



Original Research Article

Requirement of community skills training for effective doctor patient relationship in MBBS students

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ARTICLE INFO

Article history:

Received 14-11-2019

Accepted 22-11-2019

Available online 31-12-2019

Keywords:

Communication skills

Doctor patient relationship

ATCOM

ABSTRACT

Introduction: A doctor is considered as a person sent by God to take care of physical pain and suffering. But in present era there is more dissatisfaction towards doctors by patients. Increased incidences of violence against doctors has raised need to learn communication skill for good doctor patient relationship during their MBBS curriculum.

Materials and Methods: Study was carried out in 185 students of 1st year MBBS at PDU Medical College, Rajkot. Before doing research, students were taught about need & importance of effective doctor patient relationship. Students were given modified version of CSAS (Communication Skill Attitude Scale).

Results: 93.5% of students agreed for need of good communication skills for being a good doctor. But 69% of students agreed for they won't get fail their medical degree for having poor communication skills.

Conclusion: Good communication skill is must for effective doctor patient relationship. A strong relationship between the doctor and patient will help doctor to accurate diagnosis of patient's disease with better health care. Good doctor patient relationship can improve medical, functional and emotional condition of patients with decreased risks of medical misconduct.

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1. Introduction

The relationship between a doctor and a patient is one of the most important tool for good medical output.¹ A doctor-patient relationship (DPR) is centre element of the ethical principles of medicine. DPR is usually developed when a physician tends to a patient's medical needs via check-up, diagnosis, and treatment in an agreeable manner.² A strong relationship between the doctor and patient can help physician to know better about patient's disease and better health care for the patient and their family. It enhance the accuracy of the diagnosis and increasing the patient's knowledge about the disease all come with a good relationship between the doctor and the patient. In case of poor doctor-patient relationship the physician's may not be able to diagnose disease and treatment may not be proper. This can result in poor outcome and under such

circumstances and also in cases where there is difference of medical opinions, patient may take second opinion from another physician.

Doctor-patient communication is a core element to build a healthy doctor-patient relationship, which is the heart and art of medicine.³ Good doctor-patient communication allows for better identification of patients' needs, perceptions, and expectations and leads to fewer errors and better patient and doctor satisfaction.⁴

Now a day medical students ability of communication skills as they progress through their medical education has been deteriorated. Which become barrier to good doctor-patient communication. In present era, medical profession lacks effective communication skill and patients too want active participation in making decision for mode of treatment. Poor communication is one of the reasons for increasing violence against doctors in India.⁵

That is also a reason for introducing module of doctor-patient relationship in AETCOM (Attitude, Ethics &

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communication Module) by MCI (Medical Council of India).⁶ Aim of this study was to assess attitude of students towards skill of communication with patients.

2. Materials and Methods

This study was conducted at PDU Medical College, Rajkot over a period of 3 months including the duration of data collection. The study subjects were 185 MBBS students. As per new curriculum 1st year students are taught foundation course for one month duration. During this time, the main focus is on introduction of students to basic skills through various phases of MBBS course, teaching local language to students from other state to communicate with patients, giving them time for sports & music that can help them to relieve stress to adjust in new environment and introduction to the concept of professionalism (including communication skills).

The study was carried out at the end of month during the foundation programme. Study was conducted after a session on communication skills was conducted.

Students were instructed to the purpose of the study and were invited to participate. Consent of students was taken prior to study. Students were given questionnaires. All students attended questionnaire.

The students were given questionnaire that had a modified version of the Communication Skills Attitude Scale (CSAS) which had 25 items was administered.^{7,8} The questions were rated on a five-point Likert-type scale ranging from strongly disagree [1] to strongly agree [5], with 3 being neutral or undecided.

CSAS has two divisions named “Positive attitude” (item numbers 1, 4, 5, 7, 9, 10, 11, 13, 15, 17, 20, 21, 22, and 24) and “Negative attitude” (item numbers 2, 3, 6, 8, 12, 14, 16, 18, 19, 23, and 25).

A higher scores on division indicates a stronger attitude. Data was analysed using Microsoft Excel 2010. At time of making report we combined strongly disagree and disagree as disagree and strongly agree and agree as agree.

3. Results

3.1. Favourable attitudes about importance of communication skills training

The majority of students (93.5%, n=173) agreed on the positively worded question “To be a good doctor he/she must have good communication skills”. This is further validated by majority of students disagreeing on statements like “I don’t see why I should learn communication skills” (76.75%, n=142), “I don’t need good communication skills to be a doctor” (84.85%, n=157), and “Communication skills learning should be left to psychology students, not medical students” (84.85%, n=157).

3.2. Unfavourable attitudes about communication skills as a subject

70% (n=129) students agreed with “Communication skills teaching would have a better image if it sounded more like a science subject”, with another 4% (n=8) being ambiguous about it. Almost 83% of the students agreed about “Learning communication skills will be fun” (n=154) and 82% of students agreed about “Learning communication skills will be too easy.” (n=151).

3.3. Unfavourable attitudes about teaching of communications skills

40% (n=74) students agreed with “I would find it difficult to take communication skills learning seriously”, with (2%, n=4) being ambiguous. 7% (n=13) of students were ambiguous about and 11% (n=20) agreed with “I find it difficult to trust information about communication skills given to me by non-clinical lecturers.” 8% (n=15) students were ambiguous about and 24% (n=45) agreed with “I haven’t got time to learn communication skills.” 6% (n=11) were ambiguous about and 19% (n=35) agreed with “It would be too much trouble to attend sessions on communication skills.”

3.4. Unfavourable attitudes about assessment of communication skills

69 % (n=127) agreed with “Nobody is going to fail their medical degree for having poor communication skills” and 81% (n=149) agreed with “My ability to pass exams will get me through medical school rather than my ability to communicate.”

Comparison between PAS disagree and agree

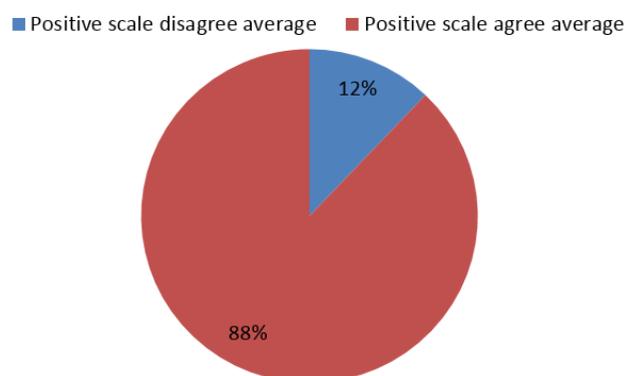


Fig. 1: Comparison between average of agree and disagree on positive attitude scale: 88% of students were agreed and only 12% of students were disagreed on questionnaire of PAS

Table 1:

No.	Positive attitude scale questions (total percentage of agree and strongly agree)	1*	2*	3*	4*	5*
1	In order to be a good doctor , I must have good communication skills(93.5)	4 (2.16%)	3 (1.62%)	5 (2.70%)	33 (17.83%)	140 (75.67%)
2	Developing my communication skills is just as important developing knowledge of medicine.(71.34)	19 (10.27%)	23 (12.43%)	11 (5.94%)	73 (39.45%)	59 (31.89%)
3	Learning communication skills will help me respect patients(81.62)	15 (8.10%)	11 (5.94%)	8 (4.32%)	76 (41.08%)	75 (40.54%)
4	Learning communication skills will be interesting(78.91)	12 (6.48%)	19 (10.27%)	8 (4.32%)	83 (44.86%)	63 (34.05%)
5	Learning communication skills helped or will help improve my team working skills(94.59)	5 (2.70%)	3 (1.62%)	2 (1.08%)	96 (51.89%)	79 (42.70%)
6	Learning communication skills will improve my ability to communicate with patients(94.58)	2 (1.08%)	3 (1.62%)	5 (2.70%)	83 (44.86%)	92 (49.72%)
7	Learning communication skills will be fun(83.23)	5 (2.70%)	18 (9.72%)	8 (4.32%)	69 (37.29%)	85 (45.94%)
8	Learning communication skills has helped or will help me respect colleagues(78.37)	13 (7.02%)	18 (9.72%)	9 (4.86%)	76 (41.08%)	69 (37.29%)
9	Learning communication skills has helped or will help me recognize patient's rights regarding confidentiality and informed consent(83.78)	5 (2.70%)	12 (6.48%)	13 (7.02%)	78 (42.16%)	77 (41.62%)
10	When applying for medicine, I thought it was really good idea to learn communication skills(83.77)	5 (2.70%)	14 (7.56%)	11 (5.94%)	63 (34.05%)	92 (49.72%)
11	I think it would be really useful learning communication skills for the medical degree(79.99)	12 (6.48%)	19 (10.27%)	6 (3.24%)	66 (35.67%)	82 (44.32%)
12	My ability to pass exams will get me through medical school rather than my ability to communicate(80.53)	23 (12.43%)	5 (2.70%)	8 (4.32%)	108 (58.37%)	41 (22.16%)
13	Learning communication skills is applicable to learning medicine(81.08)	14 (7.56%)	8 (4.32%)	13 (7.02%)	57 (30.81%)	93 (50.27%)
14	Learning communication skills is important because my ability to communicate is lifelong skill(92.96)	7 (3.78%)	3 (1.62%)	3 (1.62%)	65 (35.13%)	107 (57.83%)
	<i>Negative attitude scale (total percentage of agree and strongly agree)</i>					
1	I don't see why I should learn communication skills(19.45)	79 (42.70%)	63 (34.05%)	7 (3.78%)	20 (10.81%)	16 (8.64%)
2	Nobody is going to fail their medical degree for having poor communication skills(68.64)	13 (7.02%)	35 (18.91%)	10 (5.40%)	83 (44.86%)	44 (23.78%)
3	I haven't got time to learn communication skills(24.31)	48 (25.94%)	77 (41.62%)	15 (8.10%)	30 (16.21%)	15 (8.10%)
4	It would be too much trouble to attend session on communication skills(18.90)	74 (40%)	65 (35.13%)	11 (5.94%)	17 (9.18%)	18 (9.72%)
5	Learning communication skills will be too easy(81.61)	17 (9.18%)	5 (2.70%)	12 (6.48%)	88 (47.56%)	63 (34.05%)
6	I find it difficult to trust information about	80 (43.24%)	72 (38.91%)	13 (7.02%)	9 (4.86%)	11 (5.94%)

Comparison between NAS disagree and agree

■ Negative scale disagree ■ Negative scale agree

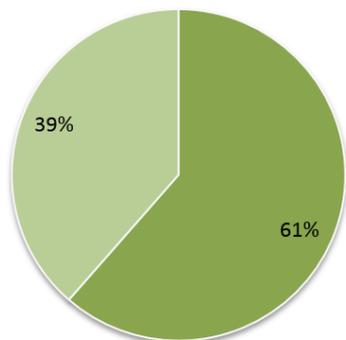


Fig. 2: Comparison between average of agree and disagree on negative attitude scale: 61% of students were agreed and only 39% of students were disagreed on questionnaire of NAS.

Comparison between NAS disagree and agree

■ Negative scale disagree ■ Negative scale agree

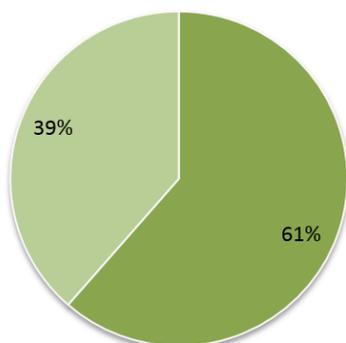


Fig. 3: Column chart showing comparison of numbers of agree and disagree on positive attitude scale

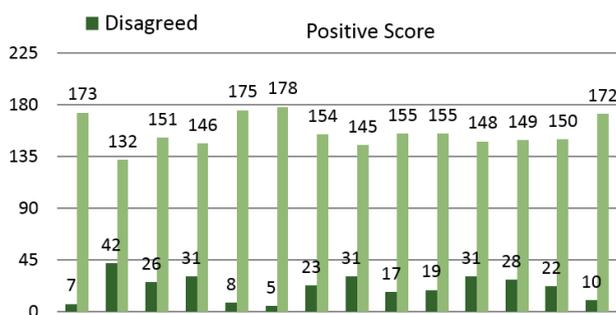


Fig. 4: Column chart showing comparison of numbers of agree and disagree on negative attitude scale

4. Discussion

Now a days there are rapid changes in doctor-patient relationship. Due to availability of information from internet patients, at home, can browse through a plethora of information about their condition and their available treatment. If this information is used appropriately can immensely benefit the patient and the doctor. But with change in culture & technology this information tool has become a double-edged sword. Sources of information available on internet can lead to patient’s questioning the doctor’s expertise and knowledge in terms of mental health and in turn, leading to conflicts in the relationship.⁹

Another reason for medical students to be more doctor-centred may be due to the teaching style of the practicing doctors who teach them. It is found that doctors in the government-owned hospitals did not take consent from more than 90% patients, and it can prevent the patients from being transparent and telling their all complains to doctors.^{10,11} Till date medical curriculum and course was doctor centred. This makes doctor fail to understand and provide holistic care (i.e., preventive, promotive, curative, and palliative care) with compassion.¹²

In addition, the increased level of mistrust of the general population upon the doctors due to negligence, misconduct, and unethical practices leading to violence and legal complications also made requirement to change the existing medical curriculum.¹³⁻¹⁵

To correct this situation, communication skills training must begin early in the course of medical studies, from the first year itself, as is recommended by the AETCOM module, because unfavourable attitudes are much more amenable to change in early years. The AETCOM module can help to understand the underlying scientific/ethical elements of ethics, communication and professionalism.¹⁶

5. Conclusion

Doctor patient relationship has been changed massively in India over last few decades. In ancient India doctors were treated like God. But now medical profession has become commercial. With development of technologies in medical science, growth of medical insurance, inequity in health care delivery, available information from internet & patients desire in making decision all have affected doctor-patient relationship. All these factors raised need to teach community skill for better doctor-patient relationship to MBBS students. Along with effective community skill other factors affecting DPR are doctor’s empathy, trust in doctors, informed consent to patient and relatives and maintaining professional boundaries. And for better outcome to develop good doctor-patient relationship it must be taught from 1st year MBBS itself. So that negative attitude towards developing community skills can be converted towards positive attitude.

6. Source of funding

Self

7. Conflicts of interest

None

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Cite this article: Pandya NH, Goswami TM, Trivedi RS. Requirement of community skills training for effective doctor patient relationship in MBBS students. *Indian J Clin Anat Physiol* 2019;6(4):382-386.