RESEARCH ARTICLE

Teaching Communication Skills Programme in Basrah Medical College: A new curriculum and students-oriented evaluation and feedback

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Abstract

Objective: To elicit the opinion of students about various aspects of teaching and learning of communication skills.

Method: The questionnaire-based study was conducted at the Basrah Medical College, Basra, Iraq, for the first year medical students, academic year 2016-2017. All the students of the class were included. Data was collected using a questionnaire that explored students' opinion regarding the curriculum related to the communication skills programme, like level of satisfaction with the teaching methods, the important information they had received during the course, their perception of the strengths and weaknesses of the curriculum. Data were analysed to quantify the students' views and opinions on specific points.

Results: Of the 100 students approached, 95(95%) responded. Overall, 69(72.6%) students showed high degree of satisfaction; 52(54.7%) mentioned the skill of listening as one of the most important things they had learned, which was associated with emphasis on patient's narration 41(43.2%). In terms of programme's strength, 38(40%) students identified the ability to knowing how to deal with patients, while, among the weaknesses, 25(26%) students pointed out reliance on theoretical lecture and lack of practice. The gender of the students was not considered.

Conclusion: Teaching communication skills to first year medical students was found to be successful because of intensive preparation, working as a team, consulting international experts, students' positive interaction and high satisfaction rate.

Keywords: Teaching undergraduates, Communication skills, Basrah, Curriculum, Arabic language.

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Introduction

Communication skills (CS) between doctor and patient has been described in the past as an innate skill which students acquire from observing the behaviour of their teachers. It was represented as an implicit training and based on imitation of the behaviour of senior professionals.

Over the last few decades, it has became one of the basic subjects in medical curriculum of many international teaching institutions, and its content is derived from modern communication theories, human, social, psychological and educational sciences, and is based on empirical research and outcome of many international studies.[1] Mastering CS is now considered an essential skill alongside clinical competence, knowledge base, physical examination, and the ability to solve problems.[2] This holistic approach to healthcare is called the biopsychosocial approach.[3] Studies indicate that modern medical history-taking based on CS can reach a diagnosis of 60-80% cases and has proven therapeutic utility.[4]

The current study was planned to elicit the opinion of students about various aspects of teaching and learning of CS in a medical college in Iraq.

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Subjects and Methods

The questionnaire-based study was conducted at the Basrah Medical College (BMC), Basra, Iraq, where CS is part of the undergraduate programme.

The project was started at BCS after regular discussions with faculty directors as well as national and international experts for developing, implementing and monitoring the curriculum and its delivery. Regular workshops are run for faculty members on how to teach CS. An Arabic textbook, 'The Art of Medical Dialogue'[5] has been prepared, revised and approved as the curriculum for undergraduates. It addresses the need of healthcare professionals regarding basic CS[6] and to overcome the challenges of introduction of Arabic language in medical education. It clarifies the importance of adopting the concept of biopsychosocial aspect in medical practice and explains in sufficient detail the most important dialogue tool in the medical history-taking; Invite, Listen and Summarise (ILS),[7-9] followed by discussing the sequence of the medical encounter. The book elucidates cultural disparity and language issues between healthcare professionals and patients. The BMC syllabus has been modified to make room for introducing basic concepts of CS for medical students of first and second years. Highly motivated clinical faculty members take one-hour sessions per week in the second semester of the first year. Besides, the BMC has prepared a questionnaire

to identify the views of first year students regarding their perceptions of teaching as well as about the strengths and weaknesses of the programme. This has been done with the aim of upgrading the programme on the basis of the feedback from the students.

The current study included all the first year medical students among whom the questionnaire was distributed. Through the questionnaire, data was collected about students' opinion regarding the CS curriculum, their level of satisfaction with the teaching methods on a scale from 0% to 100%, the important information they had received during the course, their perception of the strengths and weaknesses of the curriculum, and their suggestions for improvement. Data were analysed to quantify the students' views and opinions on specific points.

Ethical approval was obtained from the Ethical Review Committee of Basrah Medical College.
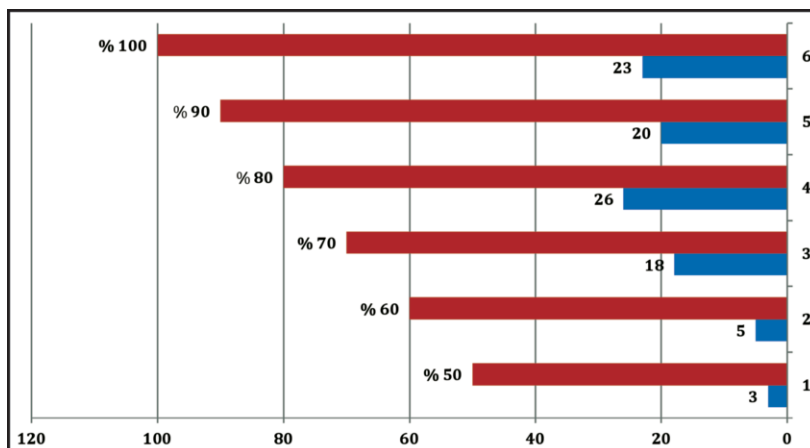
Results

Of the 100 students approached, 95(95%) responded. Overall, 69(72.6%) students showed high degree of satisfaction (Figure). Besides, 52(54.7%) students mentioned the skill of listening as one of the most important things they had learned, which was associated with emphasis on patient's narration cited by 41(43.2%) students (Table-1). In terms of programme's strength, 38(40%) students identified the ability to knowing how to deal with patients (Table-2). Among the weaknesses, 25(26%) students pointed out reliance on theoretical lecture and lack of practice (Table-3).

Students' suggestions about improving teaching communication skills revealed that 29 (30.6%) of the

Figure: Students' satisfaction level with studying communication skills.

Table-1: Most important learning aspects reported by the students.

No. of students	Percentage	Important information
52	54.70%	Listening
41	43.2	Attention to the narration of the patients and their suffering, and allow patients to speak
23	24.20%	Earning patient trust, relationship building, non-verbal dialogue, and empathy
15	15.80%	The difference between open and closed questions
9	9.5	The art of communication as a whole
4	4.20%	Learn terms from the patients' culture
3	3.20%	"By the way doctor*
2	2.10%	Summarization

*At the end of the interview, the patient says a very important piece of information that the medical consultation needs to be reviewed.

Table-2: The strengths of communication skills programme from students' perspective.

No. of students	Percentage	Strength points
38	40%	Knowing how to deal with patients
28	30%	Interactive teachers' teaching method
28	30%	Realistic patient stories and fun examples
16	17%	The Arabic language and the popular terminology used by the patient and the style of the book
14	15%	Introducing the subject early in the elementary stage and preparing the student for practice life
7	7%	Most of the first-grade subjects related to the medical profession

Table-3: Significant weak points.

No. of students	Percentage	Strength points
25	26%	Reliance on theoretical lecture and lack of practice
23	24%	The length of the material and the repetition of the explanation for the same topic from more than one teacher
14	15%	The material is dry and difficult to read and save for the exam
4	4%	Low interest of students in the subject despite its importance
1	1%	Some English terms are incomprehensible

Table-4: Students' suggestions about improving teaching communication skills.

Suggestion	No. of the students	Percent
Practical training	30	30.6%
Cancellation of the exam or application of new assessment methods	11	11.6%
Teaching the subject at pre and clinical stages	6	6.3%
Increasing teaching patient' slang language	4	4.2%

students suggested their needs for practical training of the skills and watching history-taking videos and role play, while 11(11.6%) expressed their concern about the exam and assessment in the subjects of CS, as shown in (Table-4).

Discussion

Medicine is a humane profession, and the patients need attention as much as they need diagnosis and tratement. CS encourages doctors to meet patients with a smile, choose appropriate words, be keen to understand non-verbal expressions, and to start the conversation with open-ended questions rather than closed questions.

The Arabic language was adopted in CS teaching which seems to have the potential to adversely affect the scientific level of teaching, but this approach is consistent with studies that support the introduction of local languages in the teaching of communication skills in non-English speaking societies.[10,11] One of the students mentioned that he had difficulty with English terms, and when the same professor delivered that material in Arabic, there was a big difference in comprehension, and the same material became simple and smooth.

The weakness of the CS programme most identified by the students was its reliance on theoretical lecture and lack of practical work. The weak points should be studied carefully and must be addressed as the curriculum is still in its elementary stage. The repetition of explaining some concepts becomes boring for the students. The adoption of the spiral education method in teaching CS is an option, as it repeats the previous material and then builds on it the new; that completes the discussion.[12]

Studies have indicated that a subject with no end-of-term examination is often neglected by the students who consider it a secondary subject.[13] Some students consider CS content as social, and not scientific, which is not the case.

The BMC can conduct constructive assessments in the second year, such as presenting model videos, role-playing, recording interviews, and critiquing these interviews in small groups. Students can practise the art of communication and medical history-taking in a safe environment before reaching the third year where they come into direct contact with patients. There are ways to convert patients into advisors[14] which is win-win situation for both the patients and the treating physicians.

In terms of limitations, the current study did not calculate the sample size scientifically.

Conclusion

The CS curriculum was prepared in response to a real need in medical education. The introduction of the Arabic language in teaching the CS curriculum for the first time in Iraq seems to indicate early success of the CS programme.

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