

Original article

Communication Skills of Fresh Medical Graduates in a Malaysian Private University

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Abstract

Objective: Effective communication is an integral part of good medical practice. Skills in communication is an art, and comprises of a set of fundamental elements: skills in introducing, questioning, listening, facilitating and closing. The objective of this study was to determine the perceptions of fresh medical-graduates' communication skills at Widad University College (WUC). **Materials and Methods:** It was a cross-sectional study conducted in 2019 among 50 fresh medical graduates of WUC. A standardized questionnaire that asked about skills in fundamental elements of communication with diverse people on diverse issues, was used to collect the data. The data was collated and analyzed utilising a measuring scale ranged from very well to very poor and presented using descriptive statistics. **Results and Discussion:** Total 46 participants responded giving a response rate 92%. The highest number of participants (79%) responded as very well in introductory skills while the lowest 59% in listening skills. In a diverse group, 70%-74% respondents communicated as very well with patients, patients' families, superiors, support staffs and colleagues. Only 57%-67% responded as very well in breaking bad news, counselling, and taking informed-consent. Nevertheless, 2%-13% participants' skills were very poor to uncertain, where 13% uncertain in breaking bad news and 9% in counselling and informed-consenting. **Conclusion:** Communication skills of most of the WUC fresh medical-graduates were very well and reasonably well. However, the art of communication does not come naturally, 2-13% of the graduates' skills need to be consciously promoted by faculty during undergraduate training. Medical schools should give more emphasis on the development of more effective communication in all aspects of future doctors.

Keywords: communication skills; fundamental elements; medical graduates; diverse people, diverse issue.

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Introduction

The aim of the physician is to 'cure sometimes, relief often, and comfort always.' To cure, relief and comfort, the role of effective communication

is obligatory.^{1,2,3} Effective communication between physician and patient comprises of skills in introducing, questioning, listening, facilitating and closing with ultimate goal for patient care. These skills are essential to take proper history in order to

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make an accurate diagnosis, facilitate compliance with treatment, proper counselling, taking informed consent, coping and breaking bad news, dealing with anger, and establishing a pleasant and lovely relationships with all.^{1,4} A good communication is related with patient satisfaction in both indoor and outdoor setting.⁵ On the contrary, poor communication itself causes more patient dissatisfaction rather than professional deficiency of the doctors.¹ It has also been showed that a good communication determines a greater adherence to therapy, decreases the distress and reduces the overall utilization of health care facility.⁶ Thus doctors' communication skills have significant impact on patient care and thereby impact on improved health outcomes and health care quality.^{1,7,8} Moreover, now a days patients are more familiar with their rights in the health care system and their expectation are also increased.⁹ Therefore, good communication skill is required for effective doctor-patient interactions and to deliver the effective health care to the patients.

During an effective communication, the first impression of the physician is drawn from an introduction where a good rapport is established between physician and patient. Here, the doctor greets the patient, check the identity of the patient, introduce self and convey the purpose of talk, thus making the audience interested by establishing trustworthiness and caring and goodwill. Trustworthiness can be inspired by eye contact, body language, good posture and ensuring comfortability during the conversation describing a clear purpose. The clearer the purpose is, the easier the task.^{10,11} The next skill is the questioning skill which is a part of an exchange of information in order to generate a proper history. It starts with open questions and proceeds to probe questions and then closed questions.¹⁰ There are various questioning techniques such as open-ended questions, closed ended questions, probing questions, leading questions etc. Open-ended questions start with Who, What, Where, When, Why, and How; also include "Can you tell me more", "Please explain more about" and phrases that elicit more answers.¹² Closed-ended questions are asked to lead a conversation, information needed is specific, limited and used to confirm facts. Probing questions are intelligent, relevant open or close ended questions framed upon subject matter to get a comprehend information. Leading questions are generally closed-ended type, try to lead the respondent to get information. So basically, questioning skills fall into two main

types: open ended and close ended and purposes are very important.¹² Listening is an effective skill that enables doctors to recognize and explore patients' ideas, concerns, expectations and clues about their illness.¹³ Not everyone spontaneously knows how to listen well. To listen, one should not interrupt the communicator while communicating; need to wait until communicator finished and then ask questions. Use of eye contact, use of appropriate body language such as nodding of head, look for nonverbal cues such as facial expressions and posture demonstrates a willingness to participate with another person. When people in a team are able to listen well and communicate well, they are much more likely to perform well.¹⁴ The next skill is facilitation skill where the facilitator guides the people through a process in order to bring an effective result. Effective facilitation helps the patient to talk and to stay involved in conversation. Facilitation is an art and not a science. This skill involves –observation, listening, reading body language, understanding human behaviour and stepping out of the content and all these can be achieved through practice. The more the practice the facilitation skills, the more comfortable to become with it.¹⁵ Use of frequent facilitation encourages patient to be actively involved in the discussion.¹⁰ The last skill is the closing skill. Here, the physician-patient communication ended following definite steps. At the end of the consultation, a conclusion is delivered to patient with a clear indication of the end of the interview and reconfirm if the patient wants to add anything more and patient's appropriate remarks at the end of the interactions.¹⁰

The importance of communication skill has been recognized across the globe and incorporated in the medical school curriculum in most of the medical schools.¹⁶⁻¹⁸ Regulatory organizations such as General Medical Council (GMC), Liaison Committee on Medical Education (LCME), Committee on Accreditation of Canadian Medical Schools (CACMS), Association of American Medical Colleges (AAMC), Association of Canadian Medical Colleges (ACMC) documented the importance of communication skills in the practice of medicine.¹⁶ Although teaching of communication skill is a necessary component of the medical curriculum, there is still lack of implication of this topic as the essential component in all clinical interactions.¹⁹ One study at Germany showed that participants emphasized on the importance of communication skills for their future careers, nevertheless they found

that this is not up to their expectation.⁶ In general, communication skills are acquired through five years of training in majority of medical schools worldwide. Their exposure to the real life setting in the clinical year as well as using Standardized patients and “experiential” teaching methods such as role-playing, observation, feedback, and small group discussions provides them the necessary experience to develop the communication skill. Simulation scenarios and medical clerkships expose them to practice these skills and receive feedback.²⁰

The Medical Faculty of Widad University College (WUC) is established in 2011 in Kuantan, Pahang Malaysia with a system based integrated curriculum comprising of 10 semesters in five years. In the clinical years, students are exposed to communication skill through directly attending patient and also through the simulated patients, small group discussion etc. Their direct contact while interviewing patient during history taking, examining, counselling about the disease process or about the surgical procedure or about the treatment choices, taking informed consent and advising follow-up helps them to develop their communication skill. There was no previous study performed to evaluate the communication skill of the graduates of the Widad University. This study was undertaken while planning for the major curricular review of the medical school and to get the feedback from the students about their perception of the communication skill. Prior approval was obtained from the Dean, Faculty of Medicine, Widad University College (WUC). The objective of this study was to determine the perceptions of fresh medical-graduates’ communication skills at Widad University College (WUC) Malaysia aimed to use the study findings as a base-line data for curriculum development.

Materials And Methods

It was a cross-sectional study conducted among all 50 medical-graduates who graduated in September 2019 from WUC. A standardized-questionnaire containing fundamental elements of communication and communication abilities with diverse group of people and on diverse issues was used to collect the data. The questionnaire was developed based on literature review²¹ which was later undergone expert evaluation and finally pre-testing. In the questionnaire, fundamental elements of communication were categorized as introductory skills, questioning skills, listening skills, facilitating skills and closing skills. There were a range of attributes under each of these

fundamental elements of communication which were varied from 1-7. The attributes of introducing comprised of seven skills which were (i) greeting, (ii) introducing-self, (iii) explaining the purpose of communication at the beginning, (iv) ensuring privacy, (v) ensuring comfortability, (vi) establishing eye contact, and (vii) allowing to completion of initial statement. Questioning skills comprised of six attributes such as, (i) using of open questions, (ii) probing questions, (iii) rephrasing of questions, (iv) using of thoughtful closed questions, (v) avoiding of leading questions and (vi) allowing time to answer questions. Four attributes used under listening skills which were (i) allowing to talk without interruption, (ii) using verbal cues such as tone of voice, (iii) using non-verbal cues such as nodding of head and (iv) demonstrating appropriate body language. Two attributes of facilitating skills were, (i) providing summary of what has told and (ii) using of questions anything to add. One attribute of closing skills includes (i) close the communication with pleasant thanks. A 5-point rating scale comprised of very well, reasonably well, uncertain, poor and very poor was used to measure the attributes. The questionnaire was administered at the end of a lecture session in a lecture hall, through the group leader. The objective of the study was clearly explained and confidentiality of the participants was ensured. The data, then collated, compiled and analyzed using the SPSS 26 and presented using descriptive statistics.

Results

Among total 50 participants, 46 were responded, giving a response rate of 92%. Table-1 showed the mean rating of the different elements of communication skills. The highest number of participants (79%) responded as very well in introductory skills followed by 76% in closing skill, 67% in questioning skills, 62% in facilitating skills and 59% in listening skills.

Table-2 revealed the distribution of individual attributes under each skill. In introductory skill, most of the candidate did ‘very well’ in all the items, ranging from 74-83%. It showed 83% graduates claimed to be very well in greeting and introducing-self, while 13% were reasonably well in each. The lowest rating of 74% claimed to be very well in explaining the purpose of communication along with 22% claimed to be reasonably well in this item. The mean rating of very well and reasonably well introductory skills were 79% and 17% respectively (Table-1). From the above findings, it was obvious

that the majority of participants (96%) were well in introductory skills.

In listening skill, 59% participant responded as very well in all 4 attributes of allowing to talk without

interruption, using verbal cues, nonverbal cues and appropriate body languages. Among the participants, 37-39% were reasonably well in all these attributes. In facilitating skill, 63% and 61% rated as very well in

Table1: Mean rating of the different elements of communication skills. (n=46).

| Elements of Communication Skills | Very well | Reasonably well | Uncertain | Poor | Very poor |
|----------------------------------|-----------|-----------------|-----------|-------|-----------|
| | n(%) | n(%) | n(%) | n(%) | n(%) |
| Introductory skills | 36 (79) | 8 (17) | 1 (2) | 1 (2) | - |
| Questioning skills, | 30 (66) | 13 (28) | 2 (4) | 1 (2) | - |
| Listening skills, | 27 (59) | 17 (37) | 1 (2) | - | 1 (2) |
| Facilitating skills | 29 (63) | 15 (33) | 1 (2) | 1 (2) | - |
| Closing skills | 35(76) | 9 (20) | 1 (2) | - | 1 (2) |

Table2: Different attributes of the elements of communication skills (n=46).

| Skills | Different Attributes | Very well | Reasonably well | Uncertain | Poor | Very poor |
|---------------------|---|-----------|-----------------|-----------|------|-----------|
| | | n(%) | n(%) | n(%) | n(%) | n(%) |
| Introducing | -Greet patient (pt) /pts' family at the start of communication | 38 (83) | 6(13) | 1(2) | 1(2) | - |
| | -Introduce self | 38 (83) | 6 (13) | 1 (2) | - | 1 (2) |
| | -Ensure privacy of patient | 37 (81) | 7 (15) | 1 (2) | - | 1 (2) |
| | -Ensure comfortably of patient /patients' family | 37(81) | 7(15) | 1(2) | 1(2) | - |
| | -Establish eye contact | 35(76) | 9(20) | 1(2) | 1(2) | - |
| | -Allow to complete initial statement by patient or families | 35(76) | 9(20) | 1(2) | 1(2) | - |
| | -Explain purpose of communication | 34(74) | 10(22) | 1(2) | 1(2) | - |
| Questioning | -Use open question at the beginning | 33(72) | 11(24) | 1(2) | 1(2) | - |
| | -Rephrase question using simple language if answer unclear | 33(72) | 11(24) | 2(4) | - | - |
| | -Get specific information using thoughtful and closed questions | 33(72) | 10(22) | 1(2) | 1(2) | 1(2) |
| | -Allow time to answer questions | 33(72) | 10(22) | 2(4) | 1(2) | - |
| | -Use probing question to clarify and to check accuracy | 26(57) | 16(35) | 3(6) | 1(2) | - |
| | -Avoid using leading questions | 25(54) | 17(37) | 3(6) | 1(2) | - |
| Listening | -Allow to talk without interruption | 27(59) | 17(37) | 1(2) | - | 1(2) |
| | -Identify and use verbal cues / tone of voice | 27(59) | 17(37) | 1(2) | - | 1(2) |
| | -Identify and uses non-verbal cues / nodding of head | 27(59) | 18(39) | 1(2) | - | - |
| | - Demonstrate attention and use appropriate body language | 27(59) | 17(37) | 1(2) | 1(2) | - |
| Facilitating | - Provide summary of what has told | 29(63) | 13(28) | 3(7) | 1(2) | - |
| | - Use question for anything to add | 28(61) | 16(35) | 1(2) | 1(2) | - |
| Closing | - Close communication with a pleasant thank | 35(76) | 9(20) | 1(2) | - | 1 (2) |

providing summary of what has been told and asking questions about anything to add while 28% and 35% respectively responded as reasonably well. The mean value of very well and reasonably well in the skills of facilitation were 63% and 33%. Respondents' closing

skills in terms of closing the communication with a pleasant thank, which revealed that the highest 76% respondents possessed this skill very well and 20% possessed reasonably well.

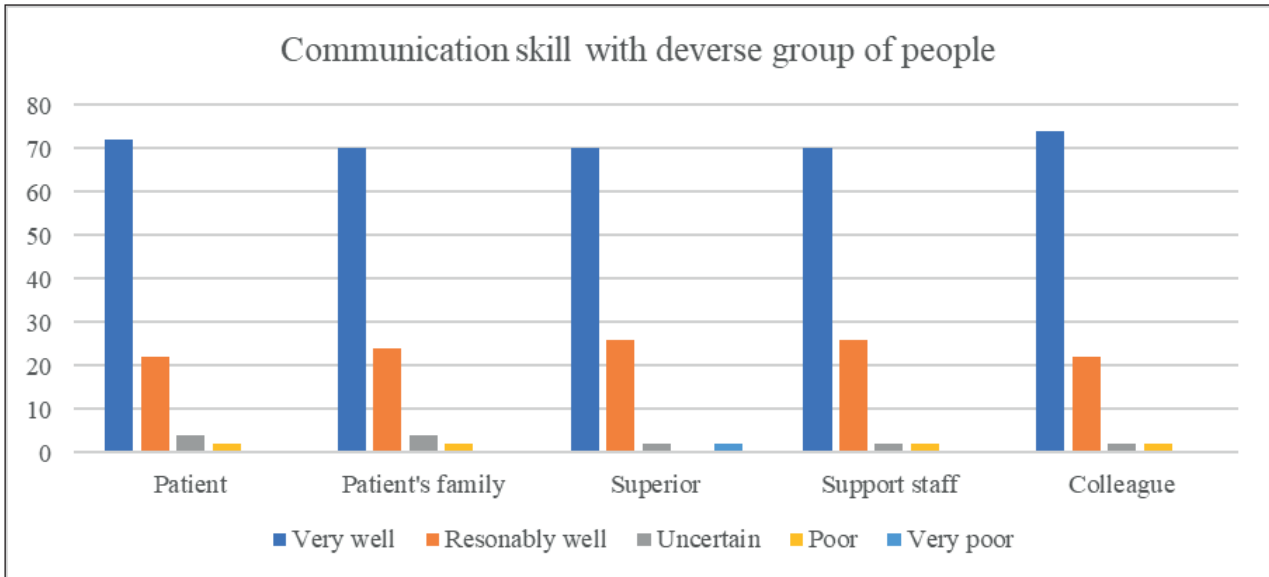


Figure 1: Communication skill with diverse people

Figure1 revealed the distribution of respondents' communication abilities with diverse group of people. The highest 74% participants' ability to communicate with the colleagues was very well along with 22% reasonably well followed by 72% very well with patients along with 22% reasonably

well. Communication abilities were 72% very well with superiors and support staff along with 26% reasonably well. Seventy percent respondent were very well with patients' families along with 24% reasonably well.

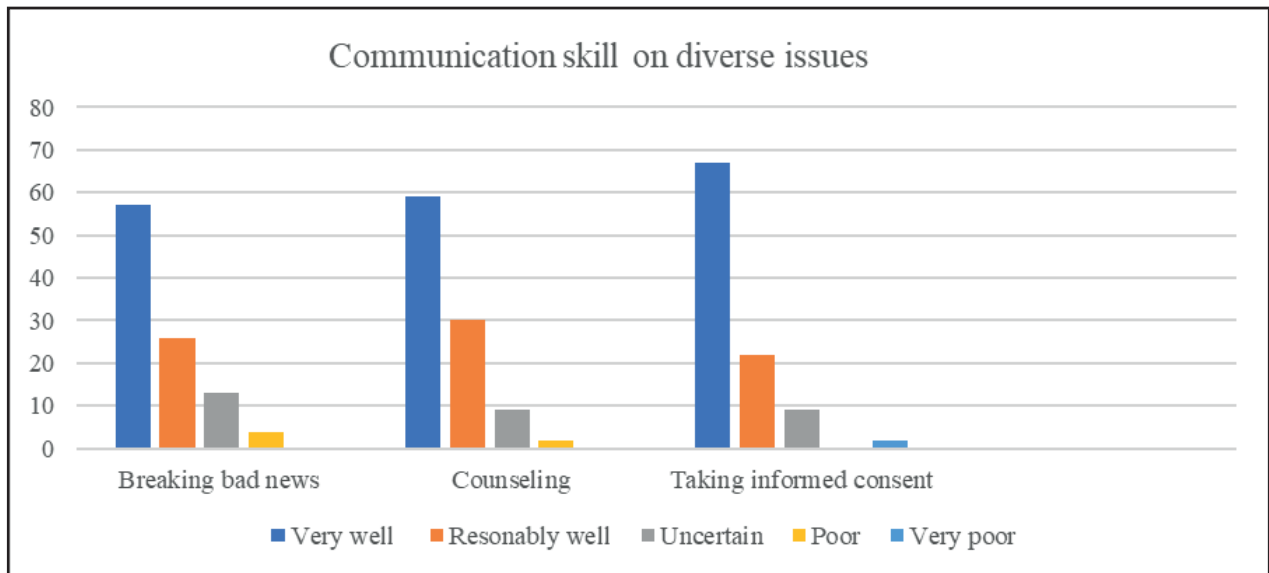


Figure 2: Communication skill on diverse issue

Figure 2 showed the respondents' communication abilities on diverse issues. It revealed that, only 57%, 59%, and 67% of graduates claimed very well in breaking bad news, counselling, and taking consent respectively; while 26%, 30% and 22% were reasonably well respectively.

Discussion

This present study determines the communication skill of fresh medical graduates in a private medical school. In general, this study showed that the communication skill of the medical graduates of WUC are good in terms of introductory skills, questioning skills, listening skills, facilitating skills and closing skills. On average, 59%-79% fresh medical graduates are very well in the introductory skills, questioning skills, listening skills, facilitating skills and closing skills. The highest skill was in introductory skill while the lowest was in the listening skill. Study showed that, doctors listening skill is very poor, they spend least time in listening patient, and interrupt the patient before they fully convey their messages. So, there is very much chance of missing the concerns of the patients.^{13,22,23} Listening to the patient by giving them enough time without interruption enables the patient to describe their history. This is essential as it makes the patient satisfied by being able to convey their problem. It is necessary for the doctors not only to listen the words but also to acquire the deep-listening skills and understand the non-verbal messages deliberated by the tone and body language of the patient to understand the patient's real situation.²⁴ Therefore, effective listening is very much needed while communicating with the patient.

In this present study, analysis of the individual attributes under each element of communication showed, purpose of communication in the introductory skill and use of probing questions and avoiding leading question in the questioning skill obtained lowest rating in each respective element. Apart from these, there are few respondents who remain uncertain in use of probing question to clarify and to check accuracy, in avoiding use of leading questions and in providing summary of what had told. All these are the important steps in effective communication. The art of asking the right and effective questions is an important skill that need to be refined in order to gather more accurate and relevant information.¹² Study showed that ensuring good training can improve the communication in terms of quality of questions, reduce the rate of leading questions, and expression of empathic

behaviour and appropriate response to the patients' cues.²⁵ Therefore, we need to emphasize on proper training regarding these aspects during their clinical sessions. Communication skills are the essential skills for effective communication with patients for the assessment and adequate support to the patient which in turn builds a healthy relationship by improving the patient satisfaction. Therefore, it is crucial for medical schools to implement communication skills training among the future medical doctors. Thus, we need to give more training to medical students by more practice and more exposure to the patient in order to build an effective physician-patient relationship. We hope, the more the students practice, the more they will learn. So, in their journey as a medical doctor, they will be more perfect.

This present study evaluates the communication with diverse people which includes patients, patients' families, superiors, support staff and colleagues. It is revealed that, communication abilities with diverse people such as peer, support staff, superior, patient and patient family is quite satisfactory which is more than 70%. Previous study showed communication with peer as 88%, with support staff as 69% but with superior as 38% only; communication with patient and patient's family as 59% and 41% respectively.²⁶ During communication with patient and patient's family, doctors need to give importance to the use of simple language which is understandable to the patient, deliver the complex information in a simple way by avoiding medical jargons and abbreviations and give importance to the cultural beliefs of the patient.²⁶ Therefore, doctors need adequate skills in all aspects of communication for effective communication and to be able to deliver the services need for the wellbeing of the patient.¹ Our study showed much higher rate compared the previous one. At the same time, effective communication among the health professionals including physicians, nurses, technicians, and other support staff is also very essential to avoid the medical errors and to ensure the patient safety.²⁷ Moreover, it builds a positive work relationship and increase the well-being, self-awareness and integrity.²⁸ A good inter-professional communication encourages the sharing of knowledge and skills and shared-decision making enables to take a better management plan for the patient and better patient outcomes and satisfaction.²² Study showed that positive collaboration between nurses and physicians is essential in emergency practice because it has a significant relationship with

the quality, safety, accountability, and responsibility of care.²⁹

Communication abilities on diverse issues, this study showed only 57%, 59%, and 67% of graduates claimed to be very well in breaking bad news, counselling patients, and taking consent respectively. It is noticed that, 13% of graduates were uncertain in breaking bad news and 9% were uncertain in counselling as well as in taking informed consent. Earlier study showed 22% very well in breaking bad news and 50% and 81% very well in counselling and taking informed consent respectively¹ Study on Portuguese family doctors showed 85% of them considered that breaking bad news was a difficult task.³⁰ Dealing with patients at end-of-life care is a great challenges for the physicians. Studies have shown that graduating medical students do not consistently feel prepared to communicate with and care for patients in difficult clinical situations and at the end of life. In United States, medical students showed lack of comprehensive education about end-of-life care, specifically aspects of communication and empathy.^{31,32} In such situation, students feel worried about how to express the patients' condition or worry about losing control of their self-emotions or even feared of saying wrong thing that may harm the patient. Others reason mentioned as some may consider it by just telling the patient of a new diagnosis of cancer just like giving the factual information or some just other don't want to upset patient by giving the information as not much options are available for specific treatments.³³ It is reported that the reasons are inconsistent training exposure of the students, or having mentors on the wards who themselves have inadequate training to enable them to play as an optimal role model.³³ It is necessary for medical students to learn to communicate effectively and empathetically with patients in breaking bad news and counselling, and also in taking informed consent. These all are important part of daily medical work; proper training and exposure can enable them to be more proficient. System approach is a term which means to do something systematically for effectiveness.³⁴ Delivering things systematically or in an organised way is a prerequisite to accomplish the task competently.³⁵ Scientific research has been very responsive to students learning needs.³⁶ Effective communication is transmission and

receipt of the explicit message consciously and unconsciously created by a person and transferred to a receiver through verbal and nonverbal channel.³⁷ To transmit something competently, first of all one has to introduce-self and explain clearly the purpose of communication; then question appropriately, listen uninterruptedly, facilitate by providing summary of what has told before closing and then close the communication with a pleasant thanks.

Conclusion

The present study showed that the graduates' overall communication skills are very well and reasonably well in all the elements of communication although the listening skill is comparatively lesser in all attributes. There are 2-13% respondents' whom communication skills were very poor, poor and uncertain in its different attributes such as use of probing questions, avoid leading question, providing summary of what had told etc. Communication with diverse people and on diverse issues also rated as effective although about 13% graduates were uncertain in breaking bad news and 9% each in counselling and taking informed consent. More exposure to the clinical scenario with real patient and simulated patient will create more opportunities to practice. All new skills take time to refine, however, with effort and practice anyone can develop good, even exceptional communication skills. Educational managers should emphasize on improving the skills of fundamental elements of communication in all aspects of future doctors during their educational management and planning.

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Conflict of interest

The authors have no conflict of interest to declare.

Authors contribution

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