

Effectiveness of Teaching Communication Skills in Undergraduate Curriculum at Defence Services Medical Academy Myanmar: Mixed Qualitative and Quantitative Study

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ABSTRACT

Introduction: Good communication is the cornerstone of quality healthcare and it should be patient centered. Communication skills is taught and assessed with surrogates in undergraduate training. This study aimed to determine the effectiveness of communication skills taught in undergraduate period in reality.

Methodology: It was a combined qualitative and quantitative methods. For qualitative assessment, phenomenology was used. Informal focus group semi-structured interview was done to groups of interns who had completed internship at medical wards. The responses were analyzed interpreted and classified; thematic analysis was done. For quantitative assessments, open ended questions were set by experts in medical education. The questions were answered anonymously; they were grouped into same themes. This study was approved by 'Hospital Research and Ethics Committee' of No(1) Defence Services General Hospital. Informed consent was taken from each intern.

Results: A total 20 interns were included. Four themes were formed after thematic analysis: (1) the extent of applicability of communication skills they were taught in undergraduate days;(2) self-admitted confidence and degree of satisfaction; (3) the challenges/gaps they faced in reality; and (4) their suggestions on undergraduate teaching to fill the gaps. All interns admitted that the communication skills they taught was 100% applicable in practice. And they were confident out of proportion to their medical experience. They were satisfied with communication skills they were taught in undergraduate days. The challenges faced were as follows; difficulty in understanding volume and clarity of language when dealing with some nationality; low education level of patients leading to difficulty in understanding the information they have given; difficulty in getting trust from patient being youngest doctor in the team; and, taking long time due to emotional reaction of patient in breaking bad news. They admitted that they need to fill their knowledge gaps to answer the questions raised by patients particularly in explanation of diagnosis and management. They realized the importance of facial expression and tone of voice to express sympathy and empathy especially in breaking bad news. To improve communication skills in practice, they suggested to teach with real patients with real scenario.

Conclusion: Teaching communication skills in undergraduate period was effective. The interns had good self-reported confidence. The interns need more training and self-directed learning. The

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challenges faced by interns were acceptable/logical. We should find better teaching method/media in undergraduate teaching to promote communication skills.

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KEYWORDS: communication skills, interns, effectiveness, challenges.

INTRODUCTION

Communication skills is vital in individualized patient care (Kaba & Sooriakumaran, 2007). Communication in public hospital helps the government ties with patients, forming therapeutic relationships that benefit better trust and patient-centred outcomes (Banerjee & Sanyal, 2012). The information exchanged between the health care personnel and the patients can help in medical decision-making, such as better self-management; explanation of diagnosis and management; taking informed consent; and, delivering breaking bad news (Chen et al., 2023). Interns are the first contact doctor with the patient in each team; therefore, their role in communicating with patients is paramount important. The doctor-patient communication skills courses are necessary courses because effective communication is a cornerstone of quality healthcare (Moezzi et al., 2024). Most of the incident investigations around the globe have indicated that inappropriate or ineffective communication between health care personnel and patients is the main factor (Rick Iedema et al., 2019). Furthermore, it can lead to unexpected care events and undesirable care outcomes. To improve the quality of health care, communication skills training should be part of continuing medical education (Sharkiya, 2023) (Sharkiya, 2023) (Mata et al., 2021a) (Haena Jang et al., 2022) (Hossny et al., 2022).

Defence Services Medical Academy is one of six the medical universities in Myanmar: University of Medicine (1) Yangon, University of Medicine Mandalay, University of Medicine (2) Yangon, University of Medicine Magway and University of Medicine Taungyi. Defence Services Medical Academy is situated in Mingaladon, Yangon; and No (1) Defence Services General Hospital (1000-Bedded), Mingaladon, Yangon is the main teaching hospital for him.

Defence Services Medical Academy, Myanmar was founded in 1994. The doctor-patient relationship is evolving (Kaba & Sooriakumaran, 2007). For basic degree, M.B.,B.S, the teaching on communication skills has been launched in the new integrated curriculum in undergraduate course for 5 years. In Defence Services Medical Academy, the competency of communication skills is assessed with surrogates in clinical station in year '3', year '4' and year '5' because the assessment with real patient in examination setting has several limitations. All the medical students achieved good scores in assessment stations on communication skills. As the examination setting does not reflect the reality, the interns may have problems and challenges in their internship period. Therefore, this study

aimed to determine the effectiveness of teaching communication skills in real practice in internship.

METHODOLOGY

It was a combined qualitative and quantitative methods. In qualitative method, phenomenology approach was used. Phenomenology is a form of qualitative research that focuses on the study of an individual's real-life experiences within the world (Neubauer et al., 2019); it requires an in-depth understanding of the intern's thoughts and perceptions of the phenomenon you're researching (Badil et al., 2023). Phenomenological researchers record and analyze the beliefs, feelings, and perceptions of the interns in their study group. Therefore, phenomenology approach was used for this study. Informal focus group interview was done to groups of interns who had completed internship at medical wards at No(1) Defence Services General Hospital (1000-bedded) and had undergraduate training at Defence Services Medical Academy Myanmar. A total of 20 interns participated voluntarily in this study. Two focus group discussions, each consisting of 10 interns, were done. Each focus group was held in a separate meeting room in the hospital. A trained focus group moderator was a facilitator for the discussion. The moderators encouraged the participation of all focus group interns; they did not influence the group discussion. In the introduction to the focus group, interns were asked to discuss and describe the scenario on communication skills they did, their achievements, and the challenges. Moderator prompted questions to interns; and, he clarified some opinions heard and discussed by interns. Each interview lasted 90-120 minutes. The moderators involved in focus group discussion were those who did teaching on communication skills; did assessment on communication skills; received training on focus group discussion; and, had Diploma in Medical Education.

Four communication skills scenarios were focused; (1) explanation of diagnosis; (2) explanation of management; (3) taking informed consent; and, (4) delivering breaking bad news. As the interview was semi-structured, the responses were analyzed interpreted and classified according to three themes.

The following questions were asked of all the focus group interns:

(1) How do you feel about undergraduate knowledge training on communication skills? To which extent it is helpful in practice? (100%, 75%, 50%, 25%, less than 25%) Can you describe the strengths and weaknesses?

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(2) What is your impression on undergraduate communication skills training with surrogates? To which extent it is helpful in practice? (100%, 75%, 50%, 25%, less than 25%) Can you describe the strengths and weaknesses?

(3) Mention your self-reported confidence on doing communication skills with real patients. (100%, 75%, 50%, 25%, less than 25%)

(4) Mention your level of satisfaction on communication skills with real patients. (100%, 75%, 50%, 25%, less than 25%)

(5) Mention challenges you faced while doing communication skills with real patients and describe their details.

(6) Based on your experiences, how do you think communication skills would best be taught and assessed during your undergraduate training?

Moderators took field notes during the focus group discussions to record important themes and discussion trends.

At the end of each focus group, the moderator used their field notes to generate a summary of the important themes and discussion trends of that focus group. Next, the moderator wrote the summary at the end of the focus group session. The moderator recapped the group to confirm or to correct the summary. Each focus group and intern within the group was assigned a number during the transcription process for better anonymization. The interns were observed, asked and discussed. The conversations were recorded. Discussion with each focus group was individually recorded. All transcriptions were classified/separated anonymously during the transcription process. Then, they were transcribed. Personal texts and observations from interns related to the theme were analyzed. The responses were analyzed, coded and classified; thematic analysis was applied.

First, the research team immersed themselves in the data; they repeatedly did this by reading and re-reading the transcribed interviews and listening to the recorded interviews in order to hear the tone and timbre of the voices of interns. The goal at this stage was to get a sense of the whole feelings. Second, the texts were coded, in phrases or sentences that stand out as describing the experience or phenomena under study, or which express outright its meaning for the interns were extracted or highlighted. Third, similar meaning units were placed into categories. Fourth, for each meaning unit the meaning of the interns' own words was spelled out. Here the investigators inferred the meaning behind the interns' words and articulate it. Finally, each of the transformed statements of meaning were combined into a few thematic statements that describe the experience. After this, it would be appropriate to do member-checking and a subsequent revision of the final model based on interns' responses and feedback (Grossoehme, 2014).

The two focus group transcripts were independently analyzed by two researchers. Thematic analysis was done. A total of four themes were formed: (1) applicability of communication

skills they were taught in undergraduate days; (2) self-reported confidence and satisfaction; (3) the challenges/gaps; and (4) their suggestions on undergraduate teaching to fill the gaps. Data analysis was done based on 4 main themes in the data and were coded.

For quantitative methods, 'open ended questions' were set by the group of interviewers; they assessed and validated by experienced physicians. They were responded anonymously and the answers were kept confidential. Both information from interview and written answers from questions were collected, analyzed together with the results from qualitative method.

This study was approved by 'Hospital Research and Ethics Committee' of No(1) Defence Services General Hospital. Informed consent was taken from each intern. It was conducted at No(1) Defence Services General Hospital (1000-Bedded), Mingaladon, Yangon.

RESULTS

Interns finished 3 months internship period in medical wards. They did acute medicine (emergency), out-patient clinic, psychiatric units, chest unit, gastroenterology unit, hepatology unit, neurology unit, nephrology unit, cardiac unit, hematology unit, rheumatology unit, endocrine unit, oncology unit, intensive care units and in-patient units. Four communication skills scenarios were focused; (1) explanation of diagnosis; (2) explanation of management; (3) taking informed consent; and, (4) delivering breaking bad news. A total of 20 interns were included. Analysis of the focus group data yielded 60 distinct comments from interns. Each distinct comment was coded with its surrounding text (2 or 3 sentences) so that the analysis of each intern' statement would include consideration of statement contexts. To be designated as a theme, each theme had to include comments from across the two focus groups, and across multiple interns within each focus group. Four themes were formed: (1) applicability of communication skills they were taught in undergraduate days; (2) self-reported confidence and satisfaction; (3) the challenges they encountered; and (4) their suggestions on undergraduate teaching to fill the gaps. The following reporting of results includes a description of each theme and sample comments from the interns.

1. The applicability of communication skills they were taught in undergraduate days

Interns acknowledged that the communication skills they were taught in their undergraduate days was 100% applicable in internship. Most of them gave great value on the communication skill they were taught in their undergraduate days, for example, "It makes me easier in doing practically with real patients because teaching communication skills in undergraduate days is systematic". "We enjoy teaching on communication skills in our school days".

2. Self-reported confidence and satisfaction

Most of them found difficulty with first exposure, for example, "I cannot find words in breaking bad news" (Intern 3.1). Another example was "I am panic when the patient is crying" (Intern 3.3). The level of confidence improved with subsequent exposure; and, eighty percent of them had self-admitted confidence over 75% at the end of internship. They also admitted that they need more exposure to get better confidence. All of them were satisfied with communication skills they were taught in undergraduate days.

3. The challenges faced by interns in doing communication skills

All interns mentioned that it was uneasy for them in first exposure, for example, "I do not know how to start particularly in breaking bad news scenario." (Intern 3.2; 3.3; 4.5; 4.8). Later, they get used to it, for example, "It becomes less difficult next time" (Intern 3.5; 3.9). "I become familiar in explaining dietary advise in next patient with diabetes mellitus" (Intern 4.6; 4.7).

They did explanation of diagnosis and management on patients with diabetes mellitus, hypertension, cerebrovascular accidents, cirrhosis of liver, bronchial asthma, acute pulmonary oedema, and alcoholism. They felt that willingness from patient side to comply with instructions was weak on 'life style management' in those with diabetes mellitus, for example, "I think the patient is not interested in my explanation" (Intern 3.1). Another example was "The patient does not want to do exercise though I explain the importance of exercise in controlling his blood sugar" (Intern 3.2).

Moreover, abstinence was found to be difficult in chronic alcoholics, for example, "The patient keeps on drinking though I have explained the hazards of alcohol on liver" "He comes to emergency with acute alcohol intoxication twice within two months, I gives him treatment and health advise to stop drinking" (Intern 3.3).

They found that explanation of diagnosis and management to patients was not difficult. However, the compliance from patient side was very poor in some patients, for example, "The patient is eating salty diet (fish paste) although I advise not to take excess salt which is hazardous to his high blood pressure" (Intern 3.4). Another example was "I find the patient with bronchial asthma is smoking in the toilet though I explain him to quit smoking" (Intern 3.5).

Explanation of diagnosis and management took certain time to get understanding thoroughly, for example, "It takes 30 minutes to explain dietary advise to patient with newly diagnosed diabetes mellitus. I do not have time to take my lunch on that day" (Intern 3.6).

They realized that responding questions from patient was not easy, for example, "I cannot give exact answer when the patient asks the exact figure on prevention of stroke in patient with hypertension. He has high blood pressure" "I need to read more to get answer" (Intern 3.9). They knew that they

need to learn more to fill their knowledge gaps; the questions raised by patients particularly in explanation of diagnosis and management. For example, "I do not find answer when the patient asks whether he can take beer with blood pressure pills" (Intern 3.2).

Regarding information delivery, they had some difficulties in answering questions and patient's concern. And, they felt guilty for not knowing, for example, "I cannot answer when the patient with hypertension asks the alternative drug for losartan" (Intern 3.7). The unknown answer was solved with the help of senior colleagues, for example, "My senior says telmisartan and losartan are the same group" (Intern 3.7).

They did informed consent on several procedures: paracentesis, urinary catheterization, nasogastric tube insertion, bone marrow aspiration and trephine biopsy, lumbar puncture, thoracentesis. They did not have problem in taking informed consent, for example, "Please do if you think it is good for me" (Intern 3.8). "It is okay because it is necessary. Please carry on" (Intern 3.7). Some patients' concern was 'pain', for example, "Is it too painful in doing lumbar puncture?" "Please try less painful for me" (Intern 4.1). They took informed consent from third person in doing lumbar puncture in unconscious patient. They suggested to make written informed consent form even for nasogastric tube insertion.

The interns admitted their insufficient knowledge in answering the questions raised by the patients, for example "I do not have the answer when the patient asks about tumor clearance and recurrence in patient with carcinoma of colon. Am I get complete cure after doing surgery (hemicolectomy)?" (Intern 3.8). Another example was "The question from patient with carcinoma of breast ask the chances of severity of bleeding during surgery?" (Intern 4.1). They took part in breaking bad news on their own; without senior doctors. Common scenario they faced on breaking bad news were carcinoma of liver, HIV infection, carcinoma of lung. They found that extra time was required as the patient did not understand easily. The patient was illiterate and they could not catch the diagnosis, for example, "The patient thinks benign ulcer and malignant ulcer are the same" (Intern 4.2). The patients were speaking in Burmese; however, they could not understand clearly in patients with some nationalities as the usage of words were different. For example, "The patient does not understand 'good appetite'. It is the same as 'sweet tongue' in their region. The patient is from Shan State" (Intern 4.5).

They realized the importance of facial expression and tone of voice because they expressed sympathy and empathy especially in breaking bad news, for example, "I have to lower my voice as soft as possible in telling the diagnosis of cancer" (Intern 4.6). Another example was "My facial expression is sad when I tell the diagnosis of cancer" (Intern 4.7). They pointed out that facial expression and tone of voice

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were extremely important in breaking bad news because they reflected empathy.

One intern met with rare case; suicidal poisoning with insecticide. The reason for doing suicide was false concept on HIV positive 'Lu phyt shone tal'; not worth living. They also found that giving 'Hope' in breaking bad news was essential, for example, "We must give hope in telling bad news" "If there is no 'Hope', the patient might commit suicide" (Intern 4.8).

They mentioned that one difficulty in breaking bad news was that they could not keep going as patient was crying; it was not experienced in teaching as well as in examination. For example, "I have to wait for 20 minutes because the patient is crying" (intern 4.9). To get better expressive quality, both knowledge and the way of explanation were important.

They requested to give quiet separate room particularly for breaking bad news. They found that gaining trust from patient was not easy, for example, "The patient does not believe my explanation because I am the youngest doctor in the team" (Intern 5.1).

They had difficulties in finding non-medical terms; easy terms for easy understanding, for example, "I mention the patient with hypertension to avoid high sodium food; however, he does not understand that 'Si-To-hu'(traditional salty preserved bean paste) is salty" (Intern 3.3).

SUGGESTIONS

They suggested to do real practice with real patient in student life both teaching and examination. To improve communication skills in practice, they suggested to teach with real patients with real scenario.

DISCUSSION

This study provides insights into the perceptions of interns on the effectiveness of teaching communication skills trained in their undergraduate days in internship period, self-reported confidence and satisfaction, the challenges they faced in real practice and suggestions for further improvement in future.

In this study, the interns disclosed that first exposure on communication with the patient was fairly uneasy; and, subsequent exposure made them comfortable. It highlighted the fact that "experience make comfortable" (Lang, 2012) ("Developing Effective Communication Skills,," 2007).

Communication plays a key role in the treatment process (Chen et al., 2023). However, the competency of communication skills is very difficult to assessed in real practice (Cuic Tankovic et al., 2023). Health care workers should have good communication skills in daily practice. Training in communication skills can improve the performance and self-efficacy of health professionals (Mata et al., 2021b) (Oliveros et al., 2019) (Maureen Nokuthula Sibiyi, 2018). Therefore, teaching on communication skills should be included in the curriculum as well as in the assessment.

Effective communication is a cornerstone of quality healthcare. Communication benefits exponentially patient-centred outcomes (Kaba & Sooriakumaran, 2007). The information exchanged between the health care personnel and patient aid in shared decision-making (Banerjee & Sanyal, 2012). The impact of communication skills training on quality of care, self-efficacy, job satisfaction and communication skills of nurses was assessed in health care system in Iran; they found that training of communication skills increased the nurse's rate of communication skills and improvement in quality of nursing care (Khodadadi et al., 2013) (Zangeneh, Lebni, Ebadi Fard Azar, et al., 2021) (Maureen Nokuthula Sibiyi, 2018) (Zangeneh, Lebni, Azar, et al., 2021). In addition, Howick et al found that empathy or communication of positive messages from health care personnel can have small patient benefits for a range of clinical conditions, especially pain (Howick et al., 2018). The communication skills with patient plays an essential role in success of patient management; and, health care system. Its awareness in daily practice is important (Banerjee & Sanyal, 2012). In this study, although the interns were the youngest doctors in medical team, they understood the importance of communication skills and they acknowledged their training on communication skills in undergraduate days.

Ten communication assessment tools were identified by Rehim et al in 2017; however, the utility of these tools in actual clinical practice required further validation studies (Rehim et al., 2017). Moreover, efficacy of communication skills teaching in pre-registration nurse education in England in 2000 was assessed in order to investigate patient dissatisfaction in the National Health Service. And, they found that there was a lack of research evaluating communication skills training (Chant et al., 2002).

Furthermore, they did experimental study on effectiveness of teaching communication skills in Iran; one group was intervention group where they received teaching on communication skills. And, the control group did not received training. They compared the mean scores of communication skills and quality of care between two groups (Khodadadi et al., 2013). In patient's feedback, poor communication skills was found in control group; moreover, major failure in communication skills lead to complaint letters and critical incident reports (Khodadadi et al., 2013).

In fact, effectiveness of communication skills with real patients is very difficult to measure as it is influenced by several factors: knowledge of patients, mood of patients, attitude of patients to health care center, knowledge of doctors, experience of doctors, economic factors especially in private sector, environmental factors, available facility, etc. Therefore, self-reflection by intern himself on communication skills with real patients during internship period by 'informal focused group interview' and 'assessment with open ended questions' was the best measure for efficacy of teaching communication skills in

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undergraduate period in our academy, Defence Services Medical Academy Myanmar.

Kim & White found that young health care workers and patients were more likely to face communication problems than experienced one (Kim & White, 2018) after reviewing complaint letters, critical incident reports and accessed online resources (eg, patient feedback websites). The challenges met by interns in this study were understandable and practical. They seemed to have sympathy and empathy to patients. They knew their knowledge gaps; moreover, they were positive to fill their gaps. They understood the importance of both verbal and non-verbal communication skills.

In this study, all interns admitted that the communication skills taught in their undergraduate days was very effective and useful in real practice. Having an good communication with the patient is essential in personalized care in every aspect of medicine; prevention of disease; treatment of disease; rehabilitation; and, even, terminal care of patient (Kaba & Sooriakumaran, 2007).

Explanation of diagnosis and management affect not only the patient's satisfaction with the course of treatment, but also allows the achievement of the best outcome in the therapeutic process (Banerjee & Sanyal, 2012). The process of patient empowerment in the therapeutic process makes it possible to build a relationship based on trust, kindness and empathy (Kulińska et al., 2022a). In this study, the interns did explanation of diagnosis and management on patients with common diseases: diabetes mellitus, hypertension, alcoholism etc. Their feeling on willingness/compliance from patient side was weak; 'life style management' in those with diabetes mellitus; abstinence was difficult in chronic alcoholics. Therefore, the interns seemed to be mature; they knew the reality. According to Zota et al, physicians may underestimate the importance of communication skills more than nurses; and health communication should become an integral part of training for all health professionals (Zota et al., 2023). In this study, although the interns were the youngest doctors in medical team, they understood the importance of communication skills; furthermore, they value their training on communication skills in medical school. Therefore, teaching communication skills in undergraduate curriculum in Defence Services Medical Academy Myanmar would promote patient centered treatment.

Having an effective relationship with the patient in the process of treatment is essential (Banerjee & Sanyal, 2012). In this study, they did informed consent on common procedures like paracentesis, urinary catheterization, nasogastric tube insertion etc. They realized that responding questions from patient was not easy; and they admitted that they had gaps in knowledge. They suggested to have 'written informed consent form' for Ryle's tube insertion. It can be concluded that the interns had positive attitude in promoting communication skills.

Good communication skill is essential to minimize medical errors and improve team productivity. The interns took part in breaking bad news on their own. The cases were related with malignancy and HIV infection. They mentioned that they need extra time as the education level of patient was low and they could not cope the diagnosis. Moreover, there was a language difficulty in dealing with patients with some Myanmar nationalities. They admitted that they had confidence as they were taught. This finding supported the study from Iran. The impact of communication skills training on quality of care, self-efficacy, job satisfaction and communication skills of nurses was assessed in Iran; they found that training on communication skills increased the nurse's rate of communication skills and improvement in quality of nursing care (Khodadadi et al., 2013) (Haena Jang et al., 2022).

The effectiveness of communication skill between health care workers and patients and their family members in hospital setting was not easy to assessed in daily basis; however, it was indicated by dissatisfaction of patients, negative feedback or patient complaints. Chant et al reported that there was patient dissatisfaction with communication and information-giving in the National Health Service in England in 2000; and they found that there was lack of research evaluating communication skills training methodological deficiencies (Chant et al., 2002). Furthermore, Kee et al anonymized negative patient feedback about junior doctors and qualitative content analysis was performed. They identified four main themes of communication errors: (1) non-verbal (eye contact, facial expression and paralanguage); (2) verbal (active listening and inappropriate choice of words); (3) content (poor quantity and quality of information provided); and (4) poor attitudes (lack of respect and empathy). They pointed out that patient-doctor communication is a complex interpersonal interaction that requires an understanding of each party's emotional state (Kee et al., 2018). In this study, the interns had understanding on their patients; they pointed out the importance of eye contact as well as facial expression; they also admitted their knowledge gaps; and, they expressed their sympathy and empathy to their patients. It indicated the importance of speech etiquette in communication (Abdikarimova et al., 2021).

The interns did informed consent on several procedures: and they did not have problem in taking informed consent. The majority of patients agreed; less than 5% asked questions. It may be related with the culture and ethnicity of Burmese patients (Ohana & Mash, 2015); they are quiet polite and they do believe that doctors are always doing good for them (Ferguson & Candib, 2002) (Claramita et al., 2013). The enigma of doctor-patient relationship in Myanmar is still viewed as one between a healer and a sick person; not like an interaction between a care provider and a service user in modern era (Harbishettar et al., 2019).

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They requested to give quiet separate room in each medical ward particularly for breaking bad news. They found that gaining trust from patient was not easy. This fact supported the findings by Kim & White; trust and emotional safety was a critical element in communicating with young clients (Kim & White, 2018). They had difficulties in finding non-medical terms. Trust, kindness and sympathy were essential (Kulińska et al., 2022).

In this study, their suggestions on undergraduate teaching with real patients with real scenario is acceptable; however, teaching with video would be better option from confidentiality point of view. The influence of culture and traditional belief may make different finding (Claramita et al., 2013). Real relationship with patient depends on several factors: devotion, serviceability, reliability, trustworthiness, caring, appreciation, and empathy (Berger et al., 2020). This study purposively selected basic common scenario for interns to reflect the effectiveness of the training they obtained in school. This study was done in one selected hospital. Therefore, the perception of interns from another hospital may not be exactly the same as this study. As the interviewers were their teachers, they might not express the whole perception. The study site was government hospital, non-cost sharing hospital. If it were done in private hospital, the results would be different.

CONCLUSION

Good communication skills are an essential components of basic doctor training. Teaching communication skills in undergraduate period was very effective. To improve patient satisfaction and understanding, the interns need more training. They have to fill their knowledge gaps by self-learning. The challenges faced by interns were acceptable. We should find better ways in undergraduate teaching to get better communication skills.

RECOMMENDATION

To reduce feeling of incompetence when dealing with difficult patient, they need exposure to real situation. Problem solving with senior physician may be done. Video recording on breaking bad news scenario may be one solution. However, it requires informed consent for video recording for academic reason. Special room for breaking bad news should be arranged as confidentiality/privacy is essential.

REFERENCES

- I. Badil, D., Muhammad, Z., Aslam, K., Khan, A., Ashiq, U., Bibi, Muhammad, D., Aslam, Z., Khan, K., Ashiq Ali, A., & Bibi, U. (2023). *The Phenomenology Qualitative Research Inquiry: A Review Paper: Phenomenology Qualitative Research Inquir*. <https://doi.org/10.54393/pjhs.v4i03.626>
- II. Banerjee, A., & Sanyal, D. (2012). Dynamics of doctor–patient relationship: A cross-sectional study on concordance, trust, and patient enablement. *Journal of Family and Community Medicine*, 19(1). https://journals.lww.com/jfcm/fulltext/2012/19010/dynamics_of_doctor_patient_relationship__a.3.aspx
- III. Berger, R., Bulmash, B., Drori, N., Ben-Assuli, O., & Herstein, R. (2020). The patient–physician relationship: An account of the physician’s perspective. *Israel Journal of Health Policy Research*, 9(1), 33. <https://doi.org/10.1186/s13584-020-00375-4>
- IV. Chant, S., Tim, Randle, J., Russell, G., & Webb, C. (2002). Communication skills training in healthcare: A review of the literature. *Nurse Education Today*, 22(3), 189–202. <https://doi.org/10.1054/nedt.2001.0690>
- V. Chen, J., Yang, Q., Zhang, R., Tan, Y., & Long, Y. (2023). How does patient-centered hospital culture affect clinical physicians’ medical professional attitudes and behaviours in Chinese public hospitals: A cross-sectional study? *BMC Medical Ethics*, 24(1), 57. <https://doi.org/10.1186/s12910-023-00936-7>
- VI. Claramita, M., Nugraheni, M. D. F., van Dalen, J., & van der Vleuten, C. (2013). Doctor-patient communication in Southeast Asia: A different culture? *Advances in Health Sciences Education : Theory and Practice*, 18(1), 15–31. <https://doi.org/10.1007/s10459-012-9352-5>
- VII. Cuic Tankovic, A., Kapeš, J., & Benazić, D. (2023). Measuring the importance of communication skills in tourism. *Economic Research-Ekonomska Istraživanja*, 36(1), 460–479. <https://doi.org/10.1080/1331677X.2022.2077790>
- VIII. Developing Effective Communication Skills. (2007). *Journal of Oncology Practice*, 3(6), 314–317. <https://doi.org/10.1200/JOP.0766501>
- IX. Ferguson, W., & Candib, L. (2002). Culture, language, and the Doctor-Patient Relationship. *Family Medicine*, 34, 353–361.
- X. Grosseohme, D. H. (2014). Overview of qualitative research. *Journal of Health Care Chaplaincy*, 20(3), 109–122. <https://doi.org/10.1080/08854726.2014.925660>
- XI. Haena Jang, Miseon Lee, & Nam-Ju Lee. (2022). Communication education regarding patient safety for registered nurses in acute hospital settings: A scoping review protocol. *BMJ Open*, 12(2), e053217. <https://doi.org/10.1136/bmjopen-2021-053217>
- XII. Harbishettar, V., Krishna, K. R., Srinivasa, P., & Gowda, M. (2019). The enigma of doctor-patient

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- relationship. *Indian Journal of Psychiatry*, 61(Suppl 4), S776–S781. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_96_19
- XIII. Hossny, E. K., Gabra, S. F., & Hussien, R. H. (2022). Assessment of Professional Communication Skills of Healthcare Professionals toward the Patients. *Assiut Scientific Nursing Journal*, 10(30), 241–252. <https://doi.org/10.21608/asnj.2022.132940.1359>
- XIV. Howick, J., Moscrop, A., Mebius, A., Fanshawe, T. R., Lewith, G., Bishop, F. L., Mistiaen, P., Roberts, N. W., Dieninytė, E., Hu, X.-Y., Aveyard, P., & Onakpoya, I. J. (2018). Effects of empathic and positive communication in healthcare consultations: A systematic review and meta-analysis. *Journal of the Royal Society of Medicine*, 111(7), 240–252. <https://doi.org/10.1177/0141076818769477>
- XV. Kaba, R., & Sooriakumaran, P. (2007). The evolution of the doctor-patient relationship. *International Journal of Surgery*, 5(1), 57–65. <https://doi.org/10.1016/j.ijisu.2006.01.005>
- XVI. Kee, J. W. Y., Khoo, H. S., Lim, I., & Koh, M. Y. H. (2018). Communication Skills in Patient-Doctor Interactions: Learning from Patient Complaints. *Health Professions Education*, 4(2), 97–106. <https://doi.org/10.1016/j.hpe.2017.03.006>
- XVII. Khodadadi, E., Ebrahimi, H., Moghaddasian, S., & Babapour, J. (2013). The effect of communication skills training on quality of care, self-efficacy, job satisfaction and communication skills rate of nurses in hospitals of tabriz, iran. *Journal of Caring Sciences*, 2(1), 27–37. <https://doi.org/10.5681/jcs.2013.004>
- XVIII. Kim, B., & White, K. (2018). How can health professionals enhance interpersonal communication with adolescents and young adults to improve health care outcomes?: Systematic literature review. *International Journal of Adolescence and Youth*, 23(2), 198–218. <https://doi.org/10.1080/02673843.2017.1330696>
- XIX. Kulińska, J., Rypicz, Ł., & Zatońska, K. (2022a). The Impact of Effective Communication on Perceptions of Patient Safety—A Prospective Study in Selected Polish Hospitals. *International Journal of Environmental Research and Public Health*, 19(15). <https://doi.org/10.3390/ijerph19159174>
- XX. Kulińska, J., Rypicz, Ł., & Zatońska, K. (2022b). The Impact of Effective Communication on Perceptions of Patient Safety—A Prospective Study in Selected Polish Hospitals. *International Journal of Environmental Research and Public Health*, 19(15). <https://doi.org/10.3390/ijerph19159174>
- XXI. Lang, E. V. (2012). A Better Patient Experience Through Better Communication. *Journal of Radiology Nursing*, 31(4), 114–119. <https://doi.org/10.1016/j.jradnu.2012.08.001>
- XXII. Mata, Á. N. de S., de Azevedo, K. P. M., Braga, L. P., de Medeiros, G. C. B. S., de Oliveira Segundo, V. H., Bezerra, I. N. M., Pimenta, I. D. S. F., Nicolás, I. M., & Piuevezam, G. (2021a). Training in communication skills for self-efficacy of health professionals: A systematic review. *Human Resources for Health*, 19(1), 30. <https://doi.org/10.1186/s12960-021-00574-3>
- XXIII. Mata, Á. N. de S., de Azevedo, K. P. M., Braga, L. P., de Medeiros, G. C. B. S., de Oliveira Segundo, V. H., Bezerra, I. N. M., Pimenta, I. D. S. F., Nicolás, I. M., & Piuevezam, G. (2021b). Training in communication skills for self-efficacy of health professionals: A systematic review. *Human Resources for Health*, 19(1), 30. <https://doi.org/10.1186/s12960-021-00574-3>
- XXIV. Maureen Nokuthula Sibiyi. (2018). Effective Communication in Nursing. In Nilgun Ulutasdemir (Ed.), *Nursing* (p. Ch. 3). IntechOpen. <https://doi.org/10.5772/intechopen.74995>
- XXV. Moezzi, M., Rasekh, S., Zare, E., & Karimi, M. (2024). Evaluating clinical communication skills of medical students, assistants, and professors. *BMC Medical Education*, 24(1), 19. <https://doi.org/10.1186/s12909-023-05015-4>
- XXVI. Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97. <https://doi.org/10.1007/s40037-019-0509-2>
- XXVII. Ohana, S., & Mash, R. (2015). Physician and patient perceptions of cultural competency and medical compliance. *Health Education Research*, 30(6), 923–934. <https://doi.org/10.1093/her/cyv060>
- XXVIII. Oliveros, E., Brailovsky, Y., & Shah, K. S. (2019). Communication Skills: The Art of Hearing What Is Not Said. *JACC. Case Reports*, 1(3), 446–449. <https://doi.org/10.1016/j.jaccas.2019.09.003>
- XXIX. Rehim, S. A., DeMoor, S., Olmsted, R., Dent, D. L., & Parker-Raley, J. (2017). Tools for Assessment of Communication Skills of Hospital Action Teams: A Systematic Review. *Journal of Surgical Education*, 74(2), 341–351. <https://doi.org/10.1016/j.jsurg.2016.09.008>
- XXX. Rick Iedema, Trish Greenhalgh, Joan Russell, John Alexander, Khudeja Amer-Sharif, Paul Gardner, Mark Juniper, Rebecca Lawton, Ravi Prakash Mahajan, Priscilla McGuire, Celia Roberts, Wayne Robson, Stephen Timmons, & Lorna Wilkinson. (2019). Spoken communication and patient safety:

Effectiveness of Teaching Communication Skills in Undergraduate Curriculum at Defence Services Medical Academy
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A new direction for healthcare communication policy, research, education and practice? *BMJ Open Quality*, 8(3), e000742.

<https://doi.org/10.1136/bmjopen-2019-000742>

- XXXI. Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: A rapid review. *BMC Health Services Research*, 23(1), 886.
<https://doi.org/10.1186/s12913-023-09869-8>
- XXXII. Zangeneh, A., Lebni, J., Ebadi Fard Azar, F., Sharma, M., Kianipour, N., Azizi, S., Saeidi, S., & Ziapour, A. (2021). A study of the communication skills in health care and the role of demographic variables (a case study of the nurses at the Educational, Therapeutic and Research Center of Imam Reza Hospital, Kermanshah, Iran in 2018). *Journal of Public Health*, 29, 1–7.
<https://doi.org/10.1007/s10389-019-01126-9>
- XXXIII. Zangeneh, A., Lebni, J. Y., Azar, F. E. F., Sharma, M., Kianipour, N., Azizi, S. A., Saeidi, S., & Ziapour, A. (2021). A study of the communication skills in health care and the role of demographic variables (a case study of the nurses at the Educational, Therapeutic and Research Center of Imam Reza Hospital, Kermanshah, Iran in 2018). *Journal of Public Health*, 29(2), 361–367.
<https://doi.org/10.1007/s10389-019-01126-9>
- XXXIV. Zota, D., Diamantis, D. V., Katsas, K., Karnaki, P., Tsiampalis, T., Sakowski, P., Christophi, C. A., Ioannidou, E., Darias-Curvo, S., Batury, V.-L., Berth, H., Zscheppang, A., Linke, M., Themistokleous, S., Veloudaki, A., & Linos, A. (2023). Essential Skills for Health Communication, Barriers, Facilitators and the Need for Training: Perceptions of Healthcare Professionals from Seven European Countries. *Healthcare*, 11(14).
<https://doi.org/10.3390/healthcare11142058>