

Introducing Role Play for Teaching Communication Skills to Dental Undergraduate Students

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Abstracts: Background and Objectives: Communication skills are considered to be an important and integral part of successful patient treatment. At our institute undergraduate students are given formal education in behavioural management during the first year. However, clinical training on patients is started only during the third year. The intervening gap in training results in the students not developing satisfactory communication skills while interacting with patients in the third year. The objectives of this study were to: 1) Use role play as a learning tool to demonstrate importance of communication skills and train students in the same. 2) Determine whether formal training in communication skills should be given at the beginning of third year before starting treatment procedures on patients. 3) Assess the response of students to role play and level of confidence while treating patient through a questionnaire format. Methodology: Role play was conducted to demonstrate the effect of satisfactory and unsatisfactory communication between a doctor and patient. A questionnaire was given to the students before and after the role play in order to determine their response to the role play and the results were statistically analyzed. Results & Conclusion: A high percentage of students felt that formal training in communication skills would be beneficial at the start of their clinical training in the third year and the role play had a positive impact on their ability to communicate with patients. However, the increase in the level of confidence was not found to be statistically significant. [Patankar A NJIRM 2015; 6(5):81-85]

Key Words: Communication skills, role play, undergraduate students

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Introduction: Along with clinical knowledge and skills, developing good communication is an important part of dental education. Communication between the doctor and patient is one of the essential factors determining the success of any treatment. Good rapport is required between doctor and patient right from the beginning of treatment. If the patient is not satisfied with the doctor's attitude and behavior, the probability of patient being satisfied with the treatment done by the doctor also comes down. It is a well-established fact that patients complain more often about poor communication than about inadequate treatment.¹Hence it is important to teach communication skills to students along with theoretical and practical knowledge. The question which arises is, when communication skills knowledge should be imparted to students.

At the institute behavioral management is taught to the first BDS students as a part of their formal education. But the behavioral and communication skills concerning to patients are put to test only in third BDS. The intervening gap in training results in the students not developing satisfactory communication skills while interacting with patients. They also fail to realize the importance of communication skills in first BDS. This affects their

confidence and convincing ability while treating patients in third BDS. All these factors ultimately contribute to patient dissatisfaction in spite of rehabilitating them with good prosthesis. This is especially true in case of Prosthodontics, where the department caters mainly to geriatric patients. Old age may slightly bring down the patient's perception ability and understanding of the treatment. Communication plays a major role in ensuring understanding of the patient and thereby satisfaction of the treatment.

In third BDS, students come in contact with the patients for the first time in their curriculum. Since they are learning, they take more appointments to rehabilitate patients with a complete denture as compared to an experienced practitioner. They use technical language while conversing with the patients during appointments and while delivering post insertion instructions. The geriatric patients are unable to follow this technical language. The above mentioned factors along with miscommunication between the student and patient ultimately bring down patient compliance and cooperation. All of this can be avoided by prior sensitization of students to expected communication skills required while treating

patient as a whole before starting of clinical posting in the department at the beginning of third year.

The objectives of this study were to:

1. Use role play as a learning tool to demonstrate importance of communication skills and train students in the same.
2. Determine whether formal training in communication skills should be given at the beginning of III year before starting treatment procedures on patient.
3. Assess the response of students to role play and level of confidence while treating patient through a questionnaire format.

Material and Methods: Approval from Institutional Review Board was obtained before starting this study.

Subjects: Third BDS students posted in department of Prosthodontics for their second clinical posting with prior patient treatment exposure were chosen for this study. Since the students had finished one posting in the department they were aware of the problems arising during treatment because of miscommunication. Inclusion criterion was students interested in improving communication skills by participating in the study. While exclusion criterion was students not interested in participating in the study. A total of twenty students were included in this study. They were divided into two groups according to their posting.

Methodology: After conducting literature review, the expected communication skills were noted.^{2,3,4} These communication skills were divided according to the different stages in treatment right from the beginning of first appointment till the closure of appointment. Based on these skills role play was developed. Accordingly standard patient and standard third BDS student were trained to display expected communication skills. Teaching staff from the department of Prosthodontics were trained to be standard patient and student to maintain uniformity of the role play for both the batches. The role play consisted of two parts depicting the effect of satisfactory and unsatisfactory communication between the doctor and patient. Unsatisfactory communication between the student and patient, where student was not empathetic and understanding of patient's

problems led to noncompliance of patient. This was followed by satisfactory communication where all the expected communication skills were depicted in the play. Two main appointments of complete denture rehabilitation, first appointment and the appointment of denture insertion were enacted in the play. The technique of delivering post insertion instructions was shown which is an important part of complete denture rehabilitation. Before the role play a pre-test questionnaire was given to students followed by a post-test questionnaire after the role play. Almost all the question in both questionnaires were rated along a 5-point Likert scale, ranging from 1(strongly disagree) to 5(strongly agree). To help students understand better and retain knowledge, handout of the list of expected communication skills according to different stages in appointment was given after the role play. This handout was according to list of communication skills given by Theaker ED et al.⁵

Data Analysis: Pre and post evaluation questionnaire sheets which were obtained from the students were numbered serially. Data obtained was entered into a MS excel worksheet (make - MS office and version). It was analyzed using SPSS software (v 17.0, Chicago Ill). Results were represented as Means and Standard Deviation of the responses in Likert scale. T test was used to compare the difference in means obtained in pre and post evaluation groups. $p < 0.05$ was considered to be statistically significant, thus obtaining a confidence level of 95%.

Results: The means of responses from pre and post evaluation questionnaire were compared for all questions (Graph 1). Comparison of pre and post evaluation questionnaire was done by using t-test (level of significance $p < 0.05$). In the post evaluation questionnaire students were asked if they found the role play helpful in developing new communication skills. To this almost 100% of students rated 4 & 5 on Likert scale. 85% of students rated 4 & 5 on Likert scale for question on whether communication skills should be taught at the beginning of third BDS. It was seen that there was no statistically significant change in the level of confidence while treating patients before and after the role play as seen in Table 1a, 1b, 1c.

Table 1a: Comparison of Mean and Standard deviations of responses of pre and post questionnaire

	Group	Mean	Std. Deviation	P value of T test
Q1	1	4.90	0.301	0.033
	2	4.30	1.218	
Q2	1	4.05	1.024	0.480
	2	3.80	1.196	
Q3	1	4.90	0.301	0.076
	2	4.40	1.231	
Q4	1	3.81	0.680	0.176
	2	4.05	0.394	
Q5	1	3.62	0.921	0.401
	2	3.85	0.813	
Q6	1	2.29	0.717	0.413
	2	2.10	0.718	
Q7	1	1.52	0.680	0.074
	2	1.20	0.410	
Q8	2	4.40	0.940	-

Table 1b:

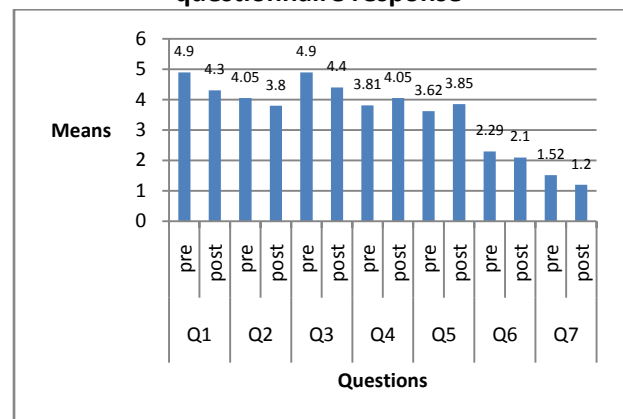
Group	
1	Pre evaluation questionnaire
2	Post evaluation questionnaire

Table 1c: Questions in pre and post evaluation questionnaire

Q1	Is communication skills an essential instrument while treating patients successfully? (pre test) After role play do you view communication skills an essential instrument while treating patients successfully? (post test)
Q2	Though behavioral management & communication skills taught is in I BDS, is it necessary to teach communication skills at the beginning of III BDS before entering clinics? (pre and post test)
Q3	Is it important to communicate with patient before starting with the treatment? (pre and post test)
Q4	Do you think you can effectively convince

	patient for undergoing complete denture treatment which involves 6-8 consecutive appointments? (pre and post test)
Q5	Do you think you can effectively communicate with the patient before, during and after the completion of treatment? (pre and post test)
Q6	How confident do you feel while communicating with the patient on a scale of 1-5 where 1 is for very confident and 5 is for poor confidence? (with reason) (pre test) After the role play how confident do you feel while communicating with the patient on a scale of 1-5 where 1 is for very confident and 5 is for poor confidence? (with reason) (post test)
Q7	Are you able to efficiently deliver post insertion instructions at the time of insertion? Do you think your patient follows all instructions given?(if no is it because of lack of communication on your part) (with reason) (pre and post test)
Q8	Was the role play helpful in developing new communication skills? (post test)

Graph- 1: Comparison of pre and post evaluation questionnaire response



Discussion: Over the years a lot of studies have been carried out on communication as a part medical and dental education. Since almost 1927 it has been recognized that communication is an important aspect for success of any medical treatment.⁵ It has come to light that behavioral science which includes communication skills should be included in predoctorate curriculum to

ensure complete understanding and implementation of the same in practice.

Communication skills cannot be taught using conventional didactic lectures. Different instruments such as role play, simulated patients, audio visual aids etc. can be used efficiently to teach communication skills. Role play has been found to be an acceptable, credible and valuable tool in imparting communication skills education.⁶ Hence role play was chosen as the technique for imparting communication skill education in this study. Standard patient and doctor were used for this role play. Instead of using professional actors, department staff was trained to enact in the play. The advantage of using staff was that they were aware of the situation involving treatment of completely edentulous patient by III BDS student. It has been observed that students do not stress upon post insertion instruction. Part of the success of treatment depends upon proper delivery of instruction to patients. The role play helped students understand how to give post insertion instructions effectively and answers patients doubts related to it.

The results of the study show that maximum number of students thinks it will be helpful to have training on communication skills at the beginning of third BDS. This study was carried out on students who had finished one posting in the department. Due to prior patient treatment exposure they were aware of difficulties faced while treating the patients. In department of Prosthodontics, patients undergoing complete denture rehabilitation belong to geriatric group. In these patients communication is one of the most important instruments while treating. Generally at this age individual is non-receptive to new ideas. It is essential to address the patient's doubts, concerns and misconceptions at the first appointment so that the patient knows what to expect from the treatment. If these concerns and doubts are not addressed it might lead to unrealistic expectation of patient especially in case of complete dentures. Though students are taught behavioral management in first BDS, the intervening gap results in students not developing satisfactory communication skills by the time they come to third BDS. Also, in first BDS students fail to understand the importance of developing communication skills. When they come to third

BDS they face problems while communicating with patients. Hence it is essential to train students in communication skills at the beginning of third BDS.

There was no statistically significant change in level of confidence while treating patients before and after the role play. But maximum number of students reported that the level of confidence increased because they understood how to communicate with patients. This is in accordance with studies done before, where after being taught communication skills students were able to confidently treat patient as a whole.³ Patient is influenced by the dentist's behavior and attitude.⁷ Anxiety of the dentist increases the anxiety of patient. Therefore it is important to be calm and confident while treating patients.

It is obvious from literature that behavioral science and communication skills should be taught to students. If it is included in the preclinical period, the same has to be reinforced and evaluated during clinical postings. Though the dental course is very vast, this topic should be included in the curriculum especially during the clinical part of course when students come in contact with real patients.

The limitations of the study include sample size. The students should be evaluated using OSCE or similar test to check their understanding and implementation of communication skills in practice. Since patients vary from department to department implementation of teaching of communication skills and evaluation should be carried out in all the departments. Depending on the patient and treatment, communication skills need to be modified to suit the patient.

Conclusion: This study reported that it is essential to teach behavioral science including communication skills at the beginning of third BDS before students start clinical posting. If it has already been taught then it is necessary to revise before treating real patients so that students can effectively implement it during their practice. An effective teaching program should be developed accordingly by the colleges and faculty should be trained in the same.

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Conflict of interest: None
Funding: None
Cite this Article as: Patankar A. Introducing Role Play for Teaching Communication Skills to Dental Undergraduate Students. <i>Natl J Integr Res Med</i> 2015; 6(5): 81-85