TRENDS OF COMMUNICATION SKILLS AMONG MEDICAL COLLEGE STUDENTS

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ABSTRACT:
Good communication is of crucial importance to obtain these aims. It is the act of conveying meanings from one entity or group to another using mutually understood signs, symbols, and semiotic rules. This survey study was conducted among medical and dental college students. All the students were asked to fill the Communication Skills Attitude Scale (CSAS) questions. A total of 100 medical and dental students participated in the study. There were 72 males and 28 females. The mean age was 22.41±1.89 years. The overall values of communication skills attitude scale revealed positive attitude of students towards learning.

Keywords: Communication Skills, Medical, Dental, Students
INTRODUCTION:

Communication is the act of conveying meanings from one entity or group to another through the use of mutually understood signs, symbols, and semiotic rules. The scientific study of communication can be divided into information theory which studies the quantification, storage, and communication of information in general, communication studies which concerns human communication, biosemiotics which examines communication in and between living organisms in general. The channel of communication can be visual, auditory, tactile/haptic (e.g. Braille or other physical means), olfactory, electromagnetic, or biochemical. Human communication is unique for its extensive use of abstract language. Development of civilization has been closely linked with progress in telecommunication. The medical education for future doctors must deal with the relevant themes of our changing society. The WHO defines the five star doctor as: a caregiver who assesses and improves the quality of care, who makes optimal use of new technologies, who promotes healthy lifestyles, who reconciles individual and community health requirements and who is able to work efficiently in teams.

Good communication is of crucial importance to obtain these aims. Fortunately during the last decade, much more attention is given to communication training when developing new medical curricula. This is based on the evidence that adequate doctor–patient communication is related to better health outcomes, better compliance and higher satisfaction of both doctor and patient. Although there is no golden standard on ‘good doctor–patient communication’ patient-centred care, characterised by an emphasis on patients’ ideas, concerns and emotions and their need for information, is favoured. Relationship building, negotiating and facilitating patients’ cooperation are core elements of so called good-communication (1-4).
MATERIAL AND METHODS:
This survey study was conducted among medical and dental college students. All the students were asked to fill the Communication Skills Attitude Scale (CSAS) questions. It consisted of a two-factor scale, the Positive Attitudes Scale (CSAS-PAS; 13 items) and the Negative Attitudes Scale (CSAS-NAS; 13 items). Items were scored from 1 (strongly disagree) to 5 (strongly agree). Higher scores designate positive and negative attitudes on the CSAS-PAS and CSAS-NAS, respectively. All the data was analyzed with SPSS Ver. 23.0. Relevant statistical analysis was performed. The qualitative variables were presented as frequency and percentages. The quantitative variables were presented as mean and standard deviation.

RESULTS:
A total of 100 medical and dental students participated in the study. There were 72 males and 28 females. The mean age was 22.41±1.89 years. The overall values of communication skills attitude scale revealed positive attitude of students towards learning. Ten out of thirteen questions were answered above the average score on a Likert scale. No significant difference was found.

DISCUSSION:
Communication skills learning does not appear to improve student confidence (which might be expected) or change their opinion of their competence. Student views of communication skills learning may be quite unrelated to their assessment of their own ability to communicate effectively. The finding that medical students regard their clinical knowledge as improving over training, but not their communication skills, could indicate that the acquisition of these two sets of skills is regarded quite differently. This may be unavoidable in a curriculum where clinical and communication skills learning are not fully integrated until the later years of undergraduate training. Use of the CSAS in a
different student population has helped to validate a scale that was previously thought to be reliable but required further validation. Repeat factor analysis has confirmed the existence of two subsets within the scale, one associated with positive attitudes (PAS), the other associated with negative attitudes (NAS) to communication skills learning. This supports the use of the CSAS as an appropriate tool to measure attitudes in a wide population of medical students. Good communication skills are an essential component of physician-training. Effective communication between the doctor and the patient leads to better compliance, better health outcomes, decreased litigation, and higher satisfaction both for doctors and patients. Some of the common barriers to good communication include use of medical jargon, inability to communicate in a simple language, arrogance, lack of enough time dedicated to the doctor-patient encounter, and frequent interruptions while the patient is narrating his problems.

Patients expect doctors to be supportive, non-judgmental, empathetic, and open and honest about details of their illness, choice of treatment, side effects of medication and expected relief in symptoms. Doctors who listen actively, encourage their patients to ask clarifying questions, check for understanding, and value the privacy and comfort of their patients are appreciated. In addition, the non-verbal aspects of communication such as body language, eye contact, facial expression, touch, gestures, and interpersonal distance are of extreme importance in building rapport between the doctor and the patient. Besides clinical interactions with patients, doctors also have to communicate in writing for clinical documentation and referrals — all of which have medico-legal implications. Effective communication goes a long way in building a relationship of trust between doctors and patients (5-8).
REFERENCES:


