Medical Education

COMMUNICATION SKILLS IN CLINICAL PRACTICE FAD OR NECESSITY?

Manorama Verma
Tejinder Singh

Abstract

Communication skills of 40 final year medical students were assessed using Objective Structured Clinical Examination. The scores obtained were significantly less than those obtained in clinical skills. There was no significant correlation between the two sets of scores It is suggested that emphasis should be placed on developing and evaluating communication skills during undergraduate medical curriculum.

Key words: Communication skills, Medical curriculum, Objective Structured Clinical Examination.

The importance of communication skills in medical practice can not be overemphasized[1]. However, in our present curriculum no deliberate attempt is made to ensure that the students develop sound communication skills. Their acquisition is taken for granted.

We made a hypothesis that sound clinical skills do not always mean sound communication skills. The present study was an attempt to test this hypothesis.

Material and Methods

The study material was formed by 40 final year medical students. They were administered an objective Structured Clinical Examination (OSCE) employing standard methodology and consisting of 6 stations of 2 marks each. Of these five stations tested clinical skill* (physical examination, radiological and laboratory interpretation) while 1 station tested communication skills. The methodology and content of clinical stations has already been described in a previous report[2].

The communication station directed the student to hand over a 'Child Care Kit' to the mother. The student was graded by the senior author using a differential grading scale {Appendix 1). The student was, however, not aware of the behaviors for which he was being evaluated. The scores obtained by all the students in communication station were scaled to a maximum of 10 for sake of comparison. Co-efficient of correlation was calculated between marks obtained in clinical stations and communication station, using Pearsen-Product moment formula[3] and the value thus obtained was checked for significance using standard statistical tables.

Results

The mean scores were: Clinical stations 5.2 ± 1.1 and communication station 0.9 ± 0.3. The difference is statistically significant (p< 3.001). The co-efficient of correlation between the two sets of score was 0.21 which is not significant at 38 df.

Discussion

Good communication is one of the very important attributes of a clinician. Compliance of instructions given to the patient depends to a large extent on the efficacy of communication between the doctor and his patient. Unfortunately, no deliberate attempt has been made in our curriculum to 'teach' and evaluate communication skills to the student.

Our data shows that the scores obtained at communication station were much below those obtained at clinical station. This emphasizes the fact that most of our medical students are not good at imparting instructions to the patients. Further, there was no significant correlation between scores at clinical and communication stations. This indicates that acquisition of good clinical skills does not necessarily mean good communication skills also.

A strong case is thus made for placing emphasis on communication skills during undergraduate teaching. The teachers can themselves serve as very effective role models for their students. It would also be prudent to give some weightage to these skills in the overall assessment so that the students also make an attempt to improve their communication abilities.

A pertinent question that needs to be asked here is that, should the students be aware of what they are being evaluated for or should the communication be tested in the garb of a clinical situation? Telling them would bring in an element of artificiality and distort the result. By not telling them we may be ethically unfair to the students. In the present study, the students were not aware of what was being evaluated. However, it would be welcome to have comments and suggestions from other colleagues on this issue.

REFERENCES

1. Robert BJ, Mico PR, Clark FW. A study of approaches to communication. Am J Health Educ 1963, 9: 33-38.

2. Verma M, Singh T. Experiences with OSCE as a tool for formative evaluation in Pediatrics. Indian Pediatr 1993, 30: 699-702.

3. Best JW, Kahn JV. Research in Education, 6th edn. New Delhi, PHI, 1992, pp 280-285.

4. Guilbert JJ. Educational Handbook for Health Professionals, 1st edn. WHO Offset Publication No 35, Geneva, 1981, pp 4-24.

Appendix I
Format of a Communication Station*

Directions : Handover the 'Child Care Kit' to the mother.

Check list for observer	Marks
Hands over without explaining anything	- 2
Hands over and explains in a language incomprehensible to mother	-1
Explains without bothering to ensure that mother has understood	0
Explains but does not cover everything. Gets annoyed by repeated querries	+1
Explains in a simple language and does not get annoyed by repeated querries	+ 2

* Modified from(4).