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Original article

Undergraduate medical students 'attitudes towards learning communication skills

Dr.F. Jahan[a,*], Dr.M. Norrish[b], N. said[c], Z. Abbas[d]
[a]*Associate Professor ,Chair Family Medicine Department, Oman Medical College.*
[b]*Academic Coordinator, Academic Partnerships Unit, Coventry University.*
[c]*Medical Student, Oman Medical College.*
[d]*Medical Student, Oman Medical College.*

*Corresponding author; Associate Professor ,Chair Family Medicine Department, Oman Medical College.

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ABSTRACT

Objective: To assess and compare pre-clinical and clinical year students' attitude towards learning communication skills. Background: Communication is an essential skill for establishing physician-patient relationships and for effective functioning among health care professionals. This skill can be learnt effectively during the under graduate medical students' training program and help students to practice in patient care efficiently. Method: A cross-sectional study was carried out to assess the attitudes of medical students toward learning communication skills. All students in their first preclinical year and students in their final clinical year were asked to participate. Data was collected using the previously validated communication skills attitude scale (CSAS). Result: The overall response rate was 79%. The broadly neutral attitude displayed by preclinical students was replaced in the final year clinical students by a significant increase in positive attitudes towards learning communication and a significant reduction in negative attitudes toward learning communication skills. Conclusion: Final year medical students have a more positive attitude towards learning communication skills. It is likely that this change in attitude is mediated by an increase in awareness of the utility of learning good communication skills through their regular daily clinical exposure to patients.

Introduction

Effective communication can positively influence patient satisfaction and health outcomes. Teaching communication skills and patient-centered communication helps learners develop this competency in an effective learning environment [1]. Communication is an essential skill for establishing physician-patient relationships and for effective functioning among health care professionals [2]. This skill can be learnt effectively during the training program for undergraduate medical students, thereby helping students to practice efficiently in patient care settings [3].

History taking from patients in real practice has been shown to be valuable for learning communication skills and understanding patient illnesses [4]. It is an essential skill for safe, effective, and compassionate health care and leads to better outcomes in health care systems. Good communication skills are more likely to make patients satisfied with the care they received. Integrating communication with other clinical skills, such as history taking, physical examination, and medical problem solving, help students to integrate this skill into their in real-life care of patients [5].

The UK's General Medical Council (GMC) emphasizes effective communication as fundamental to good medical practice. When teaching and assessing communication in the context of medical education the primary emphasis is on skills, suggesting that communication can be taught, learned and improved [6]. Assessing the attitudes of medical students toward communication skills is essential and important, since negative attitudes can give rise to lack of interest in such programs. Such assessment can serve to help educators devise more effective plans[7]. Cognitive attitudes are often difficult to influence but may change when new knowledge is convincing and of practical utility. There is evidence that changing behavior by structured training may influence the attitudes. There is need for assessment the communication skills at different stages to monitor changes in specific components of attitudes among students during medical school at different level[8]. Interpersonal and communication skills are considered a core area of competency for medical students and practicing physicians. The patient-centered clinical method, commonly used in family medicine and general practice teaching, is a model for interacting with patients [9]. This training method improves the ability to provide a patient consultation in a structured way, as well as the ability to educate patients about their health problems and to motivate them to adopt health-promoting behaviors.

Oman Medical College (OMC) offers a seven-year curriculum, leading to the degree of Doctor of Medicine (MD). The MD Program entails one foundation year, two years of premedical science studies, followed by two years of basic biomedical science/preclinical (years 4 and 5) studies, and culminates in two years of clinical training (years 6 and 7). This includes integrated components of Problem Based Learning and clinical skills (i.e., history taking and general/system physical examination techniques) and communication skills.

The language of instruction is English throughout all educational activities in Oman Medical College. However the patient population and the student population almost exclusively have English as an additional (non-native) language. In this context it is especially important that communication skills taught effectively and efficiently.

The teaching of communication skills is embedded into the curriculum. In the preclinical years students have structured lectures on principles and theories of communication embedded within courses on Behavioral Medicine and Ethics. They also have some practical exposure to learning about communication in simulated clinical skill classes. During the preclinical years however all clinical subject areas embed communication skills into their curriculum. This is seen most strongly during clinical rotations in the in the Department of Family, where there are special training sessions are dedicated to communication skills in order to help students communicate effectively with their patients. During these sessions students seek knowledge of the implication of cultural, social contexts for patient care and develop awareness of health care needs. They learn knowledge of basic communication concepts, communication models, direct and indirect messages, types and functions of non-verbal communication, attribution, ability to elicit accurate, comprehensive and focused medical histories. Students participate in tutorial,

workshops, role playing in small group with simulator patient and peers. They also experience real scenarios at hospital rotation and primary health care clinics.

As part of their clinical rotations students are assessed on their communication skills by way of both continuous assessment of preceptors in the clinical setting and through clinical cases during their Objective Structured Clinical Examinations (OSCE).

Assessing the attitudes of medical students toward communication skills is essential to enable educators devise more effective plans. The Communication Skills Attitudes Scale (CSAS) created by Rees, Sheard and Davies and published in 2002 [10] has been a widely used instrument for measuring medical students' attitudes towards learning communication skills. CSAS mainly tests two dimensions of attitudes towards communication; positive attitudes (PAS) and negative attitudes (NAS).

The objectives of our study are to assess and compare pre-clinical and clinical year students' attitude towards learning communication skills at Oman Medical College.

2. Materials and Methods

Design: A cross sectional design was used to assess attitudes to communication in both preclinical students (year 4) and final year clinical students (year 7). Attitudes to communication were assessed using the Communication Skills Attitudes Scale (CSAS), originally developed by Rees and colleagues [10]. The CSAS consists of 26 item statements each of which is scored with a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Within the scale are two subscales, each with 13 items; positive attitude scale (PAS) and the negative attitude scale (NAS).

Participants: 122 undergraduate students completed the questionnaire, representing a response completion rate of 79%. 62 students were preclinical and 62 were in their final clinical year. The median average age of these students was 23. There were 20 males and 102 females, which is representative of the gender distribution in the College.

Procedure: Informed consent was obtained from all of the participants, with assurance that participation would be voluntary, confidential and would not affect their academic progress. All of the analysis was carried out on anonymized data. Inferential statistics, involving unrelated t-tests, was performed using SPSS.

3. Results

As a group the attitudes expressed by preclinical students towards communication skills are largely 'neutral', in that the median value for all 26 items was 3 ("neither agree or disagree"). This is in contrast to the attitudes expressed by the final year clinical students who used the full range of the likert scale, some statements with a median of 5 ("strongly agree") e.g. "In order to be a good doctor I must have good communication skills" and some statements with a medial of 2 ("disagree") e.g. "Communication skills learning should be left to psychology students, not medical students". The results for each individual question can be seen in Table 1.

Table 1
Results of Communication Skills Attitudes Scale for preclinical and clinical students. Mean values are given with standard deviation shown in brackets. A significant difference between preclinical and clinical for each statement ($p<0.05$ on an unrelated t-test) is shown by an asterisk '*' (ns indicates 'not significant'). The two subscales (Positive and Negative) are represented.

Positive Attitude Scale	Preclinical		Final year clinical
In order to be a good doctor I must have good communication skills	3.3 (1.9)	*	4.8 (0.4)
Developing my communication skills is just as important as developing my knowledge of medicine	3.2 (1.4)	*	4.2 (1.0)
Leaning communication skills has helped or will help me respect patients	3.1 (1.4)	*	4.0 (1.0)
Learning communication skills is interesting	3.1 (1.4)	*	4.1 (0.8)
Learning communication skills has helped or will help facilitate my team-working skills	3.1 (1.6)	*	4.3 (0.8)
Learning communication skills has improved my ability to communicate with patients	3.2 (1.5)	*	4.0 (0.9)
Learning communication skills is fun	3.3 (1.3)	ns	4.6 (4.0)
Learning communication skills has helped or will help me respect my colleagues	3.2 (1.3)	*	4.2 (0.8)
Learning communication skills has helped or will help me recognize patients' rights	3.1 (1.2)	*	3.9 (0.9)
Communication skills teaching would have a better image if it sounded more like a science subject	3.0 (1.3)	ns	3.0 (1.0)
I think it's really useful learning communication skills on the medical degree	3.2 (1.4)	*	4.0 (0.8)
Learning communication skills is applicable to learning medicine	3.1 (1.2)	*	3.9 (0.8)
Learning communication skills is important because my ability to communicate is a lifelong skill	3.2 (1.5)	*	4.4 (0.8)
Negative Attitude Scale			
I can't see the point in learning communication skills	2.9 (1.5)	*	2.0 (1.1)
Nobody is going to fail their medical degree for having poor communication skills	3.0 (1.1)	*	2.2 (1.0)
I haven't got time to learn communication skills	2.9 (1.2)	ns	2.6 (1.1)
I can't be bothered to turn up to sessions on communication skills	3.2 (1.1)	*	2.4 (1.0)
Communication skills teaching states the obvious and then complicates it	3.1 (1.0)	ns	2.9 (0.9)
Learning communication skills is too easy	3.3 (0.9)	ns	3.1 (1.1)
I find it difficult to trust information about communication skills given to me by non-clinical lecturers	2.8 (0.8)	ns	2.7 (0.9)
When applying for medicine, I thought it was a really good idea to learn communication skills	2.9 (1.2)	ns	3.1 (1.2)
I don't need good communication skills to be a doctor	2.8 (1.5)	*	2.3 (1.3)
I find it hard to admit to having some problems with my communication skills	2.9 (0.9)	ns	3.0 (1.0)
My ability to pass exams will get me through medical school rather than my ability to communicate	3.0 (1.0)	ns	3.2 (1.1)
I find it difficult to take communication skills learning seriously	2.8 (1.0)	ns	2.7 (1.1)
Communication skills learning should be left to psychology students, not medical students	2.9 (1.3)	*	1.9 (1.0)

For the Positive Attitudes Subscale (PAS) of the CSAS there is a significant cohort difference, $t(1,122) = 5.65$, $p<0.001$, with final year clinical students having higher scores for positive attitudes, 53.6 (6.9) when compared to year 4 students 40.9 (16.2). There is also a significant cohort difference for the Negative Attitudes Subscale (NAS), $t(1,122) = 3.69$, $p<0.001$, with final year clinical students having lower scores for negative attitudes, 33.8 (6.1), when compared to preclinical students, 38.0 (6.4). This is illustrated in Figure 1.

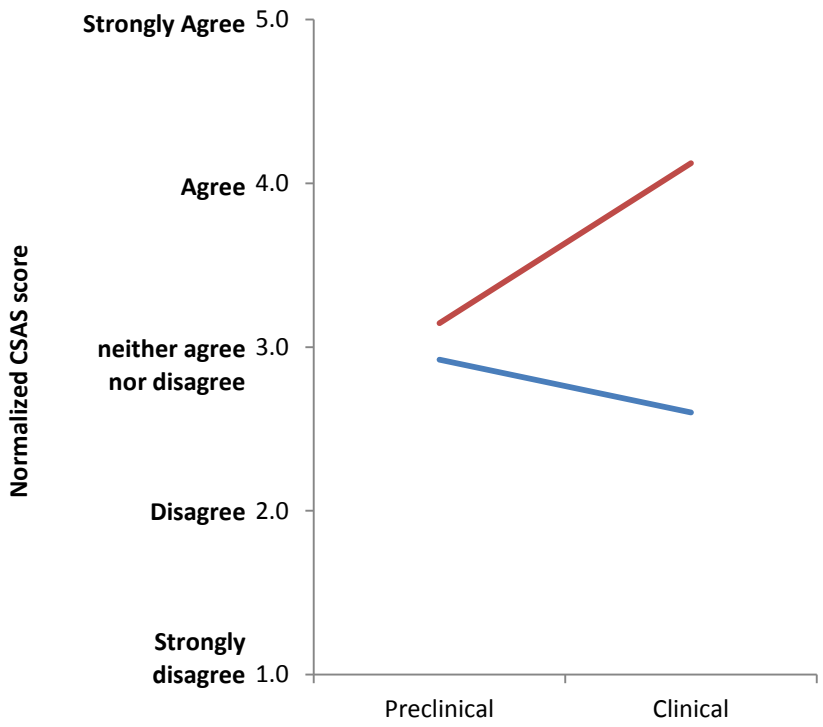

Fig. 1. Normalized average of CSAS subscales for preclinical and clinical students. The negative attitude subscale is shown in red. The positive attitudes subscale is shown in blue.

4. Discussion

It is clear that as students progress through their medical studies their attitudes towards communication skills changes. There is a reduction in negative attitudes and an increase in positive attitudes. It is likely that this change in attitude is mediated by an increase in awareness of the utility of learning good communication skills through their regular daily clinical exposure to patients.

There is growing evidence that effective communication between doctors and patients, with appropriate attitudes of doctors, is essential for better health outcomes, better compliance and higher satisfaction of both doctor and patient[11-12]. Our study shows that students in pre-clinical years have more negative attitude towards learning communication skills, and as reported in literature such negative attitudes can give rise to lack of interest in patient care. Monitoring the attitudinal change among students during medical school may be a useful benchmark for improving both curricula and teaching methods for communication skills [13]. Attitudes are important predictors of behaviors, negative perceptions of communication skills may reflect in patient care. An inter-professional approach is suggested by the researchers as these practices influence doctors patient relationship [14-15].

Another important finding in this study is as medical students approach towards more practical and real scenario their attitude increasingly become more positive toward communication skills training suggests that more efforts need to be made to emphasize the importance and relevance of communication skills among medical students. This has been shown in various studies that appropriate timing for communication skills teaching is mandatory [16-18].

It is essential to have teaching communication skills regarding different clinical situations so students have less anxiety in real practice [19-20]. In 2002 Rees, Sheard and Davies published the Communication Skills Attitudes Scale (CSAS), which measures students' attitudes towards learning communication skills during medical school. Our study has shown more positive attitude in clinical year students but one study reports that having recently attended communication skills teaching tends to predict less positive attitudes towards learning such skills [21-22].

Gender difference is not statistically significant in our study, however literature reports female students have more positive attitude [23].

Training new ways of acting in different situations may influence the attitudes of learning. As teachers and curriculum planners we need to monitor changes in specific components of attitudes among students during medical school over time [24].

5. Conclusion

Final year medical students have more positive attitudes towards learning communication skills than preclinical students. Changing behavior in clinical years by structured training may influence the attitudes. Students in pre-clinical years showed more negative attitude, this would be overcome by introducing structured learning and monitoring the effect of different teaching strategies on students' attitudes during medical school over time. Communication skills training programs be designed and incorporated into the medical curriculum of pre-clinical years so that medical students learn as well as pay more attention to communication skills learning and practice.

Competing interests

The author(s) declare that they have no competing interests.

Authors' contributions

All authors participated in planning and designing the study, gave critical comments to the draft manuscript and approved of the final version of the manuscript.

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