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AUTHOR(S)

Eva M. Doherty, Ciaran O'Boyle, William Shannon, Hannah McGee, Gerard Bury

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Communication skills training in undergraduate medicine

E DOHERTY, C A O'BOYLE, W SHANNON*, H McGEE, G BURY*.

*Department of Psychology, *Department of General Practice, Royal College of Surgeons in Ireland, 123, St. Stephen's Green, Dublin 2.*

Abstract

Good communication with patients is now recognised as the cornerstone in effective medical practice. Medical students do not automatically acquire the art of good communication through clinical training. A new course to promote the development of communication skills at undergraduate level is described. The course was provided at the juncture between pre-clinical and clinical training. Course evaluation illustrated the value of the course as perceived by students themselves and highlighted the areas of greatest need for students in communication skills training.

Introduction

Early studies of patient satisfaction have illustrated that patient discontent is often the result of ineffective communication between patients and their doctors.¹⁻⁷ Moreover, parallel studies clearly demonstrate the importance of a good doctor-patient relationship for patient adherence to recommended medical regimens.⁸⁻¹² The accumulation of studies such as these has led to an acceptance of the important role of communication in the medical consultation.

The provision of communication skills training for doctors is the logical outcome of this evidence. Teaching communication skills to undergraduate medical students may address both the need of the patient to receive clear information and empathy from doctors, and the need of the student to develop skills which will enable him/her to deal more effectively with patients' problems. Literature from Britain and America shows that communication skills programmes can be run successfully and that students' attitudes and skills do develop as a result of participating in these courses.¹³⁻²¹

A variety of methods have been used in the construction of a communications programme for undergraduate medical students. Examples range from a half-day workshop with patient interviews and discussions,²² to a range of sessions with lectures, patient interviews and discussion,^{19,23,24} to a self-instructional method whereby students view a teaching video and carry out a critique of their own interview.²⁰ Other studies discuss the practicalities of implementing such courses and point to certain restraining factors which must be taken into account in the planning stages.²⁴ These include the number of students, the academic year in which the course takes place and the resources, personnel and general facilities available.

Evaluation of the communication programme is necessary to establish whether the original aims and objectives for the course have been met. Sanson-Fisher *et al*²⁵ provide a rigorous methodology for assessing the benefits of a course. Many studies have opted for students' subjective evaluations.^{19,23,24,26,27} Consumer opinion such as this must be seen to be a valuable source of feedback, particularly when a course is being introduced to the curriculum for the first time.

These above considerations informed the establishment of a communication skills course in the undergraduate medical curriculum of the Royal College of Surgeons in Ireland (RCSI). The course was designed jointly by the Departments of Psychology and General Practice. A student-based evaluation study was conducted to determine student attitudes to the course.

Methods

Three members each from the Departments of Psychology and General Practice collaborated on course development.

The aim of the study was to enable each student to understand the importance of effective communication in medicine and to acquire basic communication skills which he/she will develop further during the clinical training years.

Objectives

At the completion of training each student should understand that the patient himself/herself ought to be the focus of communication; appreciate that communication skills are fundamental to being a good doctor; understand that communication skills can be learned; appreciate through practice the elements of good communication to be (a) listening (b) understanding (c) recalling and (d) explaining; appreciate through practice that communication covers both verbal and non-verbal relationships with other people; realise that communication skills need to be constantly developed and refined throughout one's professional life.

Course Structure: The course content and format is described in Table 1. One hundred and forty students in the third medical year (at the start of clinical training) were assigned to six groups of not more than 24 students in each. Groups attended for one week of five 3-hour morning sessions from Monday to Friday.

TABLE 1 - Communication skills course: content and format

| | |
|------------------|---|
| Monday | Introduction Format: Informal, didactic |
| Tuesday | A. Listening skills B. Lay and professional language usage C. Non-verbal communication Format: Didactic with participation |
| Wednesday | A. Elements of a good consultation B. Discussion group with a person who had recovered from a serious illness Format: Two small discussion groups |
| Thursday | A. Medical interviewing B. Consultation analysis Format: Role-play in groups of three Discussion |
| Friday | A. Medical interviewing B. Feedback and close C. Student rating of course Format: Role-play in pairs Discussion |

These were conducted by one member each from the Departments of General Practice and Psychology. Role-play practice in the fourth and fifth sessions was filmed using video cameras and played back in the second half of the sessions. Students were also observed during the role-plays by their tutors and by fellow students. This facilitated smaller group feedback and discussion.

Course Evaluation: Based on a detailed survey of the literature on communication skills training, a questionnaire was devised to enable students to give written feedback regarding the course. The questionnaire focused on global and specific evaluations of the course and on suggestions for course development. The possibility that students may feel overwhelmed by the prospect of meeting and communicating with patients during the course was a major concern. Thus students were queried regarding the impact of the course on anxiety levels. Students were asked to fill in the questionnaire anonymously at the end of the last session.

Results

Global Evaluation: The majority of participants rated the course as either quite interesting (35%) or very interesting (54%) and 84% of students found the course to be very relevant, with no student feeling that the course was irrelevant.

Evaluation of individual course components: Table 2 provides a ranking of the course elements by perceived helpfulness to students. All elements were rated as quite or very helpful by over half of the sample.

Evaluation of course impact on specific communications skills: Table 3 demonstrates the specific areas in which students felt they had been helped by the course. In particular, the ability to conduct an interview and to understand the patients' world appears to have been considerably strengthened.

Students' anxiety about working with patients: Table 4 shows student responses to a question concerning their anxieties about working with patients. The majority of the students felt that the course helped to decrease their anxieties.

Students' overall comments and suggestions for future courses: In general, students were happy with the course content. Some (35%) suggested that more role play and participation be included in future courses. Thirty percent felt that using real patients in role play situations would be helpful and 31% would like the opportunity to meet a variety of patient groups. Students' overall comments included: the importance of attending to patient factors (i.e. patients' feelings and worries, the psychosocial aspects of disease, etc.) in order to be a good doctor; realising that their patient is a person and not merely a disease; the acquisition of interviewing skills and the opportunity to practise interviewing in role-play.

Discussion

This study describes a communication skills programme which was developed and run jointly by the Departments of Psychology and General Practice, RCSI for undergraduate (3rd year) medical students. Students attending the course completed anonymous evaluation forms.

Results demonstrated that the vast majority of students found the course interesting and relevant. Results also demonstrated that the course helped students to appreciate the importance of psychological factors in disease and the need for them to communicate with their patients. Many students made reference to the realisation that patients are human beings. This may seem obvious to the reader but students can often become so focused on their knowledge base and on the disease that they forget about the person. Students participated in the course during their transition phase from the pre-clinical to the clinical years of training. This is often a traumatic time for students. A major finding of the study was the fact that 77% of participants felt the course had reduced their anxieties about dealing with patients.

Acknowledgment of a patient's psychological status has been shown to be related to student anxiety. One study identified three different management styles adopted by

TABLE 2 - Percentage of students finding course elements to be quite or very helpful

| Rank | Course Element | Student Assigning Grade 4/5 (i.e. Quite or very helpful) | |
|------|----------------------------------|--|------|
| | | No. | (%) |
| 1. | Meeting the ex-patient | 65 | (96) |
| 2. | Role Play | 57 | (90) |
| 3. | Role Play | 57 | (89) |
| 4. | Consultation analysis | 32 | (86) |
| 5- | Listening skills | 20 | (83) |
| 6. | Discussion | 49 | (82) |
| 7. | Good and bad communicating video | 44 | (76) |
| 8. | Non-Verbal communication | 51 | (71) |
| 9. | Introductory Lecture | 39 | (68) |
| 10. | Language Usage | 38 | (56) |

TABLE 3 - Student responses to question "How helpful was this course in the following areas?"

| Skill | 1 Unhelpful confusing | | 2 No effect | | 3 Somewhat helpful | | 4 Quite helpful | | 5 Very helpful | |
|--|-----------------------|-----|-------------|-----|--------------------|------|-----------------|------|----------------|------|
| | No. | (%) | No. | (%) | No. | (%) | No. | (%) | No. | (%) |
| Using listening skills | 0 | | 4 | (5) | 16 | (22) | 24 | (32) | 30 | (41) |
| Understanding non-verbal cues | 0 | | 5 | (7) | 17 | (23) | 26 | (35) | 26 | (35) |
| Responding to non-verbal cues | 0 | | 4 | (5) | 23 | (31) | 25 | (33) | 23 | (31) |
| Knowing what to say to patients | 0 | | 3 | (4) | 18 | (24) | 25 | (36) | 26 | (36) |
| Conducting a medical interview | 0 | | 1 | (1) | 9 | (12) | 26 | (33) | 39 | (54) |
| Understanding illness from the patient's point of view | 0 | | 2 | (3) | 11 | (15) | 21 | (28) | 41 | (54) |

TABLE 4 - Student responses to the question - "How did this week's course influence your own concerns about working with patients?"

| Influence of course | No. | (%) |
|--|-----|------|
| Decreased anxieties | 37 | (77) |
| No effect | 2 | (5) |
| Increased anxieties | 4 | (8) |
| Both increased and decreased anxieties | 3 | (4) |
| Had no worries | 2 | (6) |

students with patients under their care.²⁸ The first group, known as the "constricted" group, did not incorporate their patients' psychological status into their treatment plan and this group also reported the highest level of anxiety about caring for patients. This was in contrast to two other groups; one group acknowledged the presence of psychological problems but did not make provision for them and the other both acknowledged these factors and also did something about them.

It is likely that communicating with patients is a source of stress for medical students. The medical profession generally is recognised as being particularly prone to developing stress-relating disorders such as heart disease, eating disorders and substance abuse.²⁹⁻³³ In one study over half of a group of medical students were experiencing levels of anxiety and depression which were above the 84th percentile of a normal distribution.³⁴ Perhaps communication skills courses

provide a means of addressing some of the stresses of working in medicine.

It would be interesting to investigate whether the reductions in anxiety as reported by the students after the course would carry forward into the clinical setting. Such a study could also address much of the confusion surrounding the issue of stress management for medical students.³⁵ The benefits of current stress management courses for undergraduate medical students have not been firmly established and perhaps courses which emphasise the acquisition of communication skills rather than stress management *per se* may indeed be more effective.

Student ratings of the individual course components illustrate the value of including experiential elements in such a course. The opportunity to meet an ex-patient and to discuss various aspects of chronic illness in a non-threatening environment seemed particularly beneficial to these pre-clinical students. Whether the reported benefits of the course to students would be reflected in changed behaviour on the ward or in the out-patient clinic remains to be investigated.

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Correspondence: E Doherty, Department of Psychology, Royal College of Surgeons in Ireland, 123, St. Stephens Green, Dublin 2.
