

Medical students of today, practitioners of tomorrow; are they listening?

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ABSTRACT

Aims: To know listening style of under graduate medical students. **Settings and Design:** questionnaire based cross sectional study. **Methods and Material:** A printed listening style inventory consisting ten questions was distributed in second mbbs students of our institute. They were asked to answer each question in a five point likert scale (never to almost always). Completely answered questionnaires were collected and analysed. **Statistical analysis used:** Mann-Whitney U test and unpaired t test using SPSS version 16. **Results:** Out of 150 questionnaires were distributed, 121 students returned the completed questionnaire. 62% students of our study were passive listeners and only 3% were active listeners. There was no significant difference in the listening style of males and females of our study. (*p*- value 0.693). **Conclusion:** majority of the future practitioners are passive listeners. There is an acute need to evaluate and improve listening of medical students by significant changes in teaching-learning environment.

Key-words: listening style, medical students, communication skills, doctor-patient relationship.

Introduction

The listening and communication are two critical aspects of positive doctor-patient relationship. [1] Listening is not mere hearing! It is far more than that. Good listeners are healers in themselves. Clinicians should have good communication skills in order to understand and treat a patient properly and improve their quality of performance. [2]

This domain of human behaviour is neglected in the present medical practice, in the world as general and particularly in India.

This might be due to many reasons, medical students enrolled for Bachelor of Medicine and Bachelor of Surgery (MBBS) course in the medical schools in India come from various educational and social backgrounds.

They are admitted on the basis of written or Multiple Choice Questions (MCQ) based entrance examination and without any interviews or assessment of their communication skills. In the medical curriculum no preference is given for communication skill in evaluation of the future doctor or due to the training they receive while they are being trained.

As said by Agatha Christie "An appreciative listener is always stimulating." [3] The future clinicians are the ones who need to be good in communication and so, good listeners. We planned this study to access the Listening style of second year MBBS students of our institute which is located in a rural part of south India, as there is no data available to best of our knowledge and efforts to find it on web about Indian medical

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students as listening is most frequently used and least studied communication skill.

Subjects and Methods

Present cross sectional questionnaire based study was conducted in Second MBBS students of our institute. A questionnaire was distributed among the students of second MBBS fifth semester students, they were explained the study objectives and asked to give a single best response for every question in a five point likert scale (never to almost always).[4]

Every question was given points ranging from 1 to 5 depending on the response opted by the candidates, all the questions had 5 points for Almost always and 1 for never, except question number 2 and 8 in which the scoring system was exactly opposite of this. Final score was calculated as sum of scores of individual question and then the listening style of participant was classified in four groups; Active Listeners(45-50), involved listeners (38-44), Passive listener (28-37), Detached listeners(<27).[4]

In total 150 questionnaires were distributed, out of them 121 students returned filled and completed questionnaire. In total 74 females and 47 male students participated in the study. Final scores and the

listening style of the participants was communicated individually to all participants on their e-mails and asked for the responses and opinions. The data was organized converted to digital form and analyzed using Mann- Whitney U test, unpaired t-test, percentages and proportions using SPSS ver. 16.

Results

In the present questionnaire based cross sectional study 121 students participated, there were 74 females and 47 males in the study group. After final scoring we found that 62 % of our students were Passive listeners and only 3 % were active listeners (Figure 1). When the scoring for males and females was compared separately we found that majority of males (66%) and females (55%) were passive listeners and only 7 % males were active listeners, none of the female participant was found to be an active listener (Table II). Mean score of males was 36.02 and that of females was 35.68 an unpaired t- test revealed no significant deference (p-value 0.693).

Mann-Whitney U test revealed that there is no statistically significant deference (Table I) in the options chosen by male and female participants for each question.

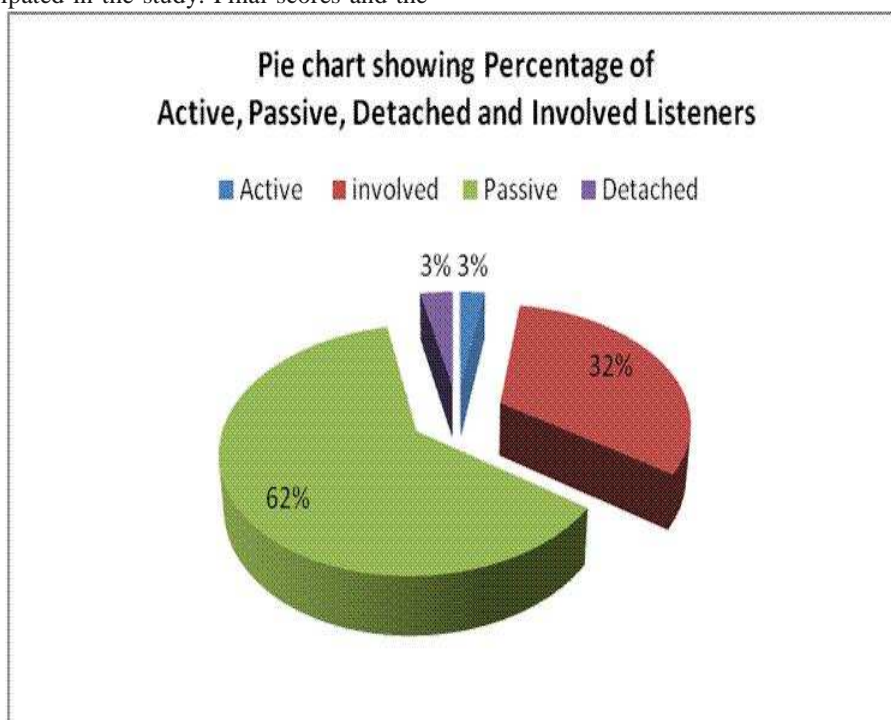


Figure 1: Pie Chart showing Percentage of Active, Passive, Detached and Involved Listeners

Table I: Mann-Whitney U test for Differences of individual choices of males and females

Question No.	Males(n=47)					Females (n=74)					Mann-Whitney U statistic	p-value
	Number of Participants opted for the response	1	2	3	4	5	Number of Participants opted for the response	1	2	3		
Options given for each question	1	2	3	4	5	1	2	3	4	5		
1. I want to listen to what others have to say when they are talking	2	0	14	14	17	0	2	23	21	28	1706	0.4265
2. I do not listen attentively when others are talking	2	5	28	5	7	6	8	36	16	8	1732	0.484
3. By listening, I can guess a speaker's intent or purpose without being told	2	3	19	14	9	0	2	33	26	13	1634	0.2755
4. I have a purpose for listening when others are talking	6	2	9	18	12	6	4	29	21	14	1528.5	0.122
5. I keep control of my biases and attitudes when listening to others speak so that these factors won't affect my interpretation of the message	3	2	9	14	19	2	6	21	27	18	1468.5	0.0665
6. I analyze my listening errors so as not to make them again.	1	5	13	14	14	5	6	21	19	23	1700	0.415
7. I listen to the complete message before making judgments about what the speaker has said	1	1	16	10	19	4	4	15	16	35	1639.5	0.287
8. I cannot tell when a speaker's biases or attitudes are affecting his or her message.	6	6	22	5	8	9	14	32	7	12	1660.5	0.33
9. I ask questions when I don't fully understand a speaker's message	4	6	13	7	17	8	7	22	12	25	1708.5	0.433
10. I am aware of whether or not a speaker's meaning of words and concepts is the same as mine.	5	3	13	17	9	6	6	22	26	14	1735	0.491

Table II: Percentage of different listening style Profiles in Male and female students

	Active	Involved	Passive	Detached
Males	3(7%)	16(34%)	26(55%)	2(4%)
Females	0(0%)	23(31%)	49(66%)	2(3%)
Total	3(3%)	39(32%)	75(62%)	4(3%)

Discussion

In India, number of medical colleges has increased in last two decades but the necessary changes in the delivery of information to the medical students and the clinical training are not amended since last 50 years. Future physicians are being trained with guidelines of last century. A necessary modification is training the medical students for communication skills and listening is a major skill in the communication. Our

study highlights this issue, we analyzed listening style of our second year medical students and found that majority of them are passive listeners, this is an alarming finding. We found no difference in the listening style of the males and females of our study.

Importance of listening is advocated by many researchers in their respective studies. Professors and teachers from the time of Hippocrates [5] Holmes *et al* are emphasizing the importance of careful and patient

listening in the process of diagnosis and treatment of their patients. As stated by Holmes [5] “teaching medical students to take medical histories efficiently and correctly, to listen to patients, is probably like teaching someone to act, dance, or swim. You can write about it, read books about it, watch videos, and even watch experts do it. However, only when you have done this a number of times yourself, with some expert surveillance of your effort, can you gain competence. The questions are more easily learned than the listening skills.” We feel that this important domain of doctor- patient relationship is losing its importance in the competitive and financially driven environment of medical education and practice of today.

Medical students are learner of today and practitioner of tomorrow. While learning, they should practice proper listening. For this there should be modification in the ways of learning and teaching both. Listening is an underused and not completely understood skills set. Just because an individual hears stimuli that does not necessarily mean they are processing meaning from that stimuli and actually listening.[6]

What students can do to improve listening? There are two different setups in which students listen, one is listening to the teacher in the classroom and second in the clinics while taking the case history and counselling of the patients if they are permitted to do so. There are various ways that students can practice to improve their listening; listening is much more of a mental act than a physical act. It was stated that there are many distracters which divert the attention of a listener. To begin with simple thing like enlisting the common distracters and trying to neglect them can improve listening second commonly done thing is note taking during lectures can keep the listeners involved and automatically improve the quality of listening. Research has found that effective note taking during lectures can increase scores on exams by more than 20%.[7] Educational researcher Michael Gilbert [8] (1988) provides the following general suggestions:

1. Find areas of interest in what you are listening to.
2. Remain open. Avoid the temptation to focus only on the lecturer’s delivery; recognize your emotional triggers and avoid letting them distract you.
3. Work at listening. Capitalize on your mind’s ability to think faster than the lecturer can talk. Mentally summarize and review what has been said, mentally organize information, and

find connections to what you already know or are currently learning.

4. Avoid letting distractions distract. Monitor your attention and recognize when it is waning. If you are becoming distracted, refocus your attention on the lecturer.

While in clinical interview in history and case taking there is need of different set of skills, there should be a judicious mixture of verbal and nonverbal communication in order to be successful in the communication, simple things like Inviting additional comments, Asking questions, Identify areas of agreement or common experience, Providing clear verbal responses, use descriptive, no evaluative responses, Providing affirmative and affirming statement, Avoiding complete silence. Allowing the other person the opportunity of a complete hearing. An effective use of nonverbal communication can improve listening dramatically Use movement and gestures to show your awareness of the speaker’s message. By leaning toward the speaker, you demonstrate interest in the speaker. Maintain relaxed but alert posture. In order to maximize your nonverbal message to the other person that you are “open” to him or her, you should sit or stand without crossing your arms or legs. Use positive, responsive facial expressions and head movement. [9]

What teachers can do to improve the listening experience of their students? Many things, there can be a long list. To mention few, making the lectures interesting and students centered by a combination of multimedia, Power point and though looks unimportant; black board or white board is of immense value. Digital white board available as free and open source software can be a solution to take advantage of Power Point and black board together. This can make the students involved in class room teaching and hence improve their listening experience. Usual length of lecture in Indian medical colleges is one hour and they are in succession one after another, it is really difficult to engage students for one hour specially when they are not given adequate time between two lectures. So, there should be a gap between to lectures, the lectures presentation should be structured, keeping in mind the average attention span of the students, it should be mixture of information and activities so that students remain involved. Feedback from students about their expectation and how they want to be taught can also be practiced.

In clinical teaching, listening skills can be imparted very properly. Small group teaching in which every

student can get enough opportunity to practice their skills can be a better setup. Wherever this is not possible a role play can be considered. A periodic evaluation in the communication skills of the student can also be considered.

Recently Medical council of India, the regulatory body of medical education in India published a vision 2015 document.[10] There it suggested welcome changes in the medical education in India. The importance of communication skill is emphasized in introductory Foundation course of two months duration in first year of medical studies. We strongly support the need of such a change in medical education. We further suggest that there can be a patient feedback form in the examinations wherever the clinical examination and history taking is involved. This step might increase the importance of communication skill and it will be taken seriously by educators and students. We did not find

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a significant difference in learning style of males and females in contrast to the finding of other researchers this might be due to small sample size and usage of different questioner, (2001)[11] suggests that men tend to be more instrumental or task-oriented when communicating whereas women tend to be more relationally oriented.

To conclude majority of our students are passive listeners, students in our study will become medical practitioners in the future. To benefit maximum from teaching and to communicate better with their patients in the future, Students need to improve their listening ability. This will be achieved by understanding how our students listen. Improvement in listening will improve their communication skill. Necessary modification should be done in design of curriculum and evaluation process.

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