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ORIGINAL ARTICLE

To access the empathy communication skills in house officers and post-graduate doctors. A cross-sectional study.

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ABSTRACT… Objective: To assess young physicians' non-technical abilities, such as empathy, communication, and flexibility for providing quality patient care, this study aims to look into residents' empathy and communication skills toward patients and their caregivers. To ascertain how well non-technical skills are assessed using evaluation instruments in resident training programs. **Study Design:** Cross-sectional study. **Setting:** CMH Lahore Hospital. **Period:** January 2024 to March 2024. **Methods:** Design using purposive sampling was used to assess the non-technical skills of resident physicians. A modified Parents scale, was used to gather data. With a reliability of 0.884, the modified Parents scale had excellent internal validity and reliability. Using SPSS-26, we analyzed data gathered from 63 patients or their caregivers. **Results:** With a mean score of 1.54 and a standard deviation of 0.643, house officers and residents received outstanding ratings for their capacity to have relaxed discussions with patients and their caregivers. With a mean score of 1.33 and a standard deviation of 0.741, they were likewise highly rated for showing off their identity badges. **Conclusion:** Although respondent experiences vary significantly, resident physicians are frequently given positive scores for a number of competencies. Work needs to be done in the areas of discussing potential adverse effects, outlining treatment strategies, and consistently demonstrating empathy.

Key words: Communication Skills, Caregiver, Empathy, House Officers, Post-Graduate Doctors, Pakistan.

INTRODUCTION

A set of social interaction skills, essential to effective communication in all walks of life including the field of healthcare.[1] These skills represent a continuum of social traits that make for better empathy and cooperation between people and among them. Nontechnical skill (NTS) refers to universally applicable life-saving expertise.[2] Note that these skills are often referred to as NTS because they lay predominantly outside the scope of most formal technical education.[3] Nontechnical skill (NTS) has been defined as, the cognitive, social and personal resource skills that complement technical skills and contribute to safe and effective task performance.[2]

Supervisors in the emergency department face particular difficulties when assessing NTS because of factors such as heavy patient caseloads, limited time, and administrative responsibilities. A supervisor's evaluation of PGRs' soft skills can be influenced by their presence, which may introduce bias.[4] It is essential to understand how PGRs interact with caregivers or patients when not directly supervised.

Valuable input on how PGRs perform can come from different outlets like colleagues and supervisors. Medical professionals, as well as those who provide care.[5,6] Caregivers play an important role in assessing the non-technical skills of pediatric residents throughout their treatment.[7] Research indicates that residency programs in medicine and surgery can be improved by including feedback from caregivers.[8] Medical educators have recently underlined how important it is to incorporate the patient's perspective to improve the delivery of healthcare services.[9]

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In medical emergency, at the time such injury occurred, if untreated that may cause serious endangered of any person life. House officers and Post Graduate doctors are the first one to react in such conditions as per SOP but unfortunately in country like Pakistan they do not get enough experience to tackle both situations accordingly.[8] Significant attempts should be made at each level to educate junior doctors regarding both technical and non-technical skills.[5,8]

In this study, we aim to evaluate young doctors' professionalism and ethics, as well as their communication skills and empathy. Although postgraduate doctors are primarily focused on technical skills, nontechnical skills have recently gained global recognition, including in Pakistan to enhance behavioral markers through which both doctors and patients can benefit.[10] In the modern world, there is no doubt about the paramount importance nontechnical skills hold in providing high patient care and the professional success of doctors.[5]

The objectives of this study are:

1. To evaluate the communication skills of residents when interacting with patients and their caregivers.
2. To investigate the empathetic behavior and sensitivity of residents towards patients and their caregivers.
3. Determine the effectiveness of assessment tools for evaluating non-technical skills in residency training programs.

METHODS

This study was conducted from January - March 2024. This study was designed to collect data from CMH Lahore Hospital. Ethical approval was obtained from Institutional Review Board (case no. 901/ ERC/ CMH/LMC). Data was collected through reviewed, reliable, pre-tested, and pre-valid tool.[10] during the literature review we identified an instrument PARENTS. Which can be used for assessing the Nontechnical skill of residents. It is designed on a 4-point Likert scale format. It is a cross-sectional study, purposive sampling technique was used. The sample size is selected through census sampling. The data was collected from CMH Lahore in OPD and wards except the psychiatry ward. A web-based close-ended questionnaire (Google form) was developed consisting of 18 questions covering different aspects of PARENTS scale filled by the patients or their caregivers by the help of duty doctor. Data was gathered and entered in SPSS-16 for analysis. The 18 items in the PARENTS scale were subjected to a bivariate Pearson correlation to evaluate validity. The results showed that all item correlations were significant at the 0.01 p-value, satisfying the scale's internal validity requirements.[10] The Cronbach's alpha value, which indicates good dependability, was discovered to be 0.884 and was used to measure the tool's reliability. Pearson correlations showed significant regression coefficients at the p 0.01 level for every item in the internal validity test.

RESULTS

We determined each item's mean, percentage, frequency, and standard deviation. The sample's patient population was divided into four age categories: 0-10 years (n = 12, 19.0%); 11-30 years (n = 63, 30.2%); 31-50 years (n = 12, 19.0%); over 50 years (n = 20, 31.2%). Males (n = 41, 65.1%) and females (n = 22, 3.9%) made up the two genders in the sample. Patients from medicine and related departments make up the majority of the patient population (n = 35, 55.5%), followed by surgery and related departments (n = 20, 31.7%). The demographics of the study group revealed a broad range of patient characteristics, refer to Table-I.

Based on the mean and standard deviation of several questions, the skills and behaviors of the residents are analyzed, and the results show that most competencies have generally positive assessments. The ability of residents to engage in comfortable conversation with patients and their families (Mean = 1.54, SD = 0.643 for items 8 and 9) and to proudly display their identification badges (Mean = 1.33, SD = 0.741) received especially high ratings, suggesting a strong adherence to professional identification protocols.

Characteristics	Categories	Frequency (n)	Percentage
Gender	Male	41	65.1%
	Female	22	34.9%
Age	0-10 years	12	19.0%
	11-30 years	19	30.2%
	31-50 years	12	19.0%
	More than 50 years	20	31.7%
Department	Medicine and Allied	35	55.5%
	Surgery and Allied	28	44.5%

Table-I. Demographics distribution of patients

Items	Mean	Std. Deviation
Was the resident self-introducing	1.73	1.096
Did the resident reveal him/herself?	1.67	.967
Did the resident explain the things	1.67	.762
Did the resident be able to walk into the ward knowing a little about your patient's condition?	1.79	.845
Did the resident understand the care or treatment you provide makes sense as he/she advances to you, and whether any follow-up plan make sense?	1.87	.907
Did you evaluate the resident's ability to listen to you and not interrupt you when talking?	1.63	.725
Did you rate the resident's ability to receive what you were saying?	1.62	.705
Did you evaluate how well the residents understand what you were saying?	1.54	.643
How would you evaluate the resident's ability to communicate with your patient effectively?	1.54	.643
How would you evaluate the resident's ability to flex his/her thinking and approach to your needs and the needs of your patient?	1.70	.816
Did the resident "wash his/her hands" at the time?	1.54	.895
Was there a visible identification badge for the resident?	1.33	.741
When engaging with your patient, how would you rank the resident's capacity for complete present-moment awareness?	1.71	.941
How would you evaluate resident's ability to how to proceed if your patient was having any complications?	1.95	1.084
How do you evaluate the resident's ability to justify for your patient what they were doing and why?	1.83	.976
How confident would you be in the resident ability to prescribe your patient's medication, including possible adverse effects?	1.83	.959
How would you rate the resident's capability to show empathy for your patient and your own feelings?	1.70	.927
How well equipped do you think the resident is to response your queries?	1.67	.898

Table-II. Impact of empathy and communication skills of HOs & PGs on patients

Consistently receiving favorable comments for listening without interruption (Mean = 1.63, SD = 0.725) and comprehending patient concerns (Mean = 1.62, SD = 0.705) demonstrated effective communication skills. Some aspects, such as explaining what they were doing for the patient and why (Mean = 1.83, SD = 0.976) and talking about potential issues or complications, have larger variability and slightly lower ratings (Mean = 1.95, SD = 1.084). These results highlight the necessity for continuous, comprehensive resident attention to patients' and families' issues in addition to better patient care communication.

Items	Responses (n=63)				
	Yes	Incomplete	No	Not sure	Pearson Correlation
Was the resident self-introducing	41	5	10	7	.660**
Did the resident reveal him/herself?	40	7	13	3	.372**
	Absolutely Not	**Middle**	**Good**	**Excellent**	
Did the resident explain the things	30	26	5	2	.618**
Did the resident be able to walk into the ward knowing a little about your patient's condition?	26	28	5	4	.554**
	Absolutely Not	**Appropri-ately**	**Much**	**Very Much**	
Did you evaluate the resident's ability to listen to you and not interrupt you when talking?	25	26	7	5	.370**
Did you rate the resident's ability to receive what you were saying?	31	25	6	1	.764**
Did you evaluate how well the residents understand what you were saying?	31	26	5	1	.780**
How would you evaluate the resident's ability to communicate with your patient effectively?	34	24	5	0	.688**
How would you evaluate the resident's ability to flex his/her thinking and approach to your needs and the needs of your patient?	34	24	5	0	.623**
Did you evaluate the resident's ability to listen to you and not interrupt you when talking?	32	19	11	1	.072**
	yes	**No**	**incomplete**	**Not remember**	
Did the resident "wash his/her hands" at the time?	45	3	14	1	.235**
Was there a visible identification badge for the resident?	51	4	7	1	.185**
	Pretty well	**Appropri-ate**	**Less good**	**Absolutely not**	
How would you rate the resident's ability to be fully present with you and your patient while interacting with him/her?	39	3	21	0	.240**
How would you evaluate resident's ability to how to proceed if your patient was having any complications?	33	5	20	5	.404**
How do you evaluate the resident's ability to justify for your patient what they were doing and why?	35	5	22	1	.552**
How confident would you be in the resident ability to prescribe your patient's medication, including possible adverse effects?	34	7	21	1	.429**
How would you rate the resident's capability to show empathy for your patient and your own feelings?	39	4	20	-	.652**
How well equipped do you think the resident is to response your queries?	39	6	18	--	.013**

Table-III. Response and internal validity of PARENTS Scale
** All Pearson correlation are significant at the 0.01 level (2-tailed).

Although the evaluations demonstrate that residents are typically quite competent, concentrated efforts to improve explanation and communication skills could further improve interactions between patients and their families.

DISCUSSION

In this study, we validate the PARENTS, a tertiary care hospital's NTS of PGRs from CMH Lahore Medical College, which has proven to be a trustworthy and practical institute. Through our item analysis, we were able to identify key areas of satisfactory performance and areas that still need improvement in terms of NTS.[1,11] The finding suggests that there was no significant correlation between the respondents' gender and their evaluation of the resident's capacity for empathy.[4,9] This suggests that respondents of both genders have similar opinions on the resident's ability to show concern, suggesting that this particular talent is evaluated equally by both genders.[12]

Results show that medical educators now have a useful tool to incorporate into their soft skill assessment processes.[5] Now that we are clear on the areas curriculum designers need to concentrate on, we can develop PGRs' soft skills to the necessary professional level.[13] Supervisors can create and evaluate training programs that help PGRs reach the necessary NTS levels to become licensed therapists by using feedback from PARENTS.[10]

Research has indicated the significance of doctors developing rapport with patients to enhance treatment outcomes by gaining their trust.[7] The skills taught in medical education do not include empathy; individuals with a natural inclination toward empathy can enhance it through clinical training.[11] Nonetheless, individuals who do not possess these soft skill are improbable to cultivate them without the involvement of managers. This is the point in the PGRs' NTS when we saw a lack of reinforcement. According to the participants, PGRs should be more patient when speaking with patients and caregivers.[14] Particular concerns included not prioritizing the emotions of the caregiver or child, as well as lacking adaptability to meet their individual needs. The teaching rounds frequently involve supervisors guiding PGRs in this domain. However, feedback suggests that there is a need for further improvement in empathy and counseling abilities crucial for establishing rapport.[4]

This research has given medical educators a useful tool to include in evaluation plans for soft skills. We have obtained valuable understanding of the particular areas that curriculum planners should concentrate on when developing the Non-Technical Skills in young doctors as a component of professionalism. Supervisors can utilize input from PARENTS to make decisions.[10]

CONCLUSION

The findings general, indicate that residents receive favorable evaluations for a range of abilities, with mean ratings ranging from 1.5 to 1.9. While the positive scores are typically consistent, the standard deviations show that there are some sites with significant variance, indicating that respondents' experiences varied.[2] There is tremendous space for improvement in a number of areas, including discussing potential side effects, outlining the course of therapy and the actions taken on behalf of the patient, and consistently exhibiting empathy for the feelings of both patients and their families.[15,16] The lowest mean score for identity badge visibility indicates that inhabitants do very well in this area, demonstrating their clear compliance with identification regulations.[11]

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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