

National Council for Communication Skills in Healthcare - Sri Lanka

Inauguration of the

National Council for Communication Skills in Healthcare-

Sri Lanka

21st December 2014



Government Medical
Officers' Association,
Sri Lanka



National Council for
Communication Skills in
Health Care – Sri Lanka

This book describes the concept of the
NATIONAL COUNCIL FOR COMMUNICATION SKILLS IN
HEALTHCARE- SRI LANKA

The Council will be declared open by
Dr. P.B. Jayasundara
(Secretary – Ministry of Finance & Planning)
at the programme “Health Sector in 2020”
on 21st of December, 2014

Theme

*“Enhancing the quality and safety of medical care
by focused and cost-effective human resource development.”*

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Forward

Communication is identified as an essential component in healthcare worldwide. World Health Organization recommends strengthening health systems by addressing the six building blocks of them: Service delivery; Health workforce; Information and research; Healthcare financing; Leadership/ governance; Medical products and technologies. Ensuring the quality of communication would directly or indirectly strengthen all the components of the health system.

Global concern on this is further reflected by the fact that one of the four domains in “Good Medical Practice” being “Communication, partnership and teamwork”. Continuous global efforts are seen to promote communication in healthcare by evidence based capacity development.

Evaluation of recent dynamics in healthcare in Sri Lanka, highlights the necessity of a central forum that promotes the growth of all stakeholders in aspects related to communication. National Council for Communication Skills in Healthcare - Sri Lanka (NCCSHSL) is meant to fill this gap by bringing together researchers and trainers in the field of communication in healthcare.

Moving beyond the traditional scope of trade unionism, The Government Medical Officers’ association (GMOA) commenced the initiative of NCCSHSL, by training 02 groups of master trainers at Family Health Bureau in September 2013. In November 2013 these trainers were evaluated and course materials were developed at NIHS. Thereafter several workshops have been conducted targeting

different levels of health professional- hierarchy at various settings. The scope of this interdisciplinary organization extends within and beyond the healthcare settings up to the community at the grass root level and towards the policy development at the other level. The strategies in the way forward would encompass the growth of all relevant stakeholders in relation to communication.

The complexity of the health system is further broadened nowadays with the domains such as greater awareness on patient rights, increased expectations of patients/clients, litigations, more concern on medical ethics, involvement of mass media etc. The analysis of events which recently came into light reveal that effective communication would have prevented the adverse outcomes to a greater extent while the same would have improved the quality and satisfaction of the health system. Thus, improving the aspects related to the communication skills of healthcare personnel would conserve a great deal of time, money and public faith in healthcare delivery.

The GMOA wishes to express the gratitude to all institutions and personnel who contributed in making the NCCSHSL a reality. We sincerely wish NCCSHSL to be a regional model in the global health phenomenon and that it would enable the national health system to further improve the health parameters in the long run.

Dr. Anuruddha Padeniya
Dr. Ruwan Ferdinando

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Executive Summary

In 2011 the government medical officers association under the leadership of its President Dr. Anuruddha Padeniya initiated a program with the aim of guiding its 15000 strong membership through the process of learning communication skills needed for successful interactions with their patients and the public.

Throughout the years GMOA has witnessed doctors going through tough times due to poor communication skills. It is paramount in producing high quality doctors with international accreditation which in turn gives high patient satisfaction rates, less number of litigations, enhanced patient safety, reduced health cost, increase attractability and ultimately facilitate the practice of the art of medicine.

Dr. Anuruddha Padeniya, who is the founder of this novel programme, had this vision under the concept of “Enhancing the quality and safety of medical care by focused and cost-effective human resource development”.

Under this program a selected group of doctors underwent intensive training in order to acquire the essential skills needed to become master trainers. This team of master trainers later gave training to over 1500 of their colleagues overcoming many obstacles.

Communication skills training is now being given under four levels to cater different needs and proficiencies of the trainee. Level one training is incorporated into the Good Intern Programme and has created an increased enthusiasm among medical professionals.

Stepping into a whole new level we are now establishing a “National Council for Communication Skills in Healthcare -Sri Lanka” (NCCSHSL) to effectively deliver this nation-wide. Its vision speaks of a health care system where medical professionals, nurses, other healthcare staff, patients and trainees feel valued, are treated equitably with respect, compassion, understanding, and are actively engaged in healthcare processes and decisions.

Under the banner of NCCSHSL, the team will continue to grow as a team of trainers and will continuing to empower the health care professionals in Sri Lanka by teaching them to become effective communicators by offering training on communication and related subjects, using modern teaching methods.

The aim is to become the best of the best while helping others to achieve their maximum potential.

National Council for Communication Skills in Healthcare- Sri Lanka (NCCSHSL)

NCCSHSL is an interdisciplinary organization which brings researchers and trainers together in the field of communication in healthcare.

MISSION

NCCSHSL is the professional home for medical professionals, researchers, educators, and other stakeholders committed to improving communication and relationships in healthcare. It is a home that provides opportunities for collaboration, support and personal and professional development.

VISION

A health care system where patients, medical professionals, nurses, other healthcare staff, and trainees feel valued, respected, understood, and are actively engaged in healthcare processes and decision making.

OBJECTIVES

1. To facilitate the exchange of ideas and products of teaching and research activities related to communication across a network of individuals and institutions in Sri Lanka and beyond.

2. To contribute to the improvement in communication in healthcare settings in Sri Lanka based on research evidence.
3. To guide communication teaching in basic, post-basic, orientation, in-service, post-graduate and international training programmes conducted in Sri Lanka.
4. To establish best practices and improve communication to comply with the changing needs of health delivery which emphasize a patient centered approach, shared responsibility and decision making.
5. To stimulate the growth of an active network of healthcare professionals who work in team spirit towards the goal of improving patient care and people's lives.
6. To generate more revenue under knowledge economy by improving communication skills among doctors.
7. To pool the resources to develop the National Council for Communication Skills in Healthcare – Sri Lanka

Evolution of the Programme

2013 April	<p>The necessity of improving the quality of medical profession was highlighted by the President GMOA in various forums.</p> <p>Discussions were held with the necessary stakeholders to discuss the best solutions. The necessity of a structured communication skills programme was highlighted at these discussions.</p>
2013 May	<p>GMOA in collaboration with the Health Education Bureau, 50 master trainers were trained by a group of experts in the field of communication</p>
2013 November	<p>GMOA in collaboration with NIHS & WHO, 25 master trainers were further trained on communication skills and course materials were developed. There were two 3 day workshop conducted at NIHS.</p>
2014 February	<p>GMOA in collaboration with the Ministry of Health, 500 post intern medical officers were trained in communication skills by the master trainers. The programme was conducted on 13th& 14th February 2014 at Kularathne hall.</p> <p>A structured online questionnaire was used for the pre workshop needs assessment. Participants had to fill this at the time of registration to the workshop. The training material were further modified based on this training need.</p>

2014 March	Two day communication skills workshop was conducted at NIHS. Around 200 medical officers from various parts of the country participated for the workshop.
2014 November	In November 2014, along with the Good Intern Programme, around 1000 pre intern doctors were trained in Communication skills.
2014 December 21	Inauguration of the National Council for Communication Skills in Healthcare- Sri Lanka

Flashbacks

Communication skills programme for post intern doctors



Two day communication workshop at NIHS, Kalutara





Good Intern Programme 2014



Background

“Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship.(1)”

“The patient will never care how much you know, until they know how much you care.(2)”

Worldwide it is accepted that effective doctor-patient communication is a central factor in building a therapeutic doctor-patient relationship, which in turn is the heart and art of medicine (3). A doctor's communication and interpersonal skills includes the skill of acquiring information in order to facilitate accurate diagnosis, counseling, giving instructions and establishing caring relationships with patients (4). These are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care(5)

The three main goals of current doctor-patient communication are creating a good interpersonal relationship, facilitating exchange of information, and including patients in decision making (3).

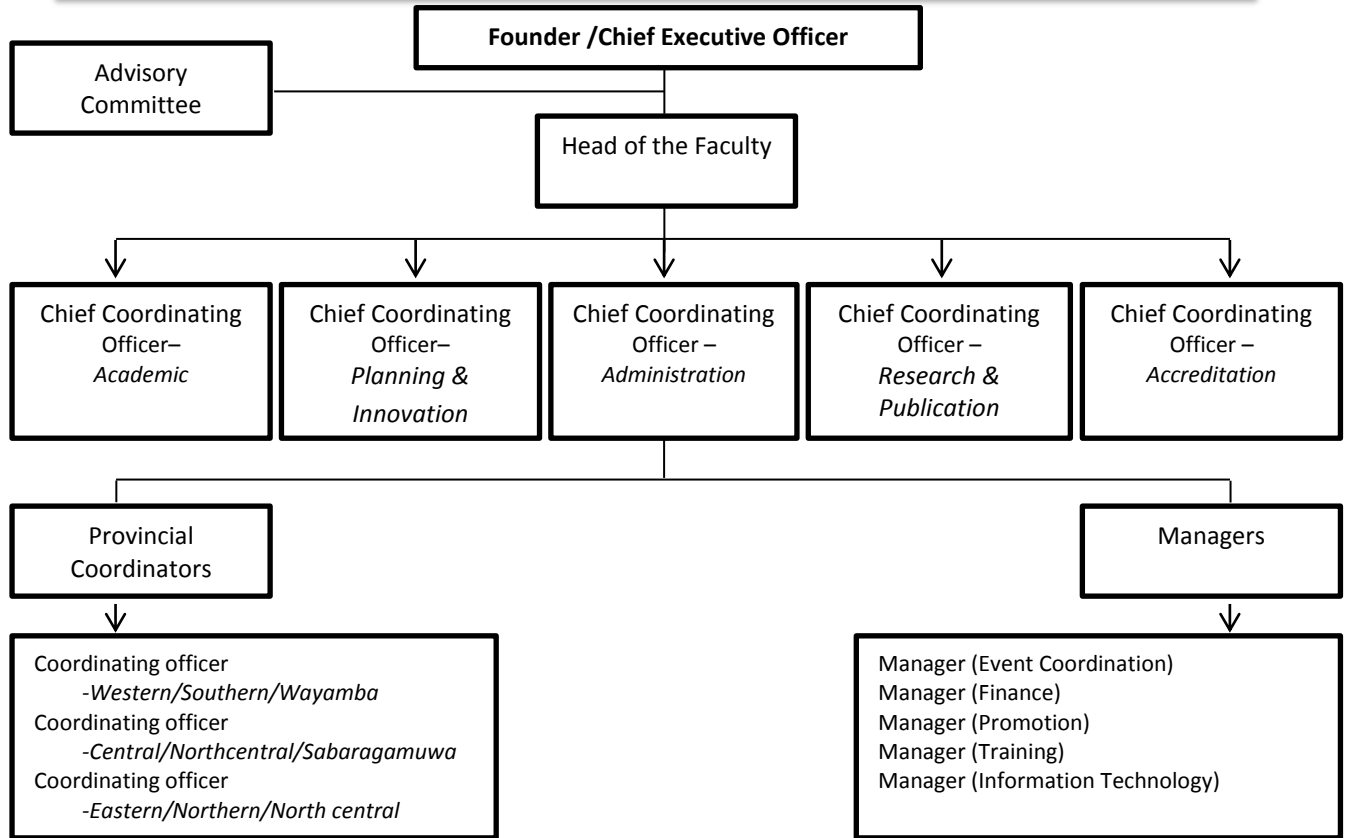
Good doctor-patient communication has the potential to help regulate patients' emotions, facilitate comprehension of medical information and allow for better identification of patients' needs, perceptions, and expectations.

It has been observed that communication skills tend to decline as medical students progress through their medical education, and over time doctors in training tend to lose their focus on holistic patient care. Furthermore, the emotional and physical brutality of medical training, suppresses empathy, substitutes techniques and procedures for talk, and may even result in derision of patients (3).

Research suggests communication skills do not reliably improve with experience (6). Hence, there is a great need to learn these through education and training. Communication skills training has been found to improve doctor-patient communication(7, 8). However, the improved behaviors may lapse over time(9). It is therefore important to practice new skills, with regular feedback on the acquired behavior. However, formal training in communication skills is not included in current undergraduate or postgraduate medical curricula. In Sri Lanka, there is no current mechanism of training communication skills to the practicing medical doctors on a regular basis.

Noticing this need for improvement the GMOA has collaborated with Ministry of Health to develop a capacity building programmes on communication skills for medical professionals. The establishment of NCCSHSL is the outcome of numerous interactions that took place among various professional groups including the trainers, researchers, academics, service providers and patients as well.

Structure of the National Council for Communication in Healthcare- Sri Lanka



Current progress

The necessity of improving the quality of medical profession was highlighted by the President GMOA in various forums. Discussions were held with the necessary stakeholders to discuss the best solutions.

Step 01

Training of medical officers as master trainers in Communication skills.

With the collaboration of Family health Bureau, GMOA organized two workshops and trained 50 medical officers on basic communication skills. Experts in communication, Dr. Neelamani Hewageegana, Dr. Anoma Jayathilaka, Mr. Thusitha Malalasekara, contributed as resource persons for the programme.

The master trainers were volunteers who turned up for the training on “Communication and Management Skills” and who intended to be trained furthermore to train other doctors. This method of selection ensured the continuity of the training programme and expansion of the programme to other levels and localities. The training methods included lectures and hands on experience in conducting communication skills training.

Step 02

In November 2014, 25 medical officers were selected to undergo a 3 day workshop on ‘Capacity building of Master Trainers in Management and Communication Skills’ at National Institute of Health Sciences (NIHS), Kalutara with the collaboration of World health Organization. Dr. Ruwan Ferdinando (Deputy Director, Training at NIHS) and few other experts in the field of

communication from NIHS contributed as resource persons for the workshop.

During the programme the trainers were evaluated and course materials were developed.



Communication & Management skills programme at NIHS Kalutara

Step 03

The above mentioned Trainers in communication conducted several workshops in different parts of the island.

The first such training programme on communication and Management skills was conducted in February at Ananda College auditorium for Post intern medical officers. It was a 2 day programme done in collaboration with the Ministry of Health. Around 500 doctors were trained in Communication skills and they were awarded a, Competency Level I in Communication and Management skills, certificate.

A structured online questionnaire was used for the pre workshop needs assessment. Participants had to fill this at the time of registration to the workshop.

Step 04

Next training programme was conducted at NIHS Kalutara in March 2014. Around 200 medical officers from various parts of the island participated for the 2 day programme. This programme was conducted in collaboration with the Ministry of Health.

Step 05

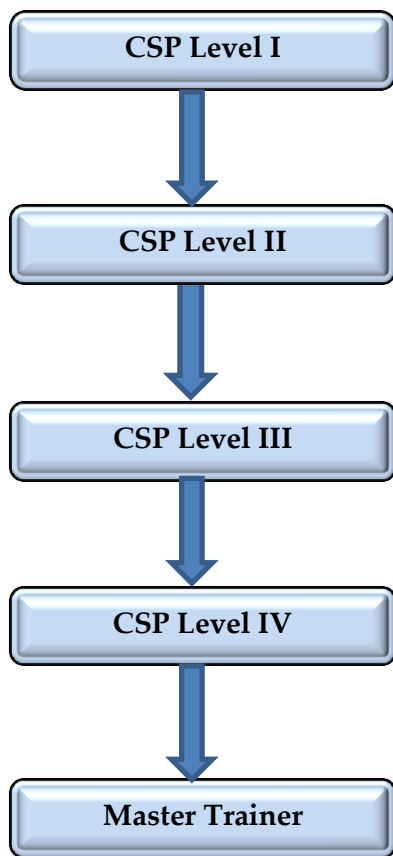
In November 2014, along with the Good Intern Programme, around 1000 pre intern doctors were trained with Communication skills.

Step 06

Research articles

Communication and management skills trainers published an article on Communication and Management skills Training Programme 2014 for Doctor Patient Communication in Clinical Practice by European Association for Communication in Health (EACH) booklet.

Structure of the Programme



Handbook on Communication Skills for Medical Officers and other resource material

Three books have been developed so far as resource material for trainees. This was the result of defining communication skills to the Sri Lankan context by the experts and the master trainers. The communication skills thus defined were included in the training programmes.

The Handbook on Communication Skills for Medical Officers includes topics that are described under the 03 main themes of :

- Clinical communication skills
- Communication skills as a professional
- Personal communication skills

The content covered in each theme would provide a practical orientation for the medical officers on all the aspects of communication.

These inputs would facilitate the communications during medical career and beyond :

- in healthcare delivery
- when functioning as a leader
- in Continuous Professional Development
- in preventing litigations

and more importantly, in generating a self-contentment in medical care.

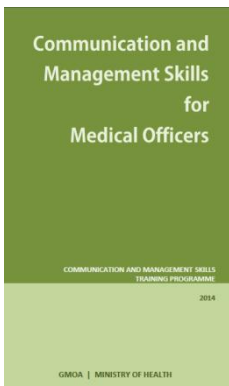
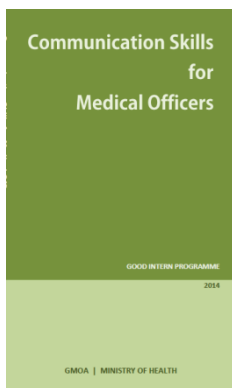
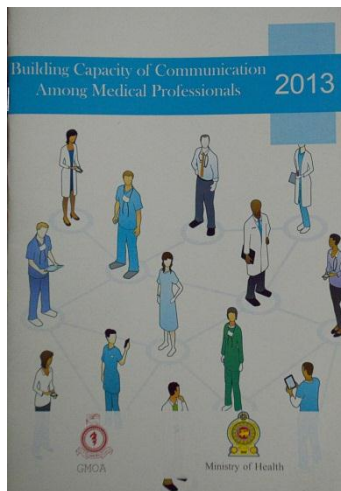
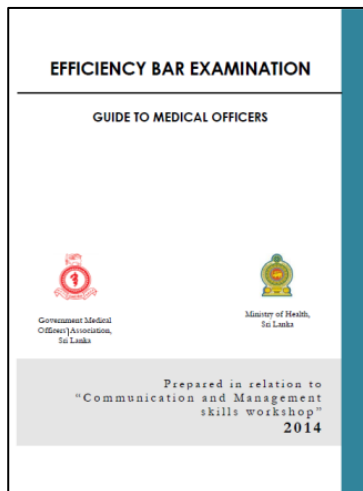


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Website for NCCSHSL

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Tel: 011-2055415 / 011-2580886 / 071-4999555 | Fax: 011-2503586 / 011-4518668
Email: info@gmoa.lk (Inquiries) / office@gmoa.lk (Official)

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Founder of Communication Skills Council

Concept
"Enhancing the quality and safety of medical care by focused and cost-effective human resource development."

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MISSION
NCCSHSL is the professional home for medical professionals, researchers, educators, and other stakeholders committed to improving communication and relationships in healthcare. It is a home that provides opportunities for collaboration, support and personal and professional development.

VISION
A health care system where medical professionals, nurses, other healthcare staff, patients, and trainees feel valued, are treated equitably with respect, compassion, understanding, and are actively engaged in healthcare processes and decisions.

Communication skills Web site

- Now you can visit communication skills website through <http://www.gmoa.lk/index.php/national-council-for-communication-in-healthcare/>

Experience of a trainer

Dr. W.P.G.S. Warnasuriya

Until recently it did not occur to me that I had not learnt an essential skill as a medical student that would have made much of a difference to lives of some of the patients that I happened to see after graduation. A formal training in communication skills was not a component in my undergraduate medical training. Looking back, I can now recollect a number of instances where I could have been a better doctor to my patients and a better colleague to my doctor friends, had I gone through a communication skills training earlier.

It is due to the communication skills training that I discovered, patient and attentive listening following a single open ended question is actually effective than asking a battery of closed ended questions in identifying a cue for diagnosis. For example, a patient with recurrent complaint of body weakness was found to have a problem of erectile dysfunction within a minute, a child with recurrent headache revealed a shocking story of a child abuse. Such are the benefits of practicing communication skills such as developing initial rapport and expression of empathy. 'Chunks and checks' method of giving advice improved treatment compliance and help seeking for adverse reactions in my patient at the psychiatry clinic. The busy psychiatry clinic that used to be a routine stress for me is now a rewarding experience. With improved communication skills, not only that the clinic could still be finished on time, but also with more diagnoses made and more number of grateful smiles and glimpses in the faces of my patients.

The rewards of the training spilled over the hospital gates to streets of my day today life. My family greet me with their beautiful smiles more often now, than earlier. I can now take on more troubles from my friends, neighbors and relatives with a greater confidence in helping them to find solutions.

These are only a few out of many, many gains. I don't suggest that communication skills training will solve all or most of the problems that we experience in providing patients care. But you can certainly await a big turn in your life following a successful training in communication skills for doctors!

Teaching/Learning communication skills; some personal experience

Dr. Prasantha Gamage

My earliest reminiscence about communication skills goes back to 30 years; I was just a little grade five schoolboy. We frequently created intense arguments between three of my siblings. We all try to find out who is wrong but my father used to mediate pointing out most of the time “No one is wrong here; it is a matter of communication”. From those days I had this message in my mind. Jonathan Silverman says none of the methods of communication is wrong; it is just that some methods are more effective than others.

I was lucky to attend several communication skills training programmes and training of trainer programmes as well. Through these training I realized my communication skills were improving and my patients feel more satisfied after my consultations with them. I must thank Dr. Anuruddha Padeniya for inspiring me to become a trainer in communication skills. I have started loving this new discipline and I got myself registered for MPhil in doctor patient communication at University of Peradeniya. I have understood that active listening, being patient centeredness, chunk and check approach in giving information and other communication skills are not only theories but are applicable in our day to day lives as well.

Doctor Patient Communication

Dr. R.M. Mudiyanse

MBBS (SL), DCH(Cey), MD(Cey), MRCP(UK)

Senior Lecturer in Paediatrics

Faculty of Medicine, University of Peradeniya

Communication in clinical practice

Communication is defined as exchange of information, ideas, feeling, emotions and belief between two or more persons. It is a two way process. Doctor patient encounters should be a process of communication rather than data gathering or giving information. The process of communication ensures equality and respect towards fellow human being. Doctors gathering data according to their plan to achieve their goal of arriving at a diagnosis is gradually fading away from clinical practice. Instead the concept of partnership and sharing information, feelings, emotions and patient's expectations to achieve a common goal of managing a medical problem has evolved. Even the process of giving information would be better defined as sharing information giving adequate consideration to the needs of the patients. Approaches coupled with good communication have been evolved while establishing advantages of good communication. Various models of communication have evolved along with methods of teaching. Research evidence supporting the value of good communication has contributed exponential acceptance of communication as an essential skill for doctors.

Historical perspectives

Hippocrates the father of medicine who practiced medicine based on observation and relying much on the capacity of the body to heal has

emphasized on patient centeredness as early as 460 BC. Hippocrates wrote: *"It is more important to know what sort of person has a disease than to know what sort of disease a person has"*. Revolution of medicine influenced by western science probably contributed to shifting emphasis towards disease centred approach and required subsequent resurrection of patient centred approaches.

According to Kurtz in early 1970 clinical competency of doctors was defined as knowledge, physical examination and problem solving. Communication was not considered as a competency for a doctor. Therefore teaching and training emphasized knowledge skills and problem solving, marginalizing communication as a skill. However persuasion of professional that realized the value of good communication with strong support based on research has led to recognition of communication as a competency. At present communication is recognized as a valuable competency by almost everybody; professional organizations, accrediting agencies, patient advocacy groups, researchers, medical educators, funding agencies, health care providers. This cross cultural phenomena has spread all over the world; Canada, USA, UK, Australia, Israel, Netherland, south Africa, Spain and elsewhere.

Evolution of style of communication with patients is interrelated with the paradigm shift from disease centred approach to patient cantered approaches in health care. Disease centred approaches in medicine was advocated in 1960's when the practice of medicine was subjected to revolutionary change due to discoveries of western science. Factor analytic approach of western science became popular where gathering information to confirm the diagnosis and deciding on management was emphasised over exploring the psychosocial issues of the patient. Further advances in medicine created specialists

and super specialists who confine their practice to only a particular organ system, gradually shifting away from seen their patients as whole persons. In 1970's the public recognized this deficiency of doctors leading to acceptance and establishment of family practice in UK, USA and other countries. However the value of patient centeredness and related communication style is not confine to family physicians. There is enough evidence to support the benefits of patient centred communication for all specialists.

Understanding about the empathy also has evolved; initially the word empathy represented the feeling of theatre audience watching a performance, later the words 'professional empathy or non-engaged empathy' were used to emphasis the need to make decisions without emotions by professionals. However the need for doctors to get attuned with patient emotions was realized subsequently. As such empathy is recognized to have a cognitive component; understanding, affective component; feelings, expression of this feeling and offering practical support. Therefore expression of empathy is an essential component of good communication.

Advantages of good communication

Good communication is not just been nice to patients; it makes clinical practice more effective with respect to its accuracy of recognition of symptoms, understanding of problems and establishing diagnosis. It creates common ground with patients while enhancing efficiency, supportiveness, and collaborations with patients. It reduced conflicts and complaints from patients. Finally good communication will improve outcomes; patient and physicians satisfaction, understanding and recall, adherence to treatment plans,

symptom relief, and physiological outcomes and cost effectiveness in healthcare.

In a study involving patients presenting with head ache to family physicians it has been established that the best predictor of the resolution of head ache problem turned out to be the patient perception that they had an opportunity to tell their story to and discuss their concerns about the headache fully with their physician during the first visit, but not diagnosis, not interventions, not referrals, not prescription.

Models of communication

Models of communication have evolved over the last 30 years in all parts of the world with research-based evidence. Traditional model of communication as practiced by many at present entirely focuses on arriving at a diagnosis and management plan as such embarks on disease centred approaches, which becomes the doctor centred and paternalistic approach.

All models of communication are aimed at obtaining the information from the patients, but they differ on their approaches specially whether patient centred or disease centred. Calgary Cambridge Model embrace on patient centred approaches while retaining important content for diagnosis and management.

Table 1 – Names of Models of communication

<ul style="list-style-type: none"> • Physical, psychological and Social (1972) • Stott and Davis (1979) • Byrne and Long (1976) • Six category intervention Analysis (1975) • Helman's "Folk Model" (1981) • Transactional Analysis (1964) • Pendleton, Schofield Tate and Havelock (1984, 2003) • Neighbour (1987) • The disease and illness model (1984) 	<ul style="list-style-type: none"> • AACH- The three function Approach to the medical interview (1989) • The Calgary-Cambridge Approach to communication Skills teaching (1996) • SAGUE framework for teaching and assessing communication skills (Makoul 2001) • The Enhanced Calgary Cambridge Guides (2002)
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Components of good communication in Calgary Cambridge model

Calgary Cambridge model recognizes skills related content, process and perceptions in communication. The content skills are what is extract in the process of history taking. Perceptive skills describe how information is perceived and responded. Calgary Cambridge model recognize the value of exploring both illness scenario; how patient recognize and perceive his problem as well as the disease scenario; how a doctor recognize the problem.

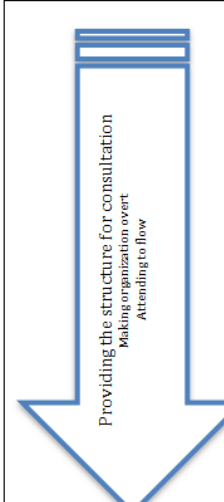
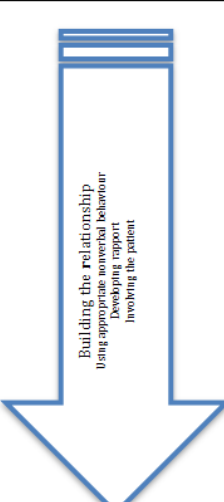
The process skill in Calgary Cambridge model describes the stepwise process of the consultation.

1. Initiating the session; Preparation, Introductions, Establishing initial rapport, identifying reasons for consultation and setting an agenda for the consultation
2. Gathering information; Exploration of the patient's problems to discover biomedical perspectives the patient's perspectives and background information
3. Explanation and planning; Providing the correct amount and type of information aiding accurate recall and understanding, achieving a shared understanding incorporating the patients illness framework. Planning shared decision-making
4. Closure; ensuring appropriate point of closure and forward planning

Throughout this process doctors will

5. Provide the structure for consultation; Making organization overt, Attending to flow while sign posting and following the original plan.
6. Build the relationship; using appropriate nonverbal behaviour, developing rapport involving the patient, expression of empathy and communicating the understanding

Table two – Calgary Cambridge Model of Communication

	Initiate the session Preparation, Establishing initial rapport, Identifying reasons for consultation	
	Gathering information Exploration of the patients problems to discover biomedical perspectives the patients perspectives and background information	
	Physical examination	
	Explanation & planning Providing the correct amount and type of information aiding accurate recall and understanding, achieving a shared understanding incorporating the patients illness framework. Planning shared decision making	
	Closing session Ensuring appropriate point of closure and forward planning	

Teaching and training of doctor - communication skills

Early 20th century methods of teaching communication skills relied on “shot-put” approach where delivery of well-conceived well-delivered message; content, delivery and persuasion was the emphasis. In 1940ies focus was on interpersonal communication, which was called Frisbee approach. Interpersonal communication became popular in 1960is where confirmation; to recognize, acknowledge, endorse another person, mutually understood common ground. Interactions, feedback and collaborations become important.

Communication is a learnt skill rather than a personality; anyone who wants to learn can learn. However experience by itself is not a good and effective way to learn communication skills. Knowledge by itself does not translate directly into performance. Therefore teaching communication skill becomes a unique challenge. Clear recognition

and definition of skills to be learnt would be the first step. Observation of learners performing the skill (live or video tapes) and well-intended, detailed, descriptive feedback (preferably with videotape) and providing opportunities to practice and rehearsal of the skill is essential. Education of communication skills should have repetition in a helical reiterative model rather than a linear once and done model. Using videotapes and simulated patients who are actors perform like patients could enhance this learning experience significantly.

Research in doctor patient communication

Doctor patient communication is a scientific subject with a wide scope for research. It involve with psychosocial behaviour of persons that would be best evaluated by qualitative as well as quantitative research. Observation of doctor patient encounters, videotapes patient feedback and observer feedback are method that can be utilized. Communication needs, practices and perceptions of doctors as well as patients are different from society to society. Therefore exploring the current practices and impact of training and other interventions could be valuable research topics.

Internationally recognized tools for evaluation of patient satisfaction (MISS, CSQ) patient empowerment (PE) and patient perception of practitioner patient centeredness (PPPP) are some of tools available.

1. Medical interview satisfaction scale (MISS) 29 items
2. Consultation specific questionnaire (CSQ) 18 items
3. Patient empowerment instrument (PEI) 6 items
4. Patient Perception of Practitioners Patient-centeredness (PPPP) – 14 items

Communication skills for medical administrators

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The way the public perceive the health care giver is much more important than how the care givers assess themselves. To create a good public relation, to build a good image as well as lessen conflicts, communication is the key word behind. It is important to keep in mind that good communication does not comprise entirely of mere words.

Gaps in communication may lead not only in medical errors and delays in treatment but also the people not utilizing the care offered as well as not been enabled to conquer the determinants of health. Medical errors caused by a failure to communicate are preventable only if good communication is established among the health care staff.

People have a vast range of different personalities, come from different cultural backgrounds, and emotional states which has to be understood by medical administrators to plan for health care for the people as well as to understand the health care givers.

Health administrators should take care to understand the basic of communication when they and their health care givers communicate. People judge source credibility, want the message to be clear and using an appropriate good channel (individual, group & mass education) is also essential. A message to be received correctly

message receiver should be ready, interested and not occupied to apprehend the message and also that getting the feedback is paramount important. Additionally the people will observe non-verbal cues of the message giver as well as the message giver to understand and note non-verbal cues of the message receivers. Active listening of health care givers and the good relationship established by them will win not only who is in the internal environment but who is in the external environment.

The way forward – *National Council for Communication Skills in Healthcare – Sri Lanka*

01. Defining communication skills to suit our contexts including wards, OPDs, clinics, public health settings and other Sri Lankan health care settings
02. Defining training programmes to suit the healthcare professionals including doctors, nurses, paramedical and other healthcare categories
03. Making curricula for these training programmes
04. Undertaking training programmes for the target groups
05. Training master trainers in communication
06. Sharing experiences with other countries in the South Asian Region and elsewhere in training healthcare professionals
07. Undertaking research to generate evidence in communication in healthcare in Sri Lankan context
08. Taking the training programmes to the provincial, district, divisional and grass root levels
09. Securing foreign and local grants for infrastructure and manpower development
10. Incorporating teaching communication skills at postgraduate training programmes

We value your ideas in defining our way forward. Please write to us on nccshsl@gmail.com

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