

## COMMUNICATION SKILLS WORKSHOP FOR DOCTORS, RESULTING IN BETTER HEALTHCARE DELIVERY

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### ABSTRACT

**Objective:** To assess the role of workshop in communication skills training of doctors resulting in better health-care delivery.

**Study Design:** Quasi-experimental interventional study.

**Place and Duration of Study:** Combined Military Hospital Bahawalpur, from Jun 2013 to Aug 2013.

**Material and Methods:** The participants were divided into two groups, those who received the intervention (n=10) and those who received the placebo (n=5). Intervention was offered in the shape of a workshop that imparted knowledge via lectures and handouts and skill and attitude via audiovisual tapes and role playing. The placebo comprised of an academic workshop which had nothing to do with communication skills. The patients of both groups of doctors were given DISQ (Doctors interpersonal skills questionnaire) and their level of satisfaction based on their interaction with the doctors was evaluated.

**Results:** The overall reliability of the study design and the method of its administration, pre and post the administration of the intervention was 93.2% and were deemed high enough to be considered reliable. The patients of doctors who received the intervention scored a mean of 37.2350 on DISQ with SD of  $\pm 8.68139$  before intervention and mean of 42.0550 with SD of  $\pm 10.22176$  after intervention. The patients of doctors who received the placebo scored a mean of 35.7100 with a SD of  $\pm 9.81166$  before placebo and mean of 36.5900 with SD of  $\pm 8.55770$  after placebo. The *p*-value was =0.001 (highly significant) when intervention group was compared before intervention and after intervention. However *p*-value was 0.433 (not significant) when control group was compared before and after placebo.

**Conclusion:** Doctors who received the workshop designed to enhance the effectiveness of their communication skills were able to satisfy their patients to a greater degree compared as to those who received the placebo.

**Keywords:** Communication skills, Patient satisfaction, Workshop.

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### INTRODUCTION

Communication skills refer to the repertoire of behaviors that serve to convey information for the individual<sup>1</sup>. It is now generally accepted that effective communication is as essential as clinical knowledge for high quality medical practice<sup>2</sup>. Good communication entails that there is an unhindered bilateral exchange of information. Patients, as key stakeholders and partners in disease management should not only be able to understand and process the information

pertaining to their disease, course, outcome and complications but should also be able to participate in the decisions regarding their treatment options, management, side effects and prognosis<sup>3</sup>. Effective communication facilitates the formation of a good rapport which translates into better compliance and ultimately adds to increased treatment efficiency<sup>4</sup>. Communication plays the most important role in determining the tone of patient-doctor relationship<sup>5-7</sup>. Dissatisfaction, clinician abandonment and malpractice suits are some of the outcomes of an ineffective or bad communication<sup>8-10</sup>. Communication also plays an important role in deciding the end of life care and palliation<sup>11,12</sup>. In the light of the aforementioned facts, the

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importance of effective communication cannot be over emphasized. However what needs to be realized is that an effective communication is not an inborn trait or an inherent part of medical education. It needs to be actively imparted and learned. There is sizeable data that suggests good communication can indeed be learned<sup>13,14</sup>. The training which uses behavioral, cognitive and affective components not only increases the efficiency of the interviewing styles but can also alter physician's' beliefs and attitudes regarding communication skills, thus increasing the likelihood of these skills being applied in a clinical setting. All the components of active and interactive learning such as cognitive input in the form of detailed handouts and short lectures, modeling by demonstration of key skills in action via videotapes and audiotapes of real consultations followed by discussions on the impact of these skills and finally practice to reinforce the newly acquired skill can all be employed to maximize the training outcome<sup>15-17</sup>. The only authentic and legitimate yardstick to

clinical setting and armed with the key components of active learning, the principle aim of this study is to demonstrate that an increased effectiveness of communication skills will improve patient satisfaction.

**MATERIAL AND METHODS**

The study was conducted at Combined Military Hospital, Bahawalpur from June 2013 to August 2013. The intervention was conducted on 29th June 2013. The study required the participation of both doctors and patients. Only those doctors who were directly involved in patient care and had not received any form of intervention in the last one year related to study, i.e. in the context of communication skills training, were included in the study. Doctors who were involved in the administration of the hospital were excluded. Patients (18-65 years of age) who understood and could answer the questions asked in doctors interpersonal skills questionnaire (DISQ) were included. The patients were from age group 18-65 years. The patients with communication and language barrier and

**Table-I: Pre and post DISQ total score of control and Intervention groups are positively correlated.**

Paired samples correlations			
Groups	N	Correlation	p-value
Pre control & Post control	100	.266	.007
Pre Intervention & Post intervention	200	.186	.008

\*\*p<0.05

**Table-II: Comparison of intervention group before and after training.**

Intervention group		Mean	S.D	p-value
Pre intervention	200	37.2350	8.68139	0.001
Post intervention	200	42.0550	10.22176	

\*\*p<0.05

**Table-III: Comparison of control group before and after training.**

Control group	N	Mean	S.D	p-value
Pre control	100	35.7100	9.81166	0.433
Post control	100	36.5900	8.55770	

p>0.05

measure the efficacy of communication skills training and the tangibility of changed behaviors and perceptions is the patient's level of satisfaction pre and post training<sup>18,19</sup>. So, based on the importance of effective communication in a

acute psychosis were excluded. The purpose of the study was explained, informed consent was sought and confidentiality was ensured, for both patients and doctors. It was planned to offer communication skills workshop to those doctors

also who were in control group but this could not be materialized due to bulk postings. Approval was taken from the Ethics Committee Combined Military Hospital Bahawalpur. The doctors were arbitrarily divided into two groups based on convenient sampling. One group was labeled "I", the interventional group (n=10) and the other was labeled "C", the control group (n=5). The interventional group received the intervention in the form of a three hour long workshop which comprised of different components, all aiming to facilitate the development of communication skills. The workshop started with a lecture and handouts were distributed to enhance the cognitive input. This was followed by modeling in which short audio tapes and video tapes of doctor-patient interaction in different clinical settings were shown. A discussion on the impact of these interactions and their propriety was initiated. Finally, role plays were introduced to help physicians cement and practice their newly acquired understanding of effective communication skills. The workshop was conducted and managed by a classified psychiatrist (CPSP certified). On the other hand, the control group received a placebo-like workshop that centered on a topic not related to communication skills. DISQ was given to patients of doctors from both groups, chosen via convenient sampling, prior to and one month after the intervention. The English version was offered to those who understood the language and a forward and back translation version in Urdu was given to those patients who did not understand English. Patient satisfaction was gauged and a comparison of the level of satisfaction was done, within the group "I" pre and post the administration of intervention. The results were then compared with the trends observed for group "C".

Data were analyzed using statistical software SPSS version 21. Internal consistency and reliability of scale were assessed using Cronbach's alpha. Mean and standard deviation was calculated for quantitative variables. Categorical variables were presented by

frequencies and percentages. Paired t test was applied for the paired comparison of control and intervention groups. A  $p$ -value  $<0.05$  considered to be significant value.

## RESULTS

Reliability before training of doctors was about 93.2%, meaning that responses from patients before training of the doctors was higher enough and reliability after training of doctors was about 92.4%, meaning that responses from patients after training of the doctors is higher enough.

Overall reliability before and after training of doctors was about 93.2%, meaning that responses from patients before and after training of the doctors were higher enough.

Pre and post training of doctors had different level of DISQ score table-I. After training patients gave the higher rating to doctors. Results are statistically significant as  $p < 0.05$  for pre and post intervention paired comparison table-II but results of pre and post control group comparison were statistically insignificant as  $p > 0.05$ . (Table-III)

## DISCUSSION

The study aimed to gauge the role of a workshop designed to improve the communication skills of doctors in healthcare delivery. Ability to acquire/learn something as natural as meaningful communication is very important in medicine and the impact good communication can have on patient satisfaction and consequently their treatment outcome has been well documented in many studies.

Since this study establishes the positive influence which communication skills have on patient satisfaction, the next step should be a randomized controlled crossover trial, which will allow both parallel and longitudinal comparison.

Similar results have been generated by studies done on doctors working in emergency. A total of 633 and 480 questionnaires were collected from four EDs before and after the series of workshops in the patient satisfaction surveys. For

the 633 returns before the workshops, 559 patients (88.3%) were satisfied with the attitude of the doctors and 505 patients (79.8%) were satisfied with the explanation and advice provided by doctors. After the workshops, out of 480 returns, 470 patients (98%) were satisfied with the attitude of the doctors and 450 patients (93.8%) were satisfied with the explanation and advice provided by doctors. The improvement of satisfaction rate in both aspects studied was statistically significant with  $p=0.001$  by  $\chi^2$  test<sup>20</sup>.

However two other studies showed a positive non-significant effect<sup>21,22</sup>.

Finally the limitations of this study are given as follows:

### Limitations of the Study

1. Sample size of doctors was small. This study needs to be replicated with larger sample size of doctors.
2. Sampling was not completely randomized.
3. Intervention has not been given to nurses and paramedics who also play an important part in patient care.
4. The factors effecting patient satisfaction other than communication skills of doctors and nurses have not been addressed.
5. The DISQ was translated in Urdu but not validated before study.
6. The workshop is not standardized.
7. The study was being carried out in Combined Military Hospital and thus army personnel are overrepresented, therefore participants are not true representative of other non military hospitals and results cannot be generalized.
8. Effects of workshops need to be seen after 3 months, 6 months and one year to see if their effects are consolidated.

### CONCLUSION

Doctors who received the workshop designed to enhance the effectiveness of their communication skills were able to satisfy their

patients to a greater degree compared as to those who received the placebo.

### CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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