ASSESSING THE ATTITUDE OF MEDICAL STUDENTS TOWARDS LEARNING COMMUNICATION SKILLS

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ABSTRACT

BACKGROUND: Efficient communication skills are essential for doctors to extract relevant information, counsel the patients and formulate a warm relationship with the patients. It's essential for medical schools to incorporate communication skills learning courses in their undergraduate curricula. This study assesses the attitudes of Pakistani medical students toward learning communication skills.

METHODS: A prospective, cross sectional study was designed to ascertain the attitude of students studying in Jinnah Sindh Medical University towards formal teaching of communication skills. From all five years, 480 medical students participated in the study. Written informed consent was received Communication Skills Attitude Scale (CSAS) was selected as the assessment tool. Approval from Ethics review committee was sought. Data was entered and analyzed using SPSS v. 23.

RESULTS: With a mean age of 20.66 years, 39.2% (n=188) were preclinical students and 60.8% (n=292) were clinical students. Female to male proportion was 60.4% vs. 39.6%. Cronbach's alpha of PAS was above 0.7 and that of NAS was less than 0.7. Therefore, only the PAS was considered for analysis. PAS mean score of the students was significantly related to the five years of medical education. The trend of positive attitude declined as the seniority in education was achieved.

CONCLUSION: In conclusion, this study demonstrated a positive attitude toward learning communication skills among younger and fresher medical students. This study adds to the growing evidence that supports the investigation of medical students' attitudes towards learning communication skills and its critical role in curriculum design. The study opens gates for more investigations in this domain and modifications in medical education curriculum.

KEYWORDS: CSAS, medical students, attitude, communication skills, interpersonal skills, Pakistan

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INTRODUCTION

Communication skills are a person's ability to share and convey his thoughts, feelings, ideas and beliefs to another person or a group of people with coherence and precision. The essence of communication is accurate comprehension of the context by both the communicating parties.

Hence, efficient communication skills are essential for a practicing doctor as they have a profound impact on the establishment of a healthy and trustworthy doctor-patient relationship. [1] For a doctor, communication and interpersonal skills include the expertise to extract relevant information from the patient to reach an accurate diagnosis, counsel the patients regarding treatment strategies and health outcomes and formulate a healthy and warm relationship with the patients. [2] These communication and interpersonal skills ultimately leads to

effective delivery of health care. [3]

Effective communication benefits both the physician and the patient. Good communication skills enhance the clinical competence of a physician and physician empathy, [4] positively impact accurate understanding of the patient's complains, enhance the extent of patient adherence and satisfaction [5] to treatment and subsequently result in better overall health outcomes. [6]

Studies on medical education have deduced that skills of efficient communication can be taught and learned. Various modes of such courses have been devised and experimented through research to provide the most effective communication skills learning courses to the undergrad medical students. [7]

Hence, it becomes essential for medical schools to incorporate communication skills learning courses in their undergraduate curricula. The notion has been reinforced by the report Tomorrow's Doctors [8] published by General Medical Council (GMC) and also by The Scottish Doctor. [9] These recommendations state that undergraduate medical education should include communication skills training. These students should have acquired and demonstrated proficient communication consistent with their future medical practice by the end of their undergraduate training programs. GMC also emphasized, in its reports, on developing a positive attitude among medical students towards curiosity based learning and create a capacity for them to be prompt and willing to acquire new knowledge throughout their careers as practicing physicians.

Since incorporation of communication skills learning courses in medical education isn't a notion long known to students and teachers, its success depends a lot on the attitude of both the teachers towards teaching and the students towards learning these skills. Attitude is how a person evaluates an object, a person or any situation. Attitudes may be positive or negative. Positive attitudes predispose the individual to feel and behave positively towards the situation and negative attitudes induce a negative feeling and behavior towards a situation. Measuring the positivity or negativity of attitudes towards objects, people or situations help to analyze behaviors, as both correlate strongly. [10]

This study assesses the attitudes of Pakistani medical students across the years of study at Jinnah Sindh Medical University (JSMU) toward learning communication skills. We sought to identify factors that may influence attitudes toward learning communication skills. These include gender, and the duration of the course (senior years students have been in the course for longer), which could be helpful in setting directions for planning relevant curricular intervention.

METHODS

The curriculum in JSMU is divided into three disciplines – preclinical (first two years of basic sciences teaching), para-clinical (the latter three years of clinical teaching in the university), and clinical (learning at the teaching hospital associated with the university). Formal teaching of communication skills is not a feature of this curriculum. However, opportunistic teaching and learning takes place.

Hence, a prospective, cross sectional study was designed to ascertain the attitude of medical students studying in JSMU towards formal teaching of communication skills. Approval from Ethical review committee was sought. 480 medical students, from all five years, participated in the study. Students were divided into preclinical (1st and 2nd year) and clinical students (3rd year till final year); with preclinical students not exposed to patient care. Written informed consent was received and the participants were requested to complete a questionnaire which consisted of two parts – the sociodemographic details and a standard tool to assess their attitude towards learning communication skills.

The original Communication Skills Attitude Scale (CSAS) [11] developed in the United Kingdom in 2002, and utilized by numerous researchers globally was selected as the assessment tool in this study. CSAS consists of 26 items. It has two components – positive attitudes scale (PAS) and negative attitudes scale (NAS). PAS consists of 13 items – 4, 5, 7, 9, 10, 12, 14, 16, 18, 21, 23, 25 and reverse scored item 22. NAS consists of 13 items – 2, 3, 6, 8, 11, 13, 15, 17, 19, 20, 24, 26 and reverse scored item 1. Each item is accompanied by a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Brief instructions for the completion of this scale were included for the participants to ensure that the scale can be self-administered. Participation was voluntary and anonymous.

Depending on the Cronbach's alpha coefficient (more than 0.7 or not) it was decided whether to use a particular subscale score or items constituting a particular subscale for the analysis. Where a particular subscale score was used; comparison was made between males and females and preclinical and clinical students using independent sample t test. Using one-way ANOVA a comparison was made between the mean scores and year of education.

RESULTS

A total of 480 medical students responded to the CSAS. Of these, 20.2% (n=97) students were in their 1st year, 19.2% (n=92) in their 2nd years, 20% (n=96)

in 3rd year, 20.4% (n=98) in 4th year and 20.2% (n=97) in final year **(Table I)**. Therefore, 39.2% (n=188) were preclinical students and 60.8% (n=292) were clinical students.

Mean age of the students was 20.66 years (SD ±1.71)

with 60.4% (n=290) females and 39.6% (n=190) males. Mean age of preclinical students was 19.09 years (SD ±1.08), with 55.9% (n=105) females and 44.1% (n=83) males. Mean age of clinical students was 21.67 years (SD ±1.20), with 63.4% (n=185) females and 36.6% (n=107) males.

Table I: Demographic details of the students (n=480)

YEAR OF EDUCATION	GENDER		AGE IN YEARS (MEAN ± SD)
	MALE	FEMALE	
1st year	39	58	18.84 ± 0.94
2nd year	45	47	19.75 ± 0.82
3rd year	38	58	20.55 ± 0.72
4th year	33	65	21.56 ± 0.80
Final year	35	62	22.91 ± 0.63

The Cronbach's alpha coefficient of PAS was above 0.7 and that of NAS was less than 0.7. Therefore, only the PAS was considered for analysis at the subscale level. NAS was found to have a low reliability coefficient; therefore, its items were analyzed individually. The mean score for positive attitude was 51.12 out of 65, and the mean scores for negative attitude was 33.40 out of 65.

Table II: Comparison of means and standard deviations of the positive attitude scale scores of male/female and preclinical/clinical medical students

MALES $	FEMALES $	PRECLINICAL $	CLINICAL $
3. 96 ± 0.39	3. 92 ± 0.35	3. 96 ± 0.37	3. 92 ± 0.37

$ where mean of 1 to 5 ranges from strongly disagree to strongly agree

As shown in Table II, analysis of variance concerning positive attitude scale scores does not indicate a significant difference between the PAS scores of males and females. There is no significant difference between the PAS scores of students in preclinical and clinical years. However, as shown in Table III, the PAS mean score of the students was significantly related to the five years of medical education. The trend of positive attitude was seen to decline as the seniority in education was achieved.

Since NAS statements couldn't be analyzed together due to low Cronbach alpha, its statements were separately analyzed and it was seen that only two statements were significantly related to the year of education. The lowest mean of both statements was seen in final year medical students (Table III).

Table III: Means and standard deviations of statements of positive & negative attitude with significant correlation to year of education

Statement of Attitude Scale		Year Of Education (Mean ± SD)				
		1st year $	2nd year $	3rd year $	4th year $	FINAL YEAR $
Statement Of Positive Attitude Scale	the positive attitude scale scores among the five student groups*	3.99±0.38	3.93±0.35	3.99±0.37	3.88±0.38	3.89± 0.34
Statement Of Negative Attitude Scale	In order to be a good doctor I must have good communication skills. *	1.30 ± .63	1.58 ±1.13	1.35 ±0.69	1.55 ±1.06	1.26 ± 0.44
	I find it difficult to take communication skills learning seriously. *	2.93 ± .98	3.08 ±0.91	2.90 ±0.94	3.05 ±1.05	2.65 ± 0.93

* p value < 0.05, one way ANOVA applied
$ where mean of 1 to 5 ranges from strongly disagree to strongly agree

DISCUSSION

The chief finding of our study is that the positive attitude of medical students towards learning communication skills gradually decline as they ascend years in medical education. The lowest mean of positive attitude was seen in fourth year and highest in first and third year. Male and preclinical students portrayed a higher mean of positive attitudes. As far as the scores of negative attitude statements is concerned, majority of our final year students "strongly disagreed" to the statement "In order to be a good doctor I must have good communication skills" and most of the final year students maintained a "neutral" stance on the statement "I find it difficult to take communication skills learning seriously." We attribute our findings to the fact that when as fresh inductees, the eager students didn't find any formal communication skills teaching, they adapted to the prevalent environment and by the final year they have adjusted themselves to this deficit and become habitual of it. This is why final year students had a lower positive attitude towards learning communication skills and most of them strongly disagreed to "In order to be a good doctor I must have good communication skills." Our mean PAS score was 51.12 out of 65, and mean NAS scores was 33.40 out of 65.

The limitation of this study is its unequal sample size per year of education. Since the participation was voluntary, it can be assumed that students less interested in communication didn't participate at all. Although our study highlights that younger and fresher students are more eager to learn communication skills, it is a singly center study and the results might not be as reliable. However, another local, multicentric study 12 conducted only on final year medical students concluded agreement of the students to "In order to be a good doctor I must have good communication skills," which is contrary to our findings. In accordance with our findings, other local data also report inadequate patient-centered curriculum and a need for developing a communication skills training program. 1[3, 14]

Iranian literature shows a mean PAS score of 51.17 and NAS score of 34.12 in their students, with a higher negative score in later years of education. [15] Even German students show a trend of declining positive attitude with achieving seniority in year of education. [16] Similar is true for Sri Lankan medical students. [17]

However, Saudi Arabian literature differs in this regard. When the communication skills learning attitude of second and final year students was compared, it was seen that 74.8% of final year students have higher PAS compared with 32.1% of second year students. 18 Similar is true for Jordanian medical students. [19]

As literature suggests, students show a mixed attitude to learning communication skills. Efficient communication skills are essential for successful medical practice. Hence as medical educationists, it is the responsibility of the teachers and curriculum designers to introduce relevant formal communication skills education as per the attitude of medical students in their institution. The right time and right way of teaching students communication skills shall be adapted after careful qualitative analysis of the students' attitudes. However, the communication skills teaching attitude of the teachers should also be taken into consideration simultaneously.

CONCLUSION

In conclusion, this study demonstrated a positive attitude toward learning communication skills among younger and fresher medical students. This study adds to the growing evidence that supports the investigation of medical students' attitudes towards learning communication skills and its critical role in curriculum design. The study opens gates for more investigations in this domain and modifications in medical education curriculum.

ACKNOWLEDGEMENT

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