Perception of 1st Term Students of Erciyes University Medical Faculty regarding Communication Skills

Erciyes Üniversitesi Tıp Fakültesi Dönem I Öğrencilerinin İletişim Becerileri Konusundaki Algılamaları

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Abstract

Purpose: The aim of the study was to determine the perception of communication skills in first year medical students.

Material and Methods: This descriptive study was carried out with a sample of 145 firstyear medical students. A questionnaire was administered to them. To evaluate the perception of communication skill "Communication Skills Assessing Scale" was used.

Results: The average point was 73.3 ± 8.4 . The perception level of female students and the students who participate in social activities more were high. Most of the students (63.5%) think that communication is a skill that can be learned and 69.0% of the students think that there may be some lessons about patient-doctor communication during their education period.

Conclusion: The perception of communication skills of medical students were at an intermediate level. Most of the students look on learning communication skills with favour. Addition of "communication lessons" to the curriculum is recommended to improve the communication skills of students.

Key Words: Communication; Perception; Students, medical.

Özet

Amaç: Bu çalışmada, Erciyes Üniversitesi Tıp Fakültesi Dönem I öğrencilerinin iletişim becerileri konusundaki algılamalarını belirlemek amaçlanmıştır.

Gereç ve Yöntemler: Bu çalışma 145 Tıp Fakültesi Dönem I öğrencisi üzerinde yürütülmüş, tanımlayıcı tipte bir çalışmadır. Çalışmada anket yöntemi kullanılmıştır. Öğrencilerin iletişim beceri algılarını değerlendirmek için "İletişim Becerileri Değerlendirme Ölçeği" kullanılmıştır. Bulgular: Çalışma sonunda öğrencilerinin algıladıkları iletişim beceri puan ortalaması 73,3±8,4 olarak bulunmuştur. Kız öğrencilerin ve sosyal etkinliklere katılma düzeyleri sık olan öğrencilerin iletişim becerileri algıları daha yüksektir. Öğrencilerin %63,5'i iletişimin öğrenilebilecek bir beceri olduğunu ve %69,0' ı tıp eğitimi sırasında hasta hekim iletişimini öğreten dersler olması gerektiğini düşünmektedir.

Sonuç: Tıp Fakültesi birinci sınıf öğrencilerinin algıladıkları iletişim becerisi orta düzeydedir. Öğrencilerin çoğu iletişim becerilerini öğrenmeye olumlu bakmaktadırlar. İletişimin çok önemli olduğu hekimlikte bu becerinin öğretilmesi için tüm öğrencilerin iletişimle ilgili dersler almalarının sağlanması önerilmektedir.

Anahtar kelimeler: İletişim, iletişim becerisi algısı, tıp öğrencisi

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Introduction

The most basic requirement of Human, a social being, is communication and it is the transfer of emotions, ideas and values among people with or without words (1). Efficient communication is to ensure that the person who delivers the message enables the message to be perceived accurately. Efficient communication skill is a facilitator in all kinds of Human relationships and all kinds of occupational area. Especially in professions where Human contact is higher and where human relations are at the foreground, the employees must be more dominant in their communication skills. In case of management, communication skills are more important. A good manager should be able to state its ideas clearly and deliver these messages in a way other people can clearly understand and should be a good listener. At the same time s/he should be able to build good relationships with the people at different status working in and outside its department. Although some people may think that communication skills appear as congenital and via institution, many studies show that many elements of communication techniques are understandable and teachable (2, 3).

Communication is very important in profession of medicine. Tendency to health or concerns, fear or indifference about disease may change among people and expectations and ideas of people are affected by their communications with their doctors. When doctors build efficient communication with their patients, they can contribute to positive development of patients. In short, communication-based success in health area depends on doctors' understanding of the ideas that the patient has and patients' understanding of what the doctor explains (4). Throughout their work life, doctors always complain about not being understood or patient's very different perception of what they have explained (1). For example; a study carried out showed that half of the women under breast cancer treatment did not understand information explained to them about their illness. Munich Cancer Researcher Kerr emphasized that disconnections in communications between doctor-patient created permanent effects on life quality of the patient and said that "better communication is the cheapest and easiest method of making more efficient breast cancer treatment" (5). In doctor-patient relation which is doctor based and lead completely by the doctor, patients generally cannot ask their concerns or tell their facts in presence of the doctor and this confusion may lead patients to a different communication search (6).

One of the most important scales used in health services regarding quality is patient satisfaction. Ensuring that the applicant feels that s/he had been rendered good service, cannot only be achieved with doctor's perfection in information and professional skills. Success of the doctors in communication skills that impact their professional performance ids directly reflected on patient satisfaction. For this reason, doctor being well-equipped in communication skills directly impacts their professional performance (1).

In recent years, studies have been carried out more frequently to reveal the importance of communication skills of especially the personnel working in health service area. It was depicted that this caused many problems in doctor-patient communication and for this communication skill training before and after graduation became more important (7, 8).

In this study, the objective was to determine the perception of 1st Term students of Erciyes University Medical Faculty regarding communication skills.

Material and Methods

This descriptive study was carried out in 2005-2006 education year in spring period on students of first grade in Erciyes University Medical Faculty (EUMF). Although it was planned to include 173 students in total during the application, 28 students did not attend school and did not want to fill the questionnaire and these were left out of the study and only 145 students filled the questionnaire. Participation rate to the study is 83.8%. There is no compulsory course schedule in EUMF regarding communication skills. Students may attend courses regarding general communications as optional course in fall or spring period in the first 2 years.

In this study, a questionnaire was given to the students that evaluate social-demographical qualities of the patient and some comments on patient-doctor relationship and "Communication Skills Evaluation Scale (CSES)" has been used. CSES was developed to understand how individuals evaluate their communication skills and it is 5 likert-type with a range from "strongly agree" to "strongly disagree". The scale is composed of 25 phrases and the highest score is 100 and the lowest is 0. High scores reflect that individuals evaluate their communication skills as positive. Reliability and safety studies of the scale were carried out (9). Before questionnaire forms were filled, the objective of the study was explained to the students and verbal confirmation was taken. Afterwards, questionnaire forms were distributed and without stating names students were requested to fill the form. This lasted about 15 minutes.

In the questionnaire, monthly average income was classified by taking into consideration the minimum wage and poverty limit for year 2006. After data was evaluated following entry to the computer in order to compare communication skill of two groups and unpaired t test was carried out and in order to compare communication skill of more than two groups for cases that were compatible with normal distribution single sided ANOVA (Turkey HSD as poshoc test) and for cases that were not compatible Kruskal Wallis Varyans analysis was used. If any difference arises with Kruskal Wallis analysis, Mann Whitney U test was used to make comparison of two differences in order to find the source of this difference. To see whether there is a relation between communication skills and related lesson taking and behavior towards communication skill training (should and should not be as a course, hesitant) and assessment of students in terms of communication skills (very weak/weak, medium, good/very good) and their behavior towards communication skills, chi-square test was carried out.

Results

145 students were participated in the study. Mean age was 19.3 ± 1.3 (17 – 28). After they graduated from medical school, 1.4% of the students plan to work as general practitioner, 82.4% as specialist and 16.2% as lecturers.

According to personal characteristics of the students, score distribution in terms of their perception regarding communication skills is given in Table I. Communication skill scores perceived by female students were higher than male students' (p<0.05). Scores of students who never participate in social activities were lower than students who sometimes and frequently participated in social activities (p<0.05).

In fall of 2006-2007, scores of communication skills perceived by students who took communication skill lessons as elective course were 75.15 ± 8.30 and the scores of the ones who did not take these lessons were 72.43 ± 8.36 . 91.5% of 47 students who took this lesson believe that it will help them in their Professional life.

In the study, some statements were asked to students regarding patient-doctor relationship and then the condition of agreeing these statements was evaluated. Condition of students in agreeing statements regarding patient-doctor relation is shown in Table II.

63.5% of the students who participated in the study think that communication is a skill that can be learned, 11.0% thinks that it cannot be learned. 25.5% of the students stated that they do not have any idea in this regard. "Should there be lessens that teach doctor-patient relationship during medical training" question was answered as follows: 69.0% of the students said it was necessary, 8.2% said it was not, 22.8% said they were indecisive.

Mean communication skill score of people who thought these courses were not necessary was 72.67 \pm 5.94 and the score of people who think these are necessary was 74.29 \pm 8.51. Mean score of people who were indecisive about this was found to be 70.57 \pm 8.44. Between selfevaluation of students in regards to communication skills (very weak/weak, medium, good/very good) and their attitude towards communication skill training (should be given as a course, should not be given as a course, indecisive) no statistically significant difference was found (X²= 3.137, p=0.535).

74.5% of the students who took courses this year regarding communication skills thought that courses regarding communication are necessary during medical training and this rate dropped to 66.3% in students who did not take the course. Statistically significant differences were not been found between communication skills and course taking and attitude towards communication skill training (should be given as a course, should not be given as a course, indecisive) ($X^2 = 2.664$, p=0.264).

	Communication skills score				
Parameters	n	$\overline{X} \pm SD$	Median (Min-Max)	t, F or KW value	Р
TOTAL	145	73.31±8.41	73.0 (47.0-97.0)		
Gender				3.229	0.002
Gent	83	71.42±7.9	71.0 (47-93)		
Girl	62	75.84±8.4	75.0 (57-97)		
Average monthly income of the family				1.590	0.208
< 400 YTL	52	72.07±9.03	72.5 (47-97)		
401-1000 YTL	46	75.11±7.93	75.0 (57-94)		
>1001 YTL	40	73.50±8.06	72.0 (55-89)		
Number of siblings				0.536	0.586
0-1	58	72.43±7.27	71.0 (56-89)		
2-3	70	73.83±9.33	73.0 (47-97)		
>4	17	74.18 ± 8.29	74.0 (57-93)		
Participation to social activities			0	12.194	0.007
Naught	7	66.29±4.75	$66.0^{a}_{(60-73)}$		
Rarely	39	70.74±9.14	71.0 ^b (47-97)		
Occasionally	75	74.55±8.15	73.0 (57-94)		
Frequency	22	75.45±7.23	75.5 (55-88)		
Self-evaluations regarding communicati	on skills			7.739	0.000
Rawboned/Feebler	11	67.09±12.38	69.0 (47-91)		
Fair to middling	58	70.76±6.55	69.0 (53-85)		
Fine/Outstanding	76	76.16±7.99	75.5 ^c (60-97)		
Course taking in the first semester regarding communication			1.838	0.068	
Yes	47	75.15±8.30	75.0 (57-97)		
No	98	72.43±8.36	72.0 (47-93)		

Table I. Distribution of communication skills according to individual qualities of students

When value n is lower than 145, some individuals who participated in the questionnaire have not answered questions. KW: Kruskal-Wallis test result. ${}^{a}p$ <0.05, sometimes and frequently group, ${}^{b}p$ <0.05 frequently group and ${}^{c}p$ <0.05 very weak/ weak and medium groups are compared.

Table II. Percentage distribution of	student's approval of some statement	s regarding patient-doctor relation

İfadeler	Ν	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Communication skill is very important for the doctor.	145	0.7	-	-	32.4	66.9
The way a doctor communicates with his/her patients does not affect the treatment. The most important thing is the selection of the right diagnosis and drug.	145	28.3	55.9	7.6	7.6	0.7
Patient's thrust in doctor and thinking that the doctor understands him/her are very important in terms of treatment of the disease.	140	3.6	3.6	7.9	42.1	42.8
The communication doctor shall build with the patient is important in terms of revealing the whole story.	144	3.5	4.2	3.5	37.5	51.4
Understanding the psycho-social condition the patient is in may provide positive contributions.	145	1.4	0.7	4.1	40.0	53.8

Discussion

In medical profession where communication is very important in order to make accurate decisions, the patient must tell his/her concerns, complaints to the doctor in a clear way and the doctor must inform the patient clearly and frankly. In our study, we found that perception of students regarding communication skills was 73.3 in average. In the same study, Korkut carried out on high school students with the same scale average score was 79.8, in the study carried out by Tutuk and his colleagues on nurse students, the score was 69.7 in first grade students and in another study carried out by Pehlivan on teacher candidates, the score was 77.8 in first grade students (10-12). A person's belief in oneself thinking that he/she can accomplish an action and expectations of the person for the action to be successful is effective in fulfilling of the action. Result of the action taking is important but the trust of oneself in completing such an action is more important (13). Data of this study revealed that 1st term students who are candidates for being a doctor have medium level developed communication skills.

Communication skills can be affected from socialdemographical qualities of individuals. In our study carried out among female students and students who participate in social activities, perception of communication skills was found to be higher. It was shown that when compared to boys, girls perceive communication skills in a more positive way and they were better in terms of communication skills (12, 14-16). Tutuk and his colleagues determined that there were no differences between active participation to events and communication skill score different than the study presented. No difference was seen in number of siblings in the family, social-economical condition and communication skill score perceived. In a study carried out on students who go to Faculty of Law and Engineering, it was seen that in regards to communication skills of the students, there was no difference depending on number of brother and sisters in the family and social-economical condition (16).

Communication skill scores perceived by students who took courses regarding communication were found to be slightly higher than the students who did not take these courses. Most of the students who took courses regarding communication issues believed that this course shall help them in their professional life. In the study, it was shown that teaching communication skills were effective in communication of the students with the doctor and had improved their self-confidence (17-19). Communication skills of doctors are required for patient satisfaction, patient adaptation and highly efficient and safe medical application. Studies showed that when doctors used efficient communication skills both patients and doctors benefited from these (20). When studies investigating doctor-patient relations and health results were evaluated, it was seen that efficient communication gived positive results. It was found that the quality of story taking and discussing the treatment plan with the patient impacted medical outcomes of the patients (21). Patients see their doctors as confidant and want to share their responsibility in life and treatment with them. Totally determining the concerns and problems of the patients and patients adaptation to the recommendations made for them, is the basic condition of a successful treatment. This can be performed if the doctor takes the opinions of the patient into consideration and looks how the patient perceives the condition. Doctors who understand and support their patients gain confidence of their patients and help them to get better in a faster way. In some diseases and medical processes when it takes a longer time to get result, it is important that patient relies on the doctor. In our study, most of the students agreed to this thought.

Some of the studies revealed that attitudes toward communication skill training were very important in gaining these skills. In their studies, Reeds and his colleagues documented that attitudes of medical school students towards communication skill training were different. The ones who evaluated their communication skills as good had negative attitude towards these trainings (22). However, no difference was found between the selfevaluation of their own communication skills and trainings given in this regard.

There are some evidences showing that attitudes of medical school students regarding communication skills are affected after they take a course/class in this regard. One study showed that after communication skill course students evaluated their own communication skills as worse and that their attitude towards communication skill training was negative (23). In another study, no difference was found between having received proper training in this regard and their attitude towards communication skill training. What's more is that people who previously took trainings in this regard considered that these courses were necessary. Communication skills of medical school students, their attitudes regarding training depend on their

perception of importance of these skills (24). In our study, 99.3% of our students believe that in order to be a good doctor good communication with a patient is required and taking this into consideration they believe that courses on patient-doctor communication shall be helpful.

In England, at the middle of 1970s communication skills were taught only at one third of the medical schools but in the beginning of 2000s, in many schools, communication skills were being taught and assessed (25). In many medical schools in North America, this skill was being taught and assessed (26). In our country in some medical schools, teaching and assessing communication skills were initiated. In some studies, it was seen that teaching communication skills were efficient in communication (17-19) and that the approach of students regarding learning communication in their first years of education was more positive (27-31).

As a result, communication skill perceived by the first grade students in Ercives University Medical Faculty was at medium level. Most of the students' approach to learning communication skills are positive. In medical profession where the communication is so crucial, in order to take this skill, it is recommended that courses regarding communication should be given and that these activities should be given in the first years of medical training.

Referances

1.Dökmeci F. Tıp eğitiminde iletişim becerisinin önemi. Tıp Eğitimi Ve Bilişimi Bülteni 2002; 3: 8.

2.Buckman R. Communication skills in palliative care: a practical guide. Neurologic Clinics 2001; 19: 989-1004.

3.Egan G. Psikolojik Danışmaya Giriş. In: Akkoyun F, Çeviri editörü. The Skilled Helper. Ankara: Form Ofset; 1994. s. 64-70.

4.Yağbasan M, Çakar F. Doktor-hasta ilişkisinde dile ve davranışa dayalı iletişimsel sorunları belirlemeye yönelik bir alan araştırması. Selcuk Universitesi Sosyal Bilimler Enstitusu Dergisi 2006;15: 609-629.

5.Kerr J, Engel J, Schlesinger-Raab A, Sauer H, Hölzel D. Communication, quality of life and age: results of a 5-year prospective study in breast cancer patients. Ann Oncol 2003, 14: 421-427.

6.Cirhinlioğlu Z. Sağlık Sosyolojisi. Ankara: Nobel Yayınları; 2001. s. 65-66.

7. Veldhuijzen W, Ram PM, Van der Weijden T, Wassink M, van der Vleuten C. Much variety and little evidence: a description of guidelines for doctor-patient communication. Med Educ 2007; 41: 138–145.

8. Veldhuijzen W, Ram PM, Van der Weijden T, Niemantsverdriet S, van der Vleuten CP. Characteristics of communication guidelines that facilitate or impede guideline use: a focus group study. BMC Fam Pract 2007; 8:31.

9.Korkut F. İletişim becerilerini değerlendirme ölçeğinin geliştirilmesi: Güvenilirlik ve geçerlilik çalışmaları. Psikolojik Danışma ve Rehberlik Dergisi 1996; 2: 18-23.

10.Korkut F. İletişim becerileri eğitiminin lise öğrencilerinin iletişim becerilerini değerlendirmelerine katkısı. Psikiyatri Psikoloji Psikofarmakoloji Dergisi 1996; 4: 191-198.

11. Tutuk A, Al D, Doğan S. Hemşirelik öğrencilerinin iletişim becerisi ve empati düzeylerinin belirlenmesi. C. Ü. Hemşirelik Yüksek Okulu Dergisi 2002; 6:36-41. 12.Pehlivan K. Öğretmen adaylarının iletişim becerisi algıları üzerine bir çalışma. İlköğretim-Online, 2005; 4: 17-23.

13.Yeşilyaprak B. Gelişim ve Öğrenme Psikolojisi. Ankara: Pegem Yayıncılık; 2002.

14.Korkut F. Yetişkinlere yönelik iletişim becerileri eğitimi. Hacettepe Üniversitesi Eğitim Fakültesi Dergisi 2005; 28: 143-149.

15.Korkut F. Üniversite öğrencilerinin iletişim becerilerini değerlendirmeleri. IV Ulusal Eğitim Bilimleri Kongresi Bildirileri. 1997 Eylül 10-12; Eskişehir; s. 208-218.

16.Toy S. Mühendislik ve hukuk fakülteleri öğrencilerinin iletişim becerileri açısından karşılaştırılması ve iletişim becerisiyle bazı değişkenler arasındaki ilişkiler. Yayınlanmamış Yüksek Lisans Tezi. Ankara Üniversitesi Sosyal Bilimler Enstitüsü. Ankara 2007. <http://acikarsiv.ankara.edu.tr/fulltext/2362.pdf> erişim tarihi: 27 Aralık 2007.

17.Mason JL, Barkley SE, Kappelman MM, Carter DE, Beachy WV. Evaluation of a self-instructional method for improving doctor-patient communication. J Med Educ 1988; 63: 629-635.

18.Marteau TM, Humphrey C, Matoon G, Kidd J, Lloyd M, Horder J. Factors influencing the communication skills of first year clinical students. Med Educ1991; 25: 127-134.

19. Evans BJ, Stanley RO, Mestrovic R, Rose L. Effects of communication skills training on students diagnostic efficiency. Med Educ 1991; 25; 517-526.

20.Hawken SJ. Good Communication Skills: Benefits for doctors and patients. New Zealand Family Physician 2005; 32: 185-189.

21.Stewart MA. Effective physician-patient communication and health outcomes: a review. CMJA 1995; 152:1423-33.

22.Rees CE, Sheard CE, McPherson AC. A qualitative study to explore undergraduate medical students' attitudes towards communication skills learning. Med Teach. 2002; 24: 289-93.

23.Rees C, Sheard C. Evaluating first-year medical students' attitudes to learning communication skills before and after a communication skills course. Med Teach. 2003; 25: 302-7.

24.Wright KB, Bylund C, Ware J et al. Medical student attitudes toward communication skills training and knowledge of appropriate provider-patient communication: a comparison of first-year and fourth-year medical students. Med. Edu. Online 2006;11:1-10. <http://www.med-ed-online.org/pdf/Res00171.pdf> Access Date: January 11, 2008.

25.Keen AJ, Klein S, Alexander DA. Assessing the communication skills of doctors in training: reliability and sources of error. Adv Health Sci Educ Theory Pract 2003; 8:5–16.

26.Makoul G. Communication skills education in medical school and beyond. JAMA 2003; 289: 93.

27.Kaufman DM, Laidlaw TA, Langille D, Sargeant J, MacLeod H. Differences in medical students' attitudes and self-efficacy regarding patient-doctor communication. Acad Med 2001;76:188.

28.Rees C, Sheard C, Davies S. The development of a scale to measure medical students' attitudes towards communication skills learning: the Communication Skills Attitude Scale (CSAS). Med Educ 2002; 36:141-147.

29.Rees C, Sheard C. The relationship between medical students' attitudes towards communication skills learning and their demographic and education-related characteristics. Med Educ 2002; 36: 1017-1027.

30. Cleland J, Foster K, Moffat M. Undergraduate students' attitudes to communication skills learning differ depending on year of study and gender. Med Teach 2005; 27:246–251.

31.Shankar RP, Dubey AK, Mishra P, Deshpande VY, Chandrasekhar TS, Shivananda PG. Student attitudes towards communication skills training in a medical college in Western Nepal. Educ Health (Abingdon) 2006; 19:71-84.