

Teaching Tool description.	
Title	A framework for designing any communication skills teaching session
For whom? (pregrad, postgrad, residents,...)	Trainers, facilitators
Goals/ Educational objectives	To built a teaching session o communication skills e.g.: ➤ breaking bad news ➤ interviewing a depressed patient ➤ covering a section of the consultation
Methods (small group, lecture,...)	Brainstorming, small group work, role play
Short description	Framework to teach on a particular section of the consultation or an issue when you are short of time or you need to put in mini-teaching/exploration in the middle of an experiential session
Practical Implementation advice	Respect the following steps: 1. Introduction 2. Learner centred exercise 3. Patient-centred exercise 4. Generate a framework/structure/objectives and skills 5. Rehearse the skills using roleplay 6. Give feedback as for ALOBA 7. Summarise, relating to the structure /framework /CC guide.
Tips for success Pitfalls	At what point you hand out your framework and do some mini-teaching on principles and research depends on how learner-centred you wish to be, and how much the group are into feelings, for example BBN, or wish to be theoretical. You can either input this at the various points suggested above or as you go within the experiential component
Contact (name and email)	Julie Draper and Jonathan Silverman

A FRAMEWORK FOR DESIGNING ANY COMMUNICATION SKILLS TEACHING SESSION

Any teaching session can be built on the principles below. It's always useful to have such a framework in your head as a teacher/facilitator, particularly when you need to teach on a particular section of the consultation or an issue when you are short of time or you need to put in mini-teaching/exploration in the middle of an experiential session.

e.g.:

- breaking bad news
- interviewing a depressed patient
- covering a section of the consultation

1. Introduction:

explain what you are aiming to do and follow with

2. Learner-centred exercise:

Sit and think first about situations where you have had difficulties with.....

think of several examples or just one.....

- what are the sort of issues that we face?
- what are the difficulties.....problems for you as a doctor here.....?
- what are your feelings.....?

Sometimes it is preferable in a mixed group of people from different backgrounds e.g. when working with specialists on BBN to start with "what are the sort of situations in which you have to break bad news in your own specific area of medicine"

❖ *possible mini-teaching point: research into problems and solutions in this component of medical interviewing*

3. You can then follow this with a **patient-centred exercise** if appropriate.

"Now put yourself into the patient's shoes, how might they be feeling.....what might the difficulties be for them?"

Write up this global agenda from 2 and 3 above and be able to refer back in your mind to individual's contributions here.

4. Then generalise into an exercise where the participants **generate a framework/structure/objectives and skills** to help with the task¹

❖ *possible mini-teaching point: your framework or research into problems and solutions in this component of medical interviewing*

¹ It is sometimes preferable to leave the structure and skills exercise to after the experiential work - find out the difficulties and issues, roleplay them and at the end leave plenty of time for the group to work out their own framework and skills from what they have experienced together

5. Rehearse the skills using roleplay with or without an actor in a learner-centred manner; i.e. see if one of the learners feel that one of the issues or skills from the exercises above rings particular bells and would be an area they would really like the opportunity to practice and work out strategies for.

- What would be the issues for you (try to get the participant to hone them down)
- Can we work out a scenario that you have faced in the past or the sort of thing that you often have to do in your setting
- What do we need to know about the scenario to make it real for you, to work
- Encourage the actor and the participant to ask for details so that they can get into role. Establish how the first consultation went if relevant
- What are your objectives for the roleplay
- What would you like to specifically practice or get feedback on
- Make it clear that the “doctor” can ask for time out, stop the role and change with another doctor any time.

alternatives include looking at the participants tapes at this point e.g. at their beginnings of interviews

6. Give feedback as for ALOBA

7. Summarise, relating to the structure/framework/CC guide.

❖ *possible mini-teaching point: hand-out framework or summarise theory and research*

❖ Facilitator input

At what point you hand out **your framework** and do some **mini-teaching on principles and research** depends on how learner-centred you wish to be, and how much the group are into feelings, for example BBN, or wish to be theoretical. You can either input this at the various points suggested above or as you go within the experiential component.

Julie Draper and Jonathan Silverman
May 1999

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