

Implementing an Assessment-Based Communication Skills Training in Pre-Clinical Phase: An IMU Experience

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Summary

This article describes the communication skills programme of the International Medical University, which adopts an integrated medical curriculum. The programme, implemented in February 2005, is based on a systematic framework aimed at teaching students basic interpersonal communication skills progressively and continuously throughout the pre-clinical phase.

Key Words: Communication skills, Medical education, Pre-clinical students

Introduction

Research has unequivocally demonstrated that an effective communication between doctor and patient can enhance health outcomes including increasing patient satisfaction, increasing treatment compliance and positively influencing patient understanding and recall¹. These benefits have compelled various accreditation bodies, such as the Liaison Committee on Medical Education (LCME) and the General Medical Council (GMC), to include communication skill as an essential component in medical education. In the early 1990s, most medical schools, particularly those in the United States² and the United Kingdom³ are reported to have implemented some form of communication skills training.

In Malaysia, medical institutions are beginning to introduce the teaching of communication skills as part of medical education. However, to date, there is limited published information on the type of training used to teach communication skills. Hence it is uncertain as to whether the teaching mode is mostly

pedagogical or more practical-based and if the training commences during the pre-clinical school and continues throughout the medical education. This paper aims to introduce the communication skills training programme conducted during the pre-clinical phase at the International Medical University (IMU). This university adopts an integrated medical curriculum and students are exposed to communication skills training in both pre-clinical and clinical phase of their medical education.

The Communication Skills Training Programme in IMU

It is now accepted that effective teaching of communication skills should involve continuous training and practice of skills, demonstration and evaluation of these skills¹. Mere concept-based teaching is insufficient for the development of good communication skills.

In the past, communication skills are taught using mainly the didactic approach. The revised programme has altered the training of communication skills in two ways. Firstly, a systematic programme was introduced.

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Secondly, training is conducted throughout the pre-clinical phase i.e. students are exposed to communication skills training every semester, starting from semester 1.

Employing a systematic tool in teaching and assessing communication skills is important⁴. Firstly, the systematic tool enables clear objectives to be formulated to clarify the specific communication skills to be mastered during medical interviews. Secondly, with clear objectives set, a systematic tool can render a more standardised and accurate assessment of the skills learned.

It is also pertinent that communication skills training is ongoing throughout the medical education. Evidence has suggested that while it is possible to learn communication skills, maintaining these skills require follow-up communication training⁵. For example, it is possible to learn how to empathise, but if this skill is not consolidated through time, the ability to empathise can diminish.

The content of the communication skills teaching program in the pre-clinical school is based on the 3-Function Approach⁶ which encompasses the following in the medical interview:

1. Building the Relationship
2. Assessing Patient's Problem
3. Managing Patient's Problem

The main focus for the pre-clinical phase is on Building Relationship. As such the training programme will facilitate students to acquire good interpersonal skills. The skills students need to acquire are listed in Table I.

More specifically, the new program teaches critical communication skills such as building rapport, empathy, handling difficult patients etc. in a progressive manner. Seminars and role play using Simulated Patients (SPs), who re-enact a given medical scenario, are mainly used to deliver the training programme.

In each semester, students are taught how to demonstrate a chosen set of skills. They are required

to achieve competency in all these skills before moving on to the next semester when another set of skills are taught. The sessions in the following semesters build upon the skills learned in previous semesters. The skills are demonstrated within the context of a medical interview.

As Malaysia is a multi-cultural country, particular attention is given to inter-cultural communication and sensitivity. Students are trained to be aware of cultural differences in communication and how to be flexible when they deal with individuals from different cultural backgrounds.

Throughout the pre-clinical phase, students are taught how to handle different situations beginning with cooperative patients to more difficult patients who are more demanding. The latter requires students to integrate the skills learned and to be flexible in the application of these skills.

In IMU, communication skills are assessed using both summative and formative assessments. The summative assessments include short-answer questions (SAQ) and objective structured clinical examinations (OSCE).

Formative assessments are based on the SPs' evaluations of students' competency during history taking sessions. The SPs use a rating scale developed to assess students' competency in each of the skills (See Table II). This rating scale was devised to standardise evaluators' feedback to the students. The SPs have and will continue to receive the necessary training. The ratings and feedback are kept in the students' portfolios to chart their progress.

This new communication skills programme was piloted in September 2004. Following some revisions, the programme was officially implemented in February 2005. A team of researchers is currently assessing the efficacy of the programme. In particular, a before-after study is conducted to investigate the impact of the new programme on students' attitude, understanding of communication skills and perceived competency in interpersonal communication.

Table I: Basic communication skills in pre-clinical phase

Skill Category	Specific Skills
Non-verbal communication	Eye contact
	Body posture
	Facial Expression
	Touch
	Body movement
Observation	Space between doctor and patient
	Non-verbal behaviour of patient
	Verbal behaviour of patient
	Self-observation
Empathy	Non-verbal empathy
	Verbal empathy
	- <i>facilitating</i>
	- <i>reflection</i>
	- <i>legitimation</i>
Personal Support Partnership	- <i>checking (rephrasing)</i>
	Verbal and non-verbal support
Respect	Establishing partnership
	The use of "we" rather than "I" or "you"
	Attentive/active listening
Fluency	Verbal expression of respect
	Clarity of speech

Table II: An example of the rating scale used by the SPs to rate students' competency in specific skills within a particular semester.

Semester 1	
Skill: Building Rapport	
Criteria:	
Greet politely	<input type="checkbox"/>
Appro. attention given, not just writing notes	<input type="checkbox"/>
Appro. posture	<input type="checkbox"/>
Appro. Facial expression (to worries/ problems)	<input type="checkbox"/>

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