Title: Critical Incident Analysis: A tool to develop a culturally and contextually relevant communication skills course

Authors: Avindra Jayawardene, Tony LaDuca

What problems were addressed: Communication Skills of doctors has come under scrutiny during the last two decades. Communication skills are said to be as important as any clinical skill a physician should possess. Deficiencies in communication skills of healthcare personal have been identified as a threat to patient safety in several studies. This has resulted in the development and inclusion of formal communication skills training courses for physicians across the globe.

Many medical schools import communication skills courses and curricula developed elsewhere into their medical curriculum. However effective communication in a healthcare setting is said to be heavily dependent on culture, patient expectations and the specific context. Therefore importing a communication skills course developed elsewhere without adequate attention to the local requirements, culture and context will give rise to a course, which is not fit for purpose. The local contexts, cultural specificities and needs must be first mapped in order to develop a culturally and contextually appropriate communication skills course.

What was tried: The objective of this study was to use Critical Incident Analysis (CIA) technique as a tool to produce a framework for the development of a culturally and contextually relevant communication skills course. CIA was developed in 1945 by John Flanagan and is used to yield rich, contextualized data that reflect real-life experiences and the first CIT studies addressed military issues such as pilot disorientation and bombing raid failures. This technique could be used to sift out contextual and culturally relevant data required for the above purpose.

Group interviews were conducted with doctors, specialists, medical and nursing students and senior nurses. They were asked to narrate critical incidents, which occurred due to communication skills deficiencies of doctors. They had to be incidents in which they were involved or which they witnessed 1st hand. Fifty individuals participated in the study, which produced 81 narrations. The narrations were audio recorded and transcribed. Thematic analysis was done and the narratives were grouped according to themes, categories and sub categories. Communication skills deficiencies were identified from the narrations. In depth analysis was done to understand the cultural/contextual influences on these deficiencies and the relationship between different subcategories.

What lessons were learned: Four main categories of deficiencies emerged from the narrations. They were: omission of content, inappropriate responses, inappropriate setting for the communication to occur and non-verbal communication issues. Studying the relationships between the subcategories and the narratives within each subcategory paved the way to
identify the cultural and contextual factors influencing these communication deficiencies.

CIA technique is capable of yielding contextual and cultural data within human relationships and interactions. Therefore CIA would be effective in the development of contextually and culturally relevant Soft skills training courses in medical education.