Using a Checklist to Access Communication Skills in Last Year Medical Students

Amini M, MD, MPH[1]; Yousefi S, MD[2]; Moghadami M, MD[3]

[1] assistant professor, educational development center, Shiraz University of Medical Sciences ,Shiraz ,Iran
[2] GP, Jahrom University of Medical Sciences ,Jahrom, Iran
[3] Mohsen Moghadami Assistant professor of internal medicine department, Shiraz University of Medical Sciences, Shiraz, Iran

Abstract

Background and purpose*: Available data indicate the quality of doctor-patient communication has a significant impact on patient satisfaction, medical outcomes, medical costs, and the likelihood of a physician experiencing a malpractice claim. Assessment of communication skills is a very important issue. Since a good assessment can show strengths and weaknesses of this process and feedback can improve the behavior, this study was designed to measure communication skill of last year medical students (interns) in Jahrom medical school by an observational checklist.*

Methods: *This study is a cross sectional study to access communication skills of interns of Jahrom medical school in southeast Iran, a checklist was designed for this purpose. Checklist completed with direct observation by an educated general practitioner. The researcher observed the interns in Motahari and Peymanie,(2 teaching hospitals of Jahrom medical school).The interns ignored about checklist material to prevent observational bias. Findings were analyzed using SPSS software.*

Results: *32(55%)of medical interns were female and 26(45%) were male. under category of interview conduction the best results was due to acceptable appearance of interns that 48 interns(82.8%)had acceptable appearance. nearly half of the interns didn't say hello to patients and great them. none of the interns introduce themselves to patients. . Under category of interview conduction the best results was due to responding properly to patient questions. Under category of interview completion the results showed that the behavior of interns in this part was not acceptable and this part of communication was the worst part.*

Conclusion: *The results of our study reflect that it is necessary to introduce a sustained, coherent and integrated communication skill training program into the medical curriculum.*

Key words: *COMMUNICATION SKILLS, INTERNS, ASSESSMENT*

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Introduction

It has been almost a decade since a meeting in Toronto concluded that, "sufficient data have now accumulated to prove that problems in doctor-patient communication are extremely common and adversely affect patient management."(1) Available data indicate the quality of doctor-patient communication has a significant impact on patient satisfaction (2) medical outcomes (3, 4) medical costs, and the likelihood of a physician experiencing a malpractice claim (4). Communication can meet the patients' need to 'know and understand' as well as to 'be known and understood (5, 6 and 7).Communication is divided into verbal and non-verbal components. The non-verbal channel

Corresponding author: *Dr Mitra Amini is an assistant professor of educational development center, Shiraz University of Medical Sciences, Shiraz, Iran*
Phone: 00989173132902
Fax: 00987112333064
E-mail: aminim@sums.ac.ir

is an integral part of all face-to-face communication. Posture, gesture, eye contact, tone of voice, and proximity are aspects of an actor's demeanor that frame message content. As an act of interpersonal communication, the doctor–patient encounter can be said to have both a content component and a relational component. The content component carries the subject matter expressed in verbal language. For example, the patient's report of symptoms would be part of the content of the relationship. The relational component, on the other hand, indicates how the doctor and patient regard each other and their relationship, providing the framework within which to interpret the content. For example, the amount of interest expressed by the doctor in the patient's symptom report frames the interpretation of that content, and may affect whether and how the patient reports symptoms in the future. (8,9)

The training in specific communication skills during medical school is based on the notion that independent of the physician's medical knowledge, the practice of communication skills will have a significant impact upon the quality of consultation.(10)

Essential elements of effective medical communication were identified in 2001 in the first Kalamazoo Consensus Statement. It divides communication elements into seven areas: 1- building the relationship, 2- opening the discussion, 3-gathering information, 4- understanding the patient's perspective, 5- sharing information, 6-reaching agreement on problems and plans, and 7-providing closure. However, the communication skills that are required of students in specific clinical settings and at particular levels of training and development have not yet been described. (11)

In recent years particular interest has focused on examining the closing moments of the encounter. For example, studies have found that patients identify new problems in over 20% of the closing moments of an encounter, and physician interruptions occur in more than one-third of these discussions.(12,13) The impact of these events on patients' satisfaction with the encounter is likely to be negative. The well documented problems that occur with doctor-patient communication(14, 15) are still a concern. For example, Levinson and Chaumeton reported that patient encounters with surgeons in an ambulatory setting were characterized by discussions that had a narrow biomedical focus with little attention being paid to the psychological aspects of the patient's problem, and by the surgeons talking more than the patients.(16) This is consistent with the findings of a study involving patient encounters with primary care physicians. In this study patients were more satisfied with a visit when their physician had a communication pattern that was dominated by psychosocial versus biomedical issues.(17)

Teaching communication skills varies in different medical schools, some devoting long periods of time to it during the medical curriculum and others largely ignoring it.

In many medical schools in western countries and USA, communication skills is taught to medical students. (18). In Iran we don't have any approved curriculum containing explicit component teaching this important skill to medical students .Although in some medical schools in Iran communication skills is taught in workshops, in the majority of medical schools, students learn communication skills through self learning or role modeling in opportunistic manner despite the fact that these skills are among essential competencies of a physician.

Assessment of communication skills is a very important issue. Since a good assessment can show strengths and weaknesses of this process and feedback can improve the behavior, this study was designed to measure communication skill of last year medical students (interns) in Jahrom medical school by a checklist.

Methods

This study is a cross sectional study to access communication skills of all interns of Jahrom medical school in south of Iran. A checklist was designed for this purpose. The checklist was completed through direct observation by a trained general practitioner.

The checklist was reviewed by a panel of experts

for assuring its validity, and a pre-test was carried out by observing 20 interns for assuring its reliability (r =0.82).

The checklist included five sections: 1-demographic data (sex of interns, time and place of visit); 2-interview initiation (acceptable appearance of interns, introduce himself/herself to patients, ask name of patient,); 3-interview conduction (use of appropriate non-verbal communication skill, ask open questions, listen to patient carefully,…); 4-history and physical examination (ask about important signs, perform a correct physical examination,…); 5-interview completion(talking about issues that not discussed well, become sure about patient comprehension, ask if there is any question,…).

The trained general practitioner observed the interns in Motahari and Peymanie hospitals (2 teaching hospitals of Jahrom medical school). The interns were not informed of checklist content to prevent observation bias. Findings were analyzed using SPSS software.

Results

Fifty eight students participated in this study, 32(55%) were female and 26(45%) were male. Regarding various component of interview initiation, the best results was for acceptable appearance of interns with 48 interns (82.8%) having an acceptable appearance. Nearly half the interns didn't say "hello" to patients and showed a substandard greeting.

No intern introduced him/herself to patients. (Table 1).

In conducting the interview the best results was for responding properly to patient questions. Table 2 shows the performance of interns in this part of interview.

In history taking and performing a good physical examination 25 (43.1%) of interns asked open-ended questions while the other 33 interns(56.9%) didn't do this. The performance of interns regarding history taking and physical examination are shown in table3.

In interview completion the performance of interns was not acceptable. The results regarding the completion of interview are shown in table 4.

In various component of interview, there was no significant difference between female and male interns ($p<0.05$).

Discussion

Physicians' interpersonal and communication skills have a significant impact on patient care and correlate with improved healthcare outcomes.(18)

Some studies suggest, however, that communication skills decline during the four years of medical school. Evaluation of communication skills of medical students is one of the requirements of educational programs. (19, 20)

The communication skills of our final year students are assessed during their clerkship in

Table 1: Communication skills of interns during interview initiation

Interview item	Weak		Good	
	Percent	Number	Percent	Number
Acceptable appearance of interns	10	17.2	82.8	48
Introducing him/ her to the patient	58	100	0	0
Asking patients' name and calling patient by name	53	91.4	5	8.6
Explaining the purpose of the interview	28	48.3	30	51.7

Table 2. Communication skills of interns during interview conduction

Interview item	Weak		Good	
	Percent	Number	Percent	Number
Friendly interaction with patients	17	31.5	37	68.5
Nonverbal communication with patients	31	53.4	27	46.6
Showing empathy with patients	37	63.8	21	36.2
Encouraging the patient to talk more	27	46.6	31	53.4
Listening to the patient words	32	55.2	26	44.8
Respond properly to patient questions	6	10.3	52	89.7

Table 3. Communication skills of interns during history taking and physical examination

Interview item	Weak		Good	
	Percent	Number	Percent	Number
Ask open questions	33	56.9	25	43.1
Ask detail of symptoms	26	44.8	32	55.2
Use clear questions and explanation	17	29.3	41	70.7
Do correct physical examination	14	24.1	44	75.9

Table 4. Communication skills of interns during interview completion

Interview item	Weak		Good	
	Percent	Number	Percent	Number
Asking questions about what has not be discussed	57	98.3	1	1.7
Responding extra questions of the patients	57	98.3	1	1.7
Summing up the results of the interview properly	58	100	0	0
Informing the end of the interview	58	100	0	0

a real setting. The results of this study showed that communication skills training being insufficient in quantity and only acceptable to poor in quality.

In interview conduction the best results was due to acceptable appearance of interns. Nearly half of the interns didn't say hello to patients and great them. None of the interns introduce themselves to patients.

Evans et al reported that initiation of interviews was not good and the process of interview was not sufficiently accurate (21).

The main purpose of physician-patient communication is to improve the patient's condition. Skillfully done interviews with patients require following a set of related regulations for patients' encounters, empathizing with patients, ability to interview with paying attention to age, group, temper, personal characteristics and history of different patients. (22,23) It is important to have a plan, from the first moment of every encounters up to the end . (24, 25, 26).

In interview conduction in three items (Respond properly to patient questions, Encouraging the patient to talk more, Friendly encounter with patients) more than 50 percent of interns have acceptable behavior. This results showed that in this part the interns' behavior were better than interview initiation.

In the context of history taking and performing a good physical examination The results in 3 items (Ask detail of symptoms, Use clear questions and explanation, Do correct physical examination) more than 50 percent of interns have acceptable behavior. in one item(asking open questions) less than 50 percent of interns have acceptable behavior The study of Roter D L showed that those residents that have formal education about communication skills asked more open questions and ranked by patients as better physicians than other residents.(27)

Helfer RE reported that last year medical students had better skills in asking guided questions than first year medical students. (28)

In interview completion the results showed that the behavior of interns in this part was not acceptable and this part of communication was the worst part this may be due to loss of time, a large number of patients that are waiting and loss of adequate education. Considerable evidence exists that certain characteristics do affect communication skills performance. Gender has been identified as one such characteristic, with female doctors generally outperforming male doctors. (34)

In contrast to these studies, our investigation showed no difference between female and male interns.

Practice of communication skills regularly during interviews and history taking at clinical skills Center lead to improvement of communication skills which will be completed in more complicated situations (29), but studies regarding the effectiveness of CME programs on physicians' behavior and communication skills showed inconsistent results.(30)

It is widely acknowledged that communication skills are central to effective clinical practice and must be taught. (31)

In the last 20 years there has been a marked increase in evidence-based research on communication skills in medicine, providing insight into the complexities of communication skills training and practice. Research evidence has highlighted the importance of this core clinical skill and shown repeatedly that effective patient-doctor communication can be taught, learned and retained. (32)

Selecting a framework for teaching, such as the Calgary-Cambridge Observational Guide, and using it across the continuum of medical education, leads to a high degree of integration and consistency in the programme (33)

The results of our study reflect that it is necessary to introduce a sustained, coherent and integrated communication skill training program into the medical curriculum.

It is possible to create a communication skills training program that allows for the training of core communication skills, expansion of these skills over time, and integration these skills into clinical courses as students become more familiar with medical knowledge.

This study has strengths and limitations. The strengths were direct observation by one educated physician and real clinical setting. The

limitation could be different patients with different diseases and available cohort of last year's students.We cannot overlook the possibility that the students who participated in our study were more motivated than those who did not attend.

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