

Original Research Article

Evaluating attitude towards communication training in medical graduates and postgraduates: a cross-sectional study in a central institute of North India

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ABSTRACT

Background: Communication skills play key role in patient satisfaction, fosters trust and empathy. In recognition of this, the attitude, ethics, and communication (AETCOM) module was incorporated into the MBBS curriculum in 2019. The objective of the study is to assess the attitude of medical graduates and postgraduates (PGs) towards communication skill learning programme (CSLP).

Methods: This cross-sectional study was conducted in the department of community medicine at Jawaharlal Nehru Medical College, Aligarh Muslim University. A total of 478 were enrolled and categorized into four groups. Participants completed the communication skills attitude scale (CSAS) questionnaire through an online platform. The questionnaire comprised 26 items with positive and negative statements, and three domains of attitude using a five-point likert scale. Differences between groups were analysed using t-test and ANOVA, and data analysis was performed using statistical package for the social sciences (SPSS) version 20.0.

Results: The mean scores for positive attitude, negative attitude, affective, cognitive, and respect domains were 36.6 ± 7.0 , 54.3 ± 6.2 , 43.5 ± 4.6 , 17.4 ± 2.1 , and 17.0 ± 2.3 , respectively. Negative attitude scores differed significantly between newly admitted students and the second (34.4 versus 37.5, $p=0.003$) and third groups (34.4 versus 37.8, $p=0.001$), while positive attitudes were similar. Significant differences were also observed in affective ($p=0.036$) and cognitive ($p=0.034$) domains between the first and fourth groups, with no significant difference in respect attitudes.

Conclusions: Overall positive attitude of students towards communication skills learning. Improved attitudes among interns and PGs may be related to greater clinical exposure, highlighting the importance of integrating communication skills training throughout medical education to enhance quality of care.

Keywords: Communication-skills, AETCOM, Attitude, Ethics, Empathy

INTRODUCTION

Effective communication skills are vital in the medical field as they foster trust and understanding between patients and doctors, ultimately leading to better patient outcomes and satisfaction¹. It greatly reduces the risk of medical errors by ensuring clear understanding of patient symptoms and treatment plans. It helps everyone involved stay aligned on care strategies. By employing clear

messaging strategies, healthcare professionals can better engage with diverse populations, addressing barriers to understanding and ensuring that vital health information reaches those who need it most. For instance, when physicians adopt culturally sensitive communication practices, they not only enhance patient trust but also improve compliance with medical advice among marginalized groups, ultimately reducing health disparities.²

Though patient satisfaction with doctors often remains suboptimal, primarily attributed to ineffective communication, including poor listening, insufficient information sharing, and a lack of empathy and respect.^{3,4} Certain challenging situations, such as breaking bad news, communicating with children, or engaging with abuse victims, demand a highly empathetic, sensitive, and patient-centred approach from the doctor. This approach fosters trust and facilitates the gathering of essential information. The doctor-patient relationship develops progressively, with the patient experiencing a gradual strengthening of this bond over time.⁵

In 2019, the Medical Council of India introduced the attitude, ethics, and communication (AETCOM) module in all medical schools nationwide. The goal is for the Indian Medical Graduate (IMG) to acquire the knowledge, skills, attitudes, values, and responsiveness necessary to function effectively as a physician who serves as the first point of contact for the community while remaining globally relevant. The module seeks to expand the graduate's roles beyond the traditional focus on knowledge and technical skills by incorporating four additional roles: leader and member of the healthcare team, communicator, lifelong learner, and professional. These roles emphasize competencies and skills that are not typically covered in conventional curricula.⁶

Communication skills are crucial to succeed professionally as a doctor, along with bedside clinical skills. The skills that would be imparted include respectful patient interactions, effective listening, and verbal and nonverbal communication.⁷ Throughout their professional endeavours, doctors encounter human misery. Understanding the dynamics between compassion and composure, distinguishing between healing and curing, and recognizing the doctor's role are all integral for a balanced approach to the patient care experience.⁸ Additionally, it is essential to comprehend support networks for patients, prioritize family needs, recognize coping mechanisms, and understand the complexities of emotions.⁶

Understanding the attitudes of medical graduates towards learning communication skills is crucial, not only for their professional development but also for enhancing patient care outcomes. Previous studies have shown that attitude towards communication skills can affect the success of a communication skill training programme due to varied experiences of clinical settings of medical graduates.^{9,10} Positive attitudes toward communication skills training have been associated with greater knowledge of appropriate communication behaviours with patients, suggesting that such attitudes may influence the learning and retention of these skills.¹¹ In conclusion, it is critical for medical graduates' professional development and the general standard of patient care to comprehend how they feel about acquiring communication skills.

Since, there are very less studies focussing on both medical undergraduates and post-graduates for assessing their attitude towards communication skills. There is a gap that needs to be addressed through targeted research initiatives aimed at understanding the specific challenges and perceptions of these groups regarding communication training in medical curricula. This research could provide valuable insights that inform the development of tailored communication training programs, ensuring they meet the unique needs and expectations of both undergraduates and postgraduates in medical education. Such initiatives will not only bridge the existing gap in knowledge but also promote a culture of empathy and understanding within the healthcare system, ultimately benefiting patients and providers alike. The objective of the study is to assess the attitude of medical graduates and postgraduates (PGs) towards communication skill learning programme (CSLP).

METHODS

Design

This is a cross-sectional study conducted in the department of community medicine, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh in 2023.

Sample and data collection

A total of 750 medical undergraduates and 610 post-graduates were enrolled to fill the questionnaire through online mode (Google form) and 478 students responded to that, were included in the study. Those who didn't responded were excluded. They were further divided into 4 groups - first group of 2023 MBBS-batch comprised of 119 students, second group of 2022 and 2021 MBBS-batch comprised of 130 students, third group of 2020 and 2019 MBBS-batch comprised of 117 students and rest 112 are fourth group of interns and PGs of all medicine branches.

Data collection tool

The communication skills attitude scale (CSAS) questionnaire consists of a validated 26 item scale to measure students' attitude towards communication skill learning.¹² The scale consists of 13 positive statements constitute positive attitude scale (PAS) and 13 negative statements constitute negative attitude scale (NAS) about communication skills learning.¹² These 26 items also divided into three factors viz., learning, importance and respect. Factor 1 consists of six positively worded items (7, 10, 12, 18, 21, 25) and seven negatively worded items (2, 6, 8, 11, 13, 24, 26). This factor reflects mainly affective components of attitudes. Factor 2 has two positively worded (1, 4) and three negatively worded (3, 19, 22) items. This factor mainly reflects basic cognitive attitude. Factor 3 has four positive items (5, 9, 14, 16) and all items claim that communication skills may be helpful for the students in order to respect patients' rights and to

collaborate with colleagues and other health professionals.¹³

The scores of each domain were calculated using 5-point Likert scale with options ranging from 'strongly disagree' to 'strongly agree'. PAS, NAS and affective attitude scores ranging from 13-65, cognitive attitude score ranges from 5-25 and respect attitude score ranging from 4-20 with Cronbach's alpha is 0.87, 0.80, 0.86, 0.53, 0.77 respectively.^{12,13}

Data analysis

Statistical package for the social sciences (SPSS) software version 20.0 was used to analyse the data. Descriptive statistics were applied to calculate aggregate score of each domain and described as described as mean $\pm$ standard deviation (SD). Independent t-test was applied for comparison of mean scores between male and female students. ANOVA test was applied to analyse the difference between the means of all four groups for each domain. A value of $p < 0.05$ was taken as significant.

RESULTS

A total of 478 medical undergraduate and post-graduate students included in the study. Out of which 62.13% (297) students were male and 37.87% (181) were female. Age ranges from 17-35 years. Table 1 showing positive, negative, affective, cognitive and respect attitude aggregate scores of students and comparison between male and female students. Females have significantly lower negative attitude aggregate score than males (35.16 ± 6.3 and 37.57 ± 7.2 , p value < 0.001).

The mean score of positive and respect attitude aggregate score were slightly higher in female compared to males but not statistically significant (54.69 ± 6.2 and 54.09 ± 6.2 , p value = 0.311, and 17.22 ± 2.4 and 16.99 ± 2.2 , p value = 0.284). While the difference of mean score of affective and cognitive attitude was statistically significant between female and male students but there was slight difference in their scores (43.9 ± 4.7 and 42.81 ± 4.4 , p value = 0.011, and 17.08 ± 1.98 and 17.60 ± 2.3 , p value = 0.009).

Table 1 also show the overall scores of all domains which inferred that student had high positive scores (54.32 ± 6.2 out of 65) and negative score is on lower side ($36.66 \pm 7/65$) meaning overall the students has higher positive attitude and lower negative attitude towards learning communication skills. On the other hand, affective score ($43.49 \pm 4.6/65$) and cognitive score ($17.41 \pm 2.2/25$) are not satisfactory while respect score ($17.08 \pm 2.3/20$) are high.

Table 2 shows the mean and standard deviation of scores of individual PAS questions. The question '1' regarding the importance of good communication skills for becoming a good doctor had a very positive response from all the students with the mean score of 4.74 ± 0.50 . The least mean

score for a PAS question i.e. 'Learning communication skills is fun' was 3.66 ± 0.90 . While questions regarding application for medicine, if it's a good idea to learn communication skills and learning communication skills is applicable to learning medicine has lower mean scores of 3.83 ± 0.85 and 3.80 ± 0.83 . This implies that students understood the importance of communication to become a good doctor but didn't find it as much useful when applying to learning medicine.

Table 3 shows the mean and standard deviation of scores of individual NAS questions. The negative question regarding importance of learning communication skills and 'I don't need good communication skills to be a good doctor has least score of 1.90 ± 1.03 and 1.92 ± 1.00 meaning disagreement with the statement. The questions like 'Nobody is going to fail their medical degree for having poor communication skills', 'Communication skills teaching would have a better image if it sounded more like a science subject' and 'My ability to pass exams will get me through medical school rather than my ability to communicate' got higher mean scores of 3.23 ± 1.00 , 3.38 ± 1.03 and 3.28 ± 1.04 .

Table 4 shows the mean and standard deviation of scores of individual affective attitude questions. Most of the students agreed that learning communication skills has or will improve their ability to communicate with patients with mean score of 4.44 ± 0.67 and find learning communication skills interesting with mean scores of 3.98 ± 0.82 but also in disagreement with the statement that communication skills learning should be left to psychology students, not medical students which show their interest in learning the skills.

The mean and standard deviation of cognitive attitude are shown in Table 5 and have overall satisfactory response. The cognitive attitude scores indicate that participants strongly recognized the importance of communication skills in medical practice. High agreement with statements emphasizing the role of communication in becoming a good doctor and its equal importance to medical knowledge reflects positive cognitive attitudes. However, moderate agreement with statements suggesting that academic performance is valued more than communication skills indicates a perception that communication competencies are not adequately emphasized in medical assessments. Overall, students acknowledged the importance of communication skills but perceived limited academic consequences for poor communication.

Table 6 shows the mean and standard deviation of respect attitude. The respect attitude domain showed consistently high mean scores across all statements, indicating a strong appreciation of the role of communication skills in fostering professionalism and respectful healthcare practices. Participants agreed that communication skills learning helps them respect patients (4.41 ± 0.74), enhances teamwork (4.37 ± 0.68), promotes respect for colleagues (4.15 ± 0.76), and improves awareness of patients' rights

related to confidentiality and informed consent (4.16 ± 0.75). Overall, these findings suggest that students perceive communication skills as essential for maintaining respectful, ethical, and collaborative relationships in healthcare settings.

Figure 1 showing group-wise comparison of mean aggregate scores in PAS and NAS. There is a significant difference in the score of negative attitudes of first group with second and third group (34.4 versus 37.5, $p=0.003$ and 34.4 versus 37.8, $p=0.001$) respectively which implies increase in negative attitude towards communication skills as the year passes while positive attitude remained same.

Figure 2 shows group-wise comparison of mean aggregate scores in different domains. There is a significant difference in score of affective attitudes between first and fourth group (42.6 versus 44.3, $p=0.036$) and cognitive attitude between second and fourth group (17.1 versus 17.9, $p=0.034$) while no such difference was found in respect attitude.

Table 1: PAS, NAS, affective, cognitive and respect attitude scores of students and their comparison. P value was calculated using unpaired t-test.

Domains	Male (297)	Female (181)	P value	Total
Positive attitude score (13-65)	54.09±6.2	54.69±6.2	0.311	54.32±6.2
Negative attitude score (13-65)	37.57±7.2	35.16±6.3	<0.001*	36.66±7
Affective attitude score (13-65)	43.9±4.7	42.81±4.4	0.011*	43.49±4.6
Cognitive attitude score (5-25)	17.60±2.3	17.08±1.98	0.009*	17.41±2.2
Respect attitude score (4-20)	16.99±2.2	17.22±2.4	0.284	17.08±2.3

*P value <0.05 is significant

Table 2: Positive scores (PAS) among all participants.

S. no.	PAS	Mean	Standard deviation
1	In order to be a good doctor, I must have good communication skills	4.74	0.504
4	Developing my communication skills is just as important as developing my knowledge of medicine	4.23	0.798
5	Learning communication skills has helped or will help me respect patients	4.41	0.743
7	Learning communication skills is interesting	3.98	0.817
9	Learning communication skills has helped or will help facilitate my team-work skills	4.37	0.675
10	Learning communication skills has or will improve my ability to communicate with patients	4.44	0.673
12	Learning communication skills is fun	3.66	0.901
14	Learning communication skills has helped or will help me respect my colleagues	4.15	0.763
16	Learning communication skills has helped or will help me recognise patients' rights regarding confidentiality and informed consent	4.16	0.745
18	When applying for medicine, I thought it was a really good idea to learn communication skills	3.83	0.851
21	I think it's really useful learning communication skills on the medical degree	4.19	0.711
23	Learning communication skills is applicable to learning medicine	3.80	0.833
25	Learning communication skills is important because my ability to communicate is a lifelong skill	4.37	0.706

Table 3: Negative attitude scores (NAS) among all participants.

S. no.	NAS	Mean	Standard deviation
2	I can't see the point in learning communication skills	1.90	1.032
3	Nobody is going to fail their medical degree for having poor communication skills	3.23	1.024
6	I haven't got time to learn communication skills	2.91	1.109
8	I can't be bothered to turn up to sessions on communication skills	3.06	1.065
11	Communication skills teaching states the obvious and then complicates it	3.10	0.986
13	Learning communication skills is too easy	3.06	0.956
15	I find it difficult to trust information about communication skills given to me by non-clinical lecturers	2.83	1.020

Continued.

S. no.	NAS	Mean	Standard deviation
17	Communication skills teaching would have a better image if it sounded more like a science subject	3.38	1.039
19	I don't need good communication skills to be a doctor	1.92	1.004
20	I find it hard to admit to having some problems with my communication skills	2.98	1.033
22	My ability to pass exams will get me through medical school rather than my ability to communicate	3.28	1.045
24	I find it difficult to take communication skills learning seriously	3.03	1.039
26	Communication skills learning should be left to psychology students, not medical students	1.97	1.031

Table 4: Affective attitude scores among all participants.

S. no.	NAS	Mean	Standard deviation
2	I can't see the point in learning communication skills	1.90	1.032
6	I haven't got time to learn communication skills	2.91	1.109
7	Learning communication skills is interesting	3.98	0.817
8	I can't be bothered to turn up to sessions on communication skills	3.06	1.065
10	Learning communication skills has or will improve my ability to communicate with patients	4.44	0.673
11	Communication skills teaching states the obvious and then complicates it	3.10	0.986
12	Learning communication skills is fun	3.66	0.901
13	Learning communication skills is too easy	3.06	0.956
18	When applying for medicine, I thought it was a really good idea to learn communication skills	3.83	.851
21	I think it's really useful learning communication skills on the medical degree	4.19	.711
24	I find it difficult to take communication skills learning seriously	3.03	1.039
26	Communication skills learning should be left to psychology students, not medical students	1.97	1.031

Table 5: Cognitive attitude scores among all participants.

S. no.	Cognitive attitude	Mean	Standard deviation
1	In order to be a good doctor, I must have good communication skills	4.74	0.504
3	Nobody is going to fail their medical degree for having poor communication skills	3.23	1.024
4	Developing my communication skills is just as important as developing my knowledge of medicine	4.23	0.798
19	I don't need good communication skills to be a doctor	1.92	1.004
22	My ability to pass exams will get me through medical school rather than my ability to communicate	3.28	1.045

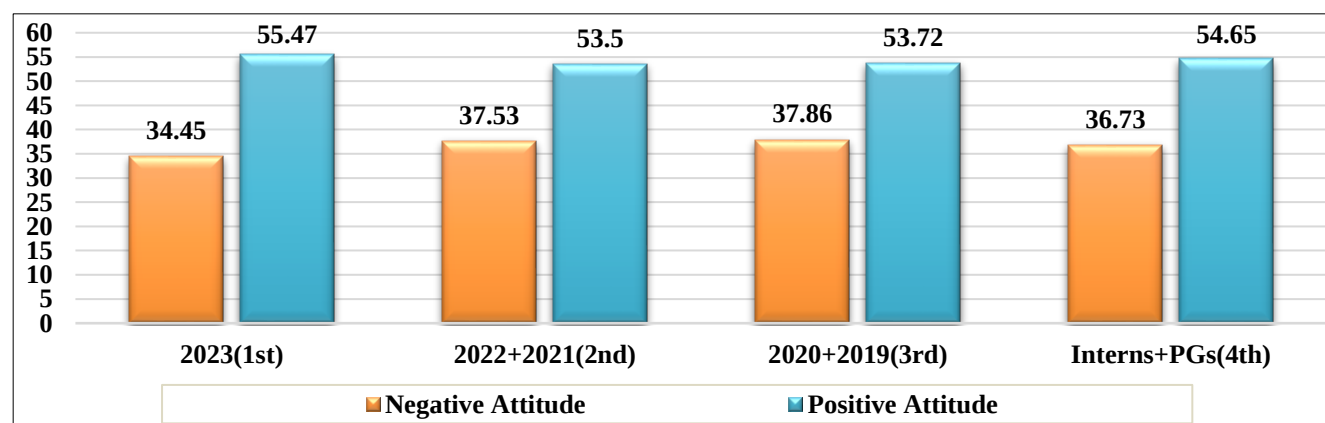
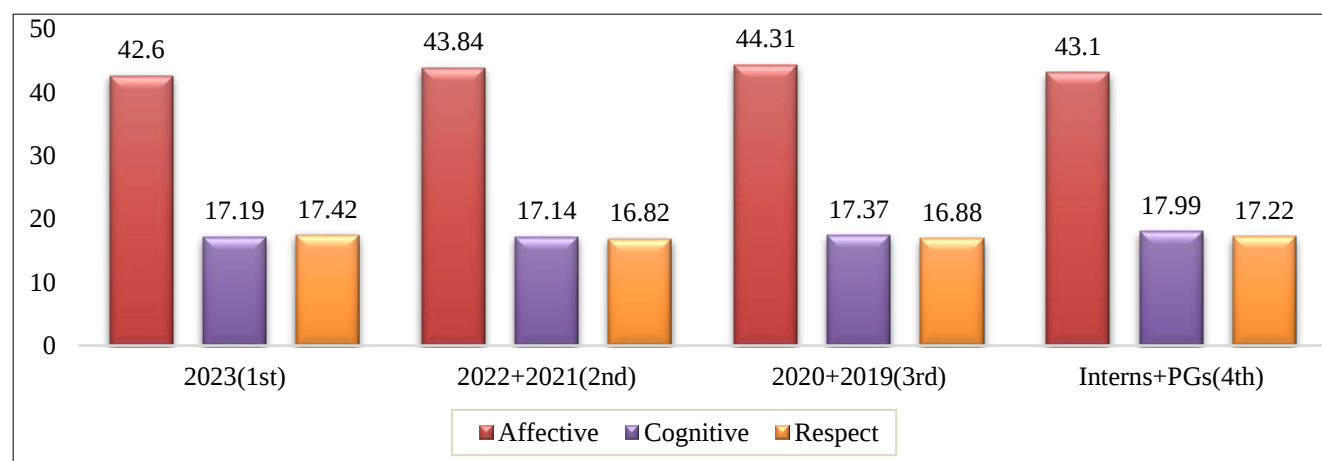


Figure 1: Group-wise comparison of mean aggregate scores in PAS and NAS.

Table 6: Respect attitude scores among all participants.

S. no.	Respect Attitude	Mean	Standard deviation
5	Learning communication skills has helped or will help me respect patients	4.41	0.743
9	Learning communication skills has helped or will help facilitate my team-working skills	4.37	0.675
14	Learning communication skills has helped or will help me respect my colleagues	4.15	0.763
16	Learning communication skills has helped or will help me recognise patients' rights regarding confidentiality and informed consent	4.16	0.745

**Figure 2: Group-wise comparison of mean aggregate scores in different domains.**

DISCUSSION

Effective communication skills are need of the hour, especially in clinical settings. Prior to embarking on any form of intervention, it is crucial to thoroughly understand the perceptions and attitudes that students hold towards it. Such insights can help in designing and implementation of educational strategies.

In our study we found an overall higher positive attitude and lower negative attitude of students towards communication skills and it is consistent with findings of other studies.¹⁴⁻¹⁷ Though positive attitude remains same in subsequent groups with not much significant differences, but negative attitude increases significantly in senior students as incurred in Figure 1. It can be inferred from Table 3 that students unable find any benefit of learning communication skills along with their academics. Hence, as they progress in their medical studies, communication become a deserted area in their list of priorities within their demanding schedule.

While there is as such no significant difference in PAS scores of male and female but females have significant lower NAS scores as supported by studies done by Badaam et al and Alotaibi et al.^{14,16} While there was no such gender-based difference in the CSAS-PAS and CSAS-NAS score was found by Lee and Ihm in their study.¹⁸

Affective and cognitive attitude increased in subsequent groups when compared with the first-year students in our

study. Since, affective attitudes are more susceptible to change through experience, whereas cognitive attitudes tend to be more fundamental and stable. A negative affective response to learning communication skills may reflect dissatisfaction with how the skills are taught, rather than a rejection of their value in patient care.¹³

The relatively favourable attitudes observed among interns and postgraduate residents may be explained by increased patient interaction and practical exposure during clinical training. As students advance through their medical education, they become more aware of the importance of effective communication in building rapport, obtaining accurate histories, counselling patients, and improving treatment adherence. However, the simultaneous rise in negative attitudes among senior students suggests that academic burden, time constraints, and inadequate emphasis on structured communication training may hinder sustained interest in communication skills learning. This highlights the need for continuous reinforcement of communication competencies throughout the medical curriculum using interactive, clinically oriented, and patient-centred teaching approaches.

The absence of significant differences in respect-related attitudes across groups suggests that professional respect towards patients remains relatively stable throughout medical training. This is an encouraging finding, as respect and empathy form the foundation of ethical medical practice. Strengthening communication skills through structured educational interventions like the AETCOM

module may further enhance professionalism, patient satisfaction, and quality of healthcare delivery.

Limitations

However, certain limitations should be considered while interpreting the findings. Being a cross-sectional study, causal relationships and changes in attitudes over time could not be established. The study was conducted in a single medical institution, which may limit the generalizability of the results to other settings. Additionally, the use of a self-administered online questionnaire may have introduced response and social desirability bias. The study assessed attitudes towards communication skills but did not objectively evaluate actual communication competencies or clinical performance.

CONCLUSION

In conclusion, the present study revealed an overall positive attitude towards communication skills learning among medical students, interns, and postgraduate residents. The findings indicate that most participants recognized the importance of communication skills in effective clinical practice and patient care. While positive attitudes remained relatively stable across different academic years, the increase in negative attitudes among senior students suggests that communication skills learning may gradually lose priority because of increasing academic workload, examination pressure, and greater emphasis on technical and clinical competencies. At the same time, improved affective and cognitive attitudes among interns and postgraduate residents highlight the beneficial role of clinical exposure and direct patient interaction in reinforcing the relevance of communication in medical practice.

The study also emphasizes the importance of integrating communication skills training longitudinally throughout the medical curriculum rather than restricting it to isolated modules in the early years of MBBS training. Continuous reinforcement through clinically relevant and interactive teaching methods such as role plays, simulated patient encounters, bedside teaching, reflective exercises, and structured feedback sessions may help sustain student engagement and improve learning outcomes. Strengthening the implementation of the AETCOM module can further promote professionalism, empathy, ethical behaviour, and patient-centred care.

Recommendations

Future research should include multicentric longitudinal studies to assess how attitudes evolve during medical training and how they influence real-life communication practices. There is also a need to evaluate the effectiveness of structured communication skills interventions and the long-term impact of the AETCOM curriculum on patient outcomes, professionalism, and healthcare quality.

Continuous faculty development and incorporation of communication skills assessment into routine medical training may further strengthen competency-based medical education.

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