Skills, Doctor-Patient Relation, Medical Education

## INTRODUCTION

Effective communication with the patients is the key to success of medical professionals. Competency in communication skills is essential for medical students and practitioners alike. Proper communication of the physician with his patient will increase patient's satisfaction and also the compliance to the treatment [1]. Some studies have shown that patient's satisfaction can be improved if the doctor has undergone training to obtain good communication skills [2].

Morgan WL and Engel GL, claimed that doctor-patient communication is a teachable skill [3]. The relationship between medical student's attitudes towards the learning of communication skills and their demographic and education related characteristics were first studied by Rees C and Sheard C [4]. Some studies have shown that the introduction of training programme at medical student's level succeeds in improving their communication skills [5].

In last few decades, the importance of communication skills training at medical education level is being recognised all over the world. At present, most of the medical colleges of United States and United Kingdom are offering programmes in interviewing and communications skills to their students [6,7]. But in our country, the adequate attention has not been given to this training in our medical colleges.

The Medical Council of India (MCI) expects a medical student to be competent enough in communicating with the patients adequately, affectively, sensitively and respectfully [8]. It has proposed in its document (Vision-2015), a foundation course for undergraduate students in first two months of first year of MBBS, which includes an orientation towards learning the communication skills [8].

With intention of a systemic and early training of communication skills to undergraduate medical students, a well equipped CSL has been designed in Index Medical College Hospital and Research Centre, Indore (MP) in 2015. The present study was conducted with aim to study the perception of undergraduate medical students about the

utility of CSL and to design an effective and acceptable teaching module for training of communication skills to undergraduate medical students.

## MATERIALS AND METHODS

This cross-sectional study was carried out over a period of four months, from 1<sup>st</sup> March 2015 to 30<sup>th</sup> June 2015 in CSL of Department of General Surgery at Index Medical College Hospital and Research Centre, Indore [Table/Fig-1a] after getting approval from Institutional Ethics Committee.

During the study period, 60 students (37 girls and 23 boys, within age range of 18 years to 21 years) were posted in CSL. Out of these, feedback was obtained from 56 students, as four students could not complete the major part of the course due to unavoidable reasons.

A special basic communication skills training course was conducted for MBBS second year students in systematically designed CSL. This batch was specifically selected because an early training of basic communication skills will help the students while interacting with various types of patients during the subsequent years of their undergraduation. Three batches of 20 students each were trained in the months of March, April and June 2015, respectively. Total duration of course was of eight days and average teaching time was about two hours per day.

The first four days of the course were spent in theoretical teaching of the students. On first day, they were taught about the importance of proper communication with patients, role of investigations, difference between communication during student life and practicing life etc. Second day was focused on 'student-patient interaction', in which the students were taught about proper method of communication with indoor patients during their clinical posting. Major emphasis was given on their appearance, dressing, language, non verbal communication, proper way to start and conclude the conversation etc.

Next to it, a detailed description of each and every question of standard format of medical history (e.g., presenting complaints, past history, personal history etc.), was made on day 3 and day 4, with special emphasis on 'how' to ask various questions to different types of patients. This was supported by demonstration of video clips of various types of patients (like silent, talkative, co-operative etc.) of different types of diseases. Also, some audio clips of conversation of physician with real and simulated patients were played to teach the students about the proper method of communication with various types of patients.

Theoretical teaching was followed by practical session of four days, which commenced with the communication of individual student with a simulated patient [Table/Fig-1b]. Video recording of conversation was done and assessment was made keeping both verbal and non verbal communication of students in mind. Feedback was given in the group as well as individually, focusing upon both strength and weakness of each student during communication with the patient. Major emphasis was given on verbal (language), paraverbal (tone, volume, speed etc.) and non-verbal (facial expressions, eye contact, gestures etc.) communication of the students. This was followed by demonstration of video clip of the mentor communicating with the same simulated patient [Table/Fig-1c]. This helped the students to understand about the appropriate use of non verbal communication during conversation with the patients. Following this, the recorded video clip of each student was viewed and analysed by the mentor and an assessment was done for the strengths and weakness of the individual student as a communicator. This feedback was then passed on to the individual student along with the video clip in his/her cellphone or pen drive for self assessment [Table/Fig-1d].

This was followed by the communication of individual student with a real patient and his relatives. Suitable patients were selected from the wards and one patient was allotted to one student, randomly.



**[Table/Fig-1]:** Composite picture of Communication Skills Lab including; a) Entrance of Communication Skills Lab; b) Recording of conversation of student with simulated patient in the recording room; c) Demonstration of video of the mentor while communicating with the simulated patient, in demonstration room; d) Feedback being given to the students individually in counselling room.

Later on, an open interrogation of every student was done when he/she presented his/her experience of conversation with his/her patient and his/her relatives. This discussion benefited all the students as they also came to know about the common problems faced during communication with various types of patients and about the proper way to interact with them. Towards its end, the course also included a multiple choice question type of test of the students, which included questions from various topics covered during the course.

The course was concluded with collection of feedback from the students. Seven closed questions formulated by the chief investigator were asked, which were focused on their experience of the course and about the importance of 'communication skills' in medical field, as perceived by them. The students were asked to score on the basis of five point Likert scale (5: Strongly agree, 4: Agree, 3: Neutral, 2: Disagree, 1: Strongly disagree). Additionally, students were also asked to share their feedback and suggestions for improvement of the module (as open ended question).

## RESULTS

In feedback questionnaire, 92.86% of the students opined that communication skills training should be made compulsory in MBBS curriculum. Out of these, 67.86% students strongly agreed and 25% students agreed with this proposal.

89.29% students agreed that the communication skills lab was well equipped. A total of 98.21% students agreed that the use of audio-visual demonstrations had made the course more interesting and understandable (83.93% strongly agreed, 14.29% agreed).

Out of 56 students, 40 students (71.43%) were comfortable in front of the camera and simulated patient (28.57% strongly agreed, 42.86% agreed). On this question, 13 students (23.21%) were neutral, and three students (5.36%) accepted that they were not comfortable. This feedback was essential as it will help us in selecting various types of teaching modalities (like role playing etc.) for the course in future.

A total of 85.71% students felt that the duration of course (eight days) was adequate to teach them the basic course of communication skills. A 96.43% of the students accepted that the course had improved their communication with the patients (67.86% strongly agreed, 28.57% agreed; Average score on Likert scale: 4.64). A total of 98.21% students agreed that they would like to be a part of such course in future [Table/Fig-2].

In open-ended feedback, majority of students wished that such course should be conducted more frequently in our institute. They found this course as very easy, informative and interesting. Also, many students suggested introducing the new teaching modalities (like role playing, skits etc.) to the course.

## DISCUSSION

The results of our study are comparable to the results of other studies on communication skills training in medical students. An 89.29% of our students felt that the lab was well equipped, which

Parameter	SD No (%)	D No (%)	SD+D (%)	N No (%)	A No (%)	SA No (%)	A+SA (%)	Average score
CSL is well equipped	0	2 (3.57)	2(3.57)	4(7.14)	26(46.43)	24(42.86)	50(89.29)	4.29
Duration of posting is adequate	0	0	0	8(14.29)	26(46.43)	22(39.29)	48(85.71)	4.25
Audio-visual demonstration is beneficial	0	0	0	1(1.79)	8(14.29)	47(83.93)	55(98.21)	4.82
You were comfortable in front of camera and simulated patient	0	3(5.36)	3(5.36)	13(23.21)	24(42.86)	16(28.57)	40(71.43)	3.95
CSL course has improved your communication skills	0	0	0	2(3.57)	16(28.57)	38(67.86)	54(96.43)	4.64
You would like to attend such course in future	0	0	0	1(1.79)	15(26.79)	40(71.43)	55(98.21)	4.61
Communication skills training should be made compulsory	0	0	0	4(7.14)	14(25.00)	38(67.86)	52(92.86)	4.70

**[Table/Fig-2]:** Students' reaction to the communication skills lab posting (using 5 point Likert scale). SD (Strongly disagree): 1, D (Disagree): 2, N (Neutral): 3, A (Agree): 4, SA (Strongly Agree): 5

matched with the observation (78.46%) of the study of Jagzape TB et al., [9].

A total of 98.21% students agreed that the audio-visual demonstration was helpful in understanding the message more clearly. This result has encouraged us to expand our audio-video bank in future.

Although it was the very first experience of the students, still majority of the students (71.43%) accepted that they were comfortable in front of the camera and simulated patients. Still, we would like to find some measures to improve the comfort level of students in our future courses.

A total of 96.43% of the students agreed that the course had improved their communication skills with the patients. Similar finding were observed by Jagzape TB et al., Towle A and Hoffman J; and Wagner PJ et al., [9-11]. Jagzape TB et al., in their observational study found a 78.46% improvement in communication skills experienced by the students [9]. Similarly, in their five-module advanced communication skills course; Towle et al., obtained a high rating both by students and tutors alike [10]. Students ratings on a five-point scale were as follows: relevance of the weekly themes: 4.21; the effectiveness of the Simulated Patient (SP) interviews: 4.10; the effectiveness of the group discussion and feedback: 4.18; and overall course effectiveness in enhancing communication skills: 3.91. In a study by Wagner PJ et al., four interactive lab sessions were designed and assessed on several parameters [11]. They reported a significant overall improvement in students-patients communication following this structured learning programme.

A total of 92.86% of the students opined that communication skills training should be compulsorily included in MBBS curriculum. This matched with the observation of Jagzape TB et al., (78.46%) in their study [9].

In last few years, several studies have been conducted at different medical and dental colleges of our country in relation to early teaching of communication skills to the students during undergraduation period [12-17]. Each study is based on different methods of teaching and assessment of communication skills of medical students, but all of them concluded that the introduction of such teaching courses improves communication skills of the students.

It was encouraging for us to know that almost all of our students (98.21%) liked to be a part of such courses in future also.

Some minor practical difficulties were encountered during conduction of this course. Since such training is still not compulsory in medical curriculum of our country, it was essential to encourage maximum number of students to be a part of this optional course. Besides, as no special time period has been provided for its training, this course was conducted during routine clinical posting of the students in the Department of General Surgery only.

## LIMITATION

There is lack of any established protocol of teaching communication skills in the curriculum of medical sciences. Hence, comparison

of results obtained with such a teaching curriculum cannot be specifically compared with the previous studies. However, it is beyond doubt that communication skills have a major positive impact on patient doctor relationship and papers like this do provide a basis for inclusion of such a course in the curriculum.

## CONCLUSION

The students of our institute found that the training module in communication skills lab was very useful in improving their communication skills. Majority of students strongly felt that its training should be included compulsorily in MBBS curriculum. The training programme of medical students can be implemented at an early stage of their undergraduation. This module can be used as an effective, economic, interesting and acceptable tool for early training of communication skills to the undergraduate medical students.

## REFERENCES

- [1] Stewart M, Brown JB, Boon H, Galajda J, Meredith L, Sangster M. Evidence on patient-doctor communication. *Cancer Prev Control*. 1999;3(1):25-30.
- [2] Shendurnikar N, Thakkar PA. Communication skills to ensure patient satisfaction. *Indian J Pediatr*. 2013 Nov;80(11):938-43.
- [3] Morgan WL, Engel GL. *The clinical approach to the patient*. Philadelphia: WB Saunders; 1969.
- [4] Rees C, Sheard C. The relationship between medical students' attitudes towards communication skills learning and their demographic and education-related characteristics. *Medical Education* 2002; 36:1017-27.
- [5] Simmenroth-Nayda A, Weiss C, Fischer T, Himmel W. Do communication training programs improve students' communication skills?- A follow-up study. *BMC Research Notes*. 2012;5:486.
- [6] Novack DH, Volk G, Drossman DA, Lipkin MJ. Medical interviewing and interpersonal skills teaching in US medical schools. Progress, problems and promise. *JAMA*. 1993;269:2101-05.
- [7] Hargie O, Dickson D, Boothan M, Hughes K. A survey of communication skills training in UK schools of medicine: present practices and prospective proposals. *Med Edu*. 1998;32:25-34.
- [8] Medical Council of India. VISION 2015 [Internet]. New Delhi: Mar 2011.
- [9] Jagzape TB, Jagzape AT, Vagha JD, Chalak A, Meshram RJ. Perception of medical students about Communication Skills Laboratory (CSL) in a rural medical college of central India. *Journal of Clinical and Diagnostic Research*. 2015;9(12):JC01-JC04.
- [10] Towle A, Hoffman J. An advanced communication skills course for fourth-year, post-clerkship students. *Acad Med*. 2002;77(11):1165-66.
- [11] Wagner PJ, Lentz L, Heslop SD. Teaching communication skills: a skills-based approach. *Acad Med*. 2002;77(11):1164.
- [12] Sngappa SB, Tekian A. Communication skills course in an Indian undergraduate dental curriculum: A randomized controlled trial. *Journal of Dental Education*. 2013;77(8):1092-98.
- [13] Choudhary A, Gupta V. Teaching communication skills to medical students: Introducing the fine art of medical practice. *Int Journal of Applied and Basic Medical Research*. 2015;(5):41-44.
- [14] Komattil R, Hande SH, Mohammed CA, Subramaniam B. Evaluation of a personal and professional development module in an undergraduate medical curriculum in India. *Korean Journal of Medical Education*. 2016;28(1):117-21.
- [15] Ashin S, Shahid A, Gondal GM. Teaching communication skills and medical ethics to undergraduate medical students. *J Adv Med & Prof*. 2013;1(3):72-76.
- [16] Modi JN, Chhatwal J, Gupta P, Singh T. Teaching and assessing communication skills in medical undergraduate training. *Indian Pediatrics*. 2016;53:497-504.
- [17] Naineni K, Rao GVR, Saie U, Naineni S, Mada S. Addressing the challenges of training in communication skills in medicine in India. *Journal of Research in Medical Education and Ethics*. 2016;6(1):10-14.

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