

Medical Students' Viewpoint on Learning Communication Skills

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Abstract

Background and Purpose: Communication skills play an important role in diagnosis, effective treatment, and patient satisfaction. We aimed to determine the attitudes of medical students towards learning communication skills in order to design related educational programs for them.

Methods: This was a cross-sectional study with a sample of 200 medical students of Yazd that were selected using classified simple random sampling. The data was collected using the Communication Skills Attitude Scale (CSAS) with approved reliability ($\alpha=0.74$). Data were analyzed using SPSS software.

Results: The mean \pm SD positive, negative, and overall attitude scores of the participants were 51.17 ± 5.65 , 34.12 ± 4.89 and 85.27 ± 6.39 , respectively. Age had no influence on their attitude towards learning communication skills.

Conclusions: The finding of positive attitudes toward learning communication skills suggests that students would agree with the assertion that communication skills should be an integral part of curricula.

Keywords: ATTITUDE, MEDICAL STUDENTS, COMMUNICATION SKILLS

Journal of Medical Education Fall 2016; 15(4):201-6

Introduction

Communication skills in an interactive process of exchanging messages via feelings, experiences, and perceptions transferred (1, 2). Effective communication is a critical skill for human beings. Similar to other skills, some people are more talented than others to make better communication (3). Some experts consider communication skills as the main source of all moral and technological human development as well as personal trauma (4). Communication is an everyday activity and its skills may seem simple at first; however, the ability of communication is somewhat taken as granted. There are many variations in the quality of communication between healthcare workers. In addition, poor

communication between health workers and certain groups of the population is of concern to health planners because communication is the most important feature for those working in primary health care (5). Communication skills play an important role in making a diagnosis, effective treatment regimens, patient satisfaction, as well as solving their problems. These skills are more important in patients who require long-term care (6). Skillful communication might seem simple at first but there is diversity in the quality of communication, especially in healthcare staff (4). Communication skill is known as the most important requisite character for primary healthcare staff (5). Because of the nature of their job, physicians need to have an effective communication with their participants. With the implementation of modern technology in diagnostic and treatment modalities, physician and patient detachment poses a threat to the healthcare system. Unfortunately, medical education

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does not effectively consider patients' affections and emotions. This has harmful impacts on the capability of physicians for efficient communication (1). Effective communication enables physicians to obtain appropriate data, increases the role of physicians, motivates patients, and monitors healthier lifestyles in patients. Many doctors do not communicate properly and effectively with their patients (2).

Appropriate communication improves vital signs, decreases pain and anxiety, increases patient satisfaction and promotes better collaboration in treatment. On the other hand, disrupted communication can increase misdiagnosis and false patient reports and decrease collaboration (7). Programs designed to teach communication skills have proven to be effective in this regard (1, 6). A review on topics incorporated in the current medical education curriculum in Iran showed that unfortunately communication skill education is not included in this curriculum. These skills are tentatively and indirectly taught by professors or with a biomedical attitude (8). In a study in Isfahan University of Medical Sciences, most of professors (>90%) had a positive attitude with respect to communication skills education and emphasized its necessity (9). Another study in Isfahan showed that most physicians had a positive attitude about suitable communication with patients but had little knowledge about communication skills (10). As recommended by the World Health Organization (WHO), you must extract the correct communication components and communication skills teaching methods based on the cultural setting (11). If communication skills education programs are well designed, it can positively affect physician-patient communication (12). Therefore, it is necessary to consider communication skills as a main part of medical education programs (1). In most developing countries, medical education is based on evaluation and graduation of physicians and in some cases on scientific and abstract content of communication skills, but not its practical

aspects. In developed countries, improving communicational skills in physicians is as main part of continues medical education (CME) programs with extensive content and design (12).

Based on these facts most of authorities think that education of communicational skills must become the main part of medical students' educational programs even in specialty courses (13). Therefore, we aimed to determine the attitudes of medical students towards learning communication skills to design suitable communication educational program for them.

Methods

In this cross-sectional study, 200 medical students of Yazd university of medical sciences, central Iran, were selected using classified simple random sampling and the Cochran formula. The data was collected using the Communication Skills Attitude Scale (CSAS) with approved reliability ($\alpha=0.74$). The CSAS is the most widely used instrument to measure the attitudes of medical students towards learning communication skills and has been validated in several studies (14-15). Demographic data such age, sex, university semester, and marital status were also recorded. 26 items, 13 written in the form of positive statements and 13 in the form of negative statements about communication skills learning were assessed using the CSAS. Items are scored on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Items 1 and 22 are inversely scores. The total attitude score ranges from 13-65 in each attitude (positive or negative).

Data were analyzed using SPSS software, version 15. T, one-way ANOVA, and Tukey's tests were used as appropriated.

Results

From the 200 students, 60 (30.4%) were men and 140 (68.4%) were women with a

Table 1. The mean and standard deviation of negative and positive attitude of students

Attitude scores	Mean	SD
Positive	51.17	5.65
Negative	34.12	4.89
Total	85.27	6.39

mean±SD age of 22.84±2.29 years. Considering total possible scores (26-130), the mean scores of positive and negative attitude was 51.17±5.65 and 31.12±4.89, respectively. The mean±SD total attitude scores was positive (85.27±6.39, table 1).

ANOVA showed that there were significant differences between the students' semester and negative attitude (P=0.01) but Tukey's test showed a significant difference between students in semesters 3 and 14; students in semester 14 had higher negative attitude scores (table 2).

Also, we found a significant difference between negative attitude scores and graduation level (P=0.023). Tukey's test showed that interns had higher scores in negative attitudes compared with physiopathology students (P=0.021, table 3). We did not find any relation between attitude and age, sex, and marital status.

Discussion

The mean±SD positive, negative, and overall attitude scores of the participants were

51.17±5.65, 34.12±4.89 and 85.27 ± 6.39, respectively. Mazaheri and colleagues (10) showed that 85.9% of professors of Isfahan University, Iran, had very positive, 12.4% had positive and only 0.7% had moderately positive attitudes about communication skills education to students. In Ardabil University, 89% of students had moderately positive attitudes and 11% had positive attitudes towards communication skills education. Ismaeil and colleague showed that the mean scores for positive attitude was 54.8 out of 65, and the mean scores for negative attitude was 35.3 out of 65, ranging from 18 to 57. (16).

We did not find any relation between attitude and age, sex, and marital status, which was consistent with another previous study in Esfahan (10). In our study, the mean score of students' total attitude to communication skills training was positive (85.27±6.39). They thought that communication skill courses were necessary for medical students. Similarly professors of Isfahan University had sensed this necessity for medical students and more than 90% of them had positive attitude to this matter (9).

Based on our study, students in physiopathology courses had higher positive scores compared with interns. Unfortunately, despite the emphasis on the development of communication skills in other countries, it is a new concept in our country and only some medical universities in Iran have tried to gain some related experiences. In most other countries teaching communication skills is known as a suitable and inexpensive

Table 2. Mean±SD grade scores of attitude of medical students towards learning communication skills based on each semester

Attitude	Semster 3	Semester 5	Semester 9	Semester 11	Semester 13	Semester 14	Total	P
Positive	52.5±5.89	51.03±5.88	50.79±5.56	52.32±4.7	50.27±6.04	50.11±6.69	51.17 ±5.65	0.51
Negative	30.71±4.74	34.57±4.17	33.21±3.55	33.43±4.6	35.1±4.95	36.266.76	34.12 ±4.89	0.01

investment with frequent achievements (1). Effective communication skills are learned in short-term training programs (12). Our results showed there was significant difference between students in semesters 3 and 14; students in semester 14 had higher negative attitude scores compared with 3rd semester students. Based on these data it seems that the best time for communication skills education is in the early years of university courses (basic science period). One study on faculty members showed that the clerkship period to be the best time for communication skills education (8). In this period, students have less time to spend in different wards and have no tendency to add some other topics. Also, it is possible that at this time they think that interaction with patients can give this skills to them automatically. However, we did not study the exact opinion of the students to discover the cause of lower positive attitude scores about communication skills education between students in the clerkship period. This requires another study with a different design. Communication skills are taught in various universities worldwide at the first year of medical training and these courses will continue in later years (17, 18). In Queen's University these courses are held at the 3rd year and some introductory topics are taught

at the 2nd year (19-20).

Quality of communication and interaction between physicians and patients affects patient satisfaction, outcomes, medical costs, adequacy of medical and even discontent from doctors. Communication quality is a reflection of the emphasis put on communication skills in medicine, as stated by international bodies, guidelines for medical schools, and professional standards of medical education (21-23). In one study the researchers found that satisfaction in trained physicians was significantly more than those that did not receive communication skills training. 78.6% of the patients of trained physicians were satisfied and 54% of the patients reported that physicians make them aware about different treatment options and 66.9 percent of patients felt that doctors asked their opinion for making decisions (8). Duffy found that communication skills were effective in improving patient satisfaction indicating the importance of completing this course in medicine (24). Other studies showed the importance of experiences of these interventions on patient-physician relationship (25- 26). Several studies indicate that trained physicians do more targeted communication skills and using these skills is the reason patients are satisfied and more

Table 3. Attitude of medical students by level of education

Attitude Level of education	Negative					Positive				
	No	Mean	SD	F	p**	No	Mean	SD	F	P
Basic sciences	73	33.83	4.52			73	51.31	5.7		
					0.023					0.485
Clerkship	70	33.34	4.18	3.84		70	51.6	5.12	0.725	
Internship	44	35.84	6.08			48	50.35	6.29		

*F= Degrees of freedom

**P=P VALUE

accurate diagnosis is made (27- 28).

Given that increased communication skills in physicians can lead to patients' satisfaction, it is necessary to add some lessons about communication skills theories to become familiar with the basic concepts in communication science. Moreover, such courses change the atmosphere of education from teacher-based to student-based. Also workshops for physicians as a part of CME program are recommended.

Conclusion

Therefore, the finding of positive attitudes toward learning communication skills suggests that students would agree with the assertion that communication skills should be an integral part of the curricula.

Conflict of Interest

The author declares no conflict of interest.

Acknowledgement

We sincerely thank who cooperated with us in conducting this study.

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