

Original Research Article

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Navigation in Communication Skills of Medical Laboratory Science

Naval Kishor Lodha*, B. C. Mewara, Gopal Sharma, Mahendra Kumar Varma
 and Krishna Murari

Bhagwan Dhanwantri Chikitsha Seva Sansthan, Opp. Medical College, Behindi PG College,
 Jhalawar, India

*Corresponding author

ABSTRACT

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The art of medicine is intricately tied to the art of communication. Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship. In traditional medical curriculum, communication is not taught formally. To study the perception of medical students about usefulness of communication skills lab. The perception of medical students about usefulness of communication skills lab. This observational study was carried out at Communication Skills Medical Lab of Medical College. Feedback was obtained with the help of a prevalidated questionnaire from 100 final DMLT students about their perception about utility of the module taught in the Communication Skills Medical Lab. A total of 78.46% students were of the idea that Communication Skills Medical Lab posting is must for all medical undergraduates. A 93.83% perceive that the module taught was very relevant and useful and were satisfied with the duration of posting (81.47%). A 78.46% students experienced improvement in their communication skills. More emphasis should be given on communication between doctor and patient (61.53) The students found communication skills lab very useful. They desired more emphasis on communication between doctor and patient and sought more interactivity, video demonstrations to be part of the module.

Introduction

“The art of medicine is intricately tied to the art of communication” -Teutsch, 2003.

“Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship” - Hall *et al.*, 1981.

Clinical communication skills encompass a series of

skills that facilitate the communication between doctor and patient (Kurtz *et al.*, 2005). In today’s era there is an increased demand of time, information by patients for answering their questions related to the disease, investigations and treatment options. The patients expect the doctor to be polite, empathetic and to possess a human touch (Kurtz *et al.*, 2005).

Doctors who are skillful at communicating, may more easily identify the needs of the patient and provide an adequate response to the patient’s

''illness perspective'', which may also assist in promoting the doctor's effective management of the patient's health concern (Shendurnikar and Thakkar, 2013). The key areas of communication during medical interview includes asking open ended questions more than the direct questions, effective listening, appropriate praise to the patient, providing enough information in a language which the patient can understand as a part of advice and finally checking their understanding (Shendurnikar and Thakkar, 2013).

However, during interviews of patients, most doctors tend to concentrate on medical aspects associated with ''disease'' rather than on the patient's unique experience of his or her ''illness'', including the patient's ideas concerning the cause and outcomes of the disease (Roter, 2000; Tuckett *et al.*). This was illustrated by a study showing that doctors interrupted their patients' opening statements after a mean period of 18 seconds (Beckman and Frankel, 1984). This behaviour may lead to the loss of valuable information that is vital to arriving at a correct diagnosis (Beckman and Frankel, 1984). Placing the patients' concerns at back foot creates a negative doctor and patient relationship (Cassell, 1985). Ultimately the objective of any form of doctor-patient communication is to find the cause of patients problems and improve the patient's health and medical care (Ha *et al.*). Even though many doctors considered their communication adequate or even excellent, studies on doctor patient communication have demonstrated discontent from patients' view point (Duffy *et al.*, (2004); Stewart).

Though communication is an important component of patient care, in traditional medical schools it was never included in the teaching learning methodology and was incorporated informally as a part of clinical rounds and faculty feedback without specific or in-depth focus on communication skills per se leaving gaps in the reliability and consistency of these teaching methods which are gaining increased attention from medical schools and accreditation organizations (Teutsch, 2003). Some of the

important barriers identified for good communication are time constraints, arrogance, telephone calls, language barriers and cultural insensitivity (Shendurnikar and Thakkar, 2013). Research has shown that the patient satisfaction can be improved if the doctor has undergone training to acquire good communication skills (Shendurnikar and Thakkar, 2013).

Over the last decade many medical faculties have introduced practical communication skills training for their students so as to improve satisfaction level at the patient end by correcting behaviour of doctors (Claramita and Majoor, 2006). Some studies showed superior performance of students trained in communication behaviour skills, in terms of acquiring accurate and relevant information from patients. But other studies have found no difference between communication skills of those who have received training in communication skills and those who did not receive any training (Claramita and Majoor, 2006).

There is also an increased interest in research in this field of doctor-patient communication, recognizing the need to experiment with the teaching methods and to measure the clinical skills (Teutsch, 2003). The attitude of medical students towards learning communication skills have long been a matter of concerns for medical teachers, curriculum planners and policy makers (Dans, 1996; Neupane; Wright, 2006).

Like any other skill, good communication skill is an art which can be acquired and improved by putting conscious efforts in day to day practice. Such skills should also be incorporated as part of medical teaching curriculum (Shendurnikar and Thakkar, 2013).

In view of importance of training in communication skills, it was included in the curriculum of students of Datta Meghe Institute of Medical Sciences, Sawangi, Wardha, which has got probably the first communication skills lab in a medical college in India. The Communication Skills Medical Lab was

started in the year 2011 and was under the aegis of Department of Medical Education,. Department of Medical Education was later upgraded to School for Health Professions Education and Research. Since it was a new venture, this study was carried out to get a feedback from the students and recommend any necessary changes in the module of skill lab.

The main aim and objectives of this study include to study the perception of medical students about usefulness of communication skills lab. And also the perception of medical students about usefulness of communication skills lab, to study factors facilitating and hindering learning in the lab and to study their preference regarding particular components of communication skills.

Materials and Methods

This observational study was carried out at Communication Skills Medical Lab of Medical College. Feedback was obtained with the help of a prevalidated questionnaire from 100 final DMLT students about their perception about utility of the module taught in the Communication Skills Medical Lab including factors which helped and which hindered in learning. Descriptive statistics was used for the quantitative data and categorization for qualitative data.

Results and Discussion

A total of 78.46% students were of the idea that Communication Skills Medical Lab posting is must for all medical undergraduates. A 93.83% perceive that the module taught was very relevant and useful and were satisfied with the duration of posting (81.47%). A 78.46% students experienced improvement in their communication skills.

They opined that more emphasis should be given on communication between doctor and patient (61.53%). The students found communication skills lab very useful. They desired more emphasis on communication between doctor and patient and sought more interactivity, video demonstrations to be part of the module.

The present study results are comparable to other studies done on communication skills in medical students. Neupane *et al.*, in their study of, “Attitude towards learning communication skills in medical students of Chitwan Medical College, Nepal” also found similar results, where in the students in lower terms had a stronger tendency to learning communication skills than the ones in higher terms (Wright *et al.*, 2006). One of the important observations in this study was that along with positive attitudes about communication skills, negative attitudes should also be taken into consideration and steps should be planned and executed to modify or eliminate them. In their study some of the most important constituents of negative attitudes were: “My ability to pass exams will get me through medical school rather than my ability to communicate”, “Nobody is going to fail their medical degree for having poor communication skills”, “learning communication skills is too easy” and “I haven’t got time to learn communication skills”. Such negative attitudes if not channelized and controlled might have negative effect on positive attitudes as well. Not only is it recommended to place more importance on communication skills but also to provide greater opportunities for students to learn the communication skills (Wright *et al.*, 2006).

Overall (78.46%) students agreed to the point that Communication Skills Medical Lab posting had helped them in improving their communication skills. The students rated their communication skills significantly lower at the end than before the start of the course. By the end of the course even positive attitudes towards learning communication skills become significantly lower as compared with the start. In this study as per the researchers, the reason might have been the overconfidence of students about their abilities to communicate with patients, which was brought down to more realistic levels after learning the communication issues during their training. The literature review suggest that medical students perception of the importance of communication skills is determined by their attitude towards communication skills training and attitude may eventually influence the learning and adoption

of communication skills in the clinical setting. The students self assessment of their ability to communicate effectively with the patient is responsible for the development of attitude towards communication skills training.

Limitation

There are chances of bias on part of the responders. Very few responders answered the open ended questions. Focus grouped discussion in addition to the feedback form might have helped in getting a better perception.

The students found communication skills lab very useful in improving their communication skills. They desired more emphasis on communication between doctor and patient. They sought more interactivity and video demonstration to be part of the modules.

The methodology used to teach the modules should be more interactive. Apart from doctor patient communication, communication between students and teacher and between students themselves also needs to be taught. Video demonstrations should be added in teaching methodology. Power back up should be provided to the communication skills lab.

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