

When developing Curricula for Communication Skills Education, consider the following steps:

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- Gather data on learners' communication needs to encourage buy-in and tailoring curriculum. Use this data to delineate clear, behaviourally specific measurable goals and objectives to guide curriculum planning, evaluation and learners' understanding of the aim of learning. Describe what learners should be able to do (e.g. demonstrate, analyse, describe, apply) following their educational experiences.¹
- Choose mixed teaching strategies to help achieve learning objectives. As communication is largely a behavioural skill, curricula should include opportunities for experiential practice, feedback, reflection and repetition. Evidence based conceptual knowledge should also be conveyed opportunistically or through didactics.^{2,3}
- Include strategies that enable learners to practice skills in the appropriate clinical context to reinforce learning following individual sessions. A "Just in Time" learning focus emphasizes applying specific skills in a timely manner.⁴
- Implement longitudinal (multiple sessions) and helical (revisiting prior learning and introducing advanced skills) curricula and reinforcement strategies to increase likelihood of sustained communication behaviour change.^{5,6}
- Consider what personnel and resources are required and the challenges to implementation. Faculty development needs to equip teachers with knowledge and skills to effectively facilitate communication education and reinforce this learning in the clinical setting.¹
- Evaluate communication curricula through learner performance assessment (e.g. OSCEs, real time observations, self-assessments) to reinforce the importance of communication as a core clinical skill. Use learner assessment and program evaluation to help guide further enhancement of the curriculum.⁷

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