Interpersonal Communication Skills Of Pediatric Residents Of Tertiary Care Teaching Hospital, Eastern Uttar Pradesh, India: A Pilot Study

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Abstract

Introduction: Effective communication set a platform where parents feel connected with his or her doctors, which can ultimately improve health, mediated through participation in care.

Aims: To Assess the interpersonal communication skills of Paediatric resident doctors.

Settings and Design: Tertiary Care Teaching Hospital, Eastern Uttar Pradesh, India.

Methods and Material: - A cross-sectional study was conducted among all Pediatrics trainee residents working in department of Pediatrics, Tertiary Care Teaching Hospital, Eastern Uttar Pradesh, India. A standardized self-administered questionnaire (Interpersonal Communication Skill Inventory) was used to assess the IPC skills. The inventory has four sections which includes, delivering clear messages, active listening, giving and getting feedback and handling of emotional interaction while communications.

Statistical analysis used: The data were tabulated and analyzed with SPSS-19 and Fisher exact probability test was used to compare the data.

Results: Total of 45 residents was assessed, male were 19 and female were 26. Age of resident doctors was between 25 to 30 yrs. Out of 45 residents, 57.8% were confident in sending the clear messages 31.1% were active listener, 20% were confident in giving and the getting the feedback, and 15.5% were confident in handling the Emotional Interactions. Female residents were confident in giving and getting feedback (p=0.01) and handling emotional interactions (p=0.03). Increased in experiences improves handling emotional interactions (p=0.03)

Conclusions: The delivering clear messages and active listening during conversation improved with experience whereas, to improve skills like handling emotional interaction and giving and the getting feedback of resident doctor would require structured training program.

Key-words: Interpersonal Communication Skills, Pediatrics, Residents, Satisfaction level

INTRODUCTION:

Effective communication set a platform where parents feel connected with his or her doctors, which can ultimately improve health, mediated through participation in care [1-5]. Communication skills can have acquired and improved by experience however, it can also be taught and assessed[6,7]. Effective communication is not only critical in caring for patients; it is also the health care provider's primary tool for conveying respect, empathy and compassion to patients and their families. Studies have shown that skillful communication that is patient-centered, convey sympathy and effectively used language and non-verbal signals leads to increased patient satisfaction[8&9]. There also is evidence that better communication results in improved patient adherence to treatment and better clinical outcomes[10]. Communicating with children may be influenced by the developmental stage of child, understanding of parents/mother, and skills of resident doctors. Therefore, we assessed the interpersonal communication skills of Pediatric resident doctors.

MATERIALS AND METHODS:

This is a cross-sectional study, carried out in department of Pediatrics, Tertiary Care Teaching Hospital, Eastern Uttar Pradesh, India, upon pediatrics resident doctors. The study was approved by the ethical committee of Institute and informed consent was obtained from resident doctors before the study. Interpersonal communication skills of the resident doctors were assessed by the Interpersonal Communication Skill Inventory[11]. This inventory has four sections; these are sending clear messages, active listening, giving and getting feedback and handling of emotional interactions. Each section consists of ten questions. The inventory was given to all resident doctors, after complete response to all questions to each section of inventory, it was collected back. The individual scores of each section were calculated with the help of inventory scoring key. The interpretation of total scores for each section based on the inventory guideline, Scores in the 1 > 15 range indicate areas of your communication skills that need improvement. Scores in the 16 > 21 range indicate areas of communication skills that need more consistent attention. Scores in the 22 > 30 range indicate areas of strength or potential strength. The data were tabulated and analyzed with SPSS-19

RESULTS:

A total of 45 residents, 19(42.2%) were male and 26 (57.7%) females. Age of resident doctors was between 25 to 30 yrs. The IPC scores were shown in the **(Table-1). Section I** (Sending Clear Message) Out of 45 residents, 26 (57.8%) were confident in sending the clear messages, 16(35.5%) were needs consistent attention and 3(6.6%) were needs improvement in their skills. **Section II** (Active Listener) Out of 45 residents, 14 (31.1%) were confident listener, 22 (48.8%) were needs consistent attention and 9 (20%) were needs improvement in their skills. **Section III** (Giving and Getting Feedback) Out of 45 residents, 9 (20%) were confident in giving and getting the feedback, 19(42.2%) were needs consistent attention and 17(37.7%) were needs improvement in their skills. **Section IV** (Handling the Emotional Interactions) Out of 45 residents, 7(15.5%) were confident in handling the Emotional Interactions, 21(46.6%) were needs consistent attention and 17(37.7%) were needs improvement in their skills. The IPC scores were graphically represented in **(Figure 1). Table-II** reveals the comparative analysis of IPC scores, year wise for various sections keeping the score category as fixed. We found that second & third year resident were confident in giving clear message as compare to first year residents, however, difference was not significant. Third and second year residents were active listeners as compared to first year resident, however, difference was not significant. Third and second year residents need more consistent attention in giving and getting feedbacks whereas first year residents requires improvement in giving and getting feedbacks, however, difference was not significant. First year resident needs improvement and more consistent attention in handling emotional interaction whereas econd year and third years were confident in handling emotional interaction and difference was significant (p=0.03). **Table-III** demonstrate the comparative analysis of IPC scores gender wise for various sections keeping the score category as fixed. We observed that male and females resident were equally competent in delivering clear messages and active listener. Female resident were confident in handling emotional interactions (p=0.01) and giving and getting feedback(p=0.03) as compare to males residents and difference was significant.

Table-I: -Interpersonal Communication Scores of Resident doctors

IPC skill Score category	**Interpersonal communication skills sections**			
	Section II Clear Message Number (%)	**Section II** Active listening Number (%)	**Section III** Giving& getting feedback Number (%)	**Section IV** Handling emotional interactions Number (%)
1-15 (need improvement)	3 (6.7)	9 (20.0)	17 (37.8)	17 (37.8)
16-21 (need more consistent attention)	16 (35.5)	22 (48.9)	19 (42.2)	21 (46.7)
22-30 (strength)	26 (57.8)	14 (31.1)	9 (20.0)	7 (15.5)

Table-II:-Interpersonal Communication Scores and Year of Resident doctors

IPC skill Score category		**Section I** Clear Message Number (%)	**Section II** Active listening Number (%)	**Section III** Giving& getting feedback Number (%)	**Section IV** Handling emotional interactions Number (%)
1-15	1st years	3(100)	4(44.44)	12(70.59)	11(64.71)
	2nd&3rd years	0(0)	5(55.56)	5(29.41)	6(35.29)
	p- value	0.56	0.16	0.3789	0.3016
16-21	1st years	10(62.50)	13(59.09)	5(26.32)	9(42.86)
	2nd&3rd years	6(37.50)	9(40.91)	14(73.68)	12(57.14)
	p- value	0.36	0.38	0.0542	0.1223
22-30	1st years	7(26.92)	3(21.43)	3(33.33)	0(0)
	2nd&3rd years	19(73.08)	11(78.57)	6(66.67)	7(100)
	p- value	0.0767	0.1182	0.1647	0.0350

Table-III:-Interpersonal Communication Scores and Gender of Resident doctors

IPC skill Score category		Section I Clear Message Number (%)	Section II Active listening Number (%)	Section III Giving& getting feedback Number (%)	Section IV Handling emotional interactions Number (%)
1-15	Male	2(66.67)	6(66.67)	8(47.06)	12(70.59)
	Female	1(33.33)	3(33.33)	9(52.94)	5(29.41)
	p- value	0.3000	0.3090	0.1195	0.3789
16-21	Male	7(43.75)	9(40.91)	11(57.89)	7(33.33)
	Female	9(56.25)	13(59.09)	8(42.11)	14(66.67)
	p- value	0.5000	0.3813	0.2005	0.0847
22-30	Male	10(38.46)	4(28.57)	0(0)	0(0)
	Female	16(61.54)	10(71.43)	9(100)	7(100)
	p- value	0.2885	0.2200	0.0147	0.0350

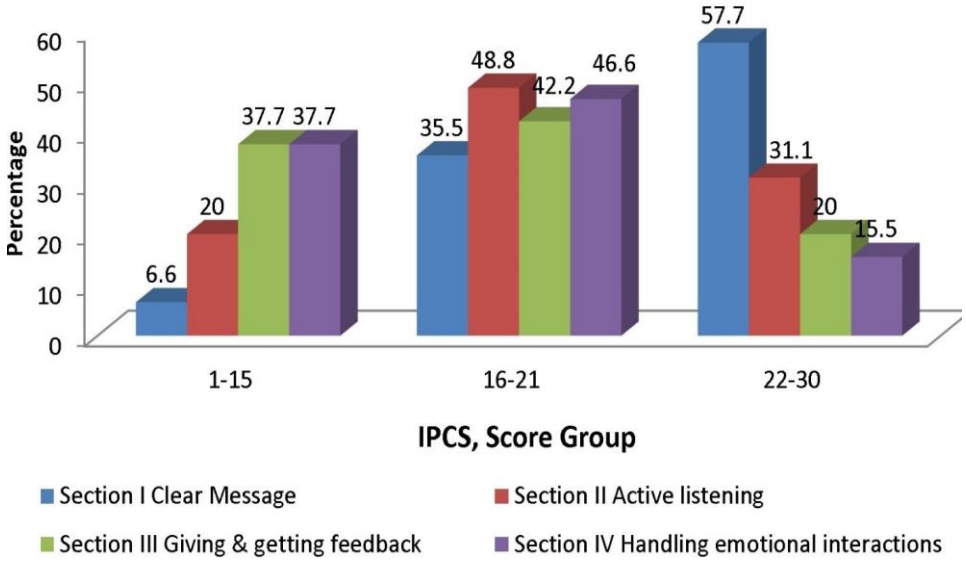

Figure 1:- Interpersonal Communication Scores of Resident doctors

DISCUSSION:

Present study describes the communication skills of a Pediatric resident in four domains. The observations of present study were mixed and we found that 57.8% residents have strength of communicating clear information and they were confident. However 6.6% of resident would require improvement in case of sending clear information, remaining 35.5% of resident were needs consistent attention. Thirty-one percent of our Pediatric residents were strength in listening, 48.8% of resident would need consistent observation and 20% of resident's ability of listening would require improvement. Observations[12] reported from Pediatric resident of Saudi Arab were similar competency in communication with parents (76.9%) whereas good listeners (73.8%) as compared to our residents (31%). Other study[13] reported from Pediatric resident of United States and found they were confident in basic communication skills (≥80%) like interviewing, listening, building rapport and demonstrating caring and empathy. Listening is an essential part of effective communication; this requires the provision of adequate time and patience, and the willingness to listen to parents' concern. To improve listening ability of our Pediatric resident would requires patience, constant observation, and spending time with parents while communication.

Twenty percent of our residents were confident in giving and getting the feedback, 42.2% were needs consistent attention and 37.7% were needs improvement in their skills. This might be because of inability to explain things in simple, clear, and local language as parents have different levels of educational and intelligence level. Clarity and directness are particularly important with parents of low comprehension abilities. The skill of handling the emotional interactions, our residents were suboptimal and only 15.5% were confident, 46.6% were needs consistent attention and 37.7% were needs improvement in their skills. This observation was not consistent with a study[13] which reveals that Pediatric residents of Saudi Arab were more mature in handling emotional situation (62.1%) as compared to our residents (15.5%). For dealing with emotional handlings we need to build confidence with patients, by accepting them what the parents say, without judging it. A little specific praise for the parents' efforts so far helps. Prior studies[6,7] have suggested that good communication is an art that is so far acquired, developed, and improved by experience. We found that with experience IPC Score would improve as, the competencies of third and second year residents in different domains were better than first year residents. We also found that of female resident were better in handling emotional interaction and giving and getting feedback.

Present study highlights the fact that delivering clear message and active listening would acquire and developed by spending more time with parents in wards. As it is evident from present work that competencies of delivering clear message and active listening of third year resident were more as compared to first year residents. Bedside teaching and

family centered round in ward would be good tool to improve these communication skills. The competency of giving and the getting feedback among resident were comparable however, senior residents were confident in handling emotional interactions. This observation of present work suggested that only experience would not helpful to improve these skills. Limited data was available on communication skills of Pediatric residents and in our best knowledge this was the first attempt to study communication skills by using interpersonal communication skill inventory. The results of present study were eye opener and explore the lacunae in our post graduate teaching, where we do not emphasize to teach these skills. The strength of present study was that it was objective assessment of communication skills and inventory was easy to assess the skills. Limitation of this study was that we could not generalize the results as it was single center study with small sample size.

CONCLUSION:- The delivering clear messages and active listening during conversation improved with experience whereas, to improve skills like handling emotional interaction and giving and the getting feedback of resident doctor would require structured training program.

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