

Communicating with adults

An enquiry into some bases for teaching and learning

This is a report on a symposium held at the request of the Education Committee of the Thames Valley Faculty Board, and organized by the University of Reading Department and Institute of Education.

MR P. J. MERCIER (Institute of Education) first outlined the programme and emphasized its experimental nature.

MR P. HUGHES (Educational Guidance Unit) spoke on *Cognitive processes in learning*. He demonstrated individual variation in learning and drew attention to various factors influencing learning, including an individual's capabilities and prior experience. He selected 'forgetting' as a basis for illustrating the experimentalist's approach to learning and for demonstrating how theories are derived from experimentation in this field. The interference theory and the disuse theory were discussed and some interesting points raised on how people can be deceived into thinking that they are remembering adequately.

Mr Hughes then discussed in more general terms the increasing scope and complexity of the study of learner variables within the cognitive field. Awareness of this complexity must throw doubt on any notion of a simple one-to-one relationship between what a speaker says and what a listener assimilates. Attention should be directed to the importance of the learner end of the communication process.

DR R. B. MORRISON (Department of Education) spoke on *Lecturing to large groups*. The material to be communicated must be relevant. A lecturer must decide how his particular message could most effectively be communicated. There was a tendency to regard the spoken word as basic and the aids as merely additions but this was not necessarily always correct. Communication was effective if the subject matter was remembered long afterwards.

Dr Morrison examined various aids and factors enabling them to be most effective.

- (1) The slide projector was an effective aid but should work efficiently and unobtrusively. Auto change was desirable.
- (2) The epidiascope was probably on the decline.
- (3) The film strip projector was often more effective if the strip was cut into individual frames and the order altered to suit the lecture.
- (4) A loop projector could be useful if repetition was needed, but was limited to a short time and presenting a single concept.
- (5) An overhead projector was a more efficient epidiascope with greater scope and did not require darkness. Sheets could be superimposed.
- (6) 8 mm. film projector was useful for longer material.
- (7) Closed-circuit television did nothing cine film could not do but could be immediate, topical and reveal small details to a large audience.

Dr Morrison emphasized that there must be adequate preparation of script and equipment.

Discussion

Techniques for speaking were requested. It was important for the speaker to address to the back and assess audience reaction; he must be relaxed. The rôle of colour was mentioned, and that some colours were psychologically and perceptively better than others. The most effective teaching was when the speaker underlined the major points clearly; he also needed to communicate vitality and enthusiasm. The best speakers had a message; they also rehearsed adequately.

There should be three or four milestones in the lecture; it was suggested that a lecture had a basic structure like a picture. One person felt that in the field of postgraduate education

video-tape was the most satisfactory medium but others felt that two-way communication was essential.

One hour should be the limit of a lecture and 15-30 minutes were needed for questions. These times could be reduced for extremes of age. When talking to peers there should probably be proportionately more discussion.

Barriers to communication in learning situations were discussed by MR D. GRIFFITH (Agricultural Extension Unit).

There were two main problems—barriers in other people and barriers in oneself. Material must be processed and communicated. In order to handle data easily and quickly, an individual must develop techniques for structuring ideas. Mr Griffith presented several examples of structuring techniques ranging from codes and mnemonics to logical trees and decision trees. He went on to indicate the advantages of acquiring effective information processing skills.

The main barriers to communication were examined.

- (1) *Cerebral inhibition.* The brain had a tendency not to attend to that which was completely familiar; therefore, the presentation of data was important if it was to be absorbed.
- (2) *Cognitive set.* The mind had a tendency to become groovy; i.e., we seldom tried to solve problems in new ways.
- (3) *Cognitive strain.* Coma ensued if what we were listening to made too much demand on memory, or if the material was too meagre or disconnected. The use of analogy and illustration and interesting presentation reduced cognitive strain considerably.
- (4) *Attitudinal barriers.* The major barrier to communication had to do with an individual's quest for security. Whenever a person felt threatened, his listening potential dropped to zero. The avoidance of the feeling of threat depended entirely on the social skills of the communicator.

Mr Griffith finished by mentioning a few points for speakers. They should establish pace at the beginning and try to dispense with notes. They should allow the audience to relax, and avoid mannerisms. Finally, a good speaker should know his objective and how to finish.

The conference was then split into two groups for discussion of problems.

Group I

It was first established that the conference was only dealing with communication between doctors and other doctors in the three main situations—the trainer-trainee situation, the seminar, and the lecture. It was pointed out that medicine was not always a rational subject and approaches to teaching it must bear this in mind.

The proposals for training new general practitioners were outlined.

Mr Griffith said that the two essential skills for effective communication were first, social skills which could be developed through courses on public speaking and interviewing technique, and secondly information processing skills, which could also be improved by courses on structuring analysis and the presentation of ideas. Another member felt they needed positive and negative techniques. Doctors had different methods of approach and allowance must be made for all kinds. However, every doctor ought to know how to handle his own personality. On vocational training courses there should be different approaches for different doctors and students.

Mr Mercier asked if it was possible for general practitioners to be all things to all men, but it was felt the doctor had to try to be, on account of his basic philosophy.

Mr Griffith said interviewing techniques could be taught with an initial session on personality structure followed by a practical session and a final summing-up session.

With regard to handling teaching sessions, the organizers must explain to the lecturer what is required of him and mould the shape of instruction. They must concentrate on modifying attitudes.

Group II

Dr Morrison said the communication process involved three fields of activity—

1. The perspective situation, for example in undergraduate education where in teaching

one is tying facts together in order to give a new dimension to the knowledge already learnt.

2. The informative situation, where one is transmitting new knowledge.
3. The assisting situation, where one is giving help in the self-processing of both 1 and 2, for example, with postgraduates.

The seminar then took the form of question and answer and mutual discussion of the problems so arising. One questioner was concerned with the difficulty of undergraduate teaching of general practitioners' work because of the vast field that could be covered. Dr Morrison felt the best way of dealing with a complex informative situation was to take separate 'synoptic' views and deal in the one-to-one relationship with distinctly individual aspects of the complex subject at each exposure, e.g., make a visit where H/V was involved in the patient care, and then deal with H/V work, etc.

Another questioner commented on the 'stage-fright' problems of one-to-many lecturing, but Dr Morrison felt that only efficient preparation could overcome this. Fully written text, almost learnt by heart with cues, and re-read 10 minutes before the lecture gave a sense of relaxation to the speaker because he became then, confident of what he was going to say. There was some discussion here of chairmanship duties where one should see that the guest-speaker had time to relax before his address, perhaps rehearsed his slides, saw the lecture hall and the arrangements and was not exposed to constant social introductions right up to the minute of giving the talk.

The 'curse of medical teaching' had always been, one participant felt, the lecturer who read, often inaudibly, textbook précis to a group of bored listeners—and this experience in the past meant that there was a resistance to accepting revision courses on the part of practitioners who had too much of this. Dr Morrison acknowledged that this 'curse' was not confined to medical teaching and explained that this was the main problem that arose in any informative situation. There was often no individual solution but the organizers of a course could help by arranging for the use of visual aids, group participation and using the seminar technique to supplement the expert who might be dull when giving a formal address but stimulating in discussion.

Some participants felt regret that they had never had any instruction in teaching techniques before, and that in future they would modify their own approach to the imparting of knowledge. The conclusion of the seminar was reached with general agreement that the mistakes of the past must not—in the light of this weekend's guidance—be made again in the future.

The final session was a discussion of problems under the chairmanship of MR P. J. MERCIER.

Mr Griffith said the technique of handling groups was difficult; both he and Dr Morrison felt that group participation was more effective at adult level than lecturing. As a Vocational Training Course had to serve different purposes at different times it must include several different techniques. Most of us carried too much information. We must have good information processing and good retrieval. These are invaluable and can be taught.

Many members wished to have a crash course in interviewing techniques. A future course for teachers in lecturing and conducting seminars was also requested but it should not be unduly long. It was important not to get too theoretical.

Following this, the Thames Valley Faculty Board considered it would now be possible to plan further courses with more detailed objectives. The following doctors took part in the symposium: P. McD. Anderson, A. D. G. Gunn, J. C. Hasler, M. Herford, Brenig James, I. G. Lennox, S. A. MacKeith, H. O. Phillipson, P. M. M. Pritchard, B. L. E. C. Reedy, D. H. Richards, M. J. Riley, A. M. Semmence, T. I. Stewart, W. G. Tait, G. W. Taylor, Talbert Ward, and H. Wells.