



Students' attitude and response towards communication skills course at the College of Medicine, Taibah University

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ABSTRACT

Introduction: Effective communication skills (CS) have positive outcome on patient-care. This component of undergraduate medical curriculum is quite a neglected one and by adopting proper teaching strategies these skills can be improved. **Objective:** To assess the students' perception of the existing CS course at the College of Medicine Taibah University Saudi Arabia, and to evaluate their suggestions on how they want it to be. **Methods:** During the academic year 2011-2012, a paper-based questionnaire containing eight close-ended and three open-ended questions was administered to the 3rd year medical students, after they had finished the CS course. The participants were informed about the survey and a verbal consent was attained. The quantitative responses were gathered by Likert-type questions and collected data was analyzed by Excel Microsoft Office 2007, while qualitative data obtained from open-ended questions generated themes which were organized in a tabulated form for further review. **Results:** Out of 115 students (63 females and 52 males), 109 responded (response rate of 94.7%). Qualitative responses of the survey showed that there were vague learning objectives of CS course, students demanded to eliminate didactic lectures and to add more interactive lectures, suggested more practical experience, requested to integrate CS course into other major courses with valid and reliable assessment tools. Forty three (37.3%) respondents were not clear about course objectives, 40 (34.7%) commented on the disorganization of the course, 16 (13.9%) thought that they had made any progress. Only 15 (13.0%) strongly agreed that they were benefitted from the course and 43 (37.3%) agreed about the prompt responsiveness of the instructor. **Conclusion:** There is a need to address students concerns regarding adoption of proper teaching strategies, experiential learning, and assessment procedures during the CS course. Clear learning objectives, personalized feedback and practical student-centered teaching strategies replacing didactic lectures might lead to improvement in our medical graduates' quality.

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Introduction

A curriculum is a living entity where ongoing change is almost certainly needed (1). To manage this process of change, periodic curriculum evaluation is the best tool. Evaluation research scrutinizes how well a particular program, practice, procedure or policy is working (2). Medical educators are bound to look back whether the past activity has produced the expected results or not and the reason is the ever changing face of medical education, pressure and expectations from the society, patients and ever modernizing era. The desired outcome is the improved quality of patient care, which is at the top of Kirkpatrick's hierarchy (3). To achieve this level, effective communication skills play a significant role. Silverman et al (4) narrated "Communication skills are not an optional extra; without appropriate communication skills our knowledge and intellectual efforts are easily wasted". Laidlaw et al, have reported that having good CS was closely related to good clinical knowledge application (5). In 1996, the Royal College of Physicians and Surgeons of Canada adopted formally the Physician Competency Framework Known as the CanMEDS. The educational framework CanMEDS identified and described seven roles that lead to optimal health and health-care outcomes: medical expert (central role), communicator, collaborator, manager, health advocate, scholar and professional.

Recently, Zaini et al (6) recommended a 7-facet competency-based Saudi Meds framework inclusive of CS. This Saudi Meds competency framework may help to ensure that medical education in the Kingdom responds to changing demands, that important competencies are not neglected and that the learning experiences and assessment in medical schools is appropriate. Effective communication can enhance patient care by increasing diagnostic accuracy, improving patient understanding, better information retention, enhancing patient satisfaction, and improving health-care outcomes (7). This dynamics of CS demands appropriate mixture of knowledge, skills and attitudes, not only by the students but also by the trainer.

There is positive evidence that these skills can be taught (8, 9) and for this there are a number of models available.

The study was conducted at the College of Medicine Taibah University (CMTU) in Almadinah Almunawwarah, Saudi Arabia. CMTU follows a traditional medical curriculum but few departments are taking initiatives, leading to a move towards left side on the SPICES (10) paradigm. At the CMTU, basic sciences are taught during the pre-clinical phase of first two and a half years followed by the clinical phase of the same duration integration, with no integration among the disciplines. The reason for carrying out this evaluation research in our institution sprouted when we started self evaluating our institution where the authors observed that the final year students were not at par while communicating with patients, peers and staff members. This observation may be due to both, content and process of current teaching strategies. This study analyzes the students' perception about the CS course contents, teaching and assessment modalities, and student's opinions about the course which would help the academicians to refine the entire process for future application.

Method

CS is a 4-month course at CMTU Al-Madinah Al-Munawwarah, delivered to the 3rd year medical students during the pre-clinical phase of the medical curriculum. The syllabus covers the theoretical principles of communications and helps to locate them into the specific context of medical communication. The content is mainly delivered through once-a-week didactic lectures. The students are assessed by a midcourse and a final written examination of single response format. The survey (Table 1) containing eight close-ended and three open-ended questions, was administered to 115 (63 male and 52 female) 3rd year medical students at the end of the course during the academic year 2011- 2012. It was a paper and pencil-based questionnaire and students were asked to complete it and give back to the teacher. Students were encouraged to be honest so that their feedback could help the

institution in improving the course. Both quantitative and qualitative questions were used. Quantitative aspect used the Likert scale and for open-ended queries the overarching question was “The best feature of the course, and things they would like to change in this course”? Colaizzi’s (11) phenomenological method was used to derive meaning from the open-ended comments. All commentaries were read thoroughly; concepts identified and then matched with actual statements. Themes were identified in relation to clinical teaching context and interpretation of the commentaries. The themes were ranked in terms of the frequency of responses noted for each theme. The generated themes were perceived on the basis of their face-meaning and to overcome this shortcoming of diverse explanations, the themes were discussed and corroborated among two researchers. The data was organized and analyzed by Microsoft Office Excel 2007.

Result

Data was collected and presented in tabular and graphical forms on Microsoft Excel 2007. Students’ responses on Likert scale were subjected to percentages. Forty three (37.3%) respondents (Figure 1) were uncertain about course objectives, 40 (34.7%) disagreed about the proper organization of the course. Regarding active participation 35 (30.4%) agreed and 39 (33.9%) were uncertain and only 16 (13.9%) thought that they made any progress. Forty four (38.2%) were uncertain about teaching and learning methods. Only 15 (13.0%) strongly agreed that they were benefitted from the course. Forty three (37.3%) agreed about the prompt responsiveness of the instructor and one of the students mentioned “good teacher but in a wrong place”. While regarding feedback 33 (28.6%) were uncertain and demanded for a more personalized and individualized feedback.

Various themes generated in this survey are depicted in table 2. Respondents mainly stressed on curriculum, assessment, resources, instructor and feedback. This data was further analyzed in line with the students’ suggested styles of the course delivery (Figure 2). The striking feature was that students dismissed the didactic

traditional lecturing style and suggested evidence-based teaching. Table 3 details various quotations by the respondents.

Discussion

The paramount importance of teaching and assessing CS in undergraduate medical education has been recognized in many countries around the world. In the recent years, further inter- and intrapersonal skills, teamwork, personal and professional development, or dealing with uncertainty, have also been identified as core competencies for medical school graduates (12).

The aim of the survey in this study was to generate students’ consensus on the CS course that medical students should have achieved by the end of their studies. The recently published consensus statement on the content of communication curricula in undergraduate medical education by von Fragstein and colleagues (13) focused on clinical CS. They presented a “communication curriculum wheel” containing the following domains: respect for others (as core component), theory and evidence of CS, tasks and skills of the clinical interview, specific issues, media, and communicating beyond the patient. Foregoing in view, in the current study, major components of the CS course which were primarily addressed by the students included the course curriculum, course assessment, resources, staff development, and feedback.

The students and instructors should be provided with the course objectives at the start. Planned learning throughout the curriculum made explicit to students and other staff members is the key to success. Now in the changing realm of medical education, CS horizon has widened. It is not just limited to simple history taking and breaking bad news. It is more than this and under the heading of CS a number of new topics with a more emphasis on patient-centered approach have been added; opening a consultation, responding to patient cues empathically, checking patient understanding and knowledge, providing information, talking to relatives, addressing difficult situations, closing the consultation,

communicating with colleagues, written communications, referrals, telephonic communications, decision-making, knowing one's limitations and avoidance of over-commitments. These important components CS have been incorporated in GMC's concept of patient-centered professionalism in the NHS Plan (14).

In the past, before the inclusion of CS course in the undergraduate medical curriculum the medical students use to develop their CS by repeated practice over the time and role modeling the consultants and supervisors. But this will not suffice now. We need to change ourselves and the teaching/learning strategies. Trainers need to be trained. Trainees need to be abreast with modern maneuvers to dive into this vast ocean of medical practice. Students need to be taught how to use the intelligence of an octopus to squeeze themselves out of tight holes and ridges when faced by difficult situations. Ironically lectures continue to be the mainstay of teaching. Adult learners need to be engaged actively and collaboratively in the learning process (15). CS is not a stand-alone entity which can be taught by anyone free at the moment; rather it should be carefully planned and intertwined with clinical and ward-based teaching. Clinicians can play a pivotal role by observing observation, role modeling, constructive feedback and reflective practice. Students demanded small group teaching with an absolute no to the didactic lectures (16) and longed for more hand-on-practice with real or simulated patients in the wards or skills lab. In this case the flipped classroom model can serve the purpose where students initially study a particular aspect of the syllabus themselves through some form of technology media provided by the teacher and then class time is used more actively allowing students to apply what they have learnt through problem-solving or practical means (17). They also asked for proper guidelines and content of the course which they can follow.

Table 4 gives an insight to the desired characteristics of the CS course in our institution in light of the students' expectations.

Our study also highlighted a mismatch between teaching/learning strategies and assessment.

Quite a number of students stressed that CS was not something which could be assessed by paper and pencil, rather it needed observation by tutors or instructors; interaction with patients or simulators; and a proper individualized, constructive and structured feedback as far as formative assessment was concerned. For this clinicians can be really helpful in identifying the needs and barriers of the students. Some students might be good in both knowledge and communication and some in either one, which can be probed into and they can be assisted in rectifying their deficiencies. Also this may give an insight to future career persuasion. Regarding summative assessment, OSCE can serve as multipurpose tool. It can judge the student's abilities to handle the situation empathically and it will also give an idea about his/her clinical knowledge component. Student's body language, attire and mannerism will give an added benefit to our medical school product. Since, it was also emphasized that this course should be incorporated and integrated into other major courses to enhance its efficacy by practicing hands-on in real or simulated situations, which can be tossed into their respective assessment of OSCE to give the flavor of CS evaluation. The main jest of assessment is validity and reliability and by doing so we can take a long step towards assurance of these parameters. The logistics and expertise are required to plan the assessments and should not be underestimated.

Since the CMTU is a new institution with limited resources, the students rightly pointed out the lack of patient-related learning atmosphere. Simulated and standardized patients have established role for both undergraduate and postgraduate teaching and can be arranged by making use of volunteers and staff members. A simulated patient is a well person trained to simulate a patient's illness in a standardized way (18). Simulated patients may be usefully involved in the teaching of a number of domains including communication and consultation skills, physical examination, non-invasive procedural skills and the assessment of professionalism.

These persons are well-trained and can provide the learners feedback on all aspects of their performance (19).

A very surprising finding came out of this study was the profound maturity level of the third year students who wished to be tutored by clinicians as compared to non-clinicians. Faculty development programs, training workshops and seminars, and 'teaching the trainees' courses are essential requirements for modern medical teachers. They should be trained to practice evidence-based medicine. Also, they should have the knowledge to setup a teaching session and ideas about different models of communication. One of the widely practiced models is Calgary-Cambridge model (20) for undergraduate teaching. The teacher should be able to identify learners needs, maturity of the learners, any gaps in the learners' knowledge, and the context of the learning opportunities and last but not the least, assessment procedures. Inevitably there are staffing needs that must be addressed.

Learning can be promoted by feedback which is a constructive and objective appraisal of performance (21). It is given to improve a student's behavior or skills and especially in early years the demand is for empowering and empathic feedback. The active ingredients of successful teaching are practice with feedback which is an important step in the acquisition of skills in adult learning (22). In our study we believe that the students' feedback was very informative and realistic and if followed honestly can lead to desired results.

In the current study, the respondents demanded recruitment of the more staff which would be consistent with the small group teaching giving precise attention to each student. Students can benefit from role-modeling and mentoring systems as well, which are patronized by close supervision and training individual students.

An International Statement for teaching and assessing CS to undergraduate students²³ outlined that; teaching and assessment should be based on a broad view of communication in medicine; CS teaching and clinical teaching

should be consistent and complementary; teaching should define, and help students achieve, patient-centered communication tasks; communication teaching and assessment should foster personal and professional growth; there should be a planned and coherent framework for CS teaching; students' ability to achieve communication tasks should be assessed directly; CS teaching and assessment programmers should be evaluated; and faculty development should be supported and adequately resourced. Such recommendations should be the major components of a well-established undergraduate medical curriculum producing safe and confident doctors for the community health-care services.

Limitations of the study

The findings of this work represent a snapshot of third year student views. These results can be endorsed by carrying out the project in more medical schools of Saudi Arabia.

Conclusion

Curriculum being a dynamic process needs to respond to the changing needs of society, medical practice and educational thinking. Students as major stakeholders have the every right to raise their voice and we as medical educators have responsibility to address their concerns. This will make sure that they have enjoyable and beneficial learning experience which will lead to a higher sense of satisfaction in their professional practice and they will feel confident to overcome this professional dyslexia of medical practice. Good and effective communication skills teaching can improve the quality of our medical produce in ensuring high standards of patient care.

Competing Interest:

The authors don't have any financial or other competing interests.

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Author's contribution:

SS Guraya; conceived the idea, analysed data and wrote the initial draft.

FA Habib; collected the data from female section of the university.

KI Khoshhal; collected the data from male section of the university.

SY Guraya; reviewed and proofread the manuscript.

MM Fawzi; taught the communication skills course and helped in collection of data.

All authors read and approved the final manuscript.

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Table 1: CS course survey instrument.

Questionnaire For Feedback Of Communication Skills Course

Please give us your views so that Course quality can be improved. You are encouraged to be frank and constructive in your comments

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
The course objectives were clear.					
The course was well organized.					
I participated actively in the course.					
I think I have made progress in this course.					
Learning and teaching methods were encouraging for participation.					
Ideas and thoughts presented were beneficial to me.					
Instructor was responsive to my needs.					
Feedback was helpful. Comments _____ _____					

Over all impression:

The best feature of the course was.

The course could have been improved by.

Should it be repeated in next year/semester or along with other courses. Yes

THANK YOU

Table 2: Themes identified from the students survey

Themes	Concerns
Curriculum Course delivery	Fewer didactic lectures More interactive lectures Small group teaching More patient-based learning and teaching More teaching at the bedside Experiential learning Role play and simulation Early clinical exposure
Content	Integration with major courses instead of standalone entity Clearer course objectives Include diversity of topics
Framework	Devise a proper framework
Timing	Early integration of CS course in all subjects and continued till the end of MBBS courses
Assessment	More formative assessment OSCE as summative assessment
Resources	Simulated patients Standardized patients Real patients Audiovisual facilities with information and communication technology
Instructor	Clinicians as CS tutors Role modeling Mentoring system Need for more staff Need for staff development
Feedback	Personalized and individualized feedback

Table 3: Typical text-free quotes

He is a very good man but in the wrong place, It's better to be a medical doctor to teach us something new and helpful for us, not something general what we have studied it in prep year....

Integrate this course with medical ethics and professionalism and should be delivered by expert teachers...

The real medical communication and ethical skills course cannot be taught by theoretical lectures only, but by real patient-doctors interaction....

Bring something new, many objectives and contents were repetition of what we have studied in prep year.....

Create more activity.....

Table 4: Desired characteristics of a CS course

Early	From the very beginning of the course
Continuous and integrated	Runs throughout and in parallel with and complements other courses
Planned	Clear learning objectives and a devised framework
Intensive	Covering a wider range of topics
Innovative	Uses a wider range of teaching strategies and materials
Assessed	Formative and summative assessment with a valid and reliable assessment tool
Appropriate	According to the level of the students
Progressive	Range and sophistication of skills graduated with time
Educationally sound	Based on sound educational principles

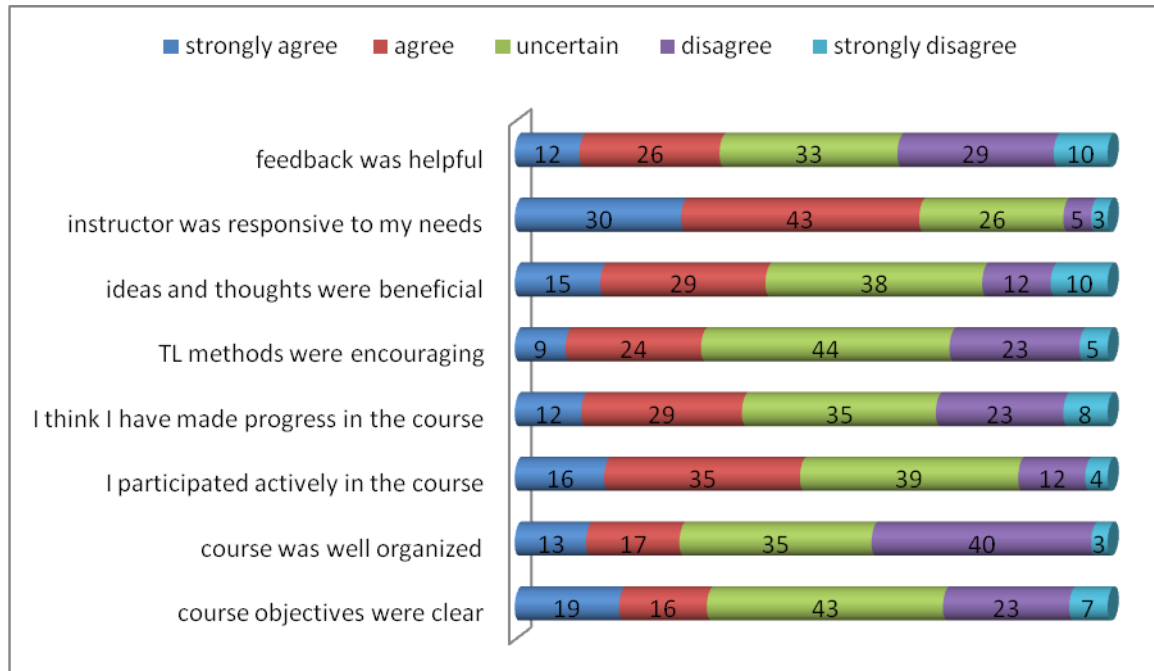


Figure 1: Analysis of the respondents' concerns.

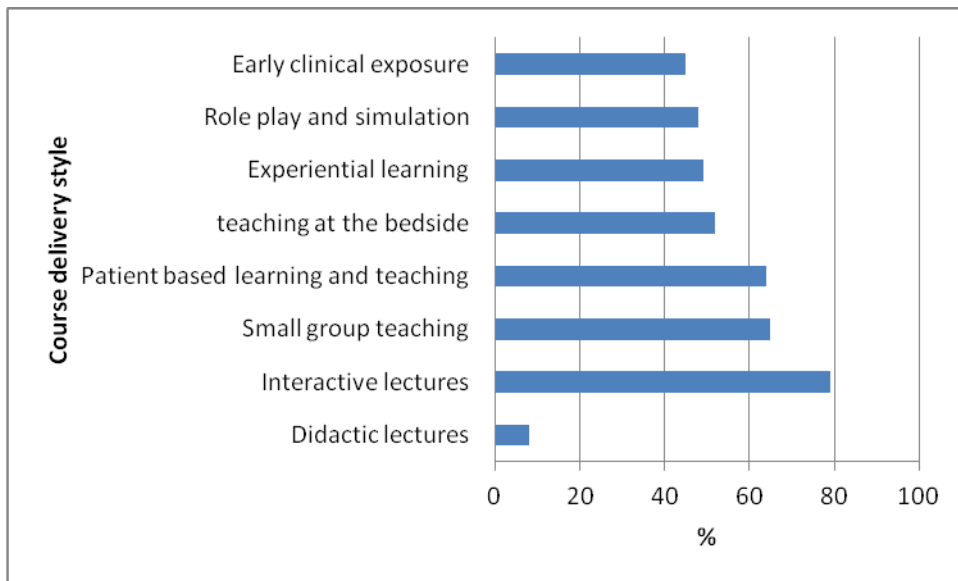


Figure 2: Students preference of course delivery style (n=115)