### How to teach communication skills

#### Dr. Amali C. Dalpatadu

MBBS (Colombo) DCH (Col) MD (Paediatrics) Senior Lecturer in Paediatrics and Honorary Consultant Paediatrician General Sir John Kotelawala Defence University University Hospital-KDU

#### Dr. Kanthi Hettigoda

Ph.D. Clinical Psychologist Lieutenant Commander-Sri Lanka

University Hospital-KDU

eaching communication skills is a challenging task due to several reasons. First, teaching communication skills requires teachers who are not only excellent communicators themselves but have the ability to deconstruct the components of the interaction and develop a cognitive approach that can be used across a variety of learners, diverse content, and under different time limitations while inducing the learner to develop the skill of self-reflection in a 'safe' and effective learning environment. Second reason for teaching communication to be a challenge is that some components of communication such as empathy, which is a soft micro skill, requires an intrinsic motivation to learn and practice. Thirdly, it requires the trainer/teacher to demonstrate those skills while teaching.

Planning and conducting such a training need to be done very carefully after analyzing strengths and weaknesses of the learning group, as well as the time allocated and resources available. A homogeneous group made of same profession and of the same level would be mostly appropriate for such training as participants understand the scenarios and feel



less reluctant to share their experience. There is some evidence to show that female trainees score more than their male counterparts (Knut 1999). Hence, a good gender balance in the trainee group will enhance mutual learning.

The content of training should consist of knowledge on what are communication skills and component of it, skills on how to practice them in real life scenarios, and attitudes on why they should practice good communication skills. These are all equally important in this training. Undoubtably, attitude is the most difficult part to inculcate. Hence, this kind of training should start with a good ice breaker to motivate trainees to think why they need to excel in communication skills. Some professionals mistakenly believe that they have these skills just being a human and therefore, these kinds of skill training are taken lightly compared to other technical and hard skills training.

Given the challenging nature of teaching communication skills, trainers are supposed to use effective teaching methods such as case scenarios, role-play, films, narratives, reflective writing, group games, simulations etc. (Jakson & Beck 2011). These will encourage experiential learning, internalization and implementation of those skills. Experiential learning methods have been proven to be more effective than instructional teaching methods (Knut 1999). The trainers/teachers need to be creative so that participants cannot escape taking active roles in the learning process. All the examples and case scenarios should be relevant to their nature of work. It is good if participants are given a chance to take their own experience related to the topic. Usually, trainer acts to show bad examples first and then demonstrates the expected appropriate skills. This facilitates the trainee to see the effectiveness of proper communication skills.

Teaching communication skills also takes time as for each trainee it is compulsory to take part and actively engage in these activities to learn those skills to see whether they can demonstrate the expected verbal and non-verbal expressions. They also very definitely need to get the confidence to do so. Hence the learning environment should be helpful and non-threatening. It is the responsibility of the trainer to make sure that all trainees acquire the required knowledge, skills and attitudes; though it is a strenuous and tedious task.

To facilitate this process teachers/trainers should give appropriate and immediate feedback to the trainees. Giving feedback is a tricky and challenging task as

#### **Feature Article**

some of the trainees feel intimidated by some forms of feedback which will discourage them even to try out these skills in their practice. Some also can be quite defensive to accept their mistakes. Teacher/trainer should be a person with good empathy to understand the trainee and give appropriate feedback. Good feedback starts with a positive comment and then lead on to provid constructive comments on the areas of concern. Finally, the feedback should end with a positive comment. This

"sandwich method" ensures that the trainee absorbs the comment without trying to defend themselves.

However, teaching commu-

nication is an art and the teacher himself or herself should love it and enjoy teaching it.

#### **REFERENCES**

- 1. Aspegren, Knut, (1999). Teaching and learning communication skills in medicine: a review with quality grading of article. BEME Guide no 2.
- Jackson, V. A., & Back, A. L. (2011).
   Teaching communication skills using
- role-play: an experience-based guide for educators. Journal of palliative medicine, 14(6), 775–780. https://doi.org/10.1089/jpm.2010.0493
- **3.** Handbook of teaching empathy (SLMA Expert Committee on Communication)

# Disability Matters: Reflections in the time of COVID

**Dr. Shyamani Hettiarachchi**Department of Disability Studies
Faculty of Medicine

University of Kelaniya

s we mark International Day of Persons with Disabilities in December, it feels apt that we take a moment to reflect on the experiences of persons with disabilities amidst the backdrop of COVID-19. The Sri Lankan government has ratified the United Nations Convention on the Rights of Persons with Disabilities, which assures 'full and equal enjoyment of all human rights and fundamental freedoms' as well as promoting respect for the 'inherent dignity' of all persons with disabilities. We, as a country, have also largely agreed, at least in principle, to work towards the realization of the Sustainable Development Goals 2030 pledging to 'leave no one behind'. Yet, the disability rights movement with its allies claim that not only have persons with disabilities been left behind, and rather far behind, but that they have also feel abandoned during COVID-19. So what do persons with disabilities tell us of their lived experiences of the pandemic to substantiate the above claim?

Initially, way back in late 2019 or early 2020, COVID-19 was seen as a great leveler. Arguably, we all felt equally vulnerable to contracting COVID-19 and experienced a collective existential crisis as the pandemic posed a threat to our very existence. The need to work together as a collective was clear, as one individual's health-related behavior now had direct and dire consequences for another. The site of struggle, as it were, was the breath, and your breath (unmasked and not socially-distanced) literally affected mine. The pandemic created a sense of collective responsibility and even a very slight glimmer of hope with this moment in our collective history holding possibilities for systemic change; for transformation to a kinder, more equal society. However, with time, feeling that 'we are in this together' as well as the hope for systemic change dissipated, with existing inequalities faced by citizens including persons with disabilities, whether for instance, in health or educational access, became exposed and exacerbated1. The intersectional nature of the lived experiences of persons with disabilities, with the interconnected factors of age, disability, geographical area, gender and poverty became increasingly apparent.

## People with learning disability or intellectual and developmental disability

particular vulnerability of persons with disabilities to COVID-19 is not in dispute with the World Health Organization in its early communication in 2020 recognizing that specific population such as persons with disabilities 'may be impacted more significantly by COVID-19'2. What has been unexpected and alarming is the evidence accumulating on the effects of COVID-19 on people with learning disability or with intellectual and developmental disability . In an editorial article in the British Medical Journal in July 2021, Courtenay and Cooper focus our attention on the 'hidden calamity' of people with learning disability to COVID-19. While our focus has been squarely on older adults whose mortality rates across the world have been alarming, the effects of COVID-19 on people with learning disability have arguably