

FINAL YEAR STUDENTS' PERFORMANCE IN COMMUNICATION SKILLS OSCE IN A MALAYSIAN MEDICAL SCHOOL

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Abstract:

Introduction: The Royal College of Medicine Perak under Universiti Kuala Lumpur started its own undergraduate medical degree programme in 2007. As part of the review and evaluation of communication skills (CS) training, the performance of the two pioneer batches of final year students in CS Objective Structured Clinical Examinations (OSCEs) stations in the 2012 and 2013 were analysed.

Methods: The CS OSCE stations were analysed based on the percentage of students obtaining a satisfactory performance in each CS component. Overall performance in each CS component was considered satisfactory, if $\geq 50\%$ of students achieved satisfactory performance or unsatisfactory, if $< 50\%$ of students achieved satisfactory performance. The two cohorts were compared for any significant statistical difference ($p < 0.05$) in their performance.

Results: Satisfactory performance was obtained in basic CS (courtesy, appropriate non-verbal and verbal CS), stating intention of session, recognizing patient's cues, checking and addressing patient's perceptions and concerns, checking patient's understanding, breaking bad news and maintaining a professional attitude. The performance was unsatisfactory in assessing prior knowledge, discussing patient management and checking patient's coping skills. Both the two cohorts' performance did not differ significantly.

Conclusion: Overall the students' performance was satisfactory except for assessing prior knowledge, discussing management and checking patients' coping skills.

Key words: Communication skills, OSCE, medical students, Malaysia

Introduction

Communication skills (CS) is an important core clinical skill taught in medical school. Evidence shows that patients' complaints including malpractice allegations are often a result of poor communication rather than clinical incompetence.^{1,2,3} There is extensive evidence on the positive effects of CS training such as an improved ability of medical students to interview and gain information from patients.⁴ A study by Yedidia et al found that CS training significantly improved third-year medical

students' overall communications competence including patient assessment, negotiation, shared decision making and relationship building skills.⁵ Positive health outcomes are also related to the quality of clinical communication.⁶ In Malaysia, a nationwide survey on the views of Malaysian interns and their supervisors had indicated that the undergraduate training in information giving, breaking bad news and dealing with angry / difficult patients was inadequate.⁷

In University Kuala Lumpur Royal College of Medicine Perak, Malaysia

(UniKL RCMP), basic CS (courtesy, non-verbal and verbal CS, listening skills, patient-centered consultation) was taught from Year 1. In the first clinical year (Year 3), students learned skills in information gathering and information giving using role plays and through real patient encounters. Each student was video-recorded on how they interviewed a patient and self-assessed their performance based on a checklist provided in the students' course handbook and also received feedback from a tutor and their peers.

In the final two clinical years, students had role play sessions using scenarios based on more complicated cases including breaking bad news, dealing with angry patients and ethical issues. Students also had opportunity to interview a terminally ill patient and their caregiver and then reflect upon and present their encounter.

Assessments on CS were in the form of summative OSCEs at the end of Years 1, 3, 4 and 5 and formative assessments during CS teaching in Years 3 and 4.

In implementing the new medical degree programme RCMP teachers went through a Teaching and Assessment Workshop in November 2007. Subsequently, another Teaching the Teachers course was organized for new tutors in December 2009. CS training was a part of both of these workshops.

Feedback from the pioneer batch of students indicated that they found the CS training helpful and they were more confident in their CS, especially in basic CS, gathering and giving information. However 16% and 19% of students said that they failed to achieve the skills in breaking bad news and in dealing with difficult/angry patients respectively.⁸

As part of an objective review on the current undergraduate CS training, the actual performance of the first two batches of medical students in their final year summative CS OSCE stations were

evaluated. This article reports the findings of the students' performance in the final year summative CS OSCE stations for the first two batches of graduates from the MBBS UNIKL programme.

Materials and Methods

Prior approval was obtained from the Dean, Faculty of Medicine, UNIKL RCMP. All the original marking scripts for the final year CS OSCE stations (for 2012 and 2013) were compiled, entered into a computerized database and analysed.

The two final summative CS OSCE stations were explaining to a standardized patient about her HIV (Human Immunodeficiency virus) positive blood test results (2012) and explaining imaging results confirming metastasis to the liver in a standardized patient with a history of colon cancer resected upon successfully 3 years ago (2013).

The OSCE assessed the competence of students in the following communication skills components:

1. Basic CS (courtesy, appropriate non verbal, verbal CS)
2. Stating intention of session
3. Assessing prior knowledge
4. Breaking bad news
5. Recognizing patient's cues
6. Checking and addressing patient's perception and concerns
7. Checking patient's coping skills
8. Checking patient's understanding with opportunity for clarification
9. Discussing management with the patient
10. Maintaining a professional attitude

For each CS component, the examiner based on the student's performance, had to circle the score under one of three columns in the marking checklist: satisfactory, not satisfactory or not done. The percentage of students obtaining

satisfactory scores for each CS component in the marking checklist was calculated. Overall performance in each CS components were categorized into unsatisfactory or satisfactory based on the proportion of students who obtained satisfactory performance i.e. unsatisfactory if less than 50% of the students obtained satisfactory scores or satisfactory if 50% or more of students obtained satisfactory scores. The results for both batches of graduates were compared and analyzed using chi square test to discern if there was any significant differences (p value was fixed as < 0.05).

Results

There were 111 and 104 students in the 2012 and 2013 batches respectively. The results obtained are shown in Table 1. The majority of the students had satisfactory performance in all CS components except assessing prior knowledge, checking patient's coping skills and discussing management with the patient (see Table 1). There were no significant differences in the components for both the cohorts of students, which show that training and performance were uniform for both the groups.

Examiners' comments included students' poor knowledge of the conditions used in the OSCE scenarios and students not fully exploring the patient's concerns. Overall, 68.5% (76 out of 111 students) in 2012 and 82.7% (86 out of 104 students) in 2013 passed the CS station. The difference in pass proportion was not statistically significant. There was improvement in performance of students in 2013 but this was not statistically significant.

Discussion

CS is an important clinical skill for a medical graduate. The skills are used in daily encounters with patients and their families. These skills include basic CS (courtesy, non-verbal and verbal CS), skills in information gathering, information giving and breaking bad news. A very high proportion of students

acquired satisfactory basic communication skills and skills in breaking bad news (more than 75% in both batches of graduates).

However performance in certain skills was unsatisfactory such as assessing prior knowledge which was taught in the early clinical year (Year 3) under information giving but poorly performed with less than 50% attaining satisfactory performance in both batches of graduates. An analysis of the 2013 graduates' performance in their Year 3 CS OSCE station on information giving showed that 61.5% of students attained a satisfactory performance in this same component (assessing prior knowledge). It appeared that some skills in information giving were forgotten by the time the students entered their final year.

Students in both batches also performed poorly in components such as checking patient's coping skills and discussing management with the patient. This was consistent with the examiners comments on students' poor knowledge of disease conditions in OSCE which would affect management. In breaking bad news (using appropriate lay language, gently and in stages); 86% (2012) and 79.8% (2013) of students attained a satisfactory performance. This was consistent with 2012 survey findings whereby 16% of students said that they failed to achieve the skills in breaking bad news.

Students in all clinical postings had the opportunity to interview patients and to practice their skills in information gathering. Students however lacked opportunity (other than role plays / tutorials) to practice their skills in information giving and in managing patients. More opportunity to practice or perhaps a revision practice session in the final year focusing on the skills found deficient could improve their performance. A study by Kei Mukohara et al found that a short intensive two-day small group seminar

helped medical students improve communication skills.⁹

There were no significant differences in proportions of students who were performing satisfactorily in the two years. This shows that there was uniformity in training, assessment and performance of students of both cohorts. Factors such as pressure of time in OSCEs and the emotional pressure of final year examinations should also be considered as a reason for the average and below average performances in certain CS components besides a knowledge gap and a lack of opportunity to practice certain skills.

There was an improvement in performance of students in 2013 even if the improvement was not statistically significant. This improvement can be attributed to the continuous training programs which were conducted for the training lecturers.

Conclusion

Overall the students performed well in basic CS, in breaking bad news and most of the components but less than satisfactory in assessing prior knowledge, assessing coping skills and discussing management. Students who lacked knowledge of disease conditions in scenarios, contributed to the poor performance in discussing management. More opportunities to practice information giving for example on simulated patients need to be created for students.

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Table 1: Percentage of students with satisfactory scores in communication skills components in 2012 & 2013 OSCE

No	CS component	% with satisfactory performance (95% CI)		P – value
		2012	2013	
1	Basic CS (courtesy, appropriate non verbal, verbal CS)	76.6% (95%CI 68.72 – 84.48)	83.9% (95%CI 76.84 – 90.96)	> 0.05
2	Stating intention of session	65.8% (95%CI 56.98 – 74.62)	71.2% (95%CI 62.5 – 79.9)	> 0.05
3	Assessing prior knowledge	44.6% (95%CI 35.35 – 53.85)	48% (95%CI 38.4 – 57.6)	> 0.05
4	Breaking bad news	86% (95%CI 79.54 – 92.46),	79.8% (95%CI 72.08 – 87.52)	> 0.05
5	Recognizing patient's cues	67.1% (95%CI 58.36 – 75.84),	69.2% (95%CI 60.33 – 78.07)	> 0.05
6	Checking and addressing patient's perception and concerns	58.3% (95%CI 49.13 – 67.47)	66.9% (95%CI 57.86 – 75.94)	> 0.05
7	Checking patient's coping skills	34.7% (95%CI 25.84 – 43.56),	50.7% (95%CI 41.09 – 60.31)	> 0.05
8	Checking patient's understanding with opportunity for clarification,	59.5% (95%CI 50.37 – 68.63)	69.2% (95%CI 60.33 – 78.07)	> 0.05
9	Discussing management with the patient	30.2% (95%CI 21.66 – 38.74)	45.2% (95%CI 35.63 – 54.77)	> 0.05
10	Maintaining a professional attitude	61.5% (95%CI 52.45 – 70.55),	69.2% (95%CI 60.33 – 78.07)	> 0.05
11	Overall performance of students	68.5% (95%CI 59.83 – 77.11)	82.7% (95%CI 75.42 – 89.96)	> 0.05

REFERENCES

1. Simpson M. et al. Doctor – Patient communication: the Toronto consensus. *BMJ*. 1991;303: 1385-7.
2. Richards T. Chasms in communication. *BMJ* 1990;1407-8.
3. Shapiro RS et al. A survey of sued and non sued physicians and suing patients. *Ann Intern Med* 1984;149:2190-6.
4. Aspegren K. BEME Guide No 2. Teaching and learning communication skills in medicine – a review with quality grading of articles. *Med. Teach.* 1999. 21;6:563-70.
5. Yedidia MJ, Gillespie CC, Kachur E, Schwartz MD, Ockene J, Chepaitis AE, Snyder CW, Lazare A, Lipkin M. Effect of Communications Skills Training on Medical Student Performance. *JAMA* 2003;290(9):1157-65.
6. Kaplan SH, Greenfield S, Ware JE. Assessing the effects of physician-patient interactions of chronic diseases. *Med Care* 1989-27 (suppl 3):S110-27.
7. Chan SC. Views of Malaysian interns and their supervisor on the adequacy of undergraduate clinical skills. *Singapore Medical J.* 2012;53(3): 196-202.
8. Chan SC. Perceptions of Final Year Medical Students on their Communication Skills Training in the MBBS UNIKL Programme. Poster Presentation in IMEC (International Medical Education Conference) 13-15 March 2013, International Medical University, Kuala Lumpur.
9. Kei Mukohara, Kazuya Kitamura, Hideki Wakabayashi, Keiko Abe, Juichi Sato, Nobutato Ban. Evaluation of a communication skills seminar for students in a Japanese medical school: a non-randomised controlled study. *BMC Medical Education.* 2004. <http://www.biomedcentral.com/1472-6920/4/24>. Last assessed 6th November 2014.