

To Introduce Communication Skills in B.P.Th Students

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ARTICLE INFO

Article history:

Received: 2 April 2017;

Received in revised form:

2 July 2017;

Accepted: 13 July 2017;

Keywords

Standardise patient,

Feedback,

OSCE checklist.

ABSTRACT

Communication is a complex phenomenon. The attitude that some students have a natural gift for these skills, while others do not, may impede effective curriculum development. Without specific attention, communication skills may actually deteriorate as student's progress through training. 1.To develop good relationship (Rapport) between students and patient.2.To make the B.P.Th students good communicator and good listener.3.To train the students for verbal and non verbal communication skills. The study is conducted at SKNCOPT, Pune .IV B. P.Th (n=20) students participated in the study. Master's students participated as observers (n= 4) and (Sp's) Standardize patient (n= 5). OSCE Checklist was prepared for COPD and validated from senior faculty members of the institute. And also the stations for history taking were prepared. In the interpersonal skills section, the pre values are showing statistically significant 95% confidence interval for difference: 9.336 to 13.33 t = 13.087 with 8 degrees of freedom; P<0.001, highly significant. In History Taking Pre values showing statistically significant. But post lecture results shows 95% confidence interval for difference: 5.724 to 8.836t = 9.656 with 24 degrees of freedom; P < 0.001 highly significant. Thus the study concludes that the Communication skills have a central role in clinical practice and in treating the patients.

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Introduction

Communication skills are fundamental to medical practice. These skills are critical for information gathering, diagnosis, treatment, patient education, and health team interactions. Patients' benefits resulting from effective communications with physiotherapist include increased satisfaction, greater symptom resolution, lower referral rates, improved functional status, and enhanced health outcomes. Benefits for Physiotherapist from effective communications is increased satisfaction of patients^{1,2}.

Communication is a complex phenomenon. Definitions vary in their emphasis on the verbal, non-verbal, content, process, informational, relational and cultural aspects of communication. In broad terms, it is perhaps most useful to think about communication as a transactional process in which messages are filtered through the perceptions, emotions and experiences of those involved. Adding to the complexity, communication occurs at several levels, including intrapersonal (e.g., patients' personal constructions of the illness experience), interpersonal, group, organizational, mass, and technological. In addition, communication in medicine can be oral, written, or computer mediated.²

The attitude that some students have a natural gift for these skills, while others do not, may impede effective curriculum development.² Without specific attention, communication skills may actually deteriorate as students progress through training. Educational research has demonstrated that communication skills can be taught. Systematic instruction, feedback, and evaluation can result in long-term changes in students communication behaviors^{3,4}

In paramedical education, there have been a vast number of studies on student's clinical communication. These include studies on curriculum content and pedagogy, documentation of deteriorating communication skills once students are exposed to the clinical environment,⁵ attitudes to communication skills teaching, assessment, and evaluation of teaching innovations. In comparison, there is little corresponding literature in the field of physiotherapy. A scoping study of United Kingdom physiotherapy centres delivering qualifying programmes identified a need for more experiential teaching and observing of communication skills with patients⁶. There is little detail in available in Indian research, either in Australia or internationally, about the critical components of communication in the physiotherapy context. There is also little research evidence on how these components can be translated to physiotherapy communication skills teaching. Furthermore, in Australian healthcare practice, ongoing concerns about poor communication skills and the implications for patient safety and quality healthcare mean that communication skills teaching warrants greater attention.⁶

Context of the study

Learning the communication skills is critical part of physiotherapy Curriculum. Measuring skill acquisition objectively is the essential first step in improving clinical competence. Undergraduate students at the end of final year are expected to take history, elicit physical signs and perform therapeutic procedures correctly and smoothly.

The courses did not address the specific skills students needed to master in order to obtain this information efficiently.

Courses tended to focus on the results or “content” of the evaluation rather than on the communication skills needed or “process” of how to get the information. Thus this study was conducted to understand conceptual framework for the Physiotherapy evaluation that would help students organize the complexities of the communication process

Material and Methods

The study is conducted at SKNCOPT, Pune .IV B. P. Th (n=20) students participated in the study. Master’s students participated as observers (n= 4) and Sp’s (standardise patient)(n= 5). Checklist and blueprinting of the station was prepared for COPD and validated from senior faculty members of the institute. Written consent was taken from IV year students, SPs and also from the master’s students. The Masters (observers) and bachelor students attended the OSCE training sessions and Lectures arranged by experts. The performance of students is evaluated independently at station, using checklist for 10 minutes. Validated questionnaire feedback form was used for feedback both from students and observers.

Results

A total of 20 Final year students were participated in this study. Pre and Post lecture on communication skills assessment of the Final B.P.Th students was taken on the basis OSCE Assessment of communication Skills by the 4 participating Post graduate Students

In the history taking section, when the pre data was analyzed. Where mean of group A was 10.76 and that of group B was 9.24. Complete analysis is shown in following table.

Table 1. Pre (Lecture on communication skills) History taking.

	Asked (A)	Not asked (B)
Mean	10.75	9.24
P value	0.0007	0.0007
Sample Size	20	20
Standard Deviation	2.976	2.976
Std. Error of mean	0.5952	0.5952

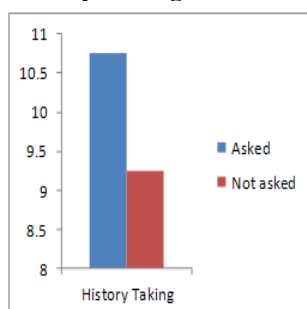
In the History taking section, the pre values are showing statistically significant

Table 2. Pre (Lecture on communication skills) Interpersonal Skills.

	Asked	Not asked
Mean	8.22	10.88
P value	>0.1	0.194
Sample Size	20	20
Standard Deviation	2.048	2.619
Std. Error of mean	0.6827	0.8731

In the interpersonal skills section, the pre values are showing statistically significant

History Taking- Pre



Interpersonal Skills – Pre

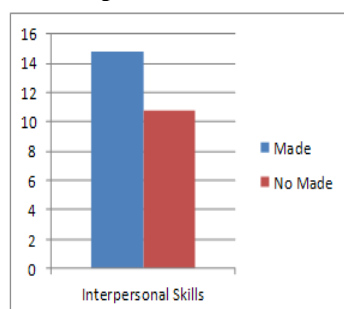


Table 3. Post Lecture on communication skills(History taking).

Group	N	Mean	SD	SEM
1	20	18.04	2.685	0.536
2	20	10.76	2.976	0.5952
Difference		7.28	3.77	0.753

95% confidence interval for difference: 5.724 to 8.836

t = 9.656 with 24 degrees of freedom; P < 0.001: Highly significant

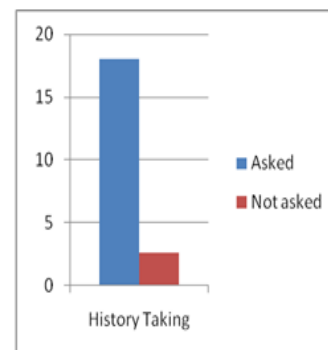
Table 4. Post Lecture on communication skills (Interpersonal Skills).

Group	N	Mean	Std Deviation	SEM
1	20	19.56	0.8819	0.29
2	20	8.22	2.04	0.68
Difference		11.33	2.598	0.866

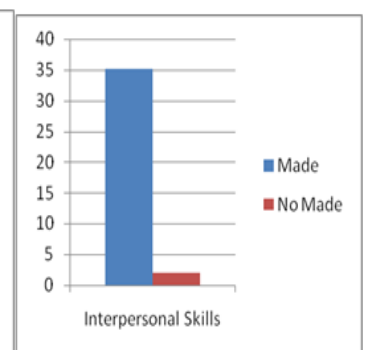
95% confidence interval for difference: 9.336 to 13.33

t = 13.087 with 8 degrees of freedom; P < 0.001 : Highly significant

History Taking – P L



Interpersonal Skills – Post Lecture



Discussion

Effective interpersonal communication between Therapist and patient is one of the most important elements for improving patient’s satisfaction. Students develop communication skills by observing others and then practicing these skills in settings where they can receive feedback. Communication skills are usually introduced in the first to third years, but they have been less frequently reinforced or evaluated during these years when students are actively applying these skills in clinical settings. Although fast paced clinical teaching environments present challenges for systematic teaching of communication skills, attention to communication during clinical encounters can bring these skills to life and allow students and faculty to see their relevance.

Communication skills and standardized patients provided opportunities for students to observe and discuss their own and others’ performance in the classroom, while clinical learning exercises allowed students to observe and reflect on Therapist -patient communications in actual encounters.

For example, clinical learning exercises were used to prompt students to reflect on observations of their preceptors negotiating with patients about treatment options or to observe a community-based patient education program.

It is interesting to note that, among the Physiotherapist in the group, trained students seemed to value and recognize communication skills potential for improving care. This indicates that the training did raise awareness about communication skills and promoted a positive attitude toward developing communication skills among physiotherapy students.

Conclusion

Thus the study concludes that the Communication skills have a central role in clinical practice. A good doctor must be a good communicator. After lecture on communication skills He /she was able to collect accurate information in an efficient manner, to demonstrate sufficient emotional support so as to relieve acute distress and facilitate the development of trust.

Learning experience while carrying out the project:

Availability of faculty for the new method of assessment of the Students along with Pre assessment and Post Assessment of the Students by using OSCE Assessment of communication Skills was a difficult task. Overall study was conducted very smoothly and all the students participated willingly with full cooperation.

Summary of the project

Structured learning opportunities can benefit both students and patients. Communication skills and standardized patients provided opportunities for students to observe and discuss their own and others' performance in the classroom, while clinical learning exercises by OSCE checklist allowed students to observe and reflect on Therapist-patient communications in actual encounters. Learning communication skills of in evaluation of patient is critical part of physiotherapy curriculum. Measuring skill acquisition objectively is the essential first step in improving clinical competence. Acquisition of skills of performing physical examination by undergraduate students, which help in reaching correct diagnosis by taking history is an important objective of curriculum designed for bachelor of physiotherapy.

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