

**ORIGINAL ARTICLE**

## UKM Medical Graduates' Perception of their Communication Skills during Housemanship

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### ABSTRAK

Keupayaan bertutur dengan pesakit dan saudara-mara tidak wujud secara semulajadi, lebih sukar lagi bagi doktor muda untuk meletakkan diri dalam situasi pesakit yang rumit. Satu kajian 'keratan rentas' telah dilakukan untuk mengenalpasti kebolehan berkomunikasi graduan tahun 2004 Fakulti Perubatan, UKM semasa mereka menjalani posting sebagai 'pegawai perubatan siswazah' di hospital seluruh Malaysia. Borang maklumbalas yang piawai digunakan untuk mengumpul data. Lima puluh sembilan peratus graduan mengakui mereka mempunyai kemahiran komunikasi yang sangat baik dengan pesakit, manakala 69% graduan mengakui mempunyai kemahiran komunikasi yang sangat baik dengan kakitangan sokongan dan 88% dengan rakan sebaya. Walaubagaimanapun, 38% dan 41% mengakui mereka mempunyai kemahiran komunikasi yang baik dengan pihak atasan dan keluarga pesakit, masing-masing. Hanya 22% daripada graduan mengakui bahawa mereka mempunyai kemahiran yang baik di dalam menyampaikan berita buruk, manakala 50% dan 81% mengakui mereka mempunyai kemahiran kaunseling pesakit dan pengambilan persetujuan untuk prosedur, masing-masing. Oleh itu disarankan perancang kurikulum memberi penekanan yang sewajarnya dalam aspek kemahiran komunikasi untuk bakal doktor di masa akan datang.

*Kata kunci:* kemahiran komunikasi, anggapan, siswazah perubatan, bakal doktor

### ABSTRACT

The art of talking to patients and their relatives does not come naturally to most of us and the ability to put oneself in the patients' predicament is difficult particularly for the young doctors. To identify the communication abilities of the young doctors, a cross sectional study was carried out on 32 house officers who graduated from UKM in 2004 during their house jobs at different hospitals in Malaysia. A standardized questionnaire was used to collect the data. Fifty nine percent respondents claimed that they had communicated very well with patients while 69% with support staff and 88% with peers. On the other hand 38% and 41% of the respondents claimed they communicated very well with their superiors and families of patients. Only 22% of the graduates' skills of communication in breaking bad news were very well, while 50% and 81% were very well in counselling patients and taking

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consent for procedures. Curriculum planners need to emphasize the importance of developing good communication skills in all aspects for the future doctors.

**Key Words:** communication skills, perceptions, medical graduates, future doctors

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## INTRODUCTION

Since time immemorial, the aims of the physician have been to cure sometimes, relieve often, and comfort always. To "comfort always" and the ability to communicate effectively with patients are fundamental for clinicians (Jason 2000; Ong et al 1995). Evidence-based studies show that doctors' interpersonal and communication skills have a significant impact on patient care and correlate with improved health outcomes and health care quality (Rider and Keefer 2006; Nobile & Drotar 2003; Stewart 1995; Stewart et al 1992). Effective communication is needed for doctors to make an accurate diagnosis, to facilitate compliance with treatment by creating a trusting relationship with chronically ill patients and their families, to cope with breaking bad news and dealing with anger and to establish harmonious relationships with colleagues (Royston 1997), support staff and superiors. Dissatisfaction of patients and the public is due more to poor communication than to any other pro-fessional deficiency among doctors (Anon 1993). Communication is a core clinical skill that can be taught and learned (Rider and Keefer 2006) and teaching communication skills is now part of the undergraduate medical curriculum in the majority of medical schools world wide (Lloid and Bor 1996).

The Medical Faculty of Universiti Kebangsaan Malaysia (UKM) started to teach communication skills formally from the year 2005 under the new integrated curriculum, consisting of 10 semesters in five years. Before 2005, UKM medical curriculum was more conventional and disciplined-based in which communication skills were not explicitly taught or

assessed. The objective of this paper is to determine the perceptions of house officers of UKM from the old curriculum on their communication skills in different aspects. The study findings may also be utilized as base-line data to make comparisons in future research between the products of the new integrated curriculum where communication skills are taught and assessed.

## MATERIALS AND METHODS

A cross sectional study was carried out on house officers at different hospitals in Malaysia who graduated from the UKM in 2004. Data was collected utilizing a standardized questionnaire containing both open and close-ended questions on different attributes of communication skills as competencies. In order to collect the data, questionnaires were mailed through the academic office to the home addresses of all 172 graduates. The questionnaires were posted at around the middle of their housemanship period. Only 32 doctors returned their questionnaires giving a response rate of 18.6%. The data was then compiled and analyzed.

## RESULTS

Table 1 showed the abilities of communication of graduates with different groups of people where 87.5%, 68.8%, 59.4%, 40.6% and 37.5% of the respondents communicated very well with peers, support staff, patients, patients' families and their superiors, while 12.5%, 31.2%, 40.6% and 53.1% and 62.5% communicated reasonably well with the respective groups of people. Communication abilities of 6.3% of the respondents were not well at

all with patients' family.

Table 2 showed that 21.9%, 50% and 81.2% of the respondents were very well in breaking bad news, counselling patients and taking consent for procedures while 78.1%, 50% and 18.8% were reasonably well in doing so.

**DISCUSSION**

The majority of the house officers claimed to have communicated very well with their peers, support staff and patients. Moreover on comparison, communication with patients was the lowest (59%). Lack of attention was given to families of patients which were reflected by the low (41%) percentage of very good capabilities in communicating with patients' families. Only 38% of the respondents claimed to have communicated very well with their superiors (Table 1), which seemed to be not enough. Breaking bad news to patients and

their relatives is a difficult task for health professionals (Barnett et al 2007). Although it is an inevitable part of medical practice most of us worry about our ability to communicate sensitive and distressing news like loss of well-being, hope, health and relationships (Lloid & Bor 1996). The findings of this study revealed that only 22% of respondents perceived themselves to have very good capabilities in breaking bad news. Competence in patient counselling seemed better (50%) and competence in taking consent for procedures was also good (81%) among the respondents (Table 2). Different studies also revealed that the practicing physicians are themselves ill equipped with skills of communication (Zabidi 2000; Waitzkin and Stoekle 1972).

It is now established that patients' satisfaction, compliance with medication and disease outcome are all associated with the quality of good communication

**Table 1:** Distribution of respondents on the basis of the ability to communicate with different groups of people (n=32).

Ability / Skills	Communication with different groups of people									
	Peers		Support staff		Patients		Patients' family		Superiors	
	F	%	F	%	F	%	F	%	F	%
Very well	28	(87.5)	22	(68.8)	19	(59.4)	13	(40.6)	12	(37.5)
Reasonably well	04	(12.5)	10	(31.2)	13	(40.6)	17	(53.1)	20	(62.5)
Not well at all	0	0	0	0	0	0	02	(6.3)	0	0
<b>Total</b>	<b>32</b>	<b>(100)</b>	<b>32</b>	<b>(100)</b>	<b>32</b>	<b>(100)</b>	<b>32</b>	<b>(100)</b>	<b>32</b>	<b>(100)</b>

**Table 2:** Distribution of respondents on the basis of the ability to communicate tasks like breaking bad news, counselling patients and taking consent for procedures (n=32).

Ability / Skills	Communication tasks					
	Breaking bad news		Counseling patients		Taking consents	
	F	%	F	%	F	%
Very well	7	(21.9)	16	(50.0)	26	(81.2)
Reasonably well	25	(78.1)	16	(50.0)	6	(18.8)
<b>Total</b>	<b>32</b>	<b>(100)</b>	<b>32</b>	<b>(100)</b>	<b>32</b>	<b>(100)</b>

(Royston 1997; GMC 1993; Simpson, Buckman & Stewart 1991; Ley 1982). Good communication falls into two categories: those of imparting clear information and those of relating empathically with the patient. Good communication is not easy; few can master it without special tuition and constant attention to its effectiveness. Communicating effectively involves the core skills of questioning, active listening and facilitating (Lloyd & Bor 1996). Competency in communication skills is required at all levels of medical training (Rider and Keefer 2006; IIME 2002; Frank et al 2000; Whelan 1999; Klass et al 1998; LCME 1998). Indeed, the General Medical Council in its recommendations on basic medical education has rightly stated that "on graduation a student should be competent to communicate effectively and sensitively with patients and their relatives" (Rees et al. 2002; Royston 1997; Stewart 1984).

## CONCLUSION

The majority of UKM house officers' of the old conventional curriculum have good communication skills in different aspects. However, the skills of communication with their superiors and the skills of when communicating sensitive and distressing issues like breaking bad news needs to be improved. The low return rate of questionnaires by the house officers and self claim data, with no verification of the claims is the limitations of this study. Further large scale studies are required to reveal more information. Educational managers should emphasize on improving communication skills in all aspects of future doctors during their educational management and planning.

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