

Original Research Article

Assessing the Communication Skills of Medical Students: Bridging the Gap in Patient Centred Care

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ABSTRACT

Background: Effective communication is essential for quality healthcare delivery. However, communication skills training is often overlooked in medical education, leading to inadequate skills among young doctors and compromised patient care. This study aimed to assess the communication skills of first-year medical students and analyse their attitudes towards the importance of communication skills.

Materials and Methods: A cross-sectional study was conducted among first-year medical students enrolled at Jubilee Mission Medical College in Central Kerala, India. The study employed a multi-step methodology, including a self-assessment questionnaire to evaluate participants' communication skills, an Attitude, Ethics & Communication (AETCOM) session in the form of role plays, games, and narratives, to provide communication skill training, and a Communication Skills Attitude Scale (CSAS) questionnaire to assess students' attitudes towards communication skills. Statistical analysis was conducted to identify patterns and correlations among the variables.

Results: Out of the 99 participants, 74% self-assessed their communication skills as good. In spite of the majority of students having good communication skills, the CSAS scores, post AETCOM session, indicated more positive attitudes towards communication skills. Gender differences were observed, with male students reporting increased negative attitudes compared to female students.

Conclusion: While the study revealed positive attitudes and self-assessment scores, there is still room for improvement in communication skills among medical students. Continuous training throughout medical education, along with targeted interventions addressing gender differences should be implemented to create an inclusive and supportive learning environment.

Keywords: targeted intervention, communication, medical students, self-assessment, attitude

INTRODUCTION

Effective communication lies at the heart of quality healthcare delivery. The role of a physician does not only involve diagnosing and treating diseases, but also establishing empathetic connections with their patients. The ability to communicate effectively with patients is multifaceted, encompassing verbal and nonverbal skills, active listening, empathy, and the ability to convey complex medical information in an understandable manner.¹

However, despite the awareness about the crucial role of communication in healthcare, this aspect has not

been given much focus in the teaching curriculum, resulting in young doctors entering the clinical practice with inadequate communication skills. Lack of communication skills in healthcare providers can result in patients experiencing decreased trust and diminished satisfaction with their care.² Poor communication can also result in medical errors, compromised patient safety, and suboptimal treatment adherence.³

To ensure patient-centred healthcare, it becomes imperative to assess the communication skills of future healthcare providers and identify areas of improvement and implement targeted interventions to

enhance their ability.⁴ By acknowledging the gaps in education, we can pave the way for a healthcare system where patients feel heard, understood, and actively engaged in care. The prime focus of the present study is to shed light on the communication skills of first-year medical students and also to analyze their attitude towards the need for communication skills.

MATERIALS & METHODS

This cross-sectional study was conducted in Jubilee Mission Medical College & Research Institute, located in Central Kerala, India. The Ethical clearance was obtained from the Institutional Ethics Committee.

Participants: All first-year medical students enrolled in the institution were eligible to participate in the study. Informed consent was obtained from each participant prior to their involvement in the study.

The study followed a multi-step methodology to assess and improve communication skills among the students.

Communication Skills Assessment:

At the beginning of the study, the participants were provided with "Quest - Verbal Questionnaire which is a communication skills self-assessment questionnaire."⁵ This questionnaire aimed to evaluate the participants' self-perceived level of communication skills. It consisted of 20 items, each rated on a seven-point scale ranging from "1-very little" to "7-a lot". Students self-evaluated their own scores. The questionnaire focused on four key aspects: listening, acceptance, empathy, and sending clear messages.

AETCOM session

An AETCOM session was conducted, focusing on various aspects of communication. The session lasted for duration of 2 hours. In addition to narrative and role-playing, the AETCOM session incorporated various other aspects of communication training. Through interactive activities like "Fish in Bowl" and "Chinese Whisper," students gained insights into the challenges and nuances of effective communication. Students were introduced to active listening techniques, emphasizing the importance of attentive and empathetic listening in understanding patients' concerns and needs. It provided students with an opportunity to recognize their own shortcomings in communication skills.

Communication Skills Attitude Scale

Following the training, a CSAS (Communication Skills Attitude Scale) questionnaire⁶ was administered. The CSAS questionnaire comprised 26 questions and utilized a Likert scale format. It aimed to evaluate the students' attitude to communication.

Scoring of CSAS: The CSAS questionnaire consists of two subscales: positive attitudes and negative attitudes. The positive attitude subscale includes items 1, 4, 5, 7, 9, 10, 12, 14, 16, 17, 21, 23, and 25, which indicate positive attitudes toward studying communication skills whereas negative attitude subscale, which reflect negative attitudes toward studying communication skills includes items 2, 3, 6, 8, 11, 13, 15, 18, 19, 20, 22, 24, and 26.

STATISTICS

The data collected from the questionnaires were then subjected to statistical analysis to identify patterns, trends, and potential correlations among the variables. The reliability of the questionnaires was assessed by Cronbach's alpha. Sample adequacy was tested by Kaiser-Meyer-Olkin measure. Categorization of student was done based on their communication skill scores. A One-Sample T-Test was conducted to examine the attitudes towards communication skill training among the participants. To examine the relationship between gender and attitudes towards communication skill training Independent T-Tests were done. The analysis was done using SPSS v.29

RESULTS

Demographic characteristic of participants

In the study sample, out of 99 participants, 63 (63.6%) were females and 36 (36.4%) were males. All were First year MBBS students of the age range 18-20 years.

Communication Skills Score

The present study utilized the "Quest - Verbal Questionnaire" to assess the communication skills of students. The reliability analysis was done, and **Cronbach's alpha is 0.863**, suggesting good internal consistency, implying that the items are reliable and can be considered as a reliable measure of the communication skills construct.

Figure-1: Self-Assessment of Communication Skills of First Year Medical Students

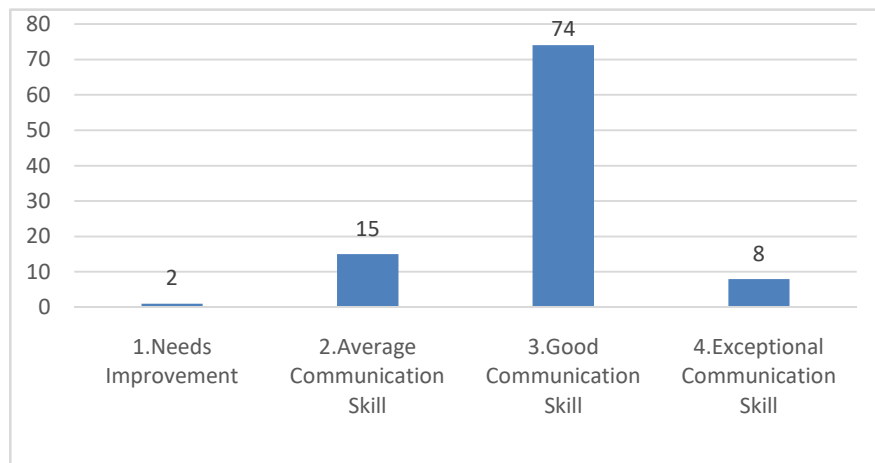


Table 1: Communication Skill Attitude scale of First year medical students

| | Mean | SD | Median | |
|--------------------------------------|-------|-------|--------|----------|
| Negative Attitude Score (NAS) | 24.76 | 4.518 | 25 | |
| Positive Attitude Score (PAS) | 53.74 | 5.316 | 54 | p<0.001* |

*One sample t test

Table 2: Gender Differences in Attitude towards Communication Skill Training

| | Sex | Mean | S. D | p Value |
|------------|--------|-------|-------|---------|
| NAS | Male | 26.06 | 4.739 | 0.015* |
| | Female | 24.02 | 4.248 | |
| PAS | Male | 53.06 | 5.626 | 0.169 |
| | Female | 54.13 | 5.135 | |

*p<0.001 is significant

Based on the scores the students were categorized to different groups. The communication skill assessment results indicate that 74 students (74.7%) have a good level of communication skills, 15 students (15.1%) have an average level, 8 students (8%) have exceptional skills, and 1 student (1%) needs improvement.

Communication Skills Attitude Scale

Factor structure and internal consistency: The Kaiser-Meyer-Olkin measure of sampling adequacy was **0.780** indicating that sample size is adequate, and further analysis could be conducted.

Internal consistency: The Cronbach's alpha values of the individual attitude subscales were obtained as follows:

Positive Attitudes towards Communication ($\alpha=0.827$) and Negative Attitudes towards Communication ($\alpha=0.641$). In both cases, higher Cronbach's alpha values indicate greater internal consistency, suggesting that the items within each subscale are measuring the intended construct reliably.

DISCUSSION

Effective communication is crucial in the medical field as it plays a vital role in establishing rapport with patients, understanding their concerns, and providing quality healthcare.⁷ Recognising the importance of communication skills, medical schools aim to develop and nurture these skills in their students.⁸

Self-assessment of communication skills by medical students serves as a valuable tool for personal growth, identifying areas of improvement, and refining their abilities to become competent healthcare professionals. The self-assessment questionnaire⁵ is meant to be a starting point for individuals to reflect on their communication skills. It should be followed by an honest evaluation and a commitment to work on areas that need improvement.

In a study done in pharmacy students comparing self-assessment and assessment by faculty regarding communication skills, the author concluded that self-assessment can be considered as a cost-effective mode of assessing communication skills.⁹

In the present study, self-assessment of communication skills was done using a questionnaire by Quest Verbal Communication.⁵ Reliability

analysis showed Cronbach's alpha as 0.863, indicating good internal consistency, hence considered as a reliable tool to assess communication skills. Self-assessment of communication skills done by first-year medical students clearly shows that 74% of the students considered themselves to have good communication skills while 8% had exceptional communication skills (Figure 1). However, it is important to note that self-assessment alone may not provide a comprehensive and objective evaluation of communication skills. Self-assessment is subjective and can be influenced by various factors such as self-perception, confidence levels, and biases.¹⁰

The AETCOM session on communication skills, which involved narratives, group activities like fishbowl, Chinese whisper, and role plays, all brought to light the fact that though the majority of the students had good communication skills, they were not aware about the importance of listening and nonverbal communications. Following the AETCOM session, the attitude of students towards communication skills was also assessed.

Attitudes play a significant role in shaping behaviours, and in the context of communication skills, they can profoundly impact doctor-patient relationships and healthcare outcomes.¹¹ The use of communication skills attitude scales revealed that medical students exhibit more positive attitudes and very few negative attitudes towards communication skills training, and this was found to be statistically significant (Table 1). Positive attitudes towards communication skills indicate a student's willingness and enthusiasm to engage in effective patient communication. Medical students with positive attitudes are more likely to prioritize communication skills in their practice as they understand that effective communication fosters trust, promotes patient satisfaction, and improves health outcomes.¹² Negative attitudes can hinder effective patient interaction.¹³ By minimizing negative attitudes, medical students are better equipped to overcome communication barriers, manage challenging situations, and provide optimal care for their patients.¹⁴ The presence of fewer negative attitudes in medical students is a quite promising outcome.

Table 2 describes the gender differences in attitude towards communication skills and it was found that in comparison to females, male students reported having increased negative attitudes. This could be due to societal norms which perpetuate the notion that males should possess qualities such as assertiveness, confidence, and stoicism which conflicts with the empathetic aspect of effective

communication. Communication skills require the ability to express and understand emotions. Studies have suggested that males face a socialization process that discourages emotional expression, leading to a reduced comfort level in displaying empathy and connecting with patients on an emotional level.¹⁵ This underscores the need for targeted interventions within medical education. Comprehensive communication skills training should be provided in medical schools to address these gender issues. Creating an inclusive and supportive learning environment that challenges gender stereotypes and biases is also crucial.

CONCLUSION

Even though the result of present study indicates more positive attitudes and self-assessment shows majority with good communication skills, there may still be room for improvement. Refinement of communication skills should be encouraged throughout their medical education through training sessions, role playing exercises, simulated patient encounters and opportunities for observing and learning from experienced healthcare professionals. Continuous trainings would ensure that students adapt to different patient populations, healthcare settings and evolving communication needs throughout their career.

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Source of support: Nil

Conflict of interest: None declared

How to cite: Davis A, Bahuleyan B. Assessing the Communication Skills of Medical Students: Bridging the Gap in Patient Centred Care. *GAIMS J Med Sci* 2024;4(1):12-17.

<https://doi.org/10.5281/zenodo.8287005>