

Learning of communication skills – What is the attitude of medical interns? - A study from a medical college in north Kerala

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Abstract

Introduction: Good communication skills are an essential attribute of a medical graduate. The need for introducing communication skills in the present medical curriculum has been endorsed by the Medical council of India. Assessment of attitudes of the medical students towards learning communication skills is essential before introducing it as a part of teaching learning process.

Objective: To assess the attitude of medical interns towards learning communication skills.

Materials and Methods: A cross sectional study was conducted among fresh medical interns before the implementation of a communication skills workshop for them. Attitudes were assessed using the communication skills attitude scale (CSAS).

Results: Out of a total of 191 interns 181 participated in the study (response rate 94.7%). Majority (57.5%) were females. The mean positive attitude scale (PAS) score was found to be 53.28 (SD±5.7) and Negative attitude scale (NAS) score 31.2 (SD±5.4). Females had a significantly higher mean PAS score when compared to males, while males had a significantly higher mean NAS score when compared to females.

Conclusion: Medical interns have a positive attitude towards learning communication skills. Females have a more positive attitude when compared to males. The negative attitudes need to be addressed and males may require more motivation to counter the negative attitudes.

Keywords: Communication skills, Attitude, Medical students, CSAS).

Introduction

Communication skills are an essential attribute for a medical graduate as it helps build rapport with the patients and relatives and helps in better diagnosis for the clinician and better compliance and trust on the part of the patient. The Medical council of India has recognized communication skills as one of the five core competencies to be attained by the Indian medical graduate during the course of medical education.⁽¹⁾ The awareness of the importance of communication skills during doctor patient encounters is being recognized world over.^(2,3) Communication skills can be learnt and taught in medical schools. In an effort to improve the communication skills of the medical graduates several medical schools globally have tried to incorporate communication skills in their curriculum.⁽²⁾

The attitude of medical students toward learning communication skills has been an area of concern. Attitude is a settled way of thinking about something. Attitudes are a driving force for behavior change. In order to bring about any change in behavior of an individual development of a positive attitude towards it is essential.⁽⁴⁾

It is essential to assess the attitude of the undergraduates towards teaching of communication skills before introducing it as part of the teaching learning process. A negative attitude will prove to be a hindrance in teaching communication skills. Consequently assessment of attitudes will help the program planners to develop effective strategies to improve attitudes to ensure that teaching of communication skills is effective. With the MCI on the

threshold of implementing the Attitude and communication (AT-COM) module throughout all medical colleges in India,⁽⁵⁾ the assessment of attitude towards learning communication skills gains more importance.

The present study was undertaken to assess the attitudes of the Medical interns towards learning communication skills. Interns are extensively involved in patient care activities and so need to develop their communication skills. Opportunities for learning communication skills during the undergraduate period are underutilized and often students mimic the behavior of the faculty or the senior students which may not be ideal. Realising the need for communication skills training for the interns before initiation of the internship program a workshop on communication skills had been organized in our institution for the interns. The present study on assessment of attitude of the interns towards learning communication skills was done before the implementation of the workshop.

Objective

To assess the attitude of medical interns towards learning communication skills.

Materials and Methods

A cross sectional study was conducted among fresh medical graduates during their first week of internship. The study was conducted at Government Medical College Kozhikode which is a tertiary care hospital in North Kerala, India. After written informed

consent the communication skill attitude scale (CSAS) was administered to all the fresh graduates who started their internship on July 2015. The questionnaire was distributed prior to the communication skills workshop and the interns were asked to submit the completed questionnaire.

Communication skills attitude scale (CSAS) was developed by Rees et al⁽⁶⁾ and has been validated and used widely in several countries including India^(10,11). The CSAS questionnaire comprises 26 statements and measures attitudes in two subscales

1. The Positive Attitude Scale (PAS) refers to students' appreciation of communication skills as an academic subject, and to their beliefs about respect for the patients' rights and about the importance of communication with patients and colleagues. It contains 13 items (1,4,5,7,9,10,12,14,16,18,21,23 and 25). (Table 3)
2. The Negative Attitude Scale (NAS) refers to negative aspects of communication skills instruction and comprises 13 items (2,3,6,8,11,13,15,17,19,20,22,24 and 26). (Table 4)

Participants chose along a five-point Likert scale that ranges from 1 (strongly disagree) to 5 (strongly agree). The individual scores were summed up to get the total positive and negative scores. Possible ranges for each subscale vary from 13 to 65, with higher scores indicating stronger attitudes.⁽⁶⁾

Data Analysis

The statistical analysis was done using SPSS (version 18.0) statistical package. Scores in the positive and negative scales were summarized as mean and Standard Deviation (SD). Students 't' test was used to compare means and chi square test was used for qualitative variables. A p value <0.05 was considered statistically significant.

Ethical concerns: Written informed consent was taken from the participants. Anonymity of the participant was ensured.

Results

Table 1: Year in which communication skills should be taught as perceived by the interns

Semester	Number (%)
Need not be taught	Nil
First MBBS Year	16 (8.8)
Second MBBS Year	35 (19.3)
Final Year	3(1.7)
Internship	14(7.7)
Multiple exposures from Ist year to internship	102(56.4)

Table 2: Genderwise comparison of attitudes for learning communication skills among interns

Subscales	Males		Females		t value	P value*
	Mean	SD	Mean	SD		
PAS	51.51	6.56	54.62	4.78	-3.6	0.000
NAS	32.9	4.89	29.89	5.48	3.8	0.000

*p value <0.05 considered significant

Table 3: Scores for communication skills attitude scale – PAS (Item scores range from 1-5)

PAS	Items	Mean	SD
1	In order to be a good doctor I must have good communication skills	4.8	0.31
4	Developing my communication skills is just as important as developing my knowledge of medicine.	4.33	0.65
5	Learning communication skills has helped or will help me respect patients.	4.43	0.63
7	Learning communication skills is interesting	4.11	0.56
9	Learning communication skills has helped or will help facilitate my team working skills	4.56	0.59
10	Learning communication skills has or will improve my ability to communicate with patients	4.41	0.61
12	Learning communication skills is fun.	3.73	0.66
14	Learning communication skills has helped or will help me respect my colleagues	4.13	0.62
16	Learning communication skills will help me recognize patients' rights reg confidentiality and informed consent	4.13	0.54
17	Communication skills teaching would have a better image if it sounded more like a science subject.	2.62	0.96
21	I think it's really useful learning communication skills on the medical degree.	4.15	0.59

23	Learning communication skills is applicable to learning medicine.	3.16	0.59
25	Learning communication skills is important because my ability to communicate is a lifelong skill	4.23	0.72

Table 4: Scores for communication skills attitude scale – NAS (Item scores range from 1-5)

NAS	Items	Mean	SD
2	I can't see the point in learning communication skills	1.56	0.76
3	Nobody is going to fail their medical degree for having poor communication skills	2.56	1.09
6	I haven't got time to learn communication skills	2.40	0.99
8	I can't be bothered to turn up to sessions on communication skills	2.17	0.90
11	Communication skills teaching states the obvious and then complicates it.	2.71	0.92
13	Learning communication skills is too easy	2.85	0.97
15	I find it difficult to trust information about communication skills given to me by non-clinical lecturers.	1.98	1.04
18	When applying for medicine, I thought it would be a really good idea to learn communication skills	3.5	1.11
19	I don't need good communication skills to be a doctor	1.61	0.95
20	I find it hard to admit to having some problems with my communication skills	2.91	1.08
22	My ability to pass exams will get me through medical school rather than my ability to communicate	2.85	1.1
24	I find it difficult to take communication skills learning seriously	2.54	1.01
226	Communication skills learning should be left to psychology students, not medical student	1.62	1.07

The questionnaire was administered to 191 medical interns and was returned by 181 giving a response rate of 94.7%. The mean age of the interns was 23.4 yrs (SD = 0.95). Majority were females 104 (57.5%) with males constituting 77 (42.5%).

Perception of interns regarding learning communication skills: All interns felt that communication skills should be taught in medical school and the time period suggested by majority (56.4%) was starting from first year to internship with multiple exposures (Table 1). Majority (83.6%) felt that opportunities for learning communication skill during undergraduate period are not adequate.

Assessment of attitude towards learning communication skills: The mean PAS score was found to be 53.28 (SD=5.7) out of a total maximum score of 65 and NAS score 31.2 (SD=5.4) out of 65. Females had a significantly higher mean PAS score when compared to males ($p<.05$), while males had a significantly higher mean NAS score when compared to females ($p<0.5$) (Table 2). The results indicate that positive attitude towards learning communication skills is more among females while negative attitude towards learning communication skills is more among males.

The mean score for each item on the Positive attitude scale (PAS) and Negative attitude scale (NAS) was calculated. The mean PAS scores ranged from 2.62 (SD = 0.96) to 4.8(SD= 0.31), the lowest score being for item 17 (communication skills teaching would have a better image if it sounded more like a science

subject.) and the highest for item 1 (In order to be a good doctor I must have good communication skills). (Table 3)

The mean NAS score ranged from 1.56 (SD = 0.76) to 3.5 (SD = 1.11). The lowest score was for item 2 (I can't see the point in learning communication skills) and the highest score was for item 18 (When applying for medicine, I thought it would be a really good idea to learn communication skills). (Table 4)

Cronbachs alfa was calculated for each of the subscales of the CSAS questionnaire to assess the reliability or internal consistency of the items in each subscale. The Cronbachs alfa for PAS was found to be 0.98 which indicates high level of internal consistency. For NAS the Cronbachs alfa was 0.59 showing an acceptable level of internal consistency. Generally a cronbachs alfa value of more than 0.65 is considered as good and a value approaching "one" is considered to be an excellent indicator of internal consistency. Cronbachs alfa value of less than 0.5 are not acceptable.⁽⁷⁾

Discussion

Positive attitudes go a long way in bringing about change in human behavior. Better communication skills helps in better interpersonal relationship, trust and compliance among the patients and this in turn may lead to better patient outcomes. Sadly teaching communication skills during the undergraduate period is almost nonexistent in most medical schools in India.

A positive attitude towards learning communication skill is essential for successful implementation of the program. Recognising the need for communication skill training for the interns at the beginning of their internship, a workshop was arranged for the interns in our institution. This study on the assessment of attitude of the interns towards learning of communication skills was conducted prior to the implementation of the workshop.

Most of the interns have a positive attitude towards learning communication skill as can be seen by the mean PAS of 53.28 out of 65. Although it is desirable to have a good positive attitude score the negative attitudes are also equally significant. The mean NAS in our study participants though low (31.2) is also important as the negative attitudes among the interns may undermine the importance of learning and practicing communication skills. Females had a greater positive attitude when compared to males towards learning communication skills. Interestingly it was observed that males have a greater negative attitude towards learning communication skills. Studies conducted in Nepal,⁽⁸⁾ Sri Lanka⁽⁹⁾ and Malaysia⁽¹⁰⁾ among medical students have showed similar results with students showing a greater PAS score and low NAS and females showing a greater PAS score than males. A cross sectional study conducted in 300 medical students across 5 years of MBBS at Sri Manakula Vinayagar Medical College and Hospital, Pondicherry found that Indian medical students had strong positive attitudes towards learning communication skills. The mean scores for Positive attitude scale (PAS) and Negative attitude scale (NAS) of the medical students were 51.7 ± 6.92 and 29.8 ± 5.98 respectively.⁽¹¹⁾ But there was no statistically significant gender difference in the PAS and NAS scores.⁽¹¹⁾

Some of the significant components of the negative attitudes observed in our study were “I find it hard to admit to having some problems with my communication skills”, “My ability to pass exams will get me through medical school rather than my ability to communicate”, “Learning communication skills is too easy” and “Nobody is going to fail their medical degree for having poor communication skills”. Such negative attitudes must be addressed very early during the student period. Introduction of dedicated hours for teaching communication skills and assessment of communication skills in the curriculum will go a long way in improving the confidence of the students and bring about reduction in negative attitudes. Males need more motivation to dispel their negative attitudes.

All interns perceive the importance of learning communication skill and majority opine that communication skills be taught right from the first year to internship so that students have multiple exposures.

For the internal consistency of the CSAS, Rees *et al.* calculated Cronbach's alpha of 0.87 for the PAS and 0.80 for the NAS.⁽⁶⁾ In a study conducted by Ismael

Fazel *et al* Cronbach's alpha for PAS was found to be 0.90 and for NAS was found to be 0.68.⁽¹²⁾ Harlak *et al.* also observed similar values for PAS and NAS in their study.⁽¹³⁾ In this study, Cronbach's alpha for PAS was found to be 0.98 which is indicative of high internal consistency, and for NAS was found to be 0.59 showing acceptable level of internal consistency for these items.

Conclusion and Recommendations

Medical interns have a positive attitude towards learning communication skills. Females have a more positive attitude when compared to males. The negative attitudes need to be addressed and males may require more motivation to counter the negative attitudes.

It is recommended that the communication skills training programme should be an ongoing program in the curriculum beginning from the first year of the course and spanning across the three phases of the curriculum. Identification of negative attitudes should be done early and steps to address them should be taken. Assessment of communication skills should be incorporated in the current assessment scheme to ensure learning and practice of communication skills.

Conflict of Interest: None

Acknowledgement

We deeply acknowledge the support provided by Regional Centre for Medical education Technologies - Kozhikode Medical College Kerala.

References

1. Medical Council of India VISION 2015 document. Available from: www.mciindia.org/tools/announcement/MCI_booklet.pdf
2. Makoul G. MSJAMA. Communication skills education in medical school and beyond. *JAMA* 2003;289(1):93.
3. Stewart M, Brown JB, Boon H, Galajda J, Meredith L, Sangster M. Evidence on patient-doctor communication. *Cancer Prev Control* 1999;3(1):25-30.
4. Anvik T, Gude T, Grimstad H, Baerheim A, Fasmer OB, Hjortdahl P, Hølen A, Risberg T, Vaglum P. Assessing medical students' attitudes towards learning communication skills: which components of attitudes do we measure? *BMC Med Educ* 2007 Mar 30;7:4.
5. Attitude and Communication (AT-COM) Competencies for the Indian Medical Graduate. Prepared for the Academic Committee of Medical Council of India By Reconciliation Board. Medical Council of India. July 2015.
6. Rees C, Sheard C, Davies S. The development of a scale to measure medical students' attitudes towards communication skills learning: Communication Skills Attitude Scale (CSAS). *Med Educ* 2002;36:141-7.
7. Attitude Scale (CSAS). *Med Educ* 2002;36(2):141-7. Using and Interpreting Cronbach's Alpha. Research data services + Sciences. University of Virginia library. Available from <http://data.library.virginia.edu/using-and-interpreting-cronbachs-alpha/> last accessed on December 2016.

8. Neupane MS, Neupane HC, Adhikari S, Agarwal B. Attitude towards learning communication skills in medical students of Chitwan Medical College, Chitwan, Nepal. *International Journal of Pharmaceutical & Biological Archives* 2012;3(5):1058-1061.
9. Marambe KN, Edussuriya DH, Dayaratne K. Attitudes of Sri Lankan Medical Students toward Learning Communication Skills. *Educ Health* 2012; 25:165-71.
10. Ullah MA, Barman A, Abdul Rahim AF, Yusoff MSF. Validity of Communication Skills Attitude Scale among Malaysian Medical Students. *South East Journal of Medical Education* 2012; 6:10-13.
11. Venkatesh SP, Soundariya K, Deepika V. "A Study on Attitude of Medical Students towards Learning of Communication Skills". *J of Evolution of Med and Dent Sci* 2014; 3 (27):7567-7573.
12. Ismaeil Fazell and Teamur Aghamolaei² Attitudes Toward Learning Communication Skills Among Medical Students of a University in Iran. *Acta Medica Iranica*, Vol. 49, No.9 (2011).
13. Harlak H, Dereboy C, Gemalmaz A. Validation of a Turkish translation of the Communication Skills Attitude Scale with Turkish medical students. *Educ Health (Abingdon)* 2008;21(1):55.