

Original Research Article

Designing a module for improving communication skills amongst interns in a surgical setting

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ABSTRACT

Background: Healthcare professionals are at the receiving end of a large number of violent incidents directed against them. One of the reasons cited is the abysmal levels of communication skills of young qualified doctors. We feel there is an urgent need for training them in this area of behavioral skill.

Methods: It was a quantitative interventional study. We measured the communication skills before and after training, by a scale devised for the study and pre validated by peers and piloted as a project.

Results: The training is effective in improving their knowledge and communication skills giving them confidence to face the challenges of day to day clinical work in surgical setting.

Conclusions: This small training module on consent taking needs to be incorporated in the internship training. Faculty need to be sensitised regarding improvement of communication skills and knowledge of the students by adopting this training module and workplace based assessment for all surgical interns.

Keywords: Communication skills, Informed consent, Training module

INTRODUCTION

Communication is an integral part of patient care. The lack of good effective communication is evident in health care providers. Communication is a fundamental clinical skill that, if performed competently and efficiently, facilitates the establishment of a relationship of trust between the medical staff and the patient-customer, a truly therapeutic alliance.¹

Several prescriptions for preventing violence to doctors have been provided in the literature starting from changing the curriculum of study, developing more communication skills, understanding by taking note of patients who could be violent, being cautious at violent venues, getting ready to run from the scene if situation

demands, educating patients and their relatives, improving healthcare, etc.² There is paucity of studies evaluating this basic skill and advocating corrective measures.

In our study we try to look into the communication skills of our Interns during surgical postings (as a sample of general trainees in Indian Medical schools) and analyze the improvement of their skills following proper guidance through training modules.

METHODS

It was a quantitative interventional study which was measured by a scale (Annexure 1) devised for the study and pre validated by peers and piloted as a project.

Study was done at Rajarajeswari Medical College Surgical Wards in April 2019 (1 month duration).

Sample size was 25 which included interns attending surgical postings during that period of April 2019 (convenient sampling method was used).

Consent of participating interns was taken; Institutional Ethical Committee clearance was obtained.

Measures of central tendency were calculated and T-test Analysis was done (paired observation test or dependent sample test).

Procedure

Day 1: Assessment was done for ‘taking an informed consent for surgery’ on a pre-devised scale (Questionnaire-Annexure 1).

Day 2: Interns attended a half-day module on communication skills - didactic lecture, role play and video critiquing

Fortnightly, work place based assessments on the same skill done as on job training was done.

Finally, reassessment was done 4 weeks later on same scale.

T-test analysis was done (paired observation test or dependent sample test).

RESULTS

The initial pre training assessment and subsequent post training assessment was on a standard pre devised scale (Annexure 1). Assessment was done by senior faculty participating in this project strictly as per the scale.

Table 1: Score analysis.

Score	Pre training score	Post training score
Mean score	7.08	12.52
Median score	7	13
Mode score	6	13
SD	1.71	1.0

Mean score of students in the pre-training test was 7.08 and mean score of students in the post-training test was 12.52 (Table 1).

Inferences were drawn about their communication skills prior to training and after attending the training module (Figure 1).

T-test analysis was done (paired observation test or dependent sample test) (n< 30).

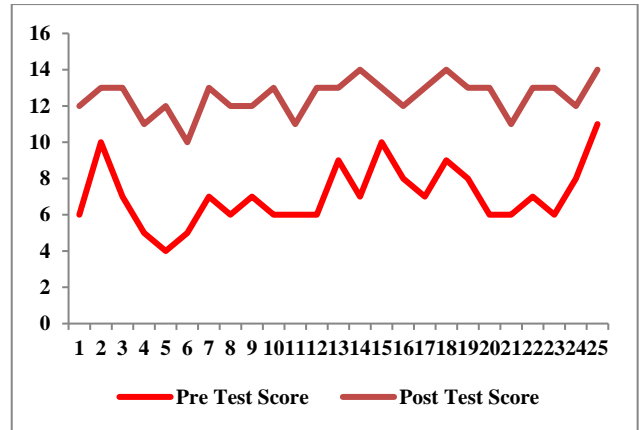


Figure 1: Pre and post test score line chart.

Pre test score lower line, post test score upper line.

The training was found to have a statistically significant difference in improving their score.

DISCUSSION

Healthcare professionals are at the receiving end of societal dissatisfaction, given the large number of unsavoury incidents directed against them. One of the reasons cited by our own senior and mature practitioners in the profession is that the two most important skills - both part of the affective domain - perceived to be lacking in an Indian surgical intern are taking an informed consent and breaking upsetting news like a complication following surgery. Communication of doctors with patients, attendants and subordinates in a surgical setting is different, since there is a very high level of emotion and uncertainty involved during surgical care when compared to other specialties. Besides, there is a paucity of literature on the modalities of assessment of this skill in surgical interns who are not yet practicing physicians. There is a lack of clear guidelines and strategies to train them in this important skill.

Wagner et al defined four components of informed consent namely; decision making capacity, full disclosure by the health care provider, capacity to comprehend after giving sufficient time and voluntary consent without any form of coercion.³ The question arises – can nonverbal communication skills be taught?

Rahim et al identified this as a core competency skill for interns in surgery and her findings indicate that formal training and evaluation required extensive practice.⁴

Ishikawa et al concluded that nonverbal communication skills training sessions was merely effective in increasing the awareness but not sufficient to change the actual performance.⁵ Several training and evaluation tools have been tried. This in itself means that there is no uniformity in training and assessment. However there is no doubt that any form of training is a step towards better doctor – patient relationship.⁶

Raper et al and associates stress upon didactic lectures and critiquing videos as a toolkit given to improve their skills.⁷ Widely different assessment and evaluation scores have been tried out. Horowitz et al utilized a social skills inventory, while Chandawerkar et al devised their own scoring system (0 to13) but they concentrated on a condition specific communication skill like breaking news about cancer.^{8,9} Seifart et al used the SPIKES protocol in their study.¹⁰ Several studies by other workers exist.¹¹⁻¹³ So in such a scenario uncertainty prevails both about training protocols and evaluation techniques.

In our study the results showed that the interns performed better with some form of training module to communicate better with patients and attendants. It also helped them to integrate and correlate the topic of consent taking that they learned in the routine ward rounds in a much better fashion. It made the interns to understand that communicating with patients and attendants needs an effort to learn and put in practice.

We would like to recommend this sort of small training module on consent taking to be incorporated in the internship training. Faculty need to be sensitised regarding improvement of communication skills and knowledge of the students by adopting this training module and workplace based assessment for all surgery interns. While it may involve prior planning and extra effort for the teachers, the outcome of the study is very encouraging and motivating.

CONCLUSION

The students perform better after a basic knowledge training module prior to their exposure to patients in clinical scenario. It helps them to be confident and face the challenges of real world situations.

It is advisable to willingly incorporate training modules or programs by all teaching institutions for junior trainees in their respective departments for better outcomes.

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ANNEXURE

Name:	Date:	Assessor:
Questionnaire		
Communication skills assessment in surgery interns		
Pre devised score: 15 - point scale		
Note: Each question / characteristic is rated at one point.		
Maximum points - 15		
1. Does the intern ensure privacy is available for the patients and attendants to discuss?		
2. Is there adequate seating available for all members including the intern?		
3. Is the body language of the intern ideal for communicating with the patient / attendants?		
4. Do he / she empathise with the patient by physical contact such as grasping patient's hand, putting an arm round his shoulder etc.?		
5. Is the intern conversant with the spoken language of the patient? If not, has an interpreter been provided?		
6. Does the intern comprehend the complete nature of the case, the likely intervention planned and the probable duration of hospital stay?		
7. Does he / she know the best alternative to surgery, if operation is refused?		
8. Does the intern explain the consequences of refusal?		
9. Does the intern encourage questions by the patient and attendants?		
10. Does he / she convey the fact that a second opinion can be taken if they so desire?		
11. Does the intern explain the consent form to the patient / attendant?		
12. Has adequate time been provided for the patient to take a decision?		
13. Has simple non-technical language been used?		
14. Has a witness been made available while signing the forms?		
15. Does the intern finally summarise the whole situation for clarity?		