

## Supplement 1. Questionnaire for self-assessment of communication skills in resident doctors

Age:	Gender:	Specialty:	
Duration of	f clinical experience: Internshi	p (12 months)+Junior Residency (	months)+Senior Residency ()
Section A			
A1. How o	ften do you experience min	or conflicts with a patient and/or atte	endants (caregivers/family members, people who ac-
compa	ny the patient) while fulfilli	ng clinical responsibilities at your wo	rkplace?
-	conflict: an incident of unwa sical violence]	rranted argument/debate resulting in <i>ar</i>	<i>gumentative discussions, shouting, etc.</i> but not verbal abuse
a. Near	ly daily	b. About once a week	
c. Abou	it once a month	d. About once every 6 months	
e. Abou	at once a year or less		
A2. How of	ften do you experience majo	or verbal conflicts (exchange of verba	l abuse) with patients and/or attendants while fulfill-
ing cli	nical responsibilities at you	workplace?	
a. Abou	ut once a week	b. About once a month	
c. Abou	at once every 3 months	d. About once every 6 months	
e. Abou	it 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

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/do namaste/say hello							
a. Always b. Often		c. Some times	d. Occasionally	e. Rarely			
B2. I prefer to address the patient by name during history taking/examination or interview							
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a. Alway	s b. Often	c. Some times	d. Occasionally	e. Rarely			
B3. I make eye contact during conversation or interview							
a. Alway	s b. Often	c. Some times	d. Occasionally	e. Rarely			



a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B5. I pay attenti	on to non-ver	bal cues like gestur	es and facial express	ions of the patients
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
Content and s	etting of discu	ssion/interview sess	sions is an important a	aspect of communication with patients/attendants in the outpa
	e		-	pertaining to this aspect:
B6. I ensure pri	vacy while co	nducting interview	/discussion sessions	s with patients/attendants
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
87. I prefer sim	ple language a	and avoid medical j	argon and abbreviati	ions
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
88. I explain the	e nature, cour	se, and prognosis (	both short term and	long term) of the disease in detail
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
	1.4.1	:		· · · · · · · · · · · · · · · · · · ·
come of the	e	ing the necessity a	nd reasibility of exp	ensive investigations and their effect on the course and ou
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
310. I explain ir	ı detail regard	ling various treatm	ent options available	and their effect on the course and outcome of the disease
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B11. I involve tl	ne patient in t	he decision-making	g regarding the choic	e of investigation and treatment
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B12. Before cor	cluding the in	nterview. I ask the r	oatient if he/she wou	ld like additional information
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
Communicati	ng with patien	ts and attendants in	indoor/high depende	ency unit/intensive care unit is challenging. Questions 13–18 ar
nostly related to	the aspect of c	communicating with	patients/attendants in	n this setting:
B13. When atter	ndants gather	information from tl	he internet or other s	ources, I try to answer their queries by giving better reference
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B14. While disc	ussing the da	ily progress of the p	oatients, I emphasise	the dynamic nature of the disease
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely

with the attendants

a. Always b. Often c. Some times d. Occasionally e. Rarely



a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B17. I take cons	ent from pati	ents/attendants my	vself	
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B18. I take cons	ent from pati	ents/attendants aft	er detailed discussio	n
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
		-		ating influence on one's life. Breaking bad news is challenging for
any doctor. Ques	stions 19 to 23	deal with the differen	nt steps involved in the	e practice of breaking bad news.
B19. Before bre	aking bad new	ws, I plan in advanc	e and mentally rehea	rse the act of disclosure
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B20. Before bre	aking bad new	ws, I tend to assess 1	elative's/patient's kr	nowledge and attitude by asking open-ended questions
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B21. While brea	aking bad new	vs, I tend to give info	ormation in small po	rtions rather than doing so abruptly
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B22. After brea	king bad news	s, I address/attend t	o patient's emotiona	l reaction with full patience
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
B23. After brea	king bad news	s. I discuss the futu	e plan of treatment v	with the patients and/or attendants
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
Team dynamic	rs is important	in the success of a t	reating team. The prac	ctice of good communication skills with colleagues, nurses, para-
-	-		÷ –	as 24 to 29 address this aspect:
B24. While com	nmunicating v	vith nurses, parame	dical staff, and other	r supporting staff, I display appropriate courtesy
<b>B24. While con</b> a. Always	<b>municating v</b> b. Often	c. Some times	dical staff, and other d. Occasionally	r <b>supporting staff, I display appropriate courtesy</b> e. Rarely
a. Always	b. Often	c. Some times	d. Occasionally	e. Rarely
a. Always <b>B25. While con</b>	b. Often	c. Some times	d. Occasionally	
a. Always <b>B25. While con</b>	b. Often	c. Some times	d. Occasionally	e. Rarely
a. Always <b>B25. While con</b> ty is equall a. Always	b. Often municating v y important b. Often	c. Some times with nurses, parame c. Some times	d. Occasionally	e. Rarely e. Rarely e. Rarely
a. Always <b>B25. While con</b> ty is equall a. Always	b. Often municating v y important b. Often	c. Some times with nurses, parame c. Some times	d. Occasionally edical staff and other d. Occasionally	e. Rarely e. Rarely e. Rarely
a. Always B25. While con ty is equall a. Always B26. I avoid crit a. Always	b. Often municating v y important b. Often ticising collea b. Often	c. Some times with nurses, parame c. Some times gues or having deba c. Some times	d. Occasionally edical staff and other d. Occasionally ates in front of patien d. Occasionally	e. Rarely e. Rarely e. Rarely e. Rarely
a. Always B25. While con ty is equall a. Always B26. I avoid crit a. Always B27. To motiva	b. Often municating v y important b. Often ticising collea b. Often	c. Some times with nurses, paramo c. Some times gues or having deba c. Some times amedical staff and	d. Occasionally edical staff and other d. Occasionally ates in front of patien d. Occasionally	e. Rarely e. Rarely e. Rarely e. Rarely hts or attendants e. Rarely



## B28. As a part of giving feedback, I regularly express appreciation for nurses, paramedical staff, and other supporting staff

a. Always	b. Often	c. Some times	d. Occasionally
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B29. As a part of giving feedback, I don't hesitate to give positive criticism/constructive suggestion to my subordinates and supporting healthcare staff

e. Rarely

a. Always b. Often c. Some times d. Occasionally e. Rarely

## 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.)

C1. Lack of insight (I never felt that good communication is equally important in the management of diseases)						
a. Strongly agree	b. Agree	c. Neutral	d. Disagree	e. Strongly disagree		
C2. Lack of time						
a. Strongly agree	b. Agree	c. Neutral	d. Disagree	e. Strongly disagree		
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C3. Difficulty in under	standing the <b>p</b>	oatient's langua	ge			
a. Strongly agree	b. Agree	c. Neutral	d. Disagree	e. Strongly disagree		
C4. Human failings like	e stress and fa	e				
a. Strongly agree	b. Agree	c. Neutral	d. Disagree	e. Strongly disagree		
C5. Infrastructural deficits like lack of proper place for discussion, overcrowding.						
a. Strongly agree	b. Agree	c. Neutral	d. Disagree	e. Strongly disagree		
C6. Long working hour						
a. Strongly agree	b. Agree	c. Neutral	d. Disagree	e. Strongly disagree		
C7. Lack of subject knowledge required for fully explaining the modalities of diagnosis, treatment options, or prognosis						
a. Strongly agree	b. Agree	c. Neutral	d. Disagree	e. Strongly disagree		
	8					
C8. Lack of training in communication skills						
a. Strongly agree	b. Agree	c. Neutral	d. Disagree	e. Strongly disagree		