

In-patients Views Regarding Communication Skills among Medical Students

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ABSTRACT:

BACKGROUND:

The competence of the physician is determined not only by scientific and clinical knowledge, but also by excellent communication skills to ensure optimal doctor patient interaction.

OBJECTIVE:

To evaluate patient viewpoints and satisfaction regarding the communication skills of medical students. 2) To investigate the relationship between patient satisfaction and some sociodemographic characteristics.

PATIENTS AND METHODS:

A cross-sectional study with analytic component was carried out at "Al-Imamain Al-Kadhmain Medical City" during 2023(from January to June) on a sample of admitted patients from different wards.

RESULTS:

The study involved 314 patients from different wards in the hospital, 52% of patients was in the age group 30-60 years, 67% were females, 59% of the patients had been stayed in the hospital about (3-7) days. The mean satisfaction score was classified as good in 79% of patients who assess the student's communication skills, 20% gave fair score and only 1% gave a poor mean score of satisfaction regarding the medical students, good score was associated with male gender, age group 30-60 years, medicine ward and duration of staying in the hospital.

CONCLUSION:

In patients were generally satisfied with the medical students communication skills, good scores were especially in terms of male gender, age and the duration of staying in the hospital.

KEY WORDS: communication, in patients, medical students, satisfaction.

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INTRODUCTION:

In order to guarantee the best possible doctor-patient interactions, a physician competency is assessed not only by their clinical and scientific expertise but also by their outstanding communication abilities. By allowing patients to participate in the diagnosis and treatment process, medical care becomes more effective and they are encouraged to take charge of their own health. It is the physicians' duty to use effective communication skills to support the "joint decision-making" process that fosters this collaboration^[1,2]

In the early stages of a medical career, observing patients is a crucial component of building communication skills. The student should seize every chance to watch how their mentors and patient interact; it's crucial to be present for vital discussions. The learner must think about how

he can modify his future behavior in such a circumstance and decide whether to emulate or refrain from the behavior he observes.^[3]

The student needs to choose his own structure of communication techniques. Delivering high-quality healthcare services requires and effective communication skills, as they can establish and maintain therapeutic relationships with their patients and establish productive work environments by communicating with them.^[4]

In Iraq, there is no specific course/module devoted for teaching and/or learning of CS which needs to be adopted by medical colleges. This may be attributed to the continuation of adoption of old traditional subject-based curricula by most Iraqi medical colleges which is by itself still a rigid and fixed lecture-based curriculum.^[5] Nevertheless, The National

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Accreditation of Medical Colleges in Iraq had adopted graduate outcomes and national standards for accreditation of Iraqi medical colleges. These standards and outcomes included several communication skills requirements: Also, the demand from participants in communication skills courses conducted in several medical colleges has become crucial. (6)

STUDY OBJECTIVE:

1) To evaluate patient perspectives and satisfaction regarding the communication skills of medical students.

2) To explore the association between patient satisfaction and some sociodemographic characteristics.

PATIENTS AND METHODS:

Study design: Cross sectional study with analytic components.

Study setting and duration: The study was carried out at "Al-Imamain Al-Kadhmain Medical City" during 2023 (from January to June) on admitted patients from different wards to inquire about their views regarding the communication skills being practiced by the medical students dealing with them for learning purposes during clinical sessions.

Sampling technique: A convenient sampling was used to recruit the study group **314**, the data had been collected by direct interview with the admitted patients.

Inclusion criteria: in patients who stayed for more than one day and had met and recognized medical students.

Exclusion criteria: patients admitted in Intensive care unit, emergency and critically ill patients.

Data collection tool and duration: The data had been collected through direct interview using a modified standard questionnaire that had been obtained from standard validated published article, (6) either with the patients themselves or with the accompanied care giver for pediatric patients.

The questionnaire contained two sections: The first section included general data of the patients as follows: age, gender, occupation, level of education, the ward in which the patient was

admitted, duration of staying in the hospital and if they were able to recognize medical students.

The second section include ten questions to assessing patients' satisfaction with the communication skills of medical students. Each item is rated on a five -point Likert scale, ranging from 1 (poor) to 5 (excellent); including (Excellent, very good, good, fair, poor).

Scoring:

- Excellent answer was given 5
- Very good answer was given 4
- Good answer was given 3
- Fair answer was given 2
- Poor answer was given 1

The maximum score is 50 and the minimum score is 10, the mean score of answers of all the answers was calculated and interpreted as:

More than 4: good score

2.5 - 4: fair score

Less than 2.5: poor score

Excellent proportion was also calculated to give more specific & useful view than summarizing scores via means.

Ethical consideration: The purpose and details of the study was clarified to the patients at the time of interview at the wards and the had had the right to participate or refuse. Verbal consent had been taken from the patients before starting the interview.

Statistical analysis: Statistical analysis was done using (SPSS 20).

The Descriptive data presents in form (frequencies, percent, and mean).

Chi square test and fisher exact test had been used to assess the association between demographic data and for satisfaction scores. The P value of <0.05 is considered significant.

RESULTS:

The study involved 314 patients at the end of the data collection duration, from different wards in the hospital (medical, surgical, gynecology, pediatrics and other wards), 52% of patients was in the age group 30-60 years, 67% were females and 46% of the patients had a primary school degree. 84% of the studied sample were unemployed, and 59% staying in the hospital about (3-7) days. (Table 1)

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Table 1: Sociodemographic profile and duration and ward of the studied patients.

Sociodemographic features		N(314)	%
Age group	< 30 years	109	35%
	30-60 years	164	52%
	>60 years	41	13%
Sex	Male	104	33%
	Female	210	67%
Ward	Medicine	82	26%
	Surgery	114	36%
	Gynaecology	50	16%
	pediatrics	70	22%
Duration of staying in the hospital	<3 days	89	28%
	3-7 days	185	59%
	>7 days	40	13%

Regarding patients' responses, 163(52%) of patients give excellent score to the question "Greeting me in a way that makes me feel comfortable", and 43% of

patients give excellent score regarding the question: "Showed care and concern". (Table 2)

Table 2: Distribution of studied sample according to their responses regarding students' communication skills.

Questions	Excellent		Very good		good		Fair		poor	
	N	%	N	%	N	%	N	%	N	%
1-Greeting me in a way that makes me feel comfortable.	163	52%	78	25%	50	16%	18	6%	5	2%
2-Treated me with respect.	84	27%	100	32%	77	25%	43	14%	10	3%
3- Wear appropriate/decent clothes for a hospital.	160	51%	85	27%	47	15%	16	5%	6	2%
4-Pay attention to me :looked at me and listened	156	50%	89	28%	53	17%	10	3%	6	2%
5-Let me talk without interruptions.	121	39%	101	32%	61	19%	23	7%	8	3%
6- Spend right amount of time with me.	106	34%	117	37%	65	21%	16	5%	10	3%
7-Talking to me in terms I could understand.	131	42%	109	35%	45	14%	23	7%	6	2%
8-Check to be sure that I understood everything he asked.	102	32%	97	31%	70	22%	33	11%	12	4%
9-Encouraged me to ask questions.	74	24%	74	24%	78	25%	67	21%	21	7%

(Paid attention to me : looked at me, and listened) respectively. The lower satisfaction score and excellent proportion (74) were given to the questions (Encouraged me to ask questions) respectively. Table (3)

According to patients' views, the mean satisfaction score was good for 79% of patients while 20% were regarded as fair score and only 1% gave a poor mean score of satisfaction regarding the medical students.

Table 3: Distribution of mean score and excellent proportion from the total answers of patients regarding students' communication skills.

Questions	Mean score	Excellent
	N	proportion
1-Greeting me in a way that made me feel comfortable.	4.19	163
2-Treating me with respect.	3.65	84
3- Wearing appropriate and decent clothes for a hospital.	4.20	160
4-Pay attention to me : looked at me, listened	4.20	156
5-Let me talk without interruptions.	3.96	121
6- Spending the right amount of time with me.	3.93	106
7-Talking in terms that I could understand.	4.07	131
8-Checking to be sure that I understood everything he asked.	3.77	102
9-Encouraging me to ask questions.	3.35	74
10-Showing care and concern.	4.13	136

The patients mean satisfactions score was associated with sociodemographic factors of the patients, a significant association was found between the mean score and the gender, wards, & duration of staying in the hospital. A good score was associated with male gender, medicine

ward and staying in the hospital for 3 to 7 days. P (0.003, 0.002 and 0.003) respectively. Table (4). The results revealed that non statistically significant association was observed between age of study participants 'and satisfaction level (=P.06).

Table 4: The distribution of study group according to level of satisfaction and sociodemographic characteristics.

		Patients satisfaction level						P
		Poor		Fair		Good		
		N	%	N	%	N	%	
Age Group	<30 years	0	0.00%	19	6.05%	90	28.66%	.06
	30-60 years	2	0.64%	34	10.83%	128	40.76%	
	>60 years	0	0.00%	9	2.87%	32	10.19%	
Sex	female	1	0.32%	19	6.05%	84	26.75%	.003
	male	1	0.32%	43	13.69%	166	52.87%	
ward	medicine	0	0.00%	14	4.46%	69	21.97%	.002
	surgery	1	0.32%	15	4.78%	49	15.61%	
	pediatrics	0	0.00%	18	5.73%	50	15.92%	
	Gynecology	1	0.32%	11	3.50%	40	12.74%	
	others	0	0.00%	4	1.27%	42	13.38%	
Duration of staying in hospital	<3 days	1	0.32%	13	4.14%	75	23.89%	.003
	3-7days	1	0.32%	39	12.42%	145	46.18%	
	>7 days	0	0.00%	10	3.18%	30	9.55%	

sig p <0.005

fisher exact test

DISCUSSION:

Effective communication skills between the students and patient reduce the malpractice and improve the care system. A lot of medical schools around the world introduced teaching and learning of communication skills to the college core curriculum ⁽¹⁾. In this study, the age between 30-60 years was the major portion, with female predominance and more than half of patients in the study stayed in the hospital between 3-7 day , and the largest percent were from the medical wards , this group have a good time for student interview as they tend to be more stable and had seen the students more

frequently during clinical sessions, the demographic data of the patients and average duration of staying are agreed with previous Iraqi studies regarding admitted patients in different hospitals ^[7,8].

The present study showed that the part concerning (Greeted the patient) had the highest rate of patient satisfaction and excellence score, this satisfaction is not surprising because acknowledging the patient by name, may seem like obligatory parts of any professional interaction between provider and patient and that made patient talk confidently without

restricted speech [10]. On the other side “encourage the patient to ask questions “ had the lowest score, and the lowest excellent score, which could be attributed to the fact that students did not perform their duty to the fullest extent because they forget to receive patients feedback, these findings were in line with previous studies that investigate the factors associated with patient satisfaction, they included good communication, and patient trust through cautious feedback and follow up. Missing those factors will affect the process of effective communication which could be crucial to carry positive effects on the health outcome as well [11,12].

The majority of patients were satisfied to student performance, However, Devera-Sales and colleagues observed that 73% of patients that were questioned, valued the attention they received from their medical students, despite numerous research showing that medical students had little effect on overall patient satisfaction. [11] While in their randomized controlled study, Gress and colleagues found that patients were less likely to score their overall visit as "excellent" if a student was present, even if they did not observe any difference in the overall satisfaction rating. Additionally, 30% of respondents (20/68) said they "probably" or "definitely" would not want a student to participate in a follow-up visit [13]. These findings were in agreement with the figures from other different studies obtained through specifically asking the patients if they would prefer to be checked by their doctor alone Vs with the presence of medical student. In both cases, only a minority of patients replied with “yes”, and showed that patients were kind of reluctant to have a student present for outpatient visits especially if the visit was for intimate problems and/or internal exams [14,15].

While findings of study done by Schmittiel et al. showed that the overall satisfaction were similar for both female and male patients, and it was associated with times of visits and duration. However, other literatures found that older age, male sex, and duration of hospital stay had been associated with higher patients' satisfaction [16,17] According to the above findings, it can be inferred that medical students have been shown to positive affect in the perceptions of quality of care by patients when included in the health care team as demonstrated in the hospital wards. Similarly, this study demonstrates that medical student involvement was positively affected patient experience in the daily visits. Patients felt more comfortable answering questions of their

doctors when medical students were involved [18]. Nevertheless, it is recommended to encourage the patient to ask questions about the illness or problems, and being attentive and empathic at least nonverbally, in the short term. Provide the necessary time with patient; Which leads to the patient's satisfaction as well as obtaining sufficient information about that case.

Limitations of the study:

The fact that some patients were tired and in poor psychological state affected the response rate and limited the number of included wards into only stable and cooperative patients, emergency department was excluded which is one of the best challenging places that need good communication skills of the future doctors and for sure need to be studied.

CONCLUSION:

Patients satisfaction about the students communication skills was generally good, and according to their views, excellent score was given to the point related to greeting the patients, and the poorest satisfaction score was related to the point of encouraging the patients to ask questions, good score associated with male gender, age group 30-60 years, medicine ward and staying in the hospital for 3 to 7 days.

authorship contribution:

Luma k Mohammed : data collection & analysis
Nibras Alaa Hussain : study design & methodology
Zeena Jamal Mahdi : literature review & references

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