visit. The team identifies patients needing surgery during outpatient clinics in Shodhgram and the villages served by SEARCH, and requests tests, correction of anaemia and malnutrition. The resident team at the hospital does these. During their next visit, Dr Bhojraj and his team operate on this group in the hospital and also identify patients for surgery during their next visit in the outpatient clinics. Once the critical postoperative period is over and the operated patients seen to be stable, the team entrusts their further care to the hospital staff and returns to Mumbai. A minimum of four such visits per year has followed and these have proved a great blessing for the locals.

Dr Bhojraj spoke feelingly of his deep gratitude that he is able to provide much needed help to those who otherwise have no access to such care. He joins many others in saluting Drs Rani and Abhay Bang.

SUNIL K. PANDYA

Letter from Bristol

COMMUNICATION SKILLS TRAINING IN MEDICAL EDUCATION

We live in a time when the core of medical knowledge is expanding at an alarming rate. With each passing year, we are witnessing the development of new knowledge in the areas of health, diseases and disorders, investigations, techniques, interventions and treatments. Many of these advances in medical knowledge need to be constantly incorporated into already stretched medical curricula. In this context, the ability of doctors to communicate effectively is a skill that is often taken for granted, despite being one of the most valuable attributes that predict patient satisfaction.

Communication skills are an important consideration in entrance interviews for medical schools in the UK, where admissions committees appear to have plenty of candidates to choose from. For instance, there were 17 applicants for every place at Bristol Medical School in 2010 (http://www.medical-interviews.co.uk/Medical-School.aspx). Although the corresponding numbers for entry to medical training in India reflect a considerably higher level of competition, the entry criteria for medical school and postgraduate programmes focus mainly on factual knowledge tested through objective examinations, and adequate communication skills and aptitude for medicine are largely assumed. In either system, issues related to communication account for a large proportion of complaints and litigation by patients.

That students and doctors can be taught to improve and develop their communication skills is a relatively recent realization, but one that has now found its rightful place in the vast majority of medical undergraduate and postgraduate training programmes in the UK, as well as elsewhere in the western world. The need for such training has been discussed in India too, but to our knowledge, training of this kind is yet to be practically embraced within medical training.

Traditionally, communication skills have been considered to be similar to (though simpler or ‘softer’ forms of) practical clinical skills, such as inserting intravenous cannulae, to acquire which the student first watches others, then attempts to practise them under supervision and finally, perfects them through repetition. However, we have come across an interesting, if controversial, view suggesting that ‘without specific training in communication skills, medical students’ ability to communicate deteriorates as they progress through their traditional medical training’. Can this really be true? In one study, first-year medical students did outperform more senior ones in the area of communication skills when interviewing mothers about their unwell children. It was concluded that the ‘innate ability’ of the first-year students had encouraged the mothers to disclose more personal information to them than to the senior students, who focused on obtaining specific factual information and at times, used leading questions in an attempt to achieve this.

Perhaps the idea that traditional models of medical education lead to a decline in the communication abilities of students is overly pessimistic, but it is certainly an interesting one which requires further thought and study. For instance, it could be expected that students and trainees receive feedback on their communication from patients, supervisors or peers while they practise taking histories and explaining investigations, diagnoses and treatment plans to patients. Upon reflection, we have rarely observed such spontaneous or unsolicited feedback in our experience of clinical life both in the UK as well as India. The perceived lack of time is probably the single most important factor contributing toward this.

Time pressures also seem to encourage us to try to control clinical situations, and it is often believed that patient-centred consultations are longer and less appropriate in busy clinical settings in which time is limited. There is some evidence that this notion is inaccurate. Levinson and colleagues examined the impact of doctors responding to patients’ cues during a consultation and found that following up on these leads actually led to shorter rather than longer interviews. However, resisting the urge to interrupt patients, even during their opening statement, appears to be harder than it sounds. A study reported that in almost three-quarters of the consultations studied, doctors interrupted patients during their initial description of their problem, at an average of well under half a minute.

Also, the tendency to deviate from a patient-centred approach may not be a conscious decision on the part of the doctor, and it has been shown that doctors tend to grossly overestimate the amount of time they spend providing information to patients. It is worth remembering that patient-centred consultations have a variety of positive outcomes, both for patients and health services.
These include greater satisfaction among patients (and fewer complaints), improved compliance with medication, reduced distress and use of analgesics, and decreased healthcare costs.5

A literature review of 81 studies overwhelmingly supported the hypothesis that communication skills can be taught and learnt at all levels of medical practice, from student to specialist.10 Among the specific techniques that are thought to be helpful is breaking down consultations to focus on individual communication skills and then practising these with the help of detailed constructive feedback. The use of video or audio recordings of consultations has been shown to help doctors gain an insight into their strengths and the areas in which they require development. Many aspects of good communication, such as listening attentively to the patient’s concerns, are simply a matter of common sense. The incorporation of such techniques in clinical practice, as detailed in the paper by Mehta adapted for Indian paediatricians,2 requires an awareness of their importance, reflection and practice, which may be enhanced through formal training.

During our postgraduate training, we saw the development, introduction and mandatory implementation of several standardized assessment and feedback tools, such as the Assessment of Clinical Expertise (ACE, mini-ACE), Case-Based Discussions (CBD), Directly Observed Clinical Skills (DOCS), and Peer Assessment Tools (e.g. mini-PAT). These gave our colleagues and supervisors an opportunity to directly observe, reflect upon, rate and discuss our communication and other clinical skills in the context of real-life clinical and non-clinical situations.13 Although we believe such feedback has enriched our training experience, we are also aware that there are others who think quite the opposite about the usefulness of such tools.

There is no doubt that such training requires an investment not only by students and trainees, but also by their trainers and employers. The prevailing view among decision-makers in the UK, and in particular in Bristol, is that this is a worthy investment, and will eventually produce better doctors and improve the care of patients. Within certain specialties such as ours (psychiatry), greater efforts are being made to review and further enhance the opportunities available for the training of doctors to improve their communication skills. We are optimistic that colleagues who have called for similar endeavours in India will also have similar experiences to share.

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