

Questionnaire to Assess Communication Skills in Residents

Demographics:

Gender: Male Female Prefer not to Answer

Age:

Marital Status: Single Married Divorced Widowed

Current Training Specialty:

Current Training Subspecialty (if applicable):

Time within the Current Training Specialty: _____ months/years

Year of MBBS Graduation:

Name of Institution where MBBS was done:

Year of Admission into Postgraduate Education (Residency):

Current Year of Postgraduate Education:

Name of Institution where internship was done:

Average working hours per week:

Section A

A1. How often do you experience minor conflicts with a patient and/or attendants (caregivers/family members, people who accompany the patient) while fulfilling clinical responsibilities at your workplace?

[Minor conflict: an incident of unwarranted argument/debate resulting in *argumentative discussions, shouting, etc.* but not verbal abuse or physical violence]

- A. Nearly daily
- B. About once a week
- C. About once a month
- D. About once every 6 months
- E. About once a year or less

A2. How often do you experience major verbal conflicts (exchange of verbal abuse) with patients and/or attendants while fulfilling clinical responsibilities at your workplace?

- A. Nearly daily
- B. About once a week
- C. About once a month
- D. About once every 6 months
- E. About once a year or less

A3. How many times have you encountered physical violence with patients and/or attendants while fulfilling clinical responsibilities at your workplace?

- A. Four times or more

- B. Three times
 - C. Two times
 - D. Once
 - E. None
- A4. In your opinion, what proportion of doctor-patient conflicts can be avoided by good communication practice (i.e., patiently listening to your patients, fully explaining the nature and yield of investigations, benefits of treatment, course and prognosis of the disease).
- A. Almost all
 - B. About 75%
 - C. About 50%
 - D. About 25%
 - E. None

Section B: Self-Assessment of Communication Skills

Please rate the extent to which you practice the following:

- A. Always
- B. Often
- C. Sometimes
- D. Occasionally
- E. Rarely

Effective communication has three basic components: verbal, non-verbal and paraverbal. The verbal component deals with the content of the message including the selection of words. The non-verbal component includes body language like posture, gesture, facial expression, and spatial distance. The paraverbal component includes tone, pitch, pacing, and volume of the voice. Questions 1–5 mostly address points pertaining to these aspects:

- B1. While meeting a patient, I greet him/her warmly with a smile/say hello.
- B2. I prefer to address the patient by name during history taking/examination or interview.
- B3. I make eye contact during conversation or interview.
- B4. While a patient is talking, I try to avoid any interruption such as taking calls or checking messages.
- B5. I pay attention to non-verbal cues like gestures and facial expressions of the patients.

Content and setting of discussion/interview sessions is an important aspect of communication with patients/attendants in the outpatient department/indoor setting. Questions 6–12 mostly address points pertaining to this aspect:

- B6. I ensure privacy while conducting interview/discussion sessions with patients/attendants.
- B7. I prefer simple language and avoid medical jargon and abbreviations.
- B8. I explain the nature, course, and prognosis (both short term and long term) of the disease in detail.

- B9. I explain in detail regarding the necessity and feasibility of expensive investigations and their effect on the course and outcome of the disease.
- B10. I explain in detail regarding various treatment options available and their effect on the course and outcome of the disease.
- B11. I involve the patient in the decision-making regarding the choice of investigation and treatment.
- B12. Before concluding the interview, I ask the patient if he/she would like additional information.

Communicating with patients and attendants in indoor/high dependency unit/intensive care unit is challenging. Questions 13–18 are mostly related to the aspect of communicating with patients/attendants in this setting:

- B13. When attendants gather information from the internet or other sources, I try to answer their queries by giving better references.
- B14. While discussing the daily progress of the patients, I emphasise the dynamic nature of the disease.
- B15. When a patient is seriously ill, I inform him/her about the course and prognosis of the disease multiple times during a day with the attendants.
- B16. I talk to attendants and discuss in detail after visiting the patient's bed.
- B17. I take consent from patients/attendants myself.
- B18. I take consent from patients/attendants after detailed discussion.

Bad news means any information that has the potential to have a devastating influence on one's life. Breaking bad news is challenging for any doctor. Questions 19 to 23 deal with the different steps involved in the practice of breaking bad news.

- B19. Before breaking bad news, I plan in advance and mentally rehearse the act of disclosure.
- B20. Before breaking bad news, I tend to assess relative's/patient's knowledge and attitude by asking open-ended questions.
- B21. While breaking bad news, I tend to give information in small portions rather than doing so abruptly.
- B22. After breaking bad news, I address/attend to patient's emotional reaction with full patience.
- B23. After breaking bad news, I discuss the future plan of treatment with the patients and/or attendants.

Team dynamics is important in the success of a treating team. The practice of good communication skills with colleagues, nurses, paramedical staffs and other supporting staff is extremely important. Questions 24 to 29 address this aspect:

- B24. While communicating with nurses, paramedical staff, and other supporting staff, I display appropriate courtesy.
- B25. While communicating with nurses, paramedical staff and other supporting staff, I highlight that their role and responsibility is equally important.
- B26. I avoid criticising colleagues or having debates in front of patients or attendants.

- B27. To motivate nurses, paramedical staff and other supporting staff; I teach them the principles of management of commonly encountered diseases in the ward.
- B28. As a part of giving feedback, I regularly express appreciation for nurses, paramedical staff, and other supporting staff.
- B29. As a part of giving feedback, I don't hesitate to give positive criticism/constructive suggestion to my subordinates and supporting healthcare staff.

Section C: Barriers to Practicing Good Communication Skills

In your opinion, to what extent do you agree/disagree that the following barriers prevent you from practicing good communication skills (i.e., listening to patients adequately, explaining in detail the nature and yield of investigations, course and prognosis of the disease, benefits of treatment, etc.):

- A. Strongly Agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

- C1. Lack of insight (I never felt that good communication is equally important in the management of diseases)
- C2. Lack of time
- C3. Difficulty in understanding the patient's language
- C4. Human failings like stress and fatigue
- C5. Infrastructural deficits like lack of proper place for discussion, overcrowding.
- C6. Long working hours
- C7. Lack of subject knowledge required for fully explaining the modalities of diagnosis, treatment options, or prognosis
- C8. Lack of training in communication skills

Section D: Prior Communication Skills Training

D1 A. Do you feel the need of a proper training program to teach communication skills to postgraduate residents? Yes No

D1 B. If you were to design a communication skills program, what would be the areas focused during this training:

- A. Overall communication skills
- B. Disclosing a diagnosis for the first time
- C. Breaking bad news
- D. Communicating with a dissatisfied/angry patient
- E. Other:

D2. Do you have any prior communication skills training experience?

If yes, please continue with Part 1.

If no, please continue with Part 2.

Part 1: Specifications of Prior Communication Skills Training

1. Number of prior communication skills training/programs:
2. Was the training specified to an aspect of communication skills (counselling, breaking bad news etc.? If yes, please specify.
3. Where did you receive this training?
 - A. Your medical school
 - B. Your current program
 - C. External Institution
 - D. Private Organization
 - E. Other:
4. What was the pedagogy used to deliver the skills?
 - A. Lecture-based
 - B. Practical Demonstration
 - C. Examination-based session
 - D. Other:
5. How will you rate the overall training?
 - A. Outstanding
 - B. Excellent
 - C. Good
 - D. Satisfactory
 - E. Poor

Part 2: Development of Communication Skills with no Prior Training:

1. Given that no prior training was received, where did you develop your communication skills from?
 - A. Observation of the consultant
 - B. Observation of the senior colleagues
 - C. Self-study from books/journals
 - D. Self-study from videos
 - E. Trial and Error method by practicing it during your postgraduate training
 - F. Other: