

Communication Skills in Counseling Parents of Critically Ill Children

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Abstract

Objectives: To teach and assess communication skills to MD(PED) Post graduates and interns for counseling parents of critically ill children. **Background:** In this era of consumerism and single child norm, parental anxiety is very high whenever a child gets admitted to intensive care setting. It becomes mandatory to have effective communication skills amongst MD Postgraduate students and Interns. Our study aimed to teach and assess such skills. **Methodology:** This was a descriptive study done in August 2019 in the Pediatric Intensive Care Unit of Coimbatore Medical College Hospital, Coimbatore after obtaining consent from the Institutional Review Board. 10 MD (PED) Postgraduates and 10 Interns were included in the study. Debriefing on an objective counseling method namely, The Kalamazoo Consensus Statement(KCS) based counseling was done. A total of 40 clinical encounters was assessed. The assessment was done as self reflection, peer assessment, faculty feedback and parental satisfaction on a 5 point Likert Rating Scale. **Results:** 97.5 % of residents, 100% of peers and 92.5 % of faculty assigned a score of 3 or above in self-reflection, peer assessment and faculty feedback respectively. Faculty rated KCS based counseling as effective in 80% of clinical encounters. Parental satisfaction was recorded in 87.5% of clinical encounters. **Conclusion:** KCS based counseling is an effective tool to teach and assess communication skills . There is no statistically significant difference in scores among faculty, peer and self among MD Pediatrics postgraduates for all seven elements of KCS based counselling. However, for interns, there is a significant difference in scores among faculty, peer and self for reaching agreement on treatment plans element alone, probably because it requires higher levels of cognition. High level of parental satisfaction could be achieved.

Keywords: Counseling, communication skills, Kalamazoo Consensus Statement

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I. Introduction

In this era of consumerism and single child norm, parental anxiety is very high whenever a child gets admitted to intensive care setting. Hence, there is a need for an objective counseling tool to teach and assess communication skills, in order to have a uniformity in counseling. Also, communication is a core competency of the Indian Medical Graduate as per Medical Council of India

II. Objectives

- To **teach** communication skills in an objective manner to M.D (Ped) Post graduates (P.G) and Interns, for counseling parents of critically ill children.
- To **assess** communication skills in an objective manner, in M.D (Ped) Post graduates and Interns, in counseling parents of critically ill children.
- To **incorporate** an objective counseling method in the log book of Interns and P.G as a certifiable core competency.
- To **assess** parental satisfaction in Pediatric Intensive Care Units.

III. Methodology

- **STUDY DESIGN:** Descriptive study
- **SETTING:** Pediatric Intensive Care Unit, Coimbatore Medical College Hospital, Coimbatore
- **STUDY PERIOD:** 45 days.
- **SAMPLE SIZE:40 Clinical encounters** (Done by 10 M.D Pediatrics Post Graduates & 10 Interns)
- **METHOD:**
- **IRB APPROVAL:** Obtained
- 40 clinical encounters in all

- Randomly assigned to the participants (self-peer duo not reciprocal , self- peer recruitment matching in cadre followed).
- Pretest
- Debriefing on an objective counseling method, namely **The Kalamazoo Consensus Statement (KCS) based Counseling.**
- Parental counseling
- Assessment of Self-reflection, Peer rating, Faculty feedback, Parent satisfaction.
- **Outcome measures:** Faculty recommending KCS based counseling in at least 80% of clinical encounters, parent satisfaction in at least 80% of clinical encounters and at least 80 % of M.D (Ped) Post graduates and 80% of Interns recommending the KCS based counseling in their respective log books as a certifiable core competency.
- ANOVA: To measure agreement among Faculty, Peer and Self for each of the seven KCS elements for P. Gs and Interns separately as well as overall.

IV. Results

1. As high as 97.5 % of all residents obtained a score of 3 (Good) or above (Very good/ Excellent), on a 5-point Likert rating scale in KCS based counseling during self-reflection.
2. 100% of peers assigned a score of 3 (Good) or above (Very good/ Excellent) on a 5-point Likert rating scale in KCS based counseling.
3. 92.5% of Faculty assigned a score of 3 (Good) or above (Very good/ Excellent) on a 5-point Likert rating scale in KCS based counseling.
4. While using KCS based counseling as a Peer Assessment Tool, 80% of PGs and 66.8% of Interns recommended that it could be incorporated in their log book as a certifiable core competency.
5. While using KCS based counseling as a Self-reflection tool, 80% of PGs and 60% of Interns recommended that it could be incorporated in their log book as a certifiable core competency.
6. Faculty rated KCS based counseling as effective in 80% of their clinical encounters.
7. Parental satisfaction was recorded in 87.5% of clinical encounters.
8. When analyzed independently, for each of the seven elements of KCS, for post graduates and interns together, there was no significant difference in KCS scores among Faculty, Peer and Self, for 6 of the 7 elements, (Table 1), However, the only exception was a statistically significant difference in scores among Faculty, Peer and Self for 'Reaching agreement on treatment plan' element.
9. When analyzed for M.D Post graduates separately, there was no significant difference in KCS scores among Faculty, Peer and Self, for all the 7 KCS elements analyzed independently. (Table 2)
10. When analyzed for interns separately, there was no significant difference in KCS scores among Faculty, Peer and Self, for 6 of the 7 KCS elements analyzed independently, the only exception being 'Reaching agreement on treatment plan' element. (Table 3)

KALAMAZOO CONSENSUS STATEMENT (KCS) SEVEN ESSENTIAL ELEMENTS OF COMMUNICATION

1. **BUILDING A RELATIONSHIP**
2. **OPENING THE DISCUSSION**
3. **GATHERING INFORMATION**
4. **UNDERSTANDING THE PATIENT'S (PARENT'S) PERSPECTIVE**
5. **SHARING INFORMATION**
6. **REACHING AGREEMENT ON TREATMENT PLANS**
7. **PROVIDING CLOSURE**

Each parameter is rated from 1 to 5 on a Likert rating scale as follows:

1: POOR 2: FAIR 3: GOOD 4: VERY GOOD 5: EXCELLENT

TABLE 1: OVERALL (PG & INTERN) KCS SCORES FOR EACH ELEMENT

	FACULTY		PEER		SELF		ANOVA	Sig.
	Mean	SD	Mean	SD	Mean	SD		
B	3.03	0.974	3.40	0.841	3.48	0.905	96.55	0.064
O	3.13	0.822	3.63	0.740	3.47	0.751	69.72	0.014
G	3.18	0.844	3.45	0.815	3.13	0.939	88.05	0.201
U	2.98	1.074	3.30	0.648	2.90	0.900	92.97	0.107
S	3.53	0.905	3.80	0.687	3.53	0.784	74.35	0.209
A	2.85	0.893	3.52	0.716	3.33	0.944	85.85	0.002
P	2.93	0.971	3.30	0.791	3.15	0.662	78.27	0.123
T	21.67	4.422	24.40	2.985	22.98	3.958	1721.35	0.008

TABLE 2: KCS SCORES FOR EACH ELEMENT FOR M.D(PED)PG

	FACULTY		PEER		SELF		ANOVA	Sig.
	Mean	SD	Mean	SD	Mean	SD		
B	3.04	0.935	3.40	0.707	3.48	0.714	45.20	0.120
O	3.04	0.889	3.48	0.714	3.36	0.700	42.96	0.122
G	3.12	0.833	3.32	0.900	3.16	0.943	57.44	0.705
U	3.08	1.152	3.32	0.557	3.04	0.935	60.24	0.507
S	3.60	0.913	3.88	0.440	3.48	0.770	38.88	0.150
A	3.00	0.816	3.48	0.653	3.24	0.831	42.80	0.096
P	2.96	1.020	3.36	0.638	3.16	0.688	46.08	0.217
T	21.96	4.354	24.24	2.296	22.92	3.752	919.36	0.084

TABLE 3: KCS SCORES FOR EACH ELEMENT FOR INTERNS

	FACULTY		PEER		SELF		ANOVA	Sig.
	Mean	SD	Mean	SD	Mean	SD		
B	3.00	1.069	3.40	1.056	3.47	1.187	51.33	0.464
O	3.27	0.704	3.87	0.743	3.67	0.816	24.00	0.099
G	3.27	0.884	3.67	0.617	3.07	0.961	29.20	0.146
U	2.80	0.941	3.27	0.799	2.67	0.816	30.66	0.143
S	3.40	0.910	3.67	0.976	3.60	0.828	34.53	0.706
A	2.60	0.986	3.60	0.828	3.47	1.125	40.93	0.016
P	2.87	0.915	3.20	1.014	3.13	0.640	31.86	0.545
T	21.2	4.648	24.67	3.96	23.07	4.42	794.66	0.104

V. Discussions And Conclusions

1. KCS based counseling is an acceptable and effective tool for teaching and assessing communication skills in counseling parents of critically ill children.
2. There is no significant difference in the KCS scores between Faculty, Peer and Self for all seven elements when analyzed independently, in case of M. D (Ped) P. Gs, which proves that self- reflection and introspection are good enough to learn communication skills in counseling.
3. There is no significant difference in the KCS scores between Faculty, Peer and Self for 6 out of 7 elements when analyzed independently, in case of Interns, the exception being 'Reaching agreement on treatment plan'. This could be due to their lack of thorough knowledge and confidence in discussing treatment options with parents in critical care setting.
4. KCS based counseling could be incorporated as such, in M.D (Ped) P.G log book as a certifiable core competency.
5. 'Reaching agreement on treatment plans' requires higher levels of cognition such as Application, Analysis and Synthesis. Hence, Interns have to be sensitized adequately in case-based manner, before administering KCS based counseling as an assessment tool for them. Competency Based Medical Education having been implemented this year, with incorporation of newer learning strategies, this drawback is likely to be overcome in future.
6. High levels of parent satisfaction can be achieved by KCS based counseling

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