

**ORIGINAL RESEARCH**

## Addressing the Challenges of Training in Communication Skills in Medicine in India

K. Naineni<sup>1,2\*</sup>, G.V. Ramana Rao<sup>4</sup>, U. Saie<sup>4</sup>, S. Naineni<sup>4</sup> and S. Mada<sup>2,3</sup>

\*Corresponding author e-mail id: knaineni@nhs.net

### ABSTRACT

**Introduction:** Effective communication skills are essential for every clinician involved in patient care. The Medical Council of India (MCI) has mandated this in its revised medical curriculum 2012. GLOCAL Academy (UK) has collaborated with GVK Emergency Management and Research Institute (EMRI) of India to deliver and evaluate a two-day course encompassing several aspects of communication skills curriculum. **Methods:** Two courses each of two days were delivered to 86 clinicians using interactive methods including lectures, seminars/tutorials, and role-plays. Topics such as team working, conflict resolution, constructive feedback, and dealing with sad, bad, and difficult news were covered. Each course was evaluated at the end and two weeks later. **Results:** All felt course was well organized and that individual learning needs were met; 98% were satisfied with the content. Team working, conflict resolution, constructive feedback, and dealing with sad, bad, and difficult news were rated as very good or good by 100%, 98%, 88%, and 97%, respectively. Participants described course as interesting (97%), interactive (71%), inspiring (67%), useful (58%), and thought provoking (39%). **Conclusion:** We have identified a lack of structured undergraduate communication skills training programmes to equip clinicians with the skills necessary to meet the challenges of modern medicine. Feedback highlights the felt need by clinicians for effective communication skills training.

**Keywords:** Breaking bad news, Communication skills, Curriculum, Empathy, Soft skills, Team working

### INTRODUCTION

Effective communication skills are essential for every clinician involved in delivering best patient care<sup>[1]</sup>. The Medical Council of India (MCI) had been immune to incorporate communication skills into curriculum in the twentieth century despite calls from experts<sup>[2, 3]</sup>. The curriculum is mainly geared at preparing doctors in becoming knowledge experts, technicians, and scientists<sup>[4]</sup>. Communication skills are predominantly learnt in traditional apprenticeship mode<sup>[5]</sup>. The MCI has revised the medical curriculum in 2012 and mandated communication skills training and faculty development in its reforms<sup>[6]</sup>. These recommendations are in line with curricular changes that are happening globally<sup>[7]</sup>.

Current reforms can also be viewed as rebirth of era

of needs-based medical education which addresses needs of the population, disease burdens, health promotion, and meets the demands upon the growing healthcare delivery system. MCI, acknowledging the scale of the problem, is supporting medical colleges through its ambitious faculty development workshops. It is possible that in the coming years most medical schools will have implemented new curricula and these graduates will start emerging in 5–6 years. These significant reforms will enable doctors to attain the skill mix necessary provide 21st century care. The changing medical landscape, roles and responsibilities, global movement of professionals, and workforce crisis mean that there is also an urgent need to equip today's doctors with these necessary skills<sup>[7]</sup>. Unfortunately, the proposed reforms will not cater for the needs of clinicians already in practice.

<sup>1</sup>Ashdown Forest Health Centre, Forest Row, East Sussex RH18 5AQ, UK; <sup>2</sup>GLOCAL Academy, UK

<sup>3</sup>County Durham and Darlington NHS Foundation Trust, UK; <sup>4</sup>GVK Emergency Management and Research Institute, India

Having identified the need for up-skilling practicing clinicians with these ‘soft skills’, we at GLOCAL Academy in collaboration with GVK EMRI, India have developed a soft skills course for practicing healthcare professionals to cater for their needs.

### SCALE OF THE PROBLEM

Emerging industrial countries like India are facing significant challenges from both medical education and healthcare delivery perspectives<sup>[8]</sup>.

Medical education in India has historically not kept pace with the emerging challenges and developments elsewhere<sup>[9]</sup>. This may be largely because of fragmented, out-dated, and static curricula producing ill-equipped graduates<sup>[4,9,10]</sup>. The problems are multi-layered: the mismatch of competencies to meet population needs, rote learning, out-dated teaching and assessment methods, dated team working skills, uni-professional dominance; ‘narrow technical focus without broader contextual understanding’, and weak leadership to improve health-system performance<sup>[2]</sup>. Burden and healthcare from the ‘classic’ diseases of poverty, it is little wonder that the focus in medical education has tended to neglect the so-called ‘soft skills’.

### MATERIALS AND METHODS

GLOCAL Academy (UK) in collaboration with GVK EMRI (India) organized a CME program *Essential Soft Skills for Health Care Professionals*. This course was accredited by the Andhra Pradesh Medical Council of India and awarded four CME credit points. The program was aimed at pre-registration doctors, postgraduate doctors (training grade), established doctors (consultant level), and allied healthcare professionals.

Two courses were delivered in two different states (GSL Medical College, Andhra Pradesh State of India and GVK EMRI campus in Telangana State of India). Each lasts over two days. A total of 86 professionals attended of which 60 were qualified doctors and 26 were healthcare providers.

Aims of the course were to: (1). promote active learning; (2). foster humanistic behaviour; and (3) Teach clinical communication skills.

A conscious effort was made in designing and delivering the course content in line with these aims.

The courses were delivered using techniques such as lectures (20%), small group activity sessions (70%), and one-to-one role play with constructive feedback. We used professional actors to enhance learning. Topics covered in these sessions were: global perspective of the challenges Indian health care system faces; adult learning styles and their importance; leadership; conflict resolution; team working; communicating difficult news to patients and relatives; reflective practice; constructive feedback; presentation skills; time management; effective communication scenarios; and role play of various clinical scenarios.

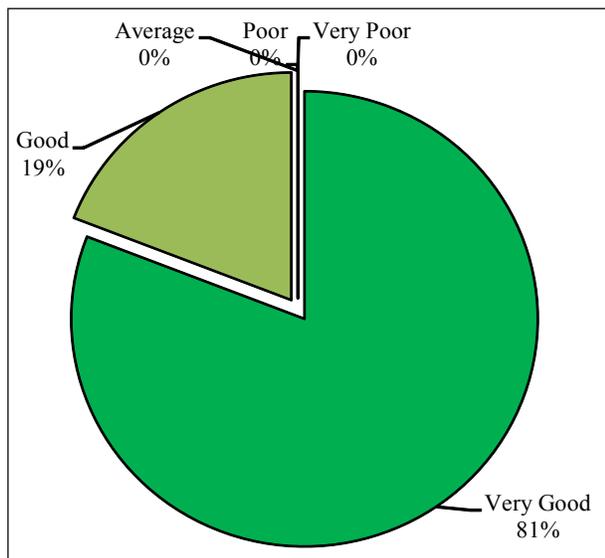
We promoted and used active learning methods throughout the course. It is beyond the scope of this article to explore all activities in detail and we provide summaries of two activities for illustration. Feedback for the individual sessions was obtained from participants using Likert scale (from 1=very poor to 5=very good).

### RESULTS AND ANALYSIS

#### Teamwork

Information about the importance of teamwork in health care settings was provided through a combination of lecture and small group activity. (‘Passing the ball activity’)

The learning was enhanced through an innovative puzzle activity – ‘To complete a 1000 pieces puzzle in small groups’. This was carefully chosen and closely supervised by faculty to emphasise the various aspects of team working. Finally, opportunities for elaboration happened when participants worked together in small groups to complete the 1000 pieces puzzle activity over the duration of the course. The feedback is summarized in Graph 1.



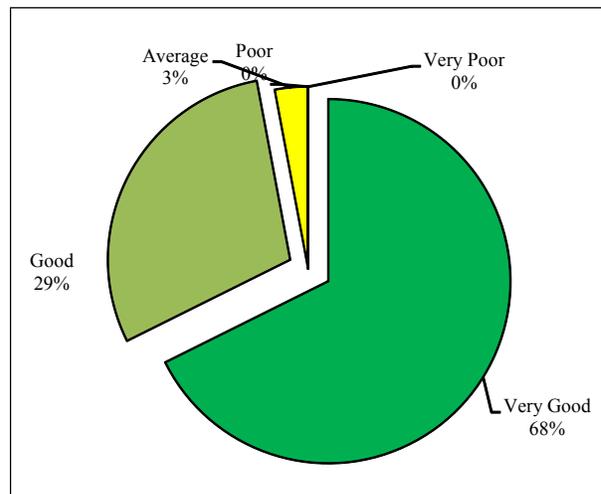
Graph 1: Feedback on teamwork session

### Dealing With Sad, Bad and Difficult News

The context of the session was provided with a clinical scenario (new diagnosis of melanoma), the information about breaking bad news focussing on structure and core skills was provided through lecture and small group work and finally opportunities for elaboration were provided through role play activities using standardized simulated patients. The feedback is summarized in Graph 2.

### Other Sessions Covered in the Course

1. Need for effective communication
2. Adult learning theories
3. Leadership for health care professionals



Graph 2: Feedback on dealing with sad, bad and difficult news session

4. Conflict resolution and negotiation
5. Reflective practice
6. Effective feedback
7. Presentation skills
8. Time management.

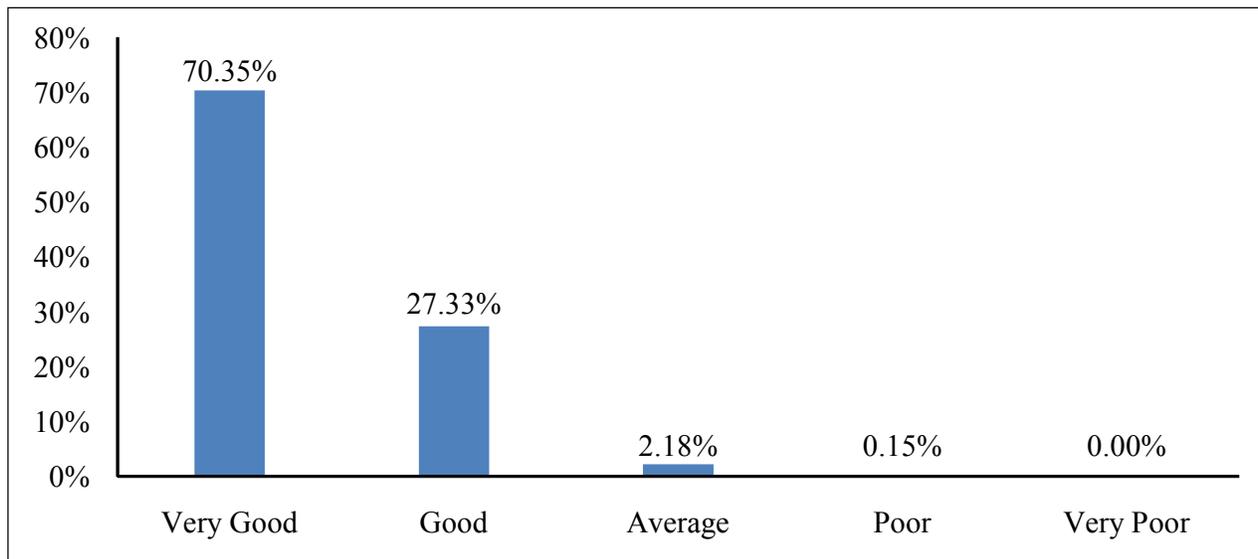
Feedback is summarized in Table 1.

Five point Likert scale is a commonly used scale in evaluation. A point is assigned to each category for the purpose of analysis. For example, 1 is assigned to the 'very poor' and 5 is assigned to 'very good'.

Further analyses showed the course was well organized (100%), and met every one's (100%) learning outcomes.

Table 1: Evaluation using Five point Likert scale

Likert scale	1	2	3	4	5
Effective communications			3%(n=2)	35%(n=24)	62%(n=42)
Adult learning principles			1%(n=1)	33%(n=22)	66%(n=45)
Leadership			2%(n=1)	26%(n=18)	72%(n=49)
Conflict resolution and negotiation			2%(n=1)	32%(n=22)	66%(n=45)
Reflective practice			1%(n=1)	23%(n=15)	76%(n=63)
Effective feedback			5%(n=2)	24%(n=17)	71%(n=50)
Presentation skills			3%(n=2)	17%(n=12)	80%(n=56)
Time management			5%(n=3)	34%(n=24)	61%(n=43)



Graph 3: Course met the learning outcomes

The histogram below shows how percentages of participants felt the course met their learning needs.

### Free Test From Feedback

- ‘A must course for all medical practitioners in India’.
- ‘This course was well equipped and really awesome. It has helped me so much in shaping my communication skills and morale as well’.
- ‘This course was very useful for our careers and to plan my career in a positive way’.
- ‘It is the best CME I have attended’.

### DISCUSSION

Despite the rich evidence of the benefits of training in communications skills, doctors continue to communicate poorly with patients and remain doctor-centred rather than patient-centred. Communication skills remain ‘small fish in the pond’ and continue to compete poorly against the big players – clinical and technical skills. It is time to honour communication skills and challenge the old-fashioned, dominant hierarchies, based on mechanistic approaches, and paternalistic attitudes. We should acknowledge that

all communications between doctors and patients are therapeutic. Until we recognize this, the medical profession will continue to fail those it serves.

Medical education in India is going through essential and radical transformations. But are these enough? This course addresses a gap in the reforms and emphasizes the need for grass root levels changes. If we aim for training healthcare professionals in becoming globally competent and locally responsible professionals, one has to focus efforts at all levels.

This collaborative project was a great experiment in delivering a need-of-the-hour course in communication skills. Moreover, it was designed to address the needs of the doctors historically unmet by the curriculum. The course emphasised and focussed on active learning methods, breaking away from traditional didactic teaching methods. The participants in the second course – doctors and health care providers – embraced the inter professional learning and acknowledged that inter professional learning and multi-disciplinary working area crucial way forward to address the healthcare delivery challenges.

The feedback demonstrates that radical and substantial change is feasible and appreciated. The

course emphasized the acquisition of skills essential to work in the current era of collaborative, inter professional and patient-centred settings. It was an important milestone in equipping clinicians with essential skills for effective communications with patients and each other.

The responses showed a strong demand for the course and strong feelings amongst participants that the profile of communication skills needs to be raised amongst other colleagues nationally.

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