

## AN ASSESSMENT OF THE COMMUNICATION SKILLS AMONG MEDICAL STUDENTS

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### ABSTRACT:

The education of doctors must include strong communication abilities. Better compliance, better health outcomes, less litigation, and increased satisfaction for both doctors and patients are all results of effective doctor-patient communication. In many nations, the development of communication and interpersonal skills is acknowledged and documented as a key competency for medical education. The need for formal training in this area has frequently been emphasised since Indian medical graduates frequently lack basic communication skills due to a lack of proper training. The study's aims and objectives included assessing basic communication abilities, determining changes in these abilities (before and after training), and teaching undergraduate medical students about communication skills using a variety of teaching and learning techniques.

The most effective way to learn communication skills is longitudinally, with lots of practise in real situations. The learning process begins with behaviour confrontation, which should be accompanied by insightful feedback gained through direct observation. When

employed properly, a set of (acquired) communication skills can be used in versatile, goal-oriented therapeutic communication with a variety of purposes. The evaluation of communication abilities should adhere to a contemporary assessment methodology where the learning function of assessment is prioritised. Individual assessments emphasise providing feedback to encourage continued learning and growth. Decisions regarding progression may be made using the resulting rich knowledge, typically in a group or committee setting.

**Keywords:** Individual evaluations, interpersonal skills, and communication skills.

## **INTRODUCTION**

Every day, students engage in extensive interaction; they share news, opinions, sentiments, information, and news. Communication skills are the pupils' capacity to do these operations well. The ability to communicate well with one another seems to be the most important aspect of student life today. Therefore, these abilities are necessary everywhere for students to prevent confusion and issues. There are many ways to define communication. "Communication is a deliberate process through which two or more individuals communicate, receive, and understand messages including factual information, emotions, ideas, and requirements through shared symbols." According to Mbowe (1994), communication is a process that involves writing, reporting, correspondence, and comprehension of the rules of both speaking and writing [1]. Sen (2005) proposed that communication requires a sender, a message, a medium, and a receiver, but this capability might also be used to describe the simultaneous sharing and giving of meaning that takes place through symbolic interactions [2]. Communication involves a variety of abilities, including speaking, asking questions, persuasion, active listening, giving and receiving feedback, reading body language, and recognising nonverbal signs. You can therefore comprehend and be understood by others if you have good communication skills [3].

Students who are strong communicators can express their ideas and create relationships without encountering problems or discrimination based on gender, race, or religion. Communication is the answer to many difficulties since, according to specialists in the field, inadequate communication is the root of many issues. Students who study at universities are exposed to circumstances where they must apply their communication abilities in classes or on campus. Communication is vital to our ability to express ourselves and comprehend others. University students' academic success is consistently evaluated based on their ability to interact with others [4].

## **SUCCESSFUL COMMUNICATION:**

However, it is frequently a matter of perception, as with many things in life. Statistics reveal that [native speaker] nurses frequently evaluate their communication skills higher than their patients, according to Timmins (2007). So what exactly does effective communication in this situation entail? Nursing communication theorists stress the importance of clear pronunciation, attentive listening, nonverbal communication, and the capacity to connect professional and lay language. I would also include written communication in this list of skills. Additionally, cultural sensitivity, which, plays a critical role in creating good communication in the healthcare context and is intricately tied to language [5].

After the professional outcomes have been determined, it is crucial to think about how they might apply to the instruction of English to nurses who are not native English speakers.



Figure 1: Factors for effective communication skills

- Developing effective verbal communication tactics, encouraging the use of patient-friendly language, and familiarising the nurse with language (euphemisms, colloquialisms, etc.) frequently used by patients are all part of improving verbal communication skills. The work of the nurse includes educating patients, thus students should be conversant with the terminology used in patient education pamphlets and websites. When using medical terminology, communication with other healthcare professionals also calls for a particular level of familiarity.
- Rather than what is actually spoken, it is frequently the nonverbal clues (or signs) or paralinguistic components of communication that reveal true feelings and emotions. By developing body language awareness, nurses will be better able to read and understand their patients' physical and emotional cues (such as angry or sad facial expressions) while also matching their own verbal communication.
- Using active listening tactics to stimulate dialogue (such as leaning forward a little) and show that the nurse is paying attention and taking in the information the patient is providing in order to arrive at a nursing diagnosis, helps to ensure a successful encounter.
- Voice management includes more than just correct pronunciation, which is crucial for maintaining safe practise. Voice management includes optimal pitch and intonation, which contribute to building and maintaining connection with the patient, in addition to accurate pronunciation, which is crucial for guaranteeing safe practise. The correct statement to reassure or empathise with the patient will be useless if the nurse's tone of voice does not match the lexical input. When working with patients who are native speakers, where there may be a lesser tolerance for improper intonation patterns, this aspect of voice management is particularly important.
- Gaining a deeper grasp of cultural concerns in their broadest meaning (professional, local, medical, and ethical) as well as the influence of the nurses' own cultural background on their

relationships with patients and coworkers is necessary for cultural awareness. It is well acknowledged that educating nurses on cultural sensitivity is essential to ensuring their level of proficiency in the host nation.

- A large portion of the textual communication done by nurses—the filling in of charts and documents—is formulaic. Clarity, coherence, precise spelling, and understanding of standard medical language, abbreviations, and acronyms are consequently essential in written communication because they all help to prevent future fatalities [6].

#### **ADVANCED COMMUNICATION SKILLS:**

The ability to maintain attention on the patient or career:

- Paying attention and looking for cues.
- Posing open-ended queries. For instance, "How are you?"
- Posing open-ended, directed queries. How are you since I last saw you, for instance?
- Inquiring honestly about emotions.
- Investigating cues. For instance, "You claimed you are not with it, can you elaborate?"
- Using silence and pauses.
- Employing few prompts.
- Scanning For instance, before resuming the conversation, ask whether there is anything else.
- Clarification. Saying, "You mentioned you are not with it, from what you say, it sounds like it is hard to concentrate?" is an example.

#### **Skills that demonstrate listening:**

Reflecting

Acknowledging

Summarizing

Empathizing

Making educated guesses

Paraphrasing

Checking

Skills that assist with information giving:

- Checking what information the person knows already.
- Giving small amounts of information at a time, using clear terms and avoiding jargon.
- Avoiding detail unless it is requested—do not assume people want to know.
- Checking understanding using an open question. For example: 'I've gone through some difficult information, what sense have you made of it?'
- Pausing and waiting for a response to what you have said before moving on.
- Checking, with sensitivity, the effect of the information you have given on the patient or career. For example: 'There has been a lot of information to take in today, how are you feeling?'[7]

#### **BARRIERS TO EFFECTIVE COMMUNICATION:**

Patient and career barriers:

1. Environment—Noise, lack of privacy, no control over who is present or not present (staff or relatives).

2. Fear and anxiety—Related to being judged, being weak, or breaking down and crying.
3. Other barriers—Difficulty explaining feelings (no emotional language to explain feelings), being strong for someone else, or communication cues being blocked by healthcare professionals [9].

#### **HEALTHCARE PROFESSIONAL BARRIERS:**

1. Environment—High workload, lack of time, lack of support, staff conflict, lack of privacy or lack of referral pathway.
2. Fear and anxiety—Related to making the patient more distressed by talking and/or asking difficult questions.
3. Other barriers—Not having the skills or strategies to cope with difficult reactions, questions and/or emotions. Thinking ‘it is not my role’, and ‘the patient is bound to be upset’ [8].

#### **LEARNING COMMUNICATION SKILLS FROM AN EDUCATIONAL PERSPECTIVE**

Modern training programs are outcome-based. Outcomes are usually defined in a set of competencies. A competency is the integration of knowledge, skills and attitudes to be able to perform a complex professional challenge [9]. Competency frameworks have been developed in all parts of the world with a purpose to better prepare graduates for the health care of the future [10-13]. Training programs are structured to cater these competencies in both undergraduate and postgraduate programs. In all competency frameworks communication is an essential one. From an educational perspective, communication skills are complex behavioural skills. Complex skills are best learned through experiential learning [14]. By practicing in an authentic setting and through feedback this skill is being developed. Experiential learning means learning in the most authentic setting. For earlier stages of training, simulation strategies may be used such as role play [15] and simulated patient encounters [16], but ultimately skilled communication is needed and therefore best learned and taught in the authentic setting of the workplace and in a longitudinal way [17,18], preferably across the whole training continuum [19].

#### **ASSESSING COMMUNICATION**

The term “constructive alignment” refers to the alignment of the assessment approach to the educational approach [20]. In case of a misalignment, the assessment approach will prevail and learning might actually be hampered. The insights on how we learn a complex skill such as communication is sketched above, the assessment would be constructively aligned when the assessment would be:

- longitudinally oriented
- as authentic as possible
- provide meaningful feedback
- be able to make valid (pass/fail or promotion) decisions.

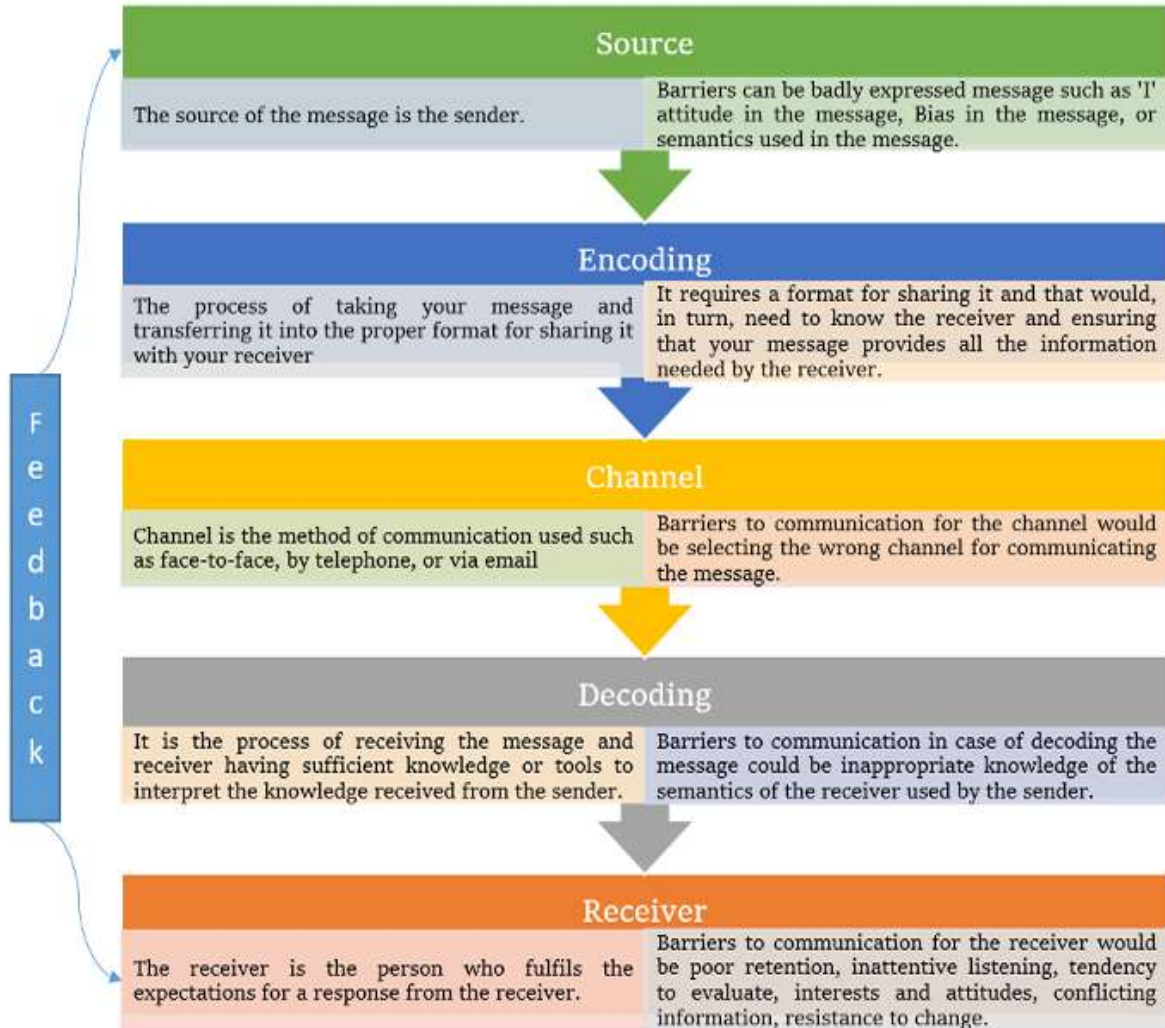


Figure 2: Assessing the effective communication

These requirements are closely connected with the programmatic assessment model, a more contemporary type of assessment [21,22]. This assessment methodology separates decision-making from the collection of learner data. These are necessary ingredients:

- 1) Every assessment is simply one data-point
- 2) Each data point is designed to provide feedback rather than to make decisions, therefore there are never pass/fail judgments made in a single evaluation.

A learning dossier, such as (an electronic) portfolio, compiles assessment data.

- 4) In order to encourage self-directed learning and self-evaluation, students are required to reflect on assessment results and are given coaching in doing so by a reliable person who has access to the learning dossier.

- 5) Only when enough data points are being acquired and triangulated can important choices (such as pass/fail, promotion, and graduation) be made.

- 6) A competent independent group of specialists makes important choices.

**CONCLUSION:**

Effective communication skills are vital to achieving this, and it is widely acknowledged that developing and maintaining a positive patient relationship is an essential element of the therapy and healing process. It also goes without saying that patients converse with nurses the most out of all healthcare providers. Since the therapeutic element of medicine is emphasised, non-native speaker nurses may need effective communication skills from the start more than any other learner. Although the systematic method to evaluation is conceptually simple, it is difficult to put into practise. Assessment is closely related to the traditional summative paradigm. The conventional paradigm involves a modular approach to education, where each module is finished with an assessment and educational credits are awarded upon successful completion of each assessment. Factors influencing lack of interest in the English communication skills course among medical students.

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