

ATTITUDE AND COMMUNICATION IMPLEMENTATION – 6 MONTHS EXPERIENCE WITH MBBS STUDENTS

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ABSTRACT

“A good physician treats the disease;a great physician treats the patient who has the disease.” To become a successful practitioner the most important skill is the ability to connect and communicate with patients. The paternalistic model of health care which focussed more on physician’s opinion has now been widely replaced by the new model which engages the patient in active decision making. An effective communication benefits both the patient and the doctor. Communication skills’ training in medical curriculum is still in the nascent period in our country. Priming medical students in effective doctor patient communication is important to establish good doctor patient relationship and to be a successful physician. Knowing its importance, in this article, a detailed review will be presented on the communication skill training given to students on the importance of effective doctor-patient communication in health care set-up. We implemented seven modules specified in the ATCOM (Attitude and Communication) as per the MCI guidelines and Sri Ramachandra Medical College and Research Institute FDP training to second year medical students. This training proved to be successful in fostering the importance of doctor patient relationship and has also helped to mould the students towards patient centered approach.

Keywords:

INTRODUCTION

“Medicines can cure, but a good doctor’s inspirational words can give the strength to fight from within.” Enhancing specialists’ communication skills has turned into a need rather than an option for better patient compliance. (1)

Effective Doctor- Patient Communication, patient centred approach and shared decision making are the triad necessary for a good doctor-

patient relationship. For better patient adherence and compliance, communication skills play a vital role in a clinician’s life. (2) On the contrary clinicians are not effectively trained in communication skills. (3)(4) It is an art to be fostered and refined over time. This includes both verbal and non-verbal communication skills. Posture, eye contact, smile, body language, active listening and encouraging the patient to talk by nodding are all non-verbal

communication skills. Verbal communication includes asking the patient to tell their problem without interruption and then asking further questions to arrive at a decision. (5)

The medical world previously driven by consumerism or doctor centred care now universally advocates patient centred care and shared decision making. (6) Hence medical students who are the future doctors may find it difficult to communicate and respond with empathy and intelligence to patients' situations if they aren't trained for it. Although medical education has only lately underlined the importance of communication between doctor and patient, including communication skills in medical curriculum is still in its infancy in India. (7) Need for a good doctor-patient communication is becoming even more important with increased due to rise in shared decision making. (8)

History taking is important for making a correct diagnosis by the physician. This requires a good rapport with the patient. (9) Otherwise patients keep away from making inquiries, and winds up less included and settle on their own therapeutic choices. Most patients lack the technical knowledge to adequately judge the doctor so they rely upon the responsiveness, patience and communication skills of the doctor when asked to evaluate. (10) Effective communication benefits both the doctor and the patient. It helps to identify the patient's expectation, perception and give the best treatment to them. . For doctors, good communication leads to satisfied patients. It also helps the doctors in terms of greater job satisfaction and less work-related stress (11) and with themselves more satisfied they may be better able to address a patient's concern. This brings a win-win situation. (12) Hence to end low compliance with prescribed

medical interventions and increased hospital admissions effective doctor patient relationship plays a very important role.

Many research data supports the benefits and importance of effective communication and health outcomes for patients and healthcare teams. (13-17) The words of Hippocrates, 'Cure sometimes, treat often and comfort always' holds good even now. Patients expect equal role in decision making and also doctor patient relationship has become an important area of interest for both medical researchers and administrators. (18) Therefore implementing communication skills into the medical school curricula is the need for the hour.

The medical council of India has prepared revised regulations on graduate medical education and curriculum by implementing attitude and communication module (ATCOM) in all medical schools across the country over the next two years. Based on which Department of community medicine, Tagore Medical College and hospital has incorporated ATCOM training for the undergraduates beginning with the second MBBS students. This initiative is a forerunner in implementing the competency based medical education program envisaged by the MCI.

Execution of ATCOM module:

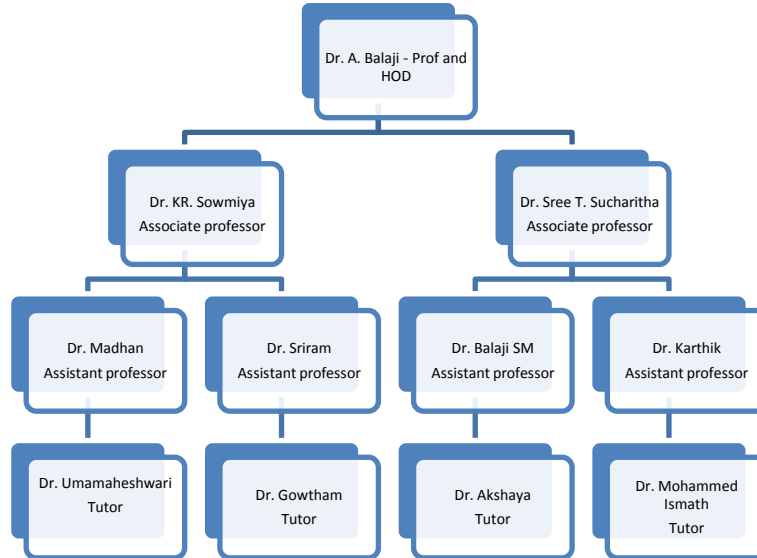
The students were introduced into the basics of effective communication through an interactive lecture. The various types of communication, communication methods, barriers in effective communication and non verbal communications were dealt in detail.

Following the lecture, the students were divided into groups and were assigned different activities through which they were introduced the attitude and communication domains of learning.

We, the department of community medicine under the Head of Dr. A. Balaji MD Professor, had implemented the modules specified in the ATCOM (Attitude and Communication) as per the MCI

guidelines and Sri Ramachandra Medical College and Research Institute FDP training. The report and the experience of implementation of ATCOM module are herewith shared.

Fig:1 Hierarchy and sharing of the responsibilities to implement the ATCOM module



Activity 1:

Role plays on 1. Ideal scenario of a doctor-patient communication in a health care setting and 2. Non-

Ideal scenario of a doctor-patient communication in a health care setting. The merits of having an effective communication with the patients were depicted through the role play.

Figure 2: Role play. Figure 3: Virtual learning through videos.



Activity 2:

Procure videos from internet on doctor-patient communication in a health care setting, which was followed by group discussion on the same. Videos on doctor-patient communication in various health

care settings and from various geographical regions emphasizing the points on effective communication were played. This was followed by discussions on the same by the students who brought out important points on the various components of communication.

Figure 4: virtual learning through videos



Activity 3:

Design a checklist, under the guidance of a faculty to assess doctor-patient communication in a health care setting.

The students designed a 10 points checklist (attached below). The students then made a direct

observation of interns communicating with the patient and assessed their communication using the checklist. Based on the assessment a constructive feedback was given to the interns which helped to mold their communication skills better.

Table 1: Checklist for doctor patient relationship

Checklist question	Yes	No
Does the doctor welcome the patient with smile?		
Does the doctor listen to the patient issues?		
Does the doctor give enough time to the patient?		
Does the doctor establish eye contact and proper body gesture?		
Does the doctor ensure comfort and put the patient at ease?		
Does the doctor ensure the patients privacy?		
Does the doctor explain clearly patient health problems?		
Does the doctor use simple language in which the patient can understand?		
Does the doctor explain clearly about the different treatment options?		
Does the doctor verify that the patient has understood the information?		

Activity 4:

The students were assigned to write a reflective narrative on

- Why they chose to become a doctor,
- What do they think are the privileges and responsibilities of the profession?
- What do they expect from the society and what do they think society expects from them?

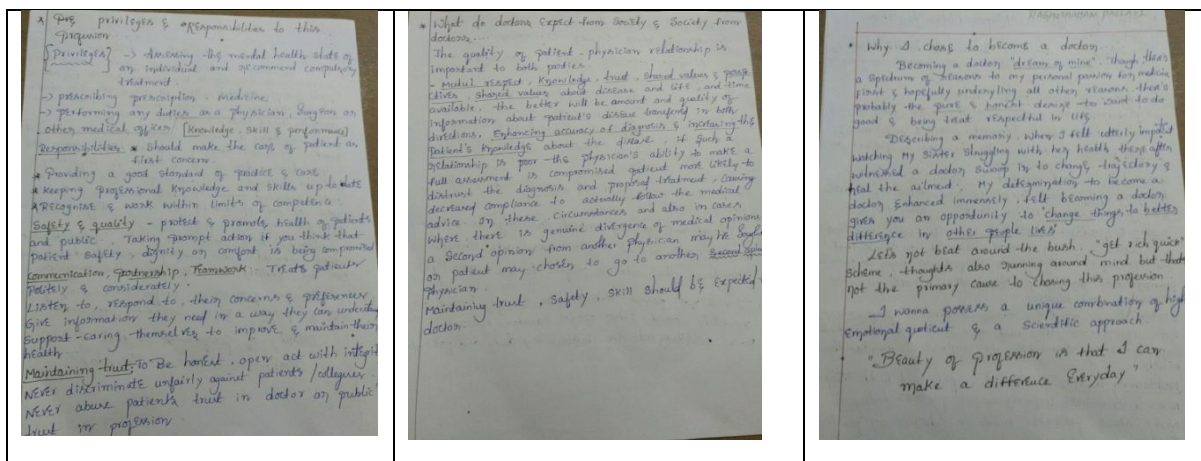
- What will they have to do and give up in order meeting their own and society's expectation?

And Share the experience of a senior doctor about their professional role in the society and what it means to them.

Reflective writing by students

Some of the students were asked to reflect about the entire clinical posting and two of their reflections are presented here.

Fig 5: Reflective writing.



My reflective experience with community medicine posting

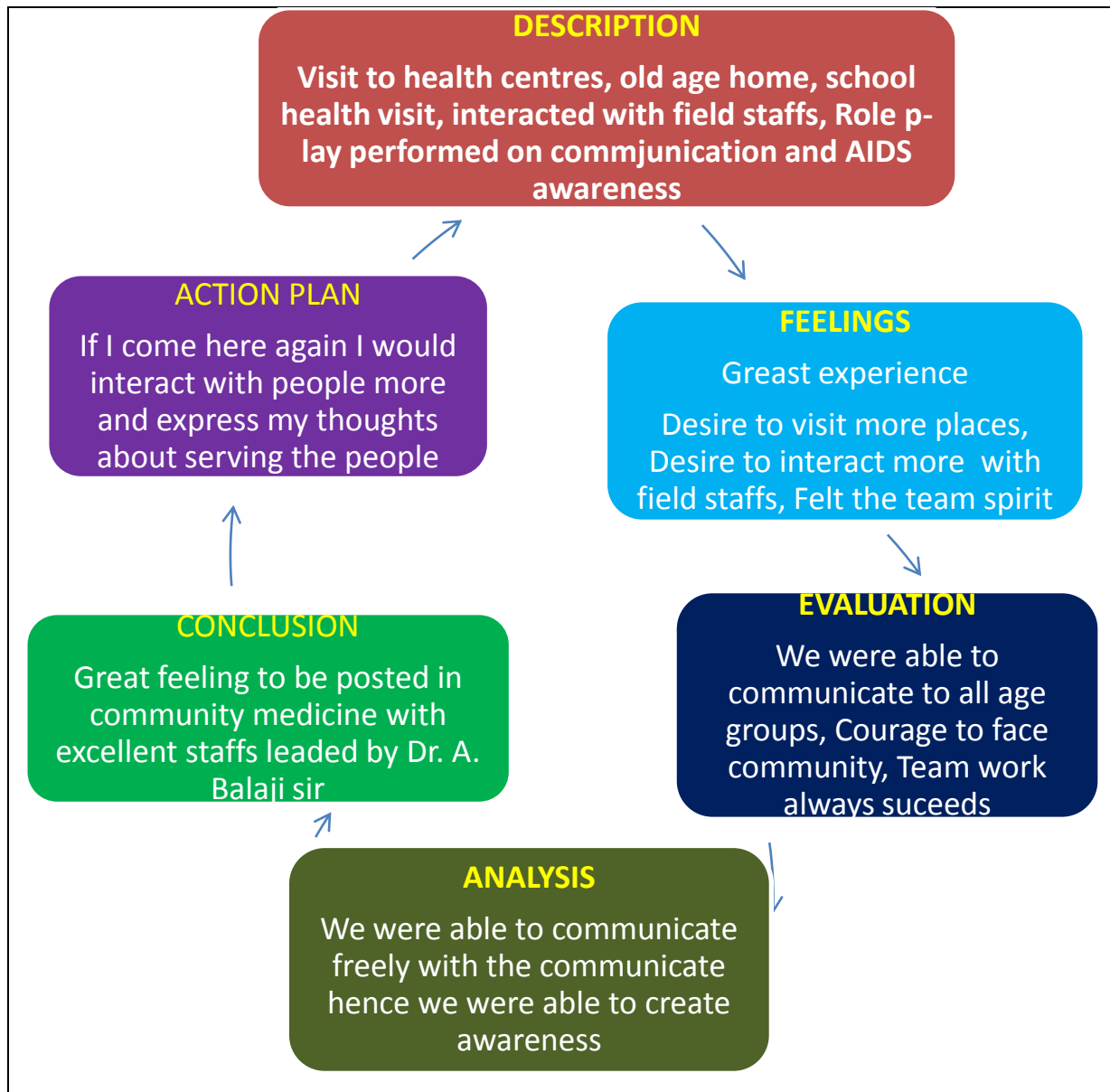
This writing is totally based on Experience with my first Community Medicine posting from 12th October to 11th November. After passing first year Exams , I was excited entering into the second year and especially interested in clinical postings. On the first day of college, Me along with my thirteen other friends were posted in community medicine. Initially, we are upset by coming to know that we cannot go for clinicals. But at that time, I had no idea that my SPM Postings would be this much interesting as that of clinicals. At the first class, H.O.D. Sir, Dr.Balaji gave introduction about Community Medicine and he also informed us about the "Communication skill Programme" planned by the department since 3 months. At first hearing this, I was wondered ! It was totally new to me because I have never attended programmes like this before. Then, After seeing the schedule put up on the notice board, I came to know about the activities planned for students based on Doctor -Patient communication. On the very next day, we had a lecture on Communication skill by Professor Dr. Shree T. SucharitaMadam . From that lecture, we got a clear idea about the basic norms

and also the importance of Communication skill in personal life. After the Lecture, we had a discussion based on it, in which all faculties made us comfortable in communicating. Then, We, fourteen of them are divided into three groups and each group was allotted a task /activity. We are guided and helped by the faculty's in-charge. The first activity was video presentation and explanation by the first group on 21 st October guided by Dr. Shree Madam. From that presentation, we learnt how an effective Doctor patient communication should be. Immediately after that, we had a good discussion in which the faculties gave us enough space to express our views. This gave us a good feel and we are encouraged to do many such activities. The second activity was Role play on Doctor - Patient communication, held on 24 th October guided by Dr.Madhankumar Sir and Dr.Sowmiya Madam. The Act highlighted the Do's and Dont's in Doctor - Patient communication. The ideal and non - ideal situations were clearly portrayed. The team got huge appreciation from the whole department. Even the students apart from those engaged in the activity was given chance to play a role during the discussion. This activity was fun-filled and really helpful. The third one was check list preparation. This was guided by Professor Dr.Sowmiya Madam. We were given enough time and checklist was re-corrected. After finalisation, we were taken to RHC, Kelambakkam for observation. We just made ready of the checklist soon after the observation. On the next day, 27th October, we had an effective discussion on it. From this, we clearly understood on how we, the budding doctors, should evolve and communicate well to the patients during clinical practice. From the Entire posting, we are greatly benefited. Each and every tasks made us efficient in communication. I am really thankful for the entire department for their Innovative work and support towards us. Eagerly looking forward for another wonderful experience like this.

by N.Vishali.

Second Year MBBS.,

Fig 6:



By Retheshwaran, Second year MBBS Student.

Activity 5:

Small group discussion on doctor-patient relationship and communication

The students were grouped into 10 in number and each group was given a scenario on doctor

patient relation and communication and was asked to discuss on it. The groups were moderated by faculties who ensured good group dynamics and helped the groups in arriving at a solution for the various points focused in the discussion.

Figure 7: Small group discussion.



Activity 6:

Tag along: This session was conducted with the aim of introducing students to health care systems and its functioning. The students were made to 'Tag Along' with the members of the

health care team to observe the work and gain experience about their perspective. The students then came back to the department and gave an oral presentation on their newly acquired knowledge on health care system and functioning of the team member.

Figure 8: Tag along session- After experience presentation.



Activity 7

Force Field Analysis

It is an important decision making tool.

Systematic analysis of particular factors found in complex problems and on-going changes in health system. The topic was decided as

“Changes and challenges in health care system in India.” The students were divided into two groups 7 per each group with a monitor in the middle.

What are the pros (factors for) and cons (factors against) of the changes and challenges in current health system? In view of improving the current system and to adapt ourselves.

Figure 9: Forced field analysis.



CONCLUSION

A medical education curriculum that fosters the students towards patient-centered care is the need for the hour. A patient-centered approach brings more patient satisfaction. Effective doctor patient communication is the key to patient satisfaction. Patient satisfaction is important to heal patients with chronic illness. Also communication between doctors and their-colleagues in hospitals is of vital importance. Effective communication benefits both the patient and the doctor. However knowledgeable the physician is, if he can't communicate properly to the patients then he might not help the patient much. Having this in mind, Attitude and communication module was introduced in our college. It proved to be successful in fostering the importance of doctor patient relationship among the students. As this module was implemented in only a handful of students, the future implementation of this module should involve a larger number of students, this will ensure to mould the students to become an exemplary doctor who's most important skill is the ability to communicate with patients and then heal them.

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