

Title: Structured Programme for Prescription Communication Skills Learning

Authors: Nirmala Rege, Raakhi Tripathi, Santosh Salagre, Gail Furman

What problem was addressed: Current pharmacology training in India is knowledge centred with less emphasis on prescription communication skill training. A survey in various OPDs of our institute revealed inadequate prescription communication with patients by physicians themselves. An assessment of prescribing skills of students from our institute by British Pharmaceutical Society revealed poor prescription communication skills. Inadequate prescription communication results in non-adherence to prescribed therapy, errors in medication, increased chances of adverse effects, poor therapeutic outcome and therefore increased burden on health care system¹. Hence a structured programme for II MBBS students was designed to train them in prescription communication skills.

What was tried: After IEC approval, training sessions inclusive of a workshop on rational prescribing were held for faculty to select and develop case scenarios and checklists and to decide programme logistics. Ten scenarios for common conditions diagnosed in OPD and accounting for morbidity and mortality were developed along with script for patients in simple language based on 5-R framework (Reason, Regimen, Risk, Revisit, Revision). The prescriptions included drugs covered in theory classes. A checklist for content (score=25) and quality (score=15) was also prepared. Scripts and checklists were validated by two different groups of pharmacologists (n=10) and clinical experts (n=8).

After written informed consent, a communication skill workshop, focussed on elements of effective communication, was conducted for 181 II MBBS students. A baseline OSCE was conducted (3 stations;4 min/station), wherein students as prescribers communicated prescription to simulated patients (trained residents). Communication content and quality was scored by the faculty observer using checklist and simulated patient satisfaction by residents using 11-item questionnaire (SPSQ; maximum score 55). Subsequently, two small group practice sessions (n=10/gp with one facilitator) were held using role plays. Post-training OSCE was conducted after 2 weeks. In both the OSCEs, the same group of students were assessed by same faculty observers for same station. Student and faculty feedback was taken using pre-validated questionnaires.

What lessons were learned: The baseline OSCE revealed that despite the lectures and prior assessment on same topics, the students could not communicate relevant drug information to patients in a language understood by them, indicating poor translation of knowledge in practice. After training sessions the students (evaluable number=150) demonstrated improved ability to communicate [content scores (out of 75) from 12.97±4.93 to 36.71±8.85 and quality scores (out of 45) from 13.83±4.72 to 31.61±7.93]. They demonstrated improved confidence. The standardized patients expressed more satisfaction regarding the communication style (change in SPSQ p<0.01). The students found the learning experience worthwhile and useful for interacting with real patients. Clinicians appreciated the programme and showed willingness to develop more cases and continue the training in III MBBS. The investigators experienced some difficulties in managing time lines and had to be flexible but felt that interactions with clinicians helped learning practical aspects and also strengthen the case scenarios as real life situations. Thus, the training program with 5-R framework was found to provide a tool to students to improve their prescription communication skills.

Reference:

1. Singh J, Singh N, Kumar R, Bhandari V, Kaur N, Dureja S. Awareness about prescribed drugs among patients attending out-patient departments. *Int J Appl Basic Med Res*. 2013, 3: 48-51.