

**Perception about learning communication skills by the house surgeons – An observational study**

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**Citation this Article:** Dr. Praveen Ganganahalli, “Perception about learning communication skills by the house surgeons – An observational study”, IJMSIR- July -2021, Vol – 6, Issue - 4, P. No. 341 – 345.

**Type of Publication:** Original Research Article

**Conflicts of Interest:** Nil

**Abstract**

**Introduction:** Effective communication between the doctor and the patient leads to better compliance, better health outcomes, decreased litigation and higher satisfaction. Medical trainees may imbibe some basic communication skills consciously or subconsciously during their housemanship by observing their peers and senior colleagues. Some of the common barriers to good communication observed are use of medical jargon, inability to communicate in a simple local language, arrogance, lack of enough time.

**Objectives:** To assess attitude of House surgeons towards the learning of communication skills & to assess the various challenges in learning communication skills as perceived by the House surgeons.

**Material & Methods:** Cross-sectional study was conducted among House surgeons doing compulsory rotatory Internship during the Month of Jan-Feb 2020. Perception of learning communication skills was studied by using Communication Skill Attitude Scale (CSAS) and Open-ended Questionnaire asked to collect information regarding various problems faced by House

surgeons in communicating with patients and method used by them to overcome it.

**Results:** In present study very strong positive attitude towards the importance of Communication skill & median score of PAS=5 was max 86% for Q1 whereas median score of NAS=1 was max 92% for Q2. Language barrier was the most common challenges perceived by the housesurgeons in communicating with patients.

**Conclusion:** Majority have Positive attitude towards the need of good Communication skills during their Housemanship & also feel the need of proper formal training during their course is very much necessary.

**Keywords:** Perception, Challenges, Communication skills, House surgeons

**Introduction**

Effective communication is the cornerstone of patient centered medicine and empathic behavior, leading to a fruitful patient–physician relationship. it contributes to a positive therapeutic effect and better patient outcomes and satisfaction, thus increasing the overall quality of health care systems.<sup>1</sup>

Medical trainees imbibe basic communication skills consciously or subconsciously during their internship

by observing their peers and senior colleagues, but these skills may not be adequate to exhibit good communication in their professional careers. Traditional medical teaching imparts medical students with theoretical and practical knowledge of diseases processes and gives them education about diagnostic and treatment modalities but does not address communication skills.<sup>2</sup>

Patients expect doctors to be supportive, non-judgmental, empathetic, and open and honest about details of their illness, choice of treatment, side effects of medication and expected relief in symptoms. The common barriers to good communication include use of medical jargon, inability to communicate in a simple language, arrogance, lack of enough time dedicated to the doctor-patient encounter, and frequent interruptions while the patient is narrating his problems.<sup>3</sup>

Good communications and counseling techniques can be taught and practiced to increase clinical competence. Physician's interpersonal and communication skills have a significant impact on patient care and correlate with improved healthcare outcomes.<sup>4</sup>

With this background a study was planned to assess the attitude of House surgeons towards the learning of communication skills & various challenges perceived by the House surgeons in learning communication skills.

### **Material & Methods**

An Observational (Cross sectional) study was conducted among House surgeons doing Housemanship in the BLDE(DU) Shri. B. M. Patil Medical College, Vijayapura during the month of January & February 2020. House surgeons were enrolled in to the study by using Convenience sampling technique after explaining the purpose of the study. Institutional Ethics Committee

approval & Informed consent from the participants was obtained before the start of study.

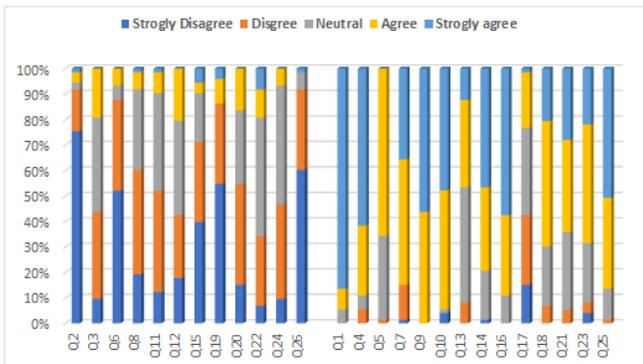
Study tools used were, Communication Skill Attitude Scale (CSAS) to find the Perception of learning communication skills and Open-ended Questionnaire were asked to collect information regarding various problems faced by House surgeons in communicating with patients and methods used by them to overcome it. The information from Housesurgeons was collected by using Google forms.

The Communication Skills Attitudes Scale (CSAS) created by Rees, Sheard and Davies and published in 2002 has been a widely used instrument for measuring medical student attitudes towards learning communication skills. Earlier studies have shown that the CSAS mainly tests two dimensions of attitudes towards communication; positive attitudes (PAS) and negative attitudes (NAS). The CSAS contains 26 statements concerning attitudes towards learning communication skills. Thirteen statements are positively worded and thirteen negatively. Each statement is followed by five boxes in a Likert-like consecutive order, named "Strongly disagree", "Disagree", "Neutral", "Agree" and "Strongly agree" and is numbered from 1 to 5 respectively. The informant is asked to check one box only. Negative and positive statements are presented in a haphazard order.<sup>5</sup> Google form link was sent to the housesurgeons and the information was downloaded in excel sheet, which was analyzed for frequency distribution and tests of significance.

### **Results**

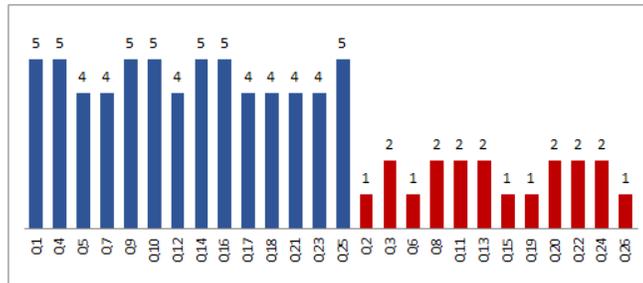
Total 72 from new batch and 60 from old batch (outgoing) Housesurgeons were participated in the survey in Jan-Feb 2020. Among all around 53% were females & 47% were male house surgeons.

Fig.1: Negative & Positive Attitude Scale



Housesurgeons have very strong positive attitude towards the importance of Communication skill (Fig.1) for the future career. The questions in above figure from 2 to 26 & 1 to 25 were for measurement of Negative & Positive attitude respectively. Majority of the Housesurgeons Strongly disagree the negative statements & strongly agree the positive statement regarding importance of Communication skill.

Fig.2: Median scores - PAS vs NAS



Among housesurgeons, median score of PAS=5 was max 86% for Q1 and min 50% for Q25 whereas median score of NAS=1 was max 92% for Q2 and min 54% for Q19 (Fig.2).

Table 1: Challenges perceived by Housesurgeons in communicating with patients effectively & the methods applied by them to overcome

Challenges (most in common)	Solutions applied in majority
Language barrier (60%)	Learning local language
Time constraints (40%)	Spending time in evening

Counseling of patients (34%)	Socializing with them
Emotional barriers (30%)	Take help of clinicians/seniors
Miscommunication (20%)	Take help of PG students

In Table I, most common challenges perceived by the housesurgeons was listed according which it was the Language barrier (60%) followed by time constraint. Also, housesurgeons mentioned the methods applied to overcome their own challenges in communication like learning local language, spending time in evening with patients, socializing with them and taking help of PGs/Seniors.

Majority of housesurgeons have told that they have adequate (outgoing batch 86% vs new batch 70%) communication skill to handle patient in hospital and also agreed upon the requirement of formal training in communication skill during their UG course (outgoing batch 61% vs new batch 75%).

**Discussion**

In present study very strong positive attitude towards the importance of Communication skill & median score of PAS=5 was max 86% for Q1 whereas median score of NAS=1 was max 92% for Q2. Language barrier was the most common challenges perceived by the housesurgeons in communicating with patients.

Varma J et al<sup>6</sup> studied s’ attitudes towards communication skills training (CST) according to which, Attitudes toward CS were measured using a modified Communication Skills Attitude Scale. While 72% participants considered CST to be important and 68.4% reported a need for formal training, 43% felt CST would have a better image if it sounded more like a science subject.

Cleland J et al<sup>7</sup> assessed medical students' attitudes towards communication skills learning, and to validate the use of the Communication Skills Attitude Scale (CSAS) in a different population. This cross-sectional study of Years 1–3 MBChB students, University of Aberdeen, in 2002–03 identified significant differences in attitudes to communication skills teaching by year of study and gender. PAS (positive attitudes scores) for Year 1 were significantly higher than those for Years 2 and 3. NAS (negative attitudes scores) for Year 1 were significantly lower than the scores for Year 2 but not Year 3. The scores for Years 2 and 3 were not significantly different.

Timilsina S et al<sup>8</sup> found positive learning attitude was found in over 50% of participants. The idea of a requirement of communication-skills curriculum was associated with a positive learning attitude. Gender, age, and past educational institute were not associated with communication skills learning attitude.

Piryani, S et al<sup>9</sup> found in their study, the mean positive attitudes scale (PAS), negative attitudes scale (NAS) and overall CSAS scores were  $51.77 \pm 5.21$ ,  $35.68 \pm 4.43$ , and  $83.97 \pm 5.77$  respectively. PAS score was statistically significantly higher among the respondents whose mothers were not in the health-related profession. Whereas NAS score was statistically significantly lower among females, self-rated outstanding students, and good self-reported written communication skills.

Nayak RK et al<sup>2</sup> studied 3<sup>rd</sup>-year MBBS students with the mean age of  $21 \pm 1.8$  years & found CSAS median score for positive attitude was 57.5 and for negative attitude was 25 (minimum score = 13 and maximum score = 65). Significant difference was noted in the study group after training in communication skills ( $P < 0.01$ ) compared to the control. Adequate training in

communication does improve the skills of medical students and help in better relationship with patients.

The Medical Council of India Vision statement 2015 also stresses the need to include communication skills in the 1<sup>st</sup> year MBBS along with other basic clinical skills and professionalism.<sup>10</sup>

### Conclusion

Majority have Positive attitude towards the need of good Communication skills during their Housemanship and they also feel the proper formal training required during their course is very much necessary. Teaching communication skill to medial students now become the important part of present curriculum and thus there is good scope for establishing Communication Skill Lab for formal training in medical college in future.

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