COMMUNICATION SKILLS OF PHYSIOTHERAPY STUDENTS WITH PATIENTS IN OUT PATIENT DEPARTMENT

Dr. PREETI GAZBARE¹*, Dr. MANISHA RATHI², SNEHA SARTAPE³

¹Assistant Professor, Dr. D. Y. Patil College of Physiotherapy, Dr D Y Patil Vidyapeeth, Pimpri, Pune-411018, MH, India.
²Professor, Dr. D. Y. Patil College of Physiotherapy, Dr D Y Patil Vidyapeeth, Pimpri, Pune-411018, MH, India.
³Physiotherapist, Spine consultant, Qi spine clinic, Navi Mumbai- 410210, MH, India.

ABSTRACT

Communication is an activity of conveying information through the exchange of ideas, feelings, attitude, expectations, perceptions or commands by speech-verbal, nonverbal gestures, writings between people. A good therapist must be a good communicator. To assess the communication skills (CS) of physiotherapy students with patients in OPD and to compare the same at Undergraduate (UG) & Postgraduate (PG) level. A cross sectional survey with 100 students from tertiary hospital was randomly selected. And their interaction throughout the treatment was assessed by the assessor via a checklist. Average percentage score of communication skill of all students was 72 %. Student scored highest (78.83%) in history taking and physical examination whereas lowest score (60.75%) in interview initiation. Overall PG students showed better communication skills than the UG students. Among PG’s, history taking & physical examination category scored highest (85%) in communicating with patients whereas in UG’s, interview completion was dealt better with score of 73.37%. Overall 32% students were good and 51% students were fair in communicating with patient in OPD.

KEYWORDS: Physiotherapist, Patient, Interaction, Communication Skills, checklist.

Dr. PREETI GAZBARE

Assistant Professor, Dr. D. Y. Patil College of Physiotherapy, Dr D Y Patil Vidyapeeth, Pimpri, Pune-411018, MH, India.

Corresponding Author

Received on: 07-06-2017
Revised and Accepted on: 21-07-2017
DOI: http://dx.doi.org/10.22376/ijpbs.2017.8.3.b941-944
INTRODUCTION

Communication is defined as the activity of conveying information through the exchange of ideas, feelings, intentions, attitude, expectations, perceptions or commands as by speech, nonverbal gestures, writings, behavior and possibly by other means such as electromagnetic, chemical or physical phenomena of information between two or more participants. It is proved to be said right that the better the communication skills (CS) of the therapist, the better the effect it has on the prognosis of the condition of a patient, hence assessing and improving the CS has become an important aspect to be worked. A good therapist must be a good communicator. By using the interview as a clinical tool, the skilled physician strives to accomplish three broad objectives which are to establish and maintain an effective therapist-patient relationship; to diagnose the patient’s problems; and to educate and motivate the patient to cooperate with treatment recommendations. The three-function model interview was created to help students master the basic skills of communicating with patient, first described by Bird and Cohen-Cole and modified by Lazare and colleagues as building an effective therapist-patient relationship; assessing the patient’s problems; and managing the patient’s problems. The first function of the interview is building the relationship, uses a set of emotional response skills, which are among the most important communication skills the physician can develop. Patient expects their physicians to be knowledgeable and technically competent. But they also want and need their physicians to be reassuring, supportive, and emotionally available. The physician with good relationship skills will have patients who are more satisfied and who will be more likely to adhere to treatment recommendations. Communication skills are verbal and non-verbal words, phrases, voice tones, facial expressions, gestures, and body language that you use in the interaction between the therapist and the patients. The ability to explain and present therapist’s ideas to the patient in appropriate language. This includes the ability to tailor the therapist’s delivery to a given patient, using appropriate styles & approaches and understanding the importance of non-verbal cues in oral communication. This requires the background skills of presenting, patient’s awareness, critical listening and body language. The nonverbal behavior of the therapist may be the most important single determinant of the quality of the overall therapist-patient relationship. Appropriate body posture, body movement, facial expressions, voice tone and rate of speech, touch of the therapist can convey an attitude of concern beyond any words that may be uttered. An emerging body of research supports contentions about the importance of therapist’s nonverbal behavior. Therapists who perform better on tests of nonverbal sensitivity have patients who are more satisfied. Effective performance of practical skills is important across a range of health professions. The acquisition and mastery of practical manual skills is important for physiotherapy students to ensure effective assessment and treatment of patients including the way students communicate with patients. Skilled therapist should strive for consistency between their verbal and nonverbal behavior and should always be interested in understanding their patient’s emotional status thus looking for the signs and consider their portents at every stage of the communication process. Patient-therapist communication is an integral part of clinical practice. When done well, such communication produces a therapeutic effect for the patient, as has been validated in controlled studies. This study thus aims to analysis the Communication Skills of Physiotherapy Students with Patients in Out-Patient Department. With objective of studying Communication Skills in 4 categories of the standardized checklist and to compare CS of Undergraduate (UG) & Postgraduate (PG) Physiotherapy student.

METHOD

A Cross-sectional Survey conducted on 100 Physiotherapy students from tertiary hospital, Pune after an ethical approval from the institutional ethical committee. Students from UG (4th BPT, Internship) & PG were randomly selected for the study. Students were closely monitored for their communication skill while they were treating patients and were assessed by an assessor using standard checklist. This checklist had four parts: Communication skills- during interview initiation, during interview conduction, during history taking & physical examination and during interview completion. Data was collected & analyzed by calculating the mean and percentage.

RESULT AND ANALYSIS

Out of 100 students, 51% physiotherapy students had fair communication skill with patient, 32% were good & 17% were poor in their communication in outpatient department (OPD) as shown in table I. Average percentage score of communication skill of all students was 72 %. As mention in table II, each category of the checklist was compared where student scored highest (78.83%) in history taking & physical examination whereas lowest (60.75%) in interview initiation. When undergraduate and postgraduate students were compared for their communication skills, PG students showed better communication than UG. Among PG students, history taking & physical examination category scored highest (85%) in communicating with patients whereas in UG students, interview completion was dealt better with score of 73.37% (Table II)

Table 1
<table>
<thead>
<tr>
<th>Percentage of Student’s score in each grades for Undergraduate &amp; Postgraduate Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Undergraduate</td>
</tr>
<tr>
<td>Postgraduate</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

This article can be downloaded from www.ijpbs.net B-942
DISCUSSION

The aim of the study was to assess the communication skill among Physiotherapy student with objective of comparing the CS under different level of interview and also comparing between Undergraduate with Postgraduate students. The Study was conducted on 100 students, of which 51% physiotherapy students had fair communication skill, 32% students were good & 17% were poor in their communication with patient in outpatient department. Average percentage score of communication skill of all students was 72 %. Also when each category of the checklist was compared, student scored highest score (78.33%) in history taking and physical examination whereas lowest score (60.75%) in interview initiation. Communication in a healthcare setting is one of the most important tools for providing great patient doctor relation. In rehabilitation settings, good communication is essential for patients’ understanding of their follow-up care and management. Poor communication skills impact on patient safety and quality of care delaying recovery while good communication is an important factor in patient satisfaction. Clinical exposure in Physiotherapy curriculum starts from 2nd year of UG which emphasis on history taking and physical examination. However, in a busy setup of OPD due to time constraint, interview initiation might be neglected or given less importance. In such hospital setup, more patients are from low socioeconomic status thus the students might not feel necessary to emphasis on interview initiation that includes introducing oneself, asking patients’ name etc. A study finding about the link between poor communication and adverse patient outcomes have been reported in the United Kingdom. Another important consideration for teaching and learning clinical communication is the cultural diversity of the patient population, health professional students as well as the health workforce. Communication challenges can occur between patients and clinicians, and among health professionals when there are differences in language, culture and socio-economic backgrounds. In this study, PG’s were better in communicating with patients than UG as PG’s graduation has been completed and some of them had work experience after their graduation for few months to year in different sectors. PG’s has more knowledge, experience, practical skills and confidences in handling patients as compare to UG. A study was carried out to investigate communication abilities and other influential factors on nursing students at the beginning of clinical practical session in which the result demonstrated 88.1% of nursing students require extra training in clinical communication behavior, treatment communication skills, and interpersonal communication skills. Also analysis revealed significant positive correlations between communication abilities and the students’ educational level, clinical training experience. Amongst PG students, history taking & physical examination category scored highest with 85% whereas in UG students, interview completion was dealt better with score of 73.37%. In Indian setup, there is little emphasis on involving patients in decision making. This aspect may be to do with the students’ limited communication clinical experience. Also, negotiating treatment plans with patients may be a higher order communication skill practiced by more experienced therapists. A study done on Comparison of CS between trained and untrained students using a culturally sensitive nurse–client communication guideline in Indonesia in 2016 concluded that these guidelines could improve the communication skills of the nursing students and may increase satisfaction of the clients. In the context of Indonesian culture, a communication pattern of trust at the first meeting with the patient is important. The nurses perform therapeutic communication by placing the patient in a parallel position, greeting the clients as their own family members, paying attention to non-verbal responses and discussing related matters that have been performed by the patient and family before deciding to undergo treatment in the health service. Good communication skills are essential for high quality, effective, and safe medical practice. These skills are used for information gathering, diagnosis, treatment, and patient education. CS can be effectively trained but are best achieved through reviewing our own style of communication.

CONCLUSION

Thus the study reflects that overall 32% physiotherapy student were good and 51% students were fair in communicating with patient in OPD. This indicates that there is a need to introduce a sustained, coherent and integrated communication skill training program in physiotherapy curriculum to improve communication. Future study is to determine what aspects of effective communication are unique to physiotherapy practice and what aspects are fundamental to all health professionals. Teasing out these factors will contribute to better understandings of effective physiotherapy communication and can target communication skills teaching for physiotherapy students. Limitation of the study was not involving various physiotherapy college in the study. Also only one assessor was involved.

CONFLICT OF INTEREST

Conflict of interest declared none.
REFERENCES


Reviewers of this article

R. Manjula
Consultant, Physiotherapist,
KMC Hospital, Karikkal, India.

Dr. Vijayakumar
Professor,
Department of Kinesiology,
Dr. D.Y. Patil college of Physiotherapy,
pimpiri, Pune, India

Prof. Dr. R. Srinivasan, M.Pharm., Ph.D., FAGE, FIP.
Principal, Siddhartha Institute of
Pharmaceutical Sciences, Guntur,
Andhra Pradesh, India

Prof. Dr. K. Suriaprabha
Asst. Editor, International Journal
of Pharma and Bio sciences.

Prof. P. Muthuprasanna
Managing Editor, International
Journal of Pharma and Bio sciences.

We sincerely thank the above reviewers for peer reviewing the manuscript.