



SOFT VETS

Pan-European soft skills curriculum for undergraduate veterinary education – "SOFTVETS"

Training Concept for Education of Teachers Train the Trainer Course for Communication Skills in Veterinary Medicine

Held at University of Veterinary Medicine Budapest, Budapest 12th -14th February 2020

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INTELLECTUAL OUTPUT 3: TRAINING CONCEPT FOR EDUCATION OF TEACHERS

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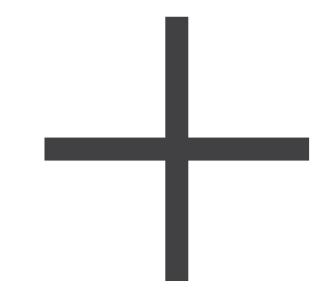


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Objectives of the training

The overall objective of the training is to enable teaching staff to integrate communication skills and its use in veterinary medicine education, which would enable veterinary students to obtain cognitive and practical competences in communication skills.

Information about the training.

a) Who is the course for

The course is directed towards teachers, who want to teach communication in veterinarian medicine, and wish to explore the underlying skills and structure of communication. It is suitable for teachers of a variety of experience and is particularly suitable for those early on in their teaching careers.

b) What the course is about

The course will be highly interactive and participant centred.

Day 1: The primary focus will be on the structure and skills of communication. The course will look at the various models in use to conceptualise communication in veterinarian medicine and how to utilise these to analyse communication skills in observed encounters with patient owners. This will help participants clarify what they are trying to teach and learn, define the individual specific skills of communication and break down the complex task of the interview into its individual components. The course will then be a mixture of experiential learning and didactic teaching (observing prepared videos, work in small groups with simulated patients, etc.)

Day 2 and 3: The participants will demonstrate their teaching skills in experimental sessions. They will be asked to prepare a 45 minutes small group teaching session including the simulated patient owner. For more information on why the course is experiential please find Annex 1.

c) What are the learning goals

As a result of this workshop, participants will be able to:

- appreciate various models in use to conceptualise health care communication
- use these models to consider the structure of communication in observed interviews.
- break down the complex task of the consultation into its individual components
- identify the individual specific skills of communication
- clarify what they are trying to teach and learn in their own teaching environment
- demonstrate their teaching skills in an experimental setting
- execute basic principles to train simulated patient owners



Setting

- 1 trainer (experienced teacher) + 1 one simulated patient on day 2 and 3
- 10 participants
- Room with flexible seating options
 - Plenary
 - Small groups with table
 - Individual work with table

Moderation material needed

Highly recommended

- Computer, projector, projection screen for presenters
- Laptop and/or tablet for participants
- Presentations and useful links to applications on e-learning platform with access for the participants (e. g. Moodle)
- Presentation boards
- The pedagogy wheel, blank paper, pencils to create SAMR models
- Power Point presentation (PPT)
- Feedback questionnaires
- Overview of handouts and checklists please find in Annex 4.

Additional material recommended

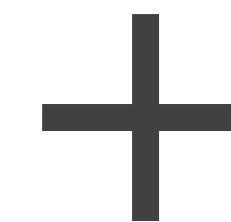
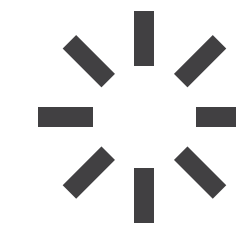
- Name badges
- Certificate of attendance for each participant
- Participants list with contact information for networking purposes

Key strategies to facilitate groups

Please find the information in Annex 2.

Course Description for Facilitators

Please find the information in Annex 3.





Short Agenda

DAY ONE

08:30 – 09:00	Registration
09:00 – 11:00	Background and needs of participants, Agenda, Video analysis, skills spotting
11:00 – 11:15	Coffee break
11:15 – 12:30	Experimental group session, reflection on structure communication in different settings
12:45 – 13:45	Lunch break
13:45 – 15:00	Introducing Calgary Cambrige Guides, Videoanalysis, fine-tuning analytic skills
15:00 – 15:30	Coffee break
15:30 – 17:00	Demonstration "First session at Vetmeduni Vienna"
17:00	End of first day

DAY TWO

09:30 – 09:45	Registration
09:45 – 10:45	Introduction of the actor, open questions, key strategies for effective teaching, short didactic presentation on teaching model (ALOBA)
10:45 – 11:15	Coffee break
11:15 – 12:30	Demonstration of learning session with simulated patient owner; observe skills the facilitator uses, feedback
12:45 – 13:45	Lunch break
13:45 – 15:00	Experimental session: participants demonstrate teaching session with simulated patient-owner guided by facilitator
15:45 – 16:00	Coffee break
16:00 – 17:00	Experimental session participants demonstrate teaching session with simulated patient-owner guided by facilitator
17:00	End of second day

DAY THREE

08:30 – 09:00	Registration
09:00 – 11:00	Plenary on particular subjects as requested by participants, Experimental session: participants demonstrate teaching session with simulated patient-owner guided by facilitator
11:00 – 11:15	Coffee break
11:15 – 13:00	Experimental session: participants demonstrate teaching session with simulated patient-owner guided by facilitator
13:00 – 14:00	Lunch break
14:00 – 17:00	How to train simulated patient owners Casting the right actors Create a role – build a character Double awareness: acting and observing Collecting concrete observations Awareness of your own emotions Use all information for a helpful and empathic feedback Structure of Feedback
17:00	End of third day





	Time	Activity	Aim	Needs/slides
DAY 1 FOR DETAILED COURSE DESCRIPTION FOR FACILITATORS PLEASE FIND IN ANNEX 2.	08:30	Registration		List of participants Name, Tags
	9:00	Introduction, Facilitator presents herself, housekeeping, rules	Give instructions and rules, explain that the course will be more structured on 1st day, less on 2nd and 3rd	Timeline slides
	9:20	State name, where from and whom they teach/ want to teach, show of hands (background, years of experience) Exercise in pairs 4 min each: Why have you made time to come to this course	Presentation of participants. Acknowledgement of expertise and background. Get to know one other individual	Slides
	10:00	Round where participants present themselves and explain why they are here, 1 min each, Keywords on flip-chart	Make participants express expectations	ppt Flipchart
	10:20	<ul style="list-style-type: none"> Aims and objectives: Compare to flip chart results and clarify objectives 	Clarify objectives, and what expectations will not be covered	Slides
	10:30	Present Video (5 Minutes) dog with incontinence scenario 2 Watch the Video – write on a sheet of paper: What is going on? What would you bring up with the learner? Hand-raise on perceived skills and attitudes Watch video again if necessary	Get participants working with picking up skills Discuss difference between attitude and skills Encourage focus on skills and also building relationship between participants based on mutual respect	Slides Worksheet 1 Video: dog with incontinence scenario 2 Slides HANDOUT 1: KEY STRATEGIES FOR FACILITATING
		5 MIN short didactic on skills approach (key strategies)		
	11:00	Coffee break		
	11:15	Experimental Session in small groups (3-4 persons per group) Introduction (5 min.): Exploring the importance of structure and skills in the consultation and constructing a model THE WHAT and STRUCTURE TASK IN FOURS – 60 mins Divide into small groups of four from different specialities and level of experience. Work together for 60 minutes and then we will put each list on the wall and look at all of our work together	To engage the experience of the participants. Encourage reflection on experience with structure in different settings. Explore the common ground in teaching about the clinical interview	Flip for each group Marker for each group Strips to fix the flips Slides with timeline and task
		STAGE 1: max 20 mins We'd like you each to think of and describe to the group a recent and typical consultation you have had with a patient owner. The purpose of this is to identify areas of commonality and differences Individually each person thinks about and describes to the group a very common consultation you do. Then try to identify what areas are similar and what is different within each of your consultations STAGE 2 (stage 2 and stage 3:40 mins) Now divide the consultation into four or five discrete sections, the landmarks of a consultation. Further subdivide these discrete areas into up to 4 key objectives each for both you and the patient owner: what are you trying to achieve in each section? What broad areas do you need to consider to accomplish your needs as a doctor and also to help the patient owner achieve their needs in each section? Try and work out a plan together on a piece of flipchart - be as inventive as you like. Be as creative as possible in making your diagram, it has not to be linear! There are no right answers as we are just trying to generate ideas to get us started.		





	Time	Activity	Aim	Needs/slides	
DAY 1 FOR DETAILED COURSE DESCRIPTION FOR FACILITATORS PLEASE FIND IN ANNEX 2.	11:15	STAGE 3 What skills do you need to get there? For each of these objectives identify what skills you need to use to achieve these objectives. Add 4 or 5 skills in each section that you think are really worth teaching. What are the skills that vets can use to enable the vet and patient owner to achieve what they both need? Share the flip charts again Discuss how these skills and the framework need to be pulled together to produce an overall guide and how structure and skills fit together			
	12:15		Intention of creating a framework for the participants and helping them generalize their model. Show the benefit of an evidence-based model for learners, teachers and practitioners	Slides CCG	
	12:30	Open questions, discussion?			
	12:45	Lunch break			
	13:45	5 min • Agenda for afternoon – Initiating the session and Gathering Information; first steps of anamnesis taking			Slides
	13:50	• check the models: which goals and skills have you defined for this part of the consultation. • One group starts to present, the others amend what is missing	Build upon the experiential knowledge of the participants		Slides
	14:00	Video: dog with incontinence part 1 First minutes Watch video minute by minute- stopping occasionally to ask participants in pairs to look for behaviourally specific skills used/not used. Help by describing and labelling the skills in plenum. • End session by letting groups revisit their models.	Developing or fine tuning analytic skills for identifying the various skills used for initiating the session as well as information gathering plus structural and relational skills.	Video dog with incontinence scenario 1 Slides Handout 2– CONSTRUCTIVE FEEDBACK	
	14:45	Short didactic: skills CCG Bring together results from participants with CC	Summarizing Giving a theoretical frame for the participants, help them to generalize their model. Agenda setting for experimental session	Slides Handout 3 CALGARY-CAMBRIDGE -GUIDES	
	15:00	coffee break			
	15:30	Experimental session Introduction(5 min.): • How do we start to teach anamnesis at Vetmeduni Vienna • Facilitator demonstrates first unit in the 3rd term at the Vetmeduni Vienna Finish (10 min.): • Parallels between skills needed for facilitating and communication skills? • Each participant: Note one Take-Home-Point for this session, share in plenum if wished.	Initiate the session, building up the relationship, experimental session for gathering and delivering information. "ABC Hörnchen" Participants watch which skills the facilitator uses.	4-5 participants are the learners the others are in the outer circle and watch the skills used by the facilitator	
	16:30	Last Check What have you learned so far? What questions are in your mind right now? What are we going to do tomorrow?	Summarizing Prepare for day 2 and 3	Slides Flip Handout 4 PRINCIPLES OF ALOBA for preparation for day 2 and 3	
17:00	End of first day				



	Time	Activity	Aim	Needs/slides
DAY 2 FOR DETAILED COURSE DESCRIPTION FOR FACILITATORS PLEASE FIND IN ANNEX 2.	09:30	Registration		List of participants Name, Tags
	09:45	Introduction, Facilitator presents herself, housekeeping, rules	To give instructions and rules	Slides timeline
	09:55	Presentation of Aims and objectives Clarify the organisation of the session	Clarify objectives of the course (and what expectations won't be covered) Specify the organisation of plenaries and subgroup work	Slides
	10:00	Key strategies for making teaching effective (in small groups)	Warm up / making people active Eliciting/sharing knowledge within the group and focusing on strategies	Flip chart papers and big pens
	10:30	PowerPoint presentation on ALOBA Agenda led outcome based analysis	Theoretical input on effective CS teachin	Slides ALOBA HANDOUT 5: WORKING WITH ALOBA SPs
	10:45	Coffee Break		11:15 Instruction for demonstration
	11:15	Demonstration of experiential session with simulated patients (SP's) (bad version) Key-words for suggestions of improvement	Observe mistakes of facilitation Instruction for participants concerning feedback (global, negative, not specific) Reflection on facilitator guidelines for feed-back and experiential group sessions	One participant is the learner Inner circle: participants Outer circle: reflect on facilitator, worksheet for feedback Facilitator of simulated group. Simulated group participants (prepared with roles). Worksheet 2: observation large group demonstration
	11:45	Rehearsal / demonstration of experiential session (good version)	Modelling of facilitator strategies (group facilitation, set-up, group feedback, rehearsal, ALOBA, etc)	Define feedback rules, Flip Chart
	12:30	Personal reflections and writing on main points	Define one personal learning objective for work in your own experimental sessions	Flip: Participants register for timeslot on flip-chart
	12:45	Lunch		
	13:45	Experimental session 1	Each participant has to demonstrate one teaching session on a chosen topic.	Facilitator Flip chart group
	14:45	Experimental session 2		
	15:45	Break		
	15:45	Experimental group session on dealing with emotions Short didactic presentation on dealing with emotions		Slide: wheel of emotion
	16:30	Reflection	What have we learned so far? Open Questions	
17:00	End of day two			





	Time	Activity	Aim	Needs/slides
DAY 3 FOR DETAILED COURSE DESCRIPTION FOR FACILITATORS PLEASE FIND IN ANNEX 2.	09:00	Plenary on topic, E. g. <ul style="list-style-type: none"> integrated models and conscious competence short input on the «what»: content and process short input on skills 	<p>The conscious competence model deals with the hierarchy of competence from unconscious incompetence to unconscious competence.</p> <p>In interaction with the group the trainer should suggest an input which is needed by the group</p>	Depends on the needs of the group
	09:30	Experimental group session 3/4	One or two participants demonstrate a teaching session	
	11:00	Coffee break		
	11:15	Experimental group 5/6	One or two participants demonstrate a teaching session	
	12:45	End of Communication Training	Reflections, take home messages, evaluation	Handout 6: Evaluation
	13:00	Lunch		
	14:00	Working with simulated patient owner	How to train simulated patient owner	
	17:00	End of day three		



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Annex 1

Why experiential

The course follows the tEACH concept (<http://www.each.eu/>) which is highly experiential – that means that the participants – rather than being 'talked at' by an 'expert' – take place in a variety of activities that enable them to understand and practise the particular skills being considered. By practising skills, receiving feedback and then re-performing the skill the participants get to experience how they put the skill into practise – for example the words they use – and how it feels when the skills work. This makes them more equipped and more motivated to use the skills in the future.

The facilitator as a role model

Throughout this course the facilitator demonstrates facilitation skills herself/himself. It means that the participants can be asked, at intervals, 'what skills am I demonstrating?' or 'What teaching techniques have we used so far?' which further emphasises the experiential nature of the course. The participants are then also able to positively mirror the skills they have seen demonstrated by the facilitator.

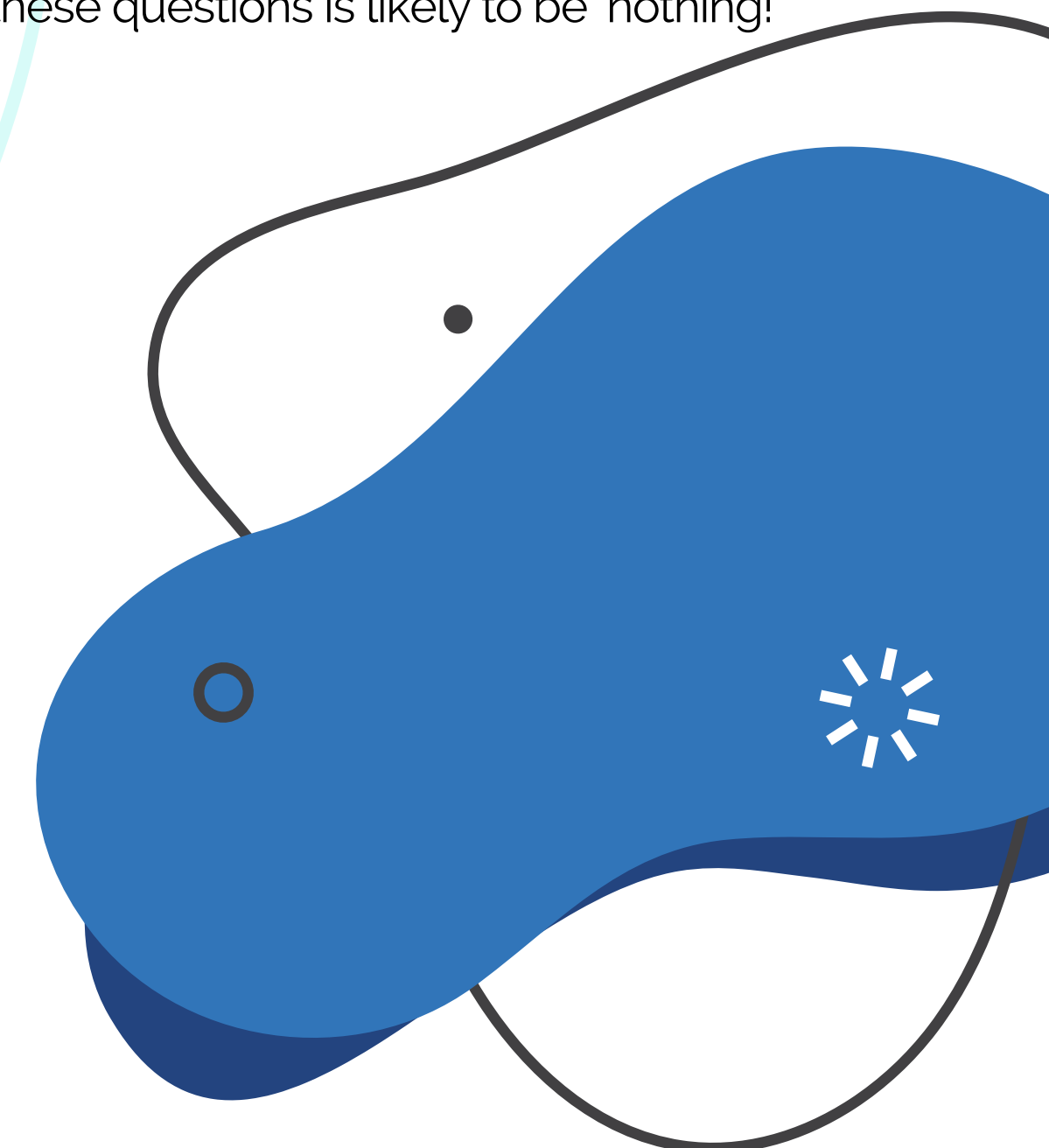
Why do we do agenda setting?

Participants will come on these courses from a variety of backgrounds and previous experiences. In addition, there is variety in what they wish to learn on the course. Since they are 'adult learners' the facilitators

need to tailor the course as closely as practical to the learning needs of the participants. Of course, there are limits to this – the course has its predetermined structure and content but there is some flexibility within this which can be adjusted to the needs of the participants. In addition, 'agenda setting' builds relationships between the facilitator and the group and within the group members themselves – as they can see that they want to learn similar skills.

Consolidating learning

Throughout the course there will be opportunities to reflect on what the participants have learnt so far. This is important because learning will be more effective if the participant asks themselves 'so what does this mean to me?' It is particularly important at the end of the course when participants need to consider 'what have I learnt?' and 'what will I do differently in the future?' Without this, the answer to both these questions is likely to be 'nothing!'



Annex 2

Key strategies to facilitate groups

General principles: guiding rather than instructing

Organising the session

Before the session

Pre-course email to participants is Appendix 2 for this document. Sent to the participants 4 weeks prior to the course.

- Get to know who the participants are, what level, expectations etc.
- Adapt the course specifically to participants
- Consider sending pre-session reading to learners. Prepare documents, flip-chart, etc. Set the room (chairs).
- Check AV equipment if using

Start the session

- Introductions (facilitator and participants introduce themselves to each other, and simulated patient if present)
- Engage learners and establish initial rapport (everyone should speak; name-preferences, background, etc)
- Provide rules for safe environment (confidentiality, no right or wrong, space to try, etc.)

Structure the session

- Discover group agenda (explore learners' prior knowledge and needs, discover their group agenda; negotiate shared agenda)
- Give clear plan and timetable (check if participants have time constraints)

Facilitating

- Plan different activities, be interactive alternating group activity with short theoretical inputs
- Keep contact with group, adapt to group (if tired, hot, hungry change the program, adapt the room)
- Respect timetable
- Keep group dynamic going, avoid one-to-one discussions ("don't keep the ball, keep the ball going")

Closing the session

- Summarize main points or preferably ask participants to summarize
- Ask for personal take home message (learner who has practised first and then every participant)
- Ask for commitment for change when possible (what skill, when and how will you use in practice)
- Value the work that has been done/achieved
- Explore motivation to come again (feelings, experience)
- Prepare on-going learning (next session, work/practice in between)
- Ask for feedback on the session (comments, suggestions)



Group facilitation process skills

Provide structure throughout:

- Provide clear session plan and refer regularly to the plan and where you've got
- Signpost and summarize regularly (what has been learnt)
- Chunk and check (don't give too much information at once, check understanding by participants)
- Make sure of the progress (don't get stuck for too long on same problem)
- Demonstrate dynamism (involvement, flexibility and responsiveness)
- Be aware of adequate time of thinking for most of learners
- Keep to agreed time frame for session
- Ensure time is split up fairly evenly between learners

Initiate and model a learner-centred approach throughout the session

- Demonstrate interest and respect
- Create a supportive environment
- Elicit views and opinions of learners, acknowledges and values all contributions. Accept comments non-judgementally without defensiveness
- Make suggestions rather than prescriptive comments

Build relationship to learner/s throughout

- Put learner/s at ease and check comfort throughout the session (verbally and non-verbally)
- Make verbal and non-verbal congruent
- Model empathy, acknowledge difficulties or learner's feelings, pick up cues
- Ensure interaction (balance one-to one learning with group learning)
- Use group to solve problems rather than solving them for the group
- Be well intentioned, valuing and supportive
- Admit own errors, doubts or uncertainties

Show awareness of group dynamics, be flexible and respond appropriately

- Show awareness of the level of participation of all group members.
- Give all members of group an opportunity to contribute.
- Acknowledge and respond appropriately to comments made

Provide opportunities for group to set/reset agenda throughout

- Agenda elicited from participants.
- Agenda remains flexible and open to change.

Handle group conflicts/different perspectives or criticism appropriately

- Rapid acknowledgement of conflict
 - Non-judgemental exploration of conflicting view points
 - Validate appropriateness of differing viewpoints
 - Address verbally the problems in group dynamic or felt resistance of learner
- Provide clear session plan and refer regularly to the plan and where you've got
- Signpost and summarize regularly (what has been learnt)
 - Chunk and check (don't give too much information at once, check understanding by participants)
 - Make sure of the progress (don't get stuck for too long on same problem)



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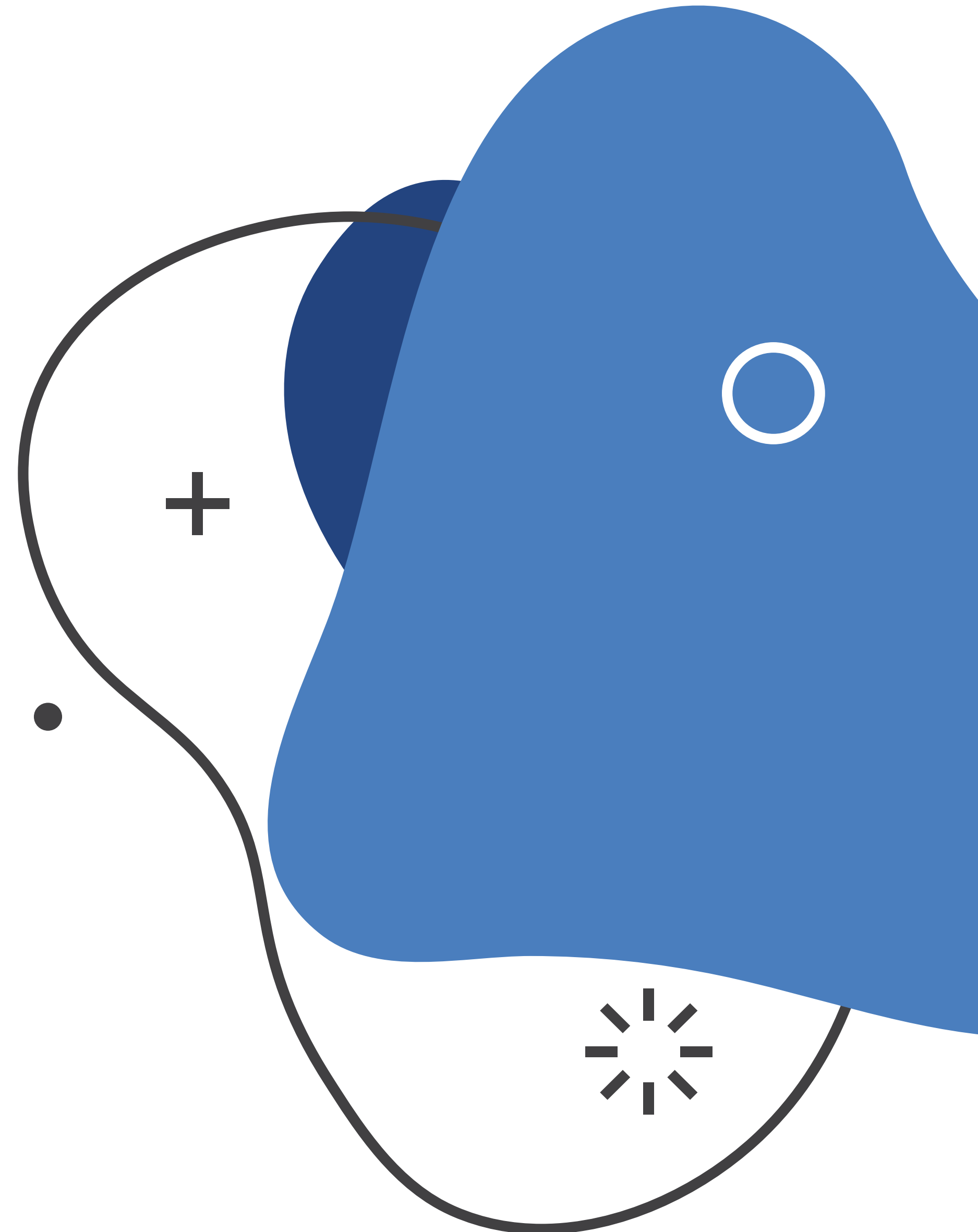
Address verbally the problems in group dynamic or felt resistance of learner

Maintain culture of support and use key facilitation skills:

- attentive listening
- encouragement
- silence
- repetition
- paraphrasing
- interpretation
- acceptance
- clarification
- summary
- picking up verbal and non-verbal cues
- signposting and summarising

The specifics of communication teaching:

- Role-play - Importance of re-rehearsal
- Feedback - Working with SPs in different positions





Annex 3

Course Description for Facilitators

Day one

Briefly explain our overall aims and objectives of the course

Compare objectives to why they said they are here.

Intro of initial video exercise (dog with incontinence):

- To reflect on your individual perspectives of communication in veterinary medicine
- Watch a video of a consultation. As you watch, think about what do you think is going on? If the learner was in the room with you, what would you focus on?
- Afterwards use worksheet to consider what they have seen, what would be the key areas they you would wish to bring up with the learner, is this primarily a problem of attitude or skill, is it teachable?

Brief didactic input about the interplay between skills and attitudes skills approach

- attitudes equals values/beliefs/intentions
- skills not morally right or wrong, depending on what you are trying to achieve. If there is an underlying patient centred philosophy,

skills advocated would be different from doctor-centred philosophy

- attitudinal approach assumes skills there but not transferred to the consulting room because of beliefs engendered by previous education, role modelling or current medical practice or upbringing.
- But skills are the final common pathway. Even if the learner realises, they wish to change their attitude, need skills to put this into concrete action. And indeed skills are important even when there are no blocks and many specialists have all the right attitudes but do not have the skills to put them into practice
- so of course it is a balance between the two, not one or the other
- outcome links the two approaches - looking at what you are trying to achieve
- so skills is essential whatever you do and of course it is less threatening to the defensive learner and challenging attitude or philosophy. And we know skills can change attitude (Lesley Fallowfield)

experimental session in small groups: What to teach: Exploring the importance of structure and skills in the consultation, and constructing a model - exercise

First discover how many people are not clinicians and do not consult with patient owners. Possibly give them a slightly different task, but actually they seem to manage with the same task as clinicians.

Rationale: We all come from very different clinical backgrounds and our interviews with patient owners will all have a different context and content. What is the common ground here if any in our teaching about the clinical interview?

Divide into small groups of four from different specialities and level of experience.

1. Individually each person thinks about and describes to the small group a very common consultation you do. Then try to identify what areas are similar and what is different



within each of your consultations.

2. Now can you find the common ground: divide the consultation into four or five discrete sections, the landmarks of a consultation. Further subdivide these discrete areas into up to 4 key objectives each for both you and the patient.

3. For each of these objectives identify what skills you need to use to achieve these objectives.

Be as creative as possible in making the diagram, it has not to be linear! There are no right answers we are just trying to generate ideas to get us started.

Work together for 45 minutes and then we will put each list on the wall and look at all of our work together

Constantly return to this model and photograph at the end

Intro of video exercise on skill spotting (dog with incontinence part 1): Initiating the session, gathering information - anamnesis

Watch video minute by minute- stop and run video minute by minute – stop and ask participants in pairs to look for behaviourally specific skills used/not used. Help describing and labelling the skills in plenum. Note on Flip-chart

By the end of the session let the groups revisit their models.

Short didactic: Background: presentation about structure and skills and need for conceptual models: Explore the importance of an evidence-based approach. Introduce Calgary Cambridge [here](#)

Why do we need a model?

STRUCTURE

Skills are used at different times in the consultation. They are useful at particular times:

A framework is useful for

- 1.** learners: structure opportunistic, be able to analyse what we are seeing and hearing, random learning, organise into a memorable whole, conceptual framework
- 2.** teachers: outcome based approach, what covered or not, structure learning, pull together the individual skills into important learning areas
- 4.** practitioners: prevents aimless wandering (+flexibility) e.g. disease/illness, or screening or repetition

SKILL: Breadth and validity, 25 years of research. Increased number of tools we can intentionally use

BEHAVIOUR

As we will see, labelling the structure and the skills is still not enough: we need to explore exactly how you ask an open question or try to be empathetic. Later we can return to this and build on it. This is the third part, behaviour. Discuss personality: skills must be incorporated into our personality so that their use becomes natural - unconsciously



competent.

Day two and thre

Identifying key strategies for making teaching effective

Aim: To generate ideas of different approaches that might be used to teach communication skills.

- Facilitator to divide the group into small groups of 4/5 people
- Ask each group to work together for 20 minutes to produce a list of key strategies that make teaching communication skills effective
- Encourage them to discuss different approaches that they have either seen or tried themselves in teaching this topic
- Encourage creativity. There are no right answers, we are just trying to generate ideas to get us started.
- At the end of the 20 minutes ask all groups to display their work
- All groups circulate around the room, view other group ideas and ask questions

Power Point Presentation

- What the educational research tells us are the key components to achieve behaviour change
- The need for knowledge about the what of communication; being able to analyse what you are observing

Facilitator note: Invite questions during presentation and relate information on slides to previous exercise where possible.

Demonstration of experiential session. Spotlight on Feedback

The idea of the session is to start with a demonstration without telling the audience that this is going to be a poor demonstration.

We set up a fishbowl in which the participants in the centre are with facilitator 1 acting as facilitator, facilitator 2 (or a real but instructed student) acting as a student, a simulated patient owner and 3 hand-picked participants as group members. The rest of the participants in the workshop observe from outside.

First we see a role play of an encounter where a student and a simulated patient owner is facilitated with the group members being nice (very positive and general feedback without specifics), **medical** (entirely clinical and not about process) and **harsh** (very appropriate feedback about some of the problems but very judgementally).

We are about to tackle a history taking scenario in which there is lots of biomedical information to obtain and also considerable patient owners' perspective. This is set in postgraduate healthcare education and the group members can be themselves. The group has worked together before in a course on using communication skills in practice and on this occasion.

The session starts without the facilitator doing any setup trying to find the group's agenda or any instructions for the student.

So we have seen a performance from the learner with some good points but quite a lot of skills missing. **From this moment on, the facilitation is inappropriate and**



feedback from group members difficult. We go straight to the group rather than the learner and all three group members give their feedback before the learner can say anything.

Facilitator then stops the proceedings with some shock and horror and ask participants to divide into groups of 3 to discuss how this could be done differently.

After 10 minutes of discussion, brainstorm all their ideas and discuss openly.

Then redo the teaching session including the setup over about 20 minutes, basically modelling an agenda led approach so that the participants can see this in action. When the student is asked to set her initial agenda, it is very much about the problem of obtaining the patient owners` perspective. She understands the theory of all of this, but when she tries it out, she doesn't seem to get very far and reverts to just sorting out the disease. She is not sure if she is doing it appropriately. We need to get as far as a further re-rehearsal from the student in which she attempts to follow up the initial cue which she missed that she was worried. On this occasion, the SP drops into the conversation that she was worried because it's gone to both feet and what that might mean.

At the end, participants reflect on one issue the exercise raised that they are interested in or feel they would like to explore - write this down.

Work in small group sessions: experimental group sessions

If possible, there will be up to 7 participants per group. The rest of the course will focus on experiential teaching situations and working them out within a small group. Explain how the rest of the course will work and the role of the facilitators and actor. Small group work enables participants to practice and consider specific areas of facilitation and consideration of different types of teaching sessions including one to one with learner, small groups, use of video, role-play and simulated patient owner.

Start by asking each group member to **introduce themselves again and explain the sort of situations they teach in** (e.g. small groups, one-to-one, video, simulated patient owner, role-play).

Have each participant **share the one concept or issue** they wrote down at the end of the large group demonstration relevant to their own practice in teaching communication

Ask each participant to say **what they would like to explore experientially as a teacher** before the end of the course Write up on flip-chart.

Also be explicit about what you want to go through: ALOBA, feedback, role playing, simulated patient owner...





Annex 4

Overview of handouts and checklists

Day 1:

- 10:30 WORKSHEET 1: REFLECTION ON VIDEO
HANDOUT 1: KEY STRATEGIES TO FACILITATE
- 14:00 HANDOUT 2: CONSTRUCTIVE FEEDBACK
- 14:45 HANDOUT 3: CALGARY-CAMBRIDGE-GUIDES
- 16:30 HANDOUT 4: PRINCIPLES OF ALOBA

DAY 2:

- 10:30 Handout 5: Working with Simulated Patients ALOBA
- 11:15 WORKSHEET 2: OBSERVATION LARGE GROUP DEMONSTRATION
WORKSHEET 3: OBSERVATION SHEET GROUP DEMONSTRATION

DAY 3:

- 12:45 HANDOUT 6: EVALUTATION
IF NEEDED
HANDOUT X: CALGARY-CAMBRIDGE GUIDES FOR TELEPHONE INTERVIEW
HANDOUT Y: ATTENTIVE LISTENTING

Resources

The manual of the course is based on the Facilitator manuals: What to teach and How to teach communication in medicine, tEACH, 2017; <https://www.each.eu>
What to Teach: Experiential Communication skills Teaching Course revised by Annegrethe 2017
How to Teach: Experiential Communication Skills Teaching Course
Kurtz S, Draper J & Silverman J (ED) Teaching and learning communication in medicine, CRC, 1998
Adams C & Kurtz S (ED) Skills for communication in veterinary medicine, Otmoor Publishing, 2017

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Further information on the project is available on the Erasmus+ platform for project results: https://ec.europa.eu/programmes/erasmus-plus/projects_en and on the project webpage: www.softvets.eu

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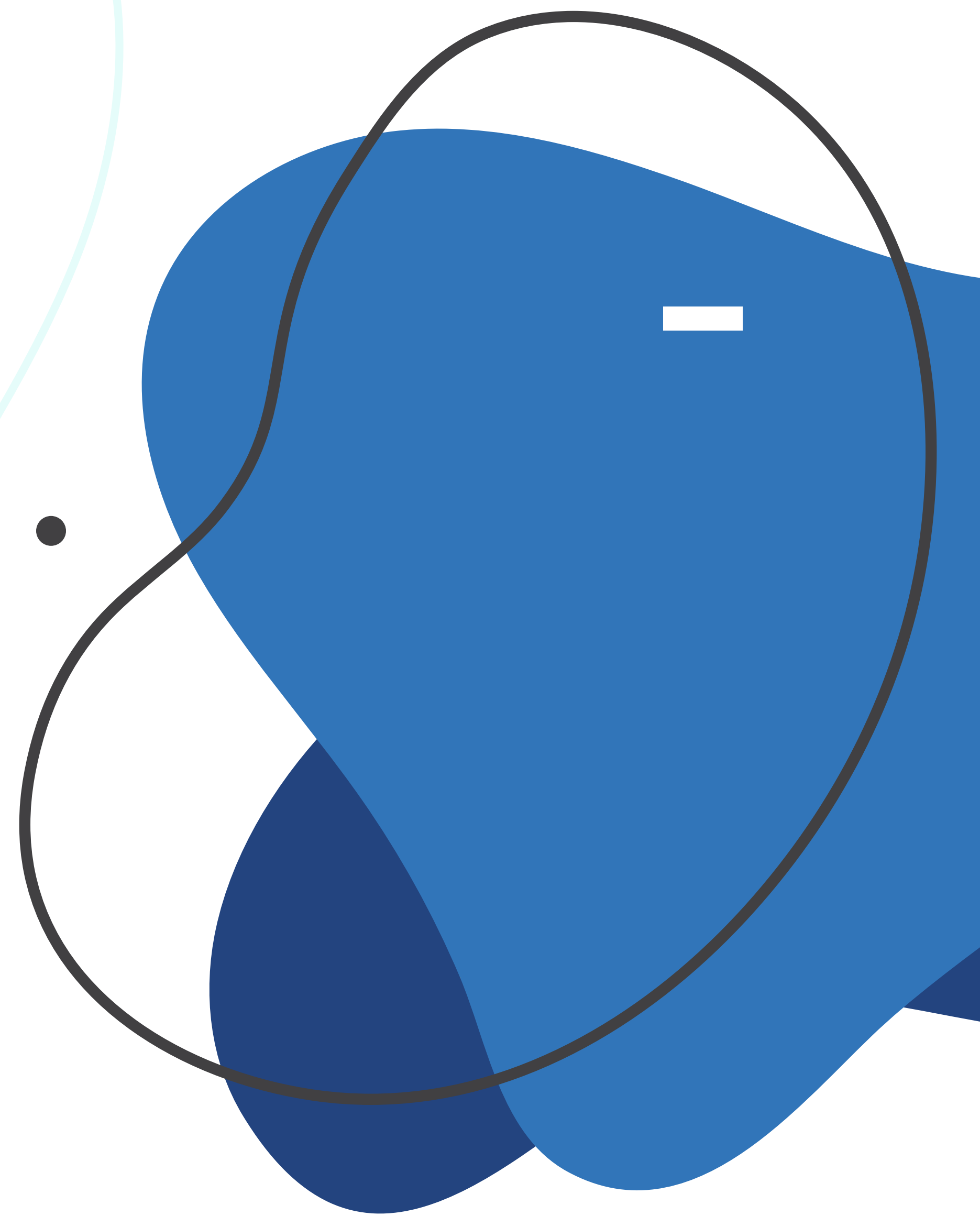
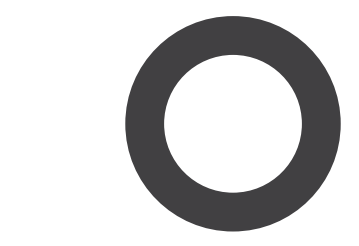
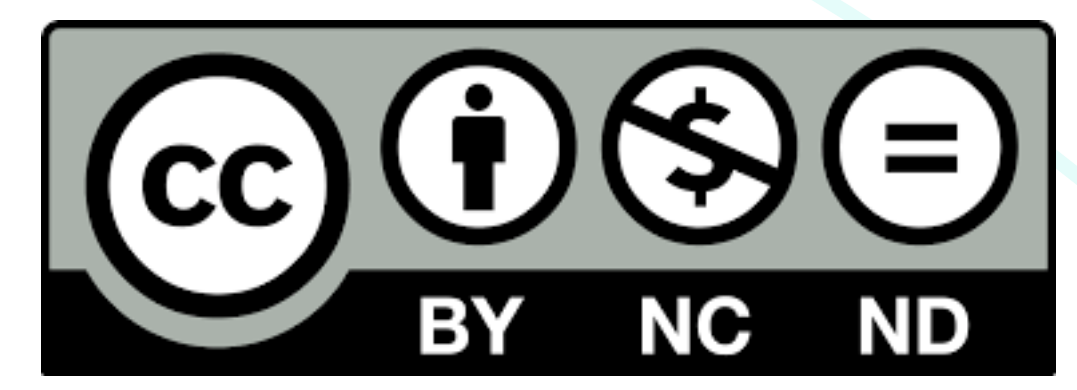
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INTELLECTUAL OUTPUT 3: TRAINING CONCEPT FOR EDUCATION OF TEACHERS