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THE EFFECT OF COMMUNICATION SKILLS TEACHING IN FINAL-YEAR MEDICAL STUDENTS

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ABSTRACT

The World Federation of Medical Education encourages the teaching of generic skills including communication skills, together with technical skill training in medical schools. Medical Universities in Myanmar started teaching communication skills as a formal content in the curriculum five years ago. But it was included in the assessment as an Objectively Structured Clinical Examination (OSCE) station, starting only from 2012. The underlying philosophy is that improving the communication between doctor and patient will improve the ability to gather the information needed to solve the problems of a particular patient and in presenting the formulated problem list and management plan. The aim of this study is to determine the pass rate of the Communication Skills (CS) station and association between communication skills score and Objectively Structured Long-case Assessment Record (OSLAR) score. It was a retrospective cross-sectional descriptive study analyzing the scores of the last three completion tests of 363 final-year medical students, in University of Medicine 2, in Yangon, Myanmar. In the communication skills station, 290 out of 363 (79.9%) passed. For OSLAR, the pass rate was 288 out of 363 (79.3%), and for OSCE it was 279 out of 363 (76.9%). There was a significant association between passing communication skills and OSLAR (χ 2 = 10.2, p = .001). Especially, there was correlation between the history taking part of OSLAR scores and CS scores (r = .257, p = 0.000). To test whether it was because of the phenomenon that good students will pass whatever station it is and poor students will fail, association between communication skills score and OSCE (the station where the students do not need to speak and are tested for manual skills only) was analyzed. There was no association between those two skill stations.

Keywords: communication skills, medical school, patient management, OSLAR.

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INTRODUCTION

The World Federation of Medical Education (WFME) encourages teaching of generic skills like medical ethics, patient safety, lifelong learning and communication skills, together with technical skill training in medical schools (WFME, 2015). Medical Universities in Myanmar started teaching communication skills as a formal content in the curriculum five years ago. But it was included in the summative assessment as an Objectively Structured Clinical Examination (OSCE) station starting only from 2012. The underlying philosophy is that improving the communication between doctors and patients will improve the ability to gather the information needed to solve the problems of a particular patient and in presenting the formulated problem list and management plan to the senior colleagues and other team members. Yedidia (2003) reported that integrating communication skills curriculum in third year medical students not only improved the overall communication competence but also relationship building, time management, and patient assessment.

Objectives

1. To find out the pass rate of Communication Skills (OSCE-CS) station.
2. To analyze the association between communication skills score and Objectively Structured Long-case Assessment Record (OSLAR) score.
3. To analyze the association between communication skills score and non-talking physical examination station (OSCE-PE).

Material and Method

This is a retrospective cross-sectional descriptive study analyzing the scores in the last three completion tests of 363 final-year medical students in University of Medicine 2, Yangon, Myanmar. The completion tests were conducted in the Medical Ward of North Okkalapa General Hospital, which was affiliated with the University of Medicine 2, Yangon, Myanmar, during the period of June 2015 to January 2016. Final-year medical students, after completing the medicine rotation of three months in one of the four units of department of Medicine, had to sit for the summative assessment, consisting of one OLSAR, one communication skills station (OSCE-CS), one physical examination station (OSCE-PE), and one unmanned problem solving station (X' rays, Photos, and Data). The communication skills station was introduced in 2012, and students had to perform a communication task such as taking informed consent, explaining to the patient the use of medical instruments like inhalers or glucometers, breaking bad news, and explaining the prognosis of chronic disorders. Real or surrogate patients were used and SEGUE format was applied for marking by the assessors.

Table 1. SEGUE score sheet used for marking of communication skills for Final year MBBS students, 2015.

	Badly fail	**Fail**	**Borderline**	**Pass**	**Excellent**
Set the Stage Time, Place, Person, Competency	**0**	**0**	**0**	**0 .5**	**1**
Elicit Information Warning shot, ICE: Invite information, Concern & expectation, Empathy	**0**	**0.5**	**1**	**1.5**	**3**
Give Information NEW BRA: Natural course, Exact steps, Benefit-risk, Alternatives	0	**1-2**	**2-3**	**3.5**	**6**
Understand & Share EARN: Empathy, Acknowledge, Recap, Negotiate	**0**	**0.5**	**1**	**1.5**	**2**
End the Encounter Last word, contract, safety net, summary	**0**	**0**	**0**	**0 .5**	**1**
Examiner Encounter What type of communication is it? What are the main ethical dilemma you noticed? Can you pick up ICE of the client? How had you managed the client's ICE? Can you think of a better way or how to improve the process?	**1**	**2**	**3**	**4**	**5**
Overall performance	**0**	**0.5**	**1**	**1.5**	**2**
Total Score for Communication (20)					

The scores of all students who had appeared in the last three completion tests (363), were included in the study. Scoring 50% or more was defined as a pass in that station. Association between passing in communication skills station and long-case station was analyzed by $\chi 2$ test. Pearson correlations were also calculated for individual scores between these two stations. Associations between communication skills station scores and non-talking physical examination station (OSCE-PE) scores was also tested by $\chi 2$.

Results

Table 2. Pass rate of final-year MBBS students in three clinical skill stations.

Name of the station	Number of candidates appeared	Number of candidates passed	Pass rate
OSCE-CS	363	290	79.9%
OSCE-PE	363	279	76.9%
OSLAR	363	288	79.3%

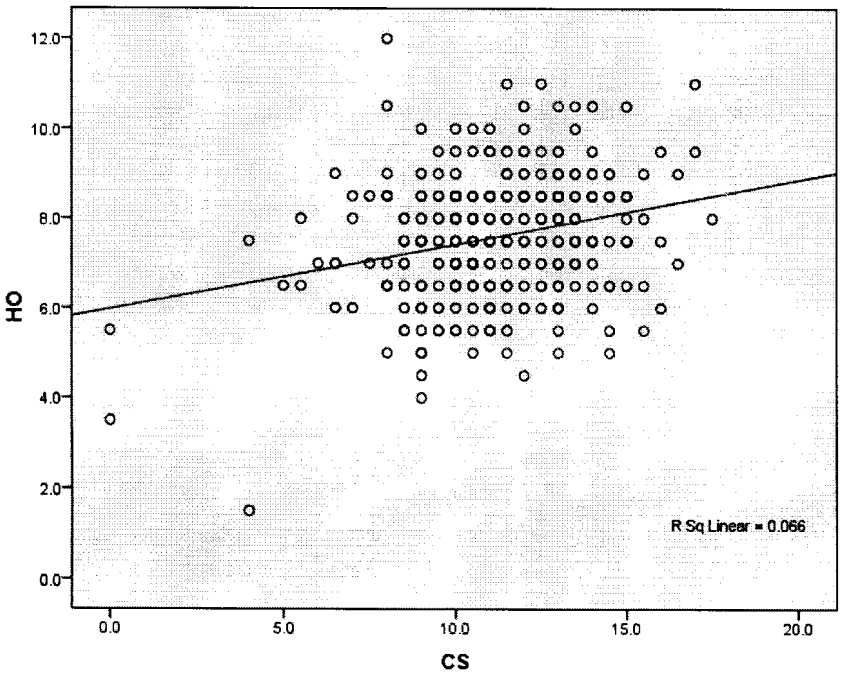
In the communication skills station (OSCE-CS), 290 out of 363 (79.9%) passed. For long-case (OSLAR), the pass rate was 288 out of 363 (79.3%) and for the physical examination station (OSCE-PE) it was 279 out of 363 (76.9%).

Table 3. Association between performance of communication skills and OSLAR in final-year MBBS students.

	Number of candidates who passed OSCE-CS	Number of candidates who failed OSCE-CS	Total
Number of candidates who passed OSLAR	240	48	288
Number of candidates who failed OSLAR	50	25	75
Total	290	73	363

(χ^2 10.2, p = 0.001)

Figure 1. Correlation between scores of the history taking part of OLSAR (HO, vertical) and that of Communication Skills (CS, horizontal)



There was a significant association between passing communication skills and OSLAR, (χ^2 = 10.2, p = .001). Especially, there was a significant correlation between the history taking part of OSLAR scores and CS scores, (r = .257, p = .000). To test whether it was because of the phenomenon that good students will pass whatever station it is and poor students will fail, association between the communication skills score and OSCE (the station where the students do not need to speak and are tested for manual skills only) was analyzed. No association was found between those two skill stations.

Table 3. Association between performance of Communication Skills (OSCE-CS) and Physical Examination skill (OSCE-PE) in final year MBBS students.

	Number of candidates who passed OSCE-CS	Number of candidates who failed OSCE-CS	Total
Number of candidates who passed OSCE-PE	229	50	279
Number of candidates who failed OSCE-PE	61	23	84
Total	290	73	363

(χ^2 3,59, p 0.064)

Discussion and Conclusion

Although it is agreed that communication skills are important in patient management and are identified as a main cause of patient-doctor conflict, it is difficult to teach students proper communication skills. It is also difficult to assess the level of communication skills of individual students to know how much they have learned and to what extent they can apply it. It is more difficult to prove that teaching communication skills can improve patient management in real practice. This study shows the association of communication skills and long-case management scores indicating that good communication may improve history taking and the discussion of management plans both with a senior team member and the patient. Brown (1995) has also noted that doctors could improve interpersonal communication practices with patients in small but important ways, to the greater satisfaction of both sides. Most of the doctors were willing to apply communication skills once they were convinced that use of the techniques would not necessarily lengthen consultation and that concrete skills could be mastered through training programs that emphasized practical approaches. The awareness and acceptance of communication skills training among students was also high as evidenced in an Indian study showing that 93% of students perceived communication skills training as very relevant for clinical practice, and 78% experienced improvement in communication skills after training, indicating that it was a trainable skill (Jagzape et al., 2015).

Teaching communication skills can improve the patient management as evidenced by the higher score in the long-case station.

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