

## Communication Skills of Dentist Faculty Members of Islamic Azad University Based on a Student Survey and its Relation with Faculties Evaluation by Students

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### Abstract

**Background and purpose:** Given the fact that identifying the problems of faculty members improvement are important, we investigated the communication skills of faculty members and examined if there is any association between good communication skill and the scores faculty members get from students evaluation in dental school of Islamic Azad University in Tehran.

**Methods:** In this cross-sectional study, the students filled a questionnaire which assessed the communication skill (verbal and non verbal) of faculty members based on a Likert's type scale ranging from very good, to good, moderate, and poor at two weeks after the beginning of the course. The verbal communication skill were assessed based on 7 factors and the non verbal communication skill were evaluated based on 11 items. These items were extracted from standard communication text for content validity and the reliability was examined through a pilot test-retest procedure with  $r=0.85$ . Two weeks before the end of the same semester the students completed the faculties' evaluation form which included 16 items. The validity and reliability of the faculty evaluation have previously established. The students selected one choice out of a range of very good, good, moderate, poor for each of the above items. The data were examined for correlation of communication skill with faculty evaluation by students by chi-square test.

**Results:** In this study 1278 students assessed 154 faculty members in 234 class or clinics by completing 9107 questionnaire for communication skill and 9107 from for evaluation of faculty members. Of all participants 55.4% evaluated communication skills of faculty members as good, 31.8% as moderate and 12.8% as poor. Faculties were evaluated as good by 54%, of students, as moderate by 32.8% and as poor by 14.2%. Faculties with higher communication skill scores tend to have higher evaluation scores ( $p<0.001$ )

**Conclusions:** It seems that the communication skill of faculty members of Islamic Azad dentistry school is rather good and this result provides a baseline against which the result of any later intervention for improving communication skill can be compared.

**Key words:** COMMUNICATION SKILL, FACULTY EVALUATION

*Journal of Medical Education Summer and Fall 2007; 11 (3,4): 91-95*

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## Introduction

Faculty members' poor verbal and non verbal communication skill is a major concern in medical education system.(1,2) A report indicated that only 17.5% of faculties had good communication skills (3). In early 1960 for the first time, authors like Argail and Wakman stated the importance of non verbal communication (4). There has been no previous report of this center's faculty members' communication skill but if the faculty members of this center lack good communication skills, it reduces instructional effectiveness, decreases students learning, results in low self-satisfaction of faculties which eventually led to a declined quality of patient care (1,5).

This assumption is strengthened by the fact that no communication course is included in the syllabus and the faculties do not have any training on communication skill (6). There have been reports of high prevalence of poor communication skills (7) while other reports indicated that communication skill is a requirement for successful fulfillment of faculty members tasks (8). Given the fact that studies aiming at identifying the problems of faculty members improvement are of priority (9) we investigated the communication skills of faculty members and examined if here is any association between good communication skill and the scores faculty members get from students evaluation in dental school of Islamic Azad University in Tehran.

## Methods

In this cross-sectional study, we first develop a list of all courses and relevant instructors. At four weeks after the beginning of the course we attended the classes introducing the research project and asked students to complete a questionnaire which assessed the communication skills (verbal and non verbal) of faculty members based on a Likert's type scale ranging from very good to good, moderate, and poor. The form included the lesson title, the course title, the faculties name, degree and academic rank and sex. The verbal communication skill were assessed based on 7 factors including initial

self-introduction by instructor, explicit expression of ground rules and assessment procedure, speech pace, comprehension by student, proper inflection, feed back to students, and quality of voice. The non verbal communication skill were evaluated based on 11 items including pleasing manner and countenance, modesty self-confidence, interest in teaching, moving, coolness, eye contact, attention to interesting points, appearance courtesy for students, hand movements. These items were extracted from standard communication text (10) for content validity and the reliability was examined through a pilot test-retest procedure with  $r=0.85$ . Each student was required to put a code on the questionnaire and later wrote down the same code on faculty evaluation form. The highest possible score was 72 ( $4 \times 18$ ); those with score of 54 to 72 (75%-100%) were considered to have "good" communication skills those with scores of 36 to 53 (50%-75%) were labeled as moderate and those with scores less than 36 were considered to have poor communication skills.

Two weeks before the end of the same semester the researchers attended the classes for the second time to ask students complete the faculties' evaluation form. The form included 16 items including punctuality, not teaching beyond the class or clinic time, attention to students presence, courtesy for students, in class and in presence of patients. Explicit expression of objectives and goals of the lesson, mastery of the content, integrated delivery of instructions efficient transmission of contents and relevant concepts enthusiasm, patience with students question, facilitation of student to study and research, introducing up to date resources and used them in his/her instruction, using examples in his, her/ explanation, community orientation, good questioning. The validity and reliability of the faculty evaluation have previously established (2).

The students selected one choice out of a range of very good, good, moderate, poor for each of the above items.

The highest possible score was 64 ( $16 \times 4$ ) and the lowest was 16 ( $16 \times 1$ ). The scores of 48-64 were considered to be good; the scores of 31.47

were considered as moderate and scores of 16-31 were considered to be poor.

The data were examined for correlation of communication skill with faculty evaluation by students by chi-square test.

## Results

In this study 1278 students assessed 154 faculty members in 234 class or clinics by completing 9107 questionnaire for communication skill and 9107 from for evaluation of faculty members. Of all faculties, 63.6% were male, 15.6% were associate or full professor, 50% were assistant professor and 34.4 were instructor. Of all teaching sessions 83.7% were for special courses, 11% were for basic science and 5.2% were for general courses. Of all participants 55.4% evaluated communication skills of faculty members as good, 31.8% as moderate and 12.8% as poor students evaluated 64.5% of basic science instructor, 59.1% of general course instructor and 53% of clinical instructor as having

good communication skill of faculty member teaching clinical courses the highest communication skills score was for instructors of orthodontics and partial prosthesis with 45.3% and 42.8% respectively.

Faculties were evaluated as good by 54%, of students, as moderate by 32.8% and as poor by 14.2%.

A good evaluation by students were observed in 60.6% of basic science instructor, 54.9% of instructors of general courses, and 51.5% of specific clinical courses.

Table shows the frequency distribution of faculty members' evaluation by students for their communication skills.

Based on students' opinion, 44.8% of faculties with good communication skill had a good evaluation by students while only 0.6% of faculties with good communication skill had a poor evaluation by students. On the other hand, 0.7% of faculties with poor communication skill had good evaluation by students ( $P < 0.001$ ).

**Table.** Frequency distribution of faculty members evaluation by students according to their communication skill levels

| Evolution result<br>Communication skill | Good (X)               | Moderate (%)           | Poor (%)               | Total (%)             |
|---|------------------------|------------------------|------------------------|-----------------------|
|   | Good                   | 3253<br>(44.8)         | 577<br>(7.9)           | 47<br>(0.6)           |
| Moderate                                | 436<br>(6)             | 1630<br>(22.5)         | 298<br>(4.1)           | 2364<br>(32.6)        |
| Poor                                    | 50<br>(0.7)            | 194<br>(2.1)           | 770<br>(10.6)          | 1014<br>(14)          |
| <b>Total</b>                            | <b>3739<br/>(51.5)</b> | <b>2401<br/>(33.1)</b> | <b>11.6<br/>(15.4)</b> | <b>7255<br/>(100)</b> |

## Discussion

The communication skill of 55.4% of faculty members of dentistry faculty were very good; 31.8% had a moderate communication skill while 12.8% had a poor communication skills . In a similar study Iranfar showed that 64% of faculties in Kermanshah University of Medical Sciences had good communication skills , and 39.6% had poor communication skills . In research titled "Teaches' interaction with students and students' learning response", Artilles et al found out that there is a significant association between teachers' interaction with students and students learning and better knowing the teacher improves students learning (4). Metcalfe et al found out that students believed instructors interpersonal skills, and preparedness were important factors contributing to quality of educational experience while only 1 out of 147 students pointed the effect of class size on his learning (4). Friedrick et al found out that a good rapport established in first sessions of the class contributed to students improved learning (5). This found out that nursing students identified, humiliation, indignation, use of degrading language and dishonesty as counterproductive behaviors of teachers (8).

In our study students evaluated 53% of faculty members as very good, 32.8% as moderate and 14.2% as poor. The communication skills and evaluation score of faculties by students were highly correlated ( $R < 0.84$ ,  $P < 0.01$ ). In a similar study in 1998, in Kermanshah University of Medical Sciences students evaluated 51.9% of faculties as good and 48.1% as not good; the evaluation scores had a significant association with verbal and non-verbal communication skill scores. (11) Bakhshi et al found out that the students evaluated 7/05% of faculty members as good teachers, 20.5% as moderate teachers, and 0.6% as poor teachers. (12)

Gorji et al showed that the instructor's popularity is associated with evaluation score given by students (12). Communication skills seem to be a contributing factor to this popularity (1). It is noteworthy to say that there has been a long standing controversy over validity of instructor's evaluation by students. Our findings showed that

Iranian medical students at least look into account communication skills of instructors.

In this study we faces several problems: students did not differentiate well between communication skill assessment and faculty evaluation; many students were not interested in filling the evaluation forms since they believed that this would not lead to any out come; the attitude of a number of faculties who thought evaluation by students couldn't lead to a valid result; and the last but not the least the hug number of forms (near 20.000) which date should be extracted from them and analyzed.

It seems that the communication skill of faculty members of Islamic Azad dentistry school is rather good and this result provides a baseline against which the result of any later intervention for improving communication skill can be compared.

## Acknowledgment

We'd like to extend our special thanks to Dr Taghi Torabi, Dr Lotfolah Foruzandeh, and Dr Hossein Badieli whose contributions made this project possible. We are also grateful to Vahid Abdollahi, Robabeh Zoherhvand, Zahra Sa'adat, Ali Moradi for their generous contribution on gathering forms and data entry.

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