

**Title:** Creating demand for communication skills training in India

**Author:** Jugesh Chhatwal, M.B.B.S., M.D.

**Context and Setting:** In India, there are no formal sessions conducted for imparting communication skills to medical undergraduates or postgraduate students despite these being essential core clinical skills. The regulatory authority does not emphasize the importance of this training.

**Why the idea was necessary:** In India, it is recognized that present day medical graduates lack the basic skills necessary to communicate with patients. As a result, there is a breakdown of the doctor-patient relationship resulting in poor adherence to management and increasing dissatisfaction among patients.

**What was done:** A programme to introduce communication skills training during the final year of medical studies was initiated. To evaluate the baseline status of communication skills, 42 students were assessed in the outpatient setting using an observer checklist. They also responded to a questionnaire evaluating their use of and confidence with various communication strategies. Faculty also gave their perceptions in support of the need for communication skills training among students.

A training programme was held with small groups of 4-6 trainees per tutor that focused on four areas of patient communication (patient information, obtaining patient commitment for investigations/treatment, breaking bad news and handling difficult situations) The sessions included a brief introduction and a role play by pairs of trainees followed by feedback from their fellow trainees, from the student who played the patient role, and from faculty. The session ended with reflections and discussion by the group.

After all training sessions, the survey and checklist observation were repeated. As the project evolved, a mini-CEX in the clinical setting was added to provide faculty with additional information about student performance. In addition, students provided formal feedback about the usefulness of learning communication skills during their training.

**Evaluation of the results and impact:** The final survey indicated an increase in the use of communication strategies during patient encounters, statistically significant for 6 of 11 items ( $p < 0.03$ ). The gain in students' self-reported confidence with the strategies showed an increase for all, significant for 5 of 9 items ( $p < 0.014$ ). The observer checklist scores, although higher than pre level, were not significantly different. An assessment three months later using mini-CEX, revealed scores of 6-7(out of 10), indicating satisfactory performance with room for improvement.

All the students wanted formal communication skills training and assessment, with the majority (70%) wanting to start in year 2 of medical school. The programme was able to achieve increased awareness of communication skills among students and created a felt need. In the feedback session, the students also commented on the lack of learning opportunities for communication skills as well as inadequate role models.

Before the training programme, a survey of 25 randomly selected faculty members indicated that 100% felt communication skills were an essential skill. Interestingly, the majority, 90%, felt that the students should learn these by observing their teachers more closely. A little more than half, 65%, were of the opinion that these skills are only learnt by experience and not taught formally. Eight of these faculty members went on to be a part of the programme. Future evaluation will investigate whether their opinion about possible teaching methods changed.