


MINISTRY OF HEALTH OF UKRAINE
ODESA NATIONAL MEDICAL UNIVERSITY

Faculty Medical №1
Department of simulation medical technologies

CONFIRMED by
Vice-rector for scientific and pedagogical work
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September 1, 2023



**METHODICAL RECOMENDATION
FOR ACADEMIC DISCIPLINE**

**«PROFESSIONAL MEDICAL COMMUNICATION BETWEEN A DOCTOR AND
PATIENT»**

Faculty, course: International, 4 year

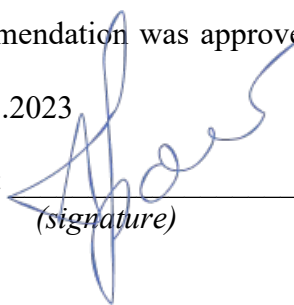
Educational Discipline: Professional medical communication between a doctor and patient

Approved:

The methodical recommendation was approved at the meeting of the department of simulation medical technologies

Protocol No. 1 of 28.08.2023

Head of the department



Oleksandr ROGACHEVSKYI

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PRACTICAL TRAINING

Practical lesson No. 1

Topic: Psychological aspects of professional communication. SBAR and ISBAR professional communication protocols

Purpose: To lay the foundation for a teacher-student relationship of trust. Involve in the communication process. Provide psychological support to understand professional doctor-patient communication.

Basic concepts: The art of professional communication. 3 effective communication skills. SBAR and ISBAR professional communication protocols

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson

Plan:

1. Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey).

questions for checking basic knowledge of pre-disciplines:

- 1) What interaction between doctor and patient is effective?
- 2) The concept of verbal communication
- 3) The concept of non-verbal communication

3. Questions (test tasks) to check basic knowledge on the topic of the seminar:

(analysis of own experience: meditation, visualization, discussion):

Analysis of own experience "My communication with the patient"

Analysis of own experience "My path to the profession"

Before starting the main part of the discussion of the basic rules of the group:

- confidentiality,
- do not evaluate and do not interpret,
- speak in the first person,
- the "Stop" rule,
- mutual respect.

Exercise "My communication with the patient"

Analyze your place between the beliefs "I am excellent at building relationships" and "It is difficult for me to understand the patient" on an imaginary line. Discussion.

Exercise "My path to the profession". The exercise consists of several steps. The first step is to turn to yourself, to your thoughts about the profession.

The second step. Express your impressions on paper.

The third step. Share your thoughts and feelings with your partner, in a common circle.

Exercise 1:

Recommendations (instructions) for performing tasks (professional algorithms)

To demonstrate effective actions in the listening process, it is necessary to pair up and divide into participants "A" and "B". "A" plays the role of the patient and tells the story, and "B" is the doctor who listens carefully for 2 minutes. During this time, "A" is narrating all the time. "B" performs the following task:

- sit directly opposite "A" or across the corner of the table
- try to maintain an open posture,
- lean slightly towards the interlocutor,
- relax

The next 2 min. "A" continues to tell the story, and "B" tries not to listen to the interlocutor and performs the following actions:

- turns away from "A";
- takes a closed pose;
- does not maintain eye contact.

For the next 5 minutes, "A" and "B" switch roles.

After completing the task, share your feelings during the debriefing.

2. Demonstrating effective non-verbal actions in the listening process. For which it is necessary to unite in pairs and divide into participants "A" and "B". "A" acts as a patient and tells a story, and "B" is a doctor who listens carefully for 5 minutes. During this time, "A" is narrating all the time. "B" receives the task: to use different options of non-verbal communication, namely

- constantly nod your head;
- do not nod at all;
- nod your head from time to time and greatly exaggerated;
- to nod according to one's own desire.

The exercise is useful because it allows people to assess how well they are head nodding is "automatically" used in therapeutic sessions relations

For the next 5 minutes, "A" and "B" switch roles.

After the task, during the debriefing, "A" and "B" exchange their feelings.

3 What are the goals for building an effective doctor-patient relationship:

A. This is the achievement of mutual understanding, so that the patient feels that he is understood, valued, supported. Conflict prevention.

B. During the consultation, the foundation for a trusting relationship is laid. Psychological support is provided

C. The patient is involved in the treatment process and actively participates.

D. Everything is correct

E. Everything is wrong

4. Communication skills to establish trust, which the doctor uses throughout the consultation

A. Verbal and non-verbal communication skills

B. Skill of content, process, perception

S. Perception of the communication process

D. Everything is correct

E. Everything is wrong

5. Doctor to establish contact

A. Recognizes the legitimacy of the patient's views and feelings without judgment

B. Demonstrates empathy to express understanding and respect for the patient's feelings and difficulties, and openly acknowledges the value of the patient's views and feelings.

C. Provides support: cares, understands, shows a desire to help, offers partnership. Shows sensitivity - this means, carefully approaches delicate and unpleasant topics and physical pain

D. Everything is correct.

E. Everything is wrong

4. Discussion of theoretical issues:

What are 3 effective communication skills?

What non-verbal actions in the process of listening are effective?

Non-verbal communication with the patient and family members

Verbal communication with the patient and family members.

Active listening (paraphrasing, reflecting feelings, connecting feelings to content, clarifying a problematic situation, reflecting one's own feelings)

Possession of introductory words, a dictionary of feelings

SBAR and ISBAR professional communication protocols

5. Topics of reports/abstracts:

-Active listening skills

- Nils Grenstad's "three-stage rocket" method.

6. Summary

Main:

- Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
- Nancy McWilliams Psychoanalytic Supervision 2021
- Azize Asanova, Olena Khaustova "Typical complex situations in doctor-patient interaction depending on personal characteristics and mental state of the patient's response" Psychosomatic Medicine and General Practice Volume 3 No. 3, 2018
- Personality disorders: evolution of views and modern conceptualization Pavlenko T.M. 2018 Neuronews Journal Psychoneurology and Neuropsychiatry https://neuronews.com.ua/ua/archive/2018/4-5%2897%29/pages-36-39/rozladi-osobistosti-evolyuciya-poglyadiv-i-suchasna-konceptualizaciya#_gsc.tab=0

Additional:

1. Minicuci N, Gorato C, Rocco I, Lloyd-Sherlok P (2020) «Survey of doctors' perception of professional values» <https://doi.org/10.1371/journal.pone.0244303>
2. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
3. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
4. Suchman A, Deci E, McDaniel S and Beckman H (2002) Relationship centered administration. In R Frankel, T Quill and S McDaniel (eds) Biopsychosocial Care. University of Rochester Press, Rochester, NY
5. Suchman A, Sluyter DM and Williamson PR (2011) Leading Change in Healthcare transforming organizations using complexity, proactive psychology and relationship-centered care. Radcliffe Publishing, Oxford
6. Silverman J and Kinnersley P (2010) Doctors' non-verbal behavior in consultations look at the patient before you look at the computer. Br J Gen Pract. 60 (571)

Practical lesson No. 2

Topic: Basic principles of collecting complaints and history. Practical aspects

Purpose: To form the basic principles of collecting complaints and anamnesis. Consider practical aspects

Basic concepts: Verbal and non-verbal communication skills. Active listening skills. Waiting time. Facilitation. Nils Grenstad's "three-stage rocket" method.

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson

Plan:

1 Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey)

questions for checking basic knowledge of pre-disciplines:

1) What 3 communication skills are effective?

2) What non-verbal actions in the listening process are effective?

3) SBAR and ISBAR professional communication protocols

3. Questions (test tasks) to check basic knowledge on the topic of the seminar:

1 What are the goals for building an effective doctor-patient relationship:

A. This is the achievement of mutual understanding, so that the patient feels that he is understood, valued, supported. Conflict prevention.

B. During the consultation, the foundation for a trusting relationship is laid. Psychological support is provided

C. The patient is involved in the treatment process and actively participates.

D. Everything is correct

E. Everything is wrong

2. Communication skills to establish trust, which the doctor uses throughout the consultation

A. Verbal and non-verbal communication skills

B. Skill of content, process, perception

S. Perception of the communication process

D. Everything is correct

E. Everything is wrong

3. Doctor to establish contact

A. Recognizes the legitimacy of the patient's views and feelings without judgment

B. Demonstrates empathy to express understanding and respect for the patient's feelings and difficulties, and openly acknowledges the value of the patient's views and feelings.

C. Provides support: cares, understands, shows a desire to help, offers partnership. Shows sensitivity - this means, carefully approaches delicate and unpleasant topics and physical pain

D. Everything is correct.

E. Everything is wrong

4.ISBAR protocol demonstration

Place in the correct order

The doctor talks about the condition of patient A., who was transferred from another department. The doctor informs about:

1. terms of transfer,

2. temperature,
3. blood pressure,
4. complaints at present,
5. about the therapy being carried out.
6. information for patient identification

5 To demonstrate effective actions in the listening process, it is necessary to pair up and divide into participants "A" and "B". "A" plays the role of the patient and tells the story, and "B" is the doctor who listens carefully for 2 minutes. During this time, "A" is narrating all the time. "B" performs the following task:

- sit directly opposite "A" or across the corner of the table
- try to maintain an open posture,
- lean slightly towards the interlocutor,
- relax

The next 2 min. "A" continues to tell the story, and "B" tries not to listen to the interlocutor and performs the following actions:

- turns away from "A";
- takes a closed pose;
- does not maintain eye contact.

For the next 5 minutes, "A" and "B" switch roles.

After completing the task, share your feelings during the debriefing.

4. Discussion of theoretical issues. Formation of professional skills and abilities:

- Using non-verbal communication (Reading patients' non-verbal signals. Doctor's non-verbal signals)
- The concept of waiting time.
- The concept of facilitation
- Establishment of initial contact.
- Traditional model of information collection
- An alternative model of information collection

- Studying the patient's problems Effective actions in the listening process. Nils Grenstad's "three-stage rocket" method.

5. Topics of reports/abstracts:

- TIMER protocol

-4 Models of doctor-patient interaction.

6. Summary

Main:

- Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
- Nancy McWilliams Psychoanalytic Supervision 2021
- Azize Asanova, Olena Khaustova "Typical complex situations in doctor-patient interaction depending on personal characteristics and mental state of the patient's response" Psychosomatic Medicine and General Practice Volume 3 No. 3, 2018
- Personality disorders: evolution of views and modern conceptualization Pavlenko T.M. 2018 Neuronews Journal Psychoneurology and Neuropsychiatry <https://neuronews.com.ua/ua/archive/2018/4-5%2897%29/pages-36-39/rozladi-osobistosti-evolyuciya-poglyadiv-i-suchasna-konceptualizaciya# gsc.tab=0>

Additional:

7. Minicuci N, Gorato C, Rocco I, Lloyd-Sherlok P (2020) «Survey of doctors' perception of professional values» <https://doi.org/10.1371/journal.pone.0244303>
8. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
9. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
10. Suchman A, Deci E, McDaniel S and Beckman H (2002) Relationship centered administration. In R Frankel, T Quill and S McDaniel (eds) Biopsychosocial Care. University of Rochester Press, Rochester, NY
11. Suchman A, Sluyter DM and Williamson PR (2011) Leading Change in Healthcare transforming organizations using complexity, proactive psychology and relationship-centered care. Radcliffe Publishing, Oxford
12. Silverman J and Kinnersley P (2010) Doctors' non-verbal behavior in consultations look at the patient before you look at the computer. Br J Gen Pract. 60 (571)

PRACTICAL TRAINING

Practical lesson No. 3

Topic: Image aspects of the doctor

Purpose: To form a systematic understanding of the concept of the doctor's image. Personal qualities of an effective doctor

Basic concepts: Personal qualities of an effective doctor. Perceived competence, Motivation for choosing a profession. TIMER protocol Four models of doctor-patient interaction.

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson.

Plan:

1 Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

1. Control of the input level of knowledge (frontal survey)

What actions in the process of active listening are effective?

What non-verbal actions in the process of listening are effective?

Tell us about Nils Grenstad's "three-stage rocket" method.

Explain the concept of facilitation

What actions in the process of performing the "three-stage" rocket" technique are effective.

2. Questions (test tasks) to check basic knowledge on the topic of the seminar:

1 Using the pause gives the doctor:

A. Time for consideration

B. To receive valuable patient information about the disease

S. Encouraging the patient to his thoughts and feelings

D. Everything is correct

E. Everything is wrong

2 Skills of effective interaction between doctor and patient:

A. open body posture, encouragement: verbal/non-verbal - nodding

appropriate facial expressions, gestures, "yes"

B. eye contact, facial expression, appropriate pace

C. tone of voice + facial expression, display of emotions/feelings

D. Everything is correct

E. Everything is wrong

3. Facilitation skills

A. Encouragement, repetition of the last few words of the patient, paraphrasing.

V. Pause. Rehash.

S. Notification by the doctor of his thoughts. Attention to the patient's non-verbal and verbal signals.

D. Everything is correct.

E. Everything is wrong

1. Active listening skills

A. Waiting time. Facilitation. Non-verbal skills of the doctor. The patient's non-verbal skills.

A. Waiting time. Non-verbal skills of the doctor. The patient's non-verbal skills.

S. Non-verbal skills of the doctor. The patient's non-verbal skills.

D. Everything is wrong.

E. Everything is wrong

2. The "three-stage rocket" method

A. Verbal and non-verbal response of the patient to objective information. Notification of the doctor's own feelings, for the growth of trusting communication.

B. The doctor's response to the patient's reaction, paraphrasing, the doctor's own feelings.

S. Verbal and non-verbal response of the doctor to the patient's reaction. Paraphrasing to encourage the patient to talk about the experience.

D. Everything is correct.

E. Everything is wrong

4. Formation of professional skills and abilities (mastery of communication skills):

Discussion on the topic "The image of the doctor".

Psychological features that can reduce communicative competence

Professional stereotypes of the doctor.

Providing an atmosphere of perceived competence, attractiveness.

Personal qualities of an effective doctor.

Unhealthy motivation for choosing a profession.

TIMER protocol

Four models of doctor-patient interaction.

The next stage is the demonstration of situations.

A. The skill of tracking the patient's reaction to the doctor's actions:

A doctor in a rumpled robe invites you to sit opposite him on the other side of the table, no - introducing himself and starting to ask about complaints. Accepts the patient without noticing that the patient is excited and frightened. Prescribes treatment.

Task: to find errors in the interaction between the doctor and the patient.

- An elderly patient with heart disease at a doctor's consultation, wants to learn about all possible options for his treatment. Asks the doctor to tell in detail about the latest methods of treatment. Shows articles from scientific journals. The doctor maintains eye contact with the patient, looks at the article with interest and asks to tell about how the patient is feeling. Clarifies the patient's expectations from treatment. Recommends further action. Politely informs the patient that his time is limited at the moment, but he will be able to answer his questions later. But now the recommendations must be followed and the treatment should not be stopped. Make a clear agreement on the control visit.

Task: to find errors in the interaction between the doctor and the patient.

B. Discussion of the personal qualities of an effective doctor (Authenticity, Openness to one's own experience, Curiosity, Loneliness, Sense of humor)

C. The student's choice of a true or false statement about his identity

- "I want to be a doctor because all my family are doctors, I like this profession"
- "An interesting profession, but it is difficult for me to put aside my affairs and take care of someone"
- "I decided to devote myself to medicine, I spend all my time studying, but I have no time for friends"
- "I am quite stable, purposeful, I have a firm hand, I will be a good doctor"
- "I am attentive, empathetic, I have been reading books about doctors since childhood, I am not afraid to take responsibility for my affairs"

D. Choosing an acceptable model of "doctor"- "patient" interaction

5. Topics of reports/abstracts:

- Burnout syndrome

6. Summary

Main:

- Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
- Nancy McWilliams Psychoanalytic Supervision 2021
- Azize Asanova, Olena Khaustova "Typical complex situations in doctor-patient interaction depending on personal characteristics and mental state of the patient's response" Psychosomatic Medicine and General Practice Volume 3 No. 3, 2018
- Personality disorders: evolution of views and modern conceptualization Pavlenko T.M. 2018 Neuronews Journal Psychoneurology and Neuropsychiatry <https://neuronews.com.ua/ua/archive/2018/4-5%2897%29/pages-36-39/rozladi-osobistosti-evolyuciya-poglyadiv-i-suchasna-konceptualizaciya# gsc.tab=0>

Additional:

13. Minicuci N, Gorato C, Rocco I, Lloyd-Sherlok P (2020) «Survey of doctors' perception of professional values» <https://doi.org/10.1371/journal.pone.0244303>
14. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
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16. Suchman A, Deci E, McDaniel S and Beckman H (2002) Relationship centered administration. In R Frankel, T Quill and S McDaniel (eds) Biopsychosocial Care. University of Rochester Press, Rochester, NY
17. Suchman A, Sluyter DM and Williamson PR (2011) Leading Change in Healthcare transforming organizations using complexity, proactive psychology and relationship-centered care. Radcliffe Publishing, Oxford
18. Silverman J and Kinnersley P (2010) Doctors' non-verbal behavior in consultations look at the patient before you look at the computer. Br J Gen Pract. 60 (571)

PRACTICAL TRAINING

Practical lesson No. 4

Topic: Professional burnout syndrome of doctors

Purpose: To consider the most common causes of "burnout syndrome".

Phases of burnout. Methods of psychological prevention in case of burnout. Outline of the concept of values.

Basic concepts: "burnout syndrome".

Phases of burnout. Methods of psychological prevention in case of burnout. Values.

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson

Plan:

1 Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey).

questions for checking basic knowledge of pre-disciplines:

Explain the concept of the doctor's image

What personal qualities of a doctor are effective.

Psychological features that can reduce communicative competence

TIMER protocol

Describe the four models of doctor-patient interaction

3. Questions (test tasks) to check basic knowledge on the topic of the seminar

1-Doctor, I have a cough!

- Yes, I hear your hoarse voice. Tell me more about your condition and I will examine and prescribe a medicine.Be sure to take it. I will provide you with recommendations regarding your lifestyle, daily routine, non-drug and drug treatment methods. See you in 5 days

- Yes, I fully trust you and will strictly follow all your instructions, appointments and recommendations.

2-Doctor, I have a cough! Heal me

- Tell me about your condition. .(the doctor says unemotionally, in an indifferent voice)

- I had a fever 3 days ago, then I got a sore throat

- Come on, I'll examine you. ..Take the drug for 5 days. See you soon (does not pay attention to the patient's desire to ask questions) -???

3. -Doctor, I have a cough!

-Give the results of your examinations.

4.-Doctor, I have a cough!

- Yes, I hear your hoarse voice. Tell me more about your condition

- It all started 3 days ago. I had a fever and then a sore throat

- Yes, I will examine you now

-Fine

- I will prescribe you a medicine, be sure to take it, and I will give you recommendations regarding your lifestyle, daily routine, non-medicinal and medicinal methods of treatment. And you will periodically inform me about your condition. Do you have a question for me?

- Yes, I fully trust you and will definitely follow all your instructions, appointments and recommendations.

5. Training the skill of tracking the patient's reaction to the doctor's actions:

A young man before an operation for a broken leg wants to know how it will go surgery, will he feel pain when he can stand up and walk. How long will he walk on crutches? Asks the doctor to tell about the treatment in detail. The doctor, using active listening skills, asks

to tell about how the patient feels. Clarifies the patient's expectations from treatment. Recommends further action. Politely informs the patient that his time is limited at the moment, but he will be able to answer his questions later. (What is wrong here?) (no next appointment scheduled)

6. Dialogue between the doctor (A) and the head of the department (B) TIMER protocol

A: "Good afternoon! Did you call me?"

C (demonstrates active listening skills) "Good afternoon, P. Please sit down. I would like to discuss with you an important, in my opinion, topic, do you mind?"

A: "Yes"

In: "I am concerned about your interaction with colleague S..."

A: "I want to tell you about the relationship with doctor S. He often insults me."

A: "You say you feel you have been treated unfairly, can you say more about what you mean?"

A: "He often comes when I consult patients and intervenes in the conversation with patients, giving advice"

A: "I hear your angry voice, you are talking about unacceptable behavior of a colleague...Would you like to discuss this situation as a threesome?"

A: "Yes. Thank you very much"

4 Formation of professional abilities and skills (analysis of own experience: meditation, visualization, discussion):

Causes of "burnout syndrome".

Phases of burnout.

Methods of psychological prevention in case of burnout.

Delineation of the concept of values

Analysis of own experience "My own resources for the prevention of burnout"

Discussion

There are many ways to prevent burnout

- cultivating other interests not related to the treatment of patients, combining work with studying, teaching and writing scientific articles
- creation of new projects
- supporting your body: adequate sleep, diet, meditation
- a satisfactory social life, the presence of friends who have (preferably) a different profession
- the ability to take your time and give yourself enough time to achieve your goals
- openness to new experiences

- reading not only professional literature, but also artistic literature, without an orientation to benefit
- the ability to lose, without self-destruction and aggressiveness
- a hobby that brings pleasure

Exercise "My own resources for the prevention of burnout." The exercise consists of several steps. The first step is to turn to yourself, to your thoughts about your own resources.

The second step. Express your impressions on paper.

The third step. Share your thoughts and feelings with your partner, in a common circle.

To demonstrate effective actions in the listening process, it is necessary to pair up and divide into participants "A" and "B". "A" tells a story about his own experience, and "B" listens carefully for 5 minutes. During this time, "A" is narrating all the time. "B" performs the following task, will use active listening skills

- sit directly opposite "A" or across the corner of the table
- try to maintain an open posture,
- lean slightly towards the interlocutor,
- relax
- demonstrates facilitation skills

For the next 5 minutes, "A" and "B" switch roles.

After completing the task, share your feelings during the debriefing.

5. Topics of reports/abstracts:

- Mindfulness,
- Mindfulness practice.

6. Summary

Main:

- Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
- Nancy McWilliams Psychoanalytic Supervision 2021
- Azize Asanova, Olena Khaustova "Typical complex situations in doctor-patient interaction depending on personal characteristics and mental state of the patient's response" Psychosomatic Medicine and General Practice Volume 3 No. 3, 2018
- Personality disorders: evolution of views and modern conceptualization Pavlenko T.M. 2018 Neuronews Journal Psychoneurology and Neuropsychiatry <https://neuronews.com.ua/ua/archive/2018/4-5%2897%29/pages-36-39/rozladi-osobistosti-evolyuciya-poglyadiv-i-suchasna-konceptualizaciya# gsc.tab=0>

Additional:

19. Minicuci N, Gorato C, Rocco I, Lloyd-Sherlok P (2020) «Survey of doctors' perception of professional values» <https://doi.org/10.1371/journal.pone.0244303>

20. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
21. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
22. Suchman A, Deci E, McDaniel S and Beckman H (2002) Relationship centered administration. In R Frankel, T Quill and S McDaniel (eds) Biopsychosocial Care. University of Rochester Press, Rochester, NY
23. Suchman A, Sluyter DM and Williamson PR (2011) Leading Change in Healthcare transforming organizations using complexity, proactive psychology and relationship-centered care. Radcliffe Publishing, Oxford
24. Silverman J and Kinnersley P (2010) Doctors' non-verbal behavior in consultations look at the patient before you look at the computer. Br J Gen Pract. 60 (571)

PRACTICAL TRAINING

Practical lesson No. 5

Topic: Mindfulness is a stress reduction program

Purpose: To consider the concept of mindfulness. The ability to experience reality with acceptance, curiosity, openness, kindness and non-judgment.

Basic concepts: mindfulness, mindfulness practice.

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson

Plan:

1 Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey).

questions for checking basic knowledge of pre-disciplines:

Causes of "burnout syndrome".

Phases of burnout.

Methods of psychological prevention in case of burnout.

Delineation of the concept of values

3. Questions (test tasks) to check basic knowledge on the topic of the seminar

1 Causes of "burnout syndrome"

1 investment of large personal resources in work with insufficient recognition and lack of positive evaluation

2 strict work regulations, especially with unrealistic deadlines for its implementation, lack of conditions for self-expression of the individual at work.

3 tensions and conflicts in the professional environment, criticism, unresolved personal conflicts of the doctor.

4 work without the possibility of professional improvement

5 is correct

2 Phases of burnout

1 "voltage phase". The harbinger and mechanism that triggers the "emotional burnout syndrome" is a fixed state of anxious tension. "Phases of resistance". This stage is associated with the appearance of defensive behavior of the "indifference" type. "Phases of exhaustion", it is characterized by a decrease in energy tone, pronounced psychovegetative disorders.

2 "voltage phase". A harbinger and mechanism that triggers the "emotional burnout syndrome".. "Phases of resistance". This stage is associated with the appearance of protective behavior of the "indifference" type. "Phases of exhaustion", a state in which you "sneeze at everything". It is characterized by a decrease in energy tone, pronounced psycho-vegetative disorders.

3 Everything is correct

4 Everything is wrong

3 In which phase is "Economy of Emotions" manifested, the doctor talks about some of his patients with disdain, or even with mockery. Then he begins to dislike them. limitation of emotional return simplifies and shortens the process of "doctor-patient" communication, bringing superficiality and formalism to it:

1 "voltage phase".

2 "phases of resistance"

3 "phases of exhaustion"

4 Name a leading specialist who has been studying emotional burnout since the 1970s:

1. Kristina Maslakh

2. Herbert Freudenberger (in 1974, he introduced it into the lexicon of specialized scientists. He formulated it as a combination of feelings of emotional exhaustion, loss of motivation, and cynicism.)

3. Ursula Nuber

5 Correct the mistakes

Physical signs	<ul style="list-style-type: none">• self-doubt;• feeling of loneliness and alienation;• helplessness;• loss of motivation;• a negative and cynical view of things;• loss of a sense of satisfaction with life.
Behavioral signs	<ul style="list-style-type: none">• exhaustion and feeling tired most of the time;• sleep problems;• change in appetite;• decreased immunity and frequent illnesses.
emotional signs	<ul style="list-style-type: none">detachment from others;• transferring one's own negative experience to others;

- | | |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none">• longer completion of the assigned task;• desire to avoid responsibility;• emotional instability. |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. Formation of professional abilities and skills (analysis of own experience: meditation, visualization, discussion):

What is mindfulness?

Mindfulness of breath and body, skills to be present

Awareness of our patterns of stress reactivity

Definition of mindfulness. How useful is the program for doctors

Analysis of one's own experience of mindfulness

Discussion

Exercise "Raisin"

To begin with, carefully look at the raisin, how it looks. Imagine that you are in life such a thing has not been seen. Look at her with incredible attention and interest.

Next, try to smell your raisin. Allow them to fill your mind.

Maybe the smell will be weak or not there at all, just note it.

Also listen, maybe you will hear some sounds from your dish.

After that, slowly bring it to the mouth, then to the tip of the tongue, paying attention to what your tongue does to "get" the highlight. do not chew just explore it with your tongue for about thirty seconds or longer, for desire

When you're ready, consciously take a bite and notice how it affects you.

Feel its taste, texture. Chew slowly, but do not swallow yet. Focus on because of what is happening in your mouth at that moment.

See if you can resist the first urge to swallow a raisin. Fully grasp it before you swallow it. Pay attention to what your tongue is doing prepare to swallow. Try to note all your feelings.

You may be able to feel the food moving down the esophagus to the stomach. Turn over attention to the movements of the tongue after you swallow a raisin.

After swallowing, take a few minutes to record the sensation of this "table".

Did you have an aftertaste in your mouth? How do you feel now that there is no food in your mouth? Does it occur?

desire to eat more.

During conscious food consumption, your attention may be distracted by various thoughts, memories, sounds, etc. This is normal, this is how our brain works. In such cases it is simple notice that your attention has drifted and bring it back to your food intake and yours feelings during this.

After completing the task, share your feelings during the debriefing.

To demonstrate effective actions in the listening process, it is necessary to pair up and divide into participants "A" and "B". "A" tells a story about his own experience, and "B" listens carefully for 5 minutes. During this time, "A" is narrating all the time. "B" performs the following task, will use active listening skills

- sit directly opposite "A" or across the corner of the table
- try to maintain an open posture,
- lean slightly towards the interlocutor,
- relax
- demonstrates facilitation skills

For the next 5 minutes, "A" and "B" switch roles.

After completing the task, share your feelings during the debriefing.

5. Topics of reports/abstracts:

- Modern approaches to the understanding and classification of personality disorders (DSM-5, MKX-10)
- Difficult patient

6. Summary

Main:

- Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
- Nancy McWilliams Psychoanalytic Supervision 2021
- Azize Asanova, Olena Khaustova "Typical complex situations in doctor-patient interaction depending on personal characteristics and mental state of the patient's response" Psychosomatic Medicine and General Practice Volume 3 No. 3, 2018
- Personality disorders: evolution of views and modern conceptualization Pavlenko T.M. 2018 Neuronews Journal Psychoneurology and Neuropsychiatry <https://neuronews.com.ua/ua/archive/2018/4-5%2897%29/pages-36-39/rozladi-osobistosti-evolyuciya-poglyadiv-i-suchasna-konceptualizaciya# gsc.tab=0>

Additional:

25. Minicuci N, Gorato C, Rocco I, Lloyd-Sherlok P (2020) «Survey of doctors' perception of professional values» <https://doi.org/10.1371/journal.pone.0244303>
26. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry

27. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
28. Suchman A, Deci E, McDaniel S and Beckman H (2002) Relationship centered administration. In R Frankel, T Quill and S McDaniel (eds) Biopsychosocial Care. University of Rochester Press, Rochester, NY
29. Suchman A, Sluyter DM and Williamson PR (2011) Leading Change in Healthcare transforming organizations using complexity, proactive psychology and relationship-centered care. Radcliffe Publishing, Oxford
30. Silverman J and Kinnersley P (2010) Doctors' non-verbal behavior in consultations look at the patient before you look at the computer. Br J Gen Pract. 60 (571)

PRACTICAL TRAINING

Practical lesson No. 6

Topic: Difficult patient. Peculiarities of interaction. Signs of complexity and aspects of communication

Purpose: To form a systematic understanding of the concept of professional communication between a doctor and a complex patient.

Basic concepts: Modern approaches to the understanding and classification of personality disorders (DSM-5, MKX-10) Cluster A-Paranoid, schizoid, schizotypal, cluster B-antisocial, borderline, hysterical, narcissistic, cluster C-avoidant, dependent, obsessive-compulsive .

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson.

Plan:

1 Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey.)

What is mindfulness?

Awareness of our patterns of stress reactivity

Definition of mindfulness. How useful is the program for doctors

3. Questions (test tasks) to check basic knowledge on the topic of the seminar

1. Definition of mindfulness

A. technique about choosing a conscious life and following a goal, readiness of the psyche, spirit, for surprises, and loyalty to one's value orientations

B. Meditation

S. mindfulness, which helps to improve attention and reduce stress

D. Everything is correct

E. Everything is wrong

2. The author of the MBSR stress reduction program

1. John Kabat-Zinn

2. Tit Nat Khan,

3. Tara Brach

3. The latest scientific studies show that regular practice of mindfulness exercises 1. allows you to be more successful at work and study;

2 improves memory, increases the ability to concentrate on what is really important;

3 increases the cognitive abilities of our brain;

4 develops empathy and compassion;

5 increases the body's resistance to viral diseases;

6 normalizes pressure;

7 slows down the aging of brain cells and the development of diseases associated with the aging of the body;

8. Everything is true

4. Formation of professional abilities, skills (mastery of doctor-complex patient communication skills. Essay on the topic of personality disorders.

Modern approaches to understanding and classification of personality disorders (DSM-5, MKX-10) Cluster A-Paranoid, schizoid, schizotypal, cluster B-antisocial, borderline, hysterical, narcissistic, cluster C-avoidant, dependent, obsessive-compulsive.

Demonstration of doctor-difficult patient communication skills.

An angry or hostile patient

The doctor was late. A patient enters the office. You see that he is tense, jaws clenched, arms crossed. The patient says: "I don't understand why I had to wait?".

The doctor demonstrates active listening skills: "I can understand why you are upset, and I appreciate that you waited for me. Thank you. What can I do for you? What's bothering you?..."

Anxious patient

You meet your patient in the corridor. You can see that he is confused, nervous, speaks quickly and continuously: "Doctor, I wanted to ask: "I was on the 3rd floor, there was a queue, I took the tests, and they didn't explain anything to me..." The doctor demonstrates active listening skills: "I can see how important this is to you, but we can return to our conversation a little later. Sit down, I will invite you to the office. Do you agree)?"

or

The doctor demonstrates active listening skills, invites the patient to the office, or moves to a more comfortable place "Yes, I understand that you would like to know about the tests today, you passed them, now we need to wait for the results. We will meet with you on September 5 at 10:00 a.m. Do you agree?"

A hypochondriac patient

"Doctor, I have shortness of breath, heartache, nausea. And today is a cough." The doctor demonstrates active listening skills: "I notice that you've already seen several doctors and done a lot of research to try to uncover the cause of your symptoms. I admit that the symptoms

are really hard on you, but I believe these tests have already ruled out any serious medical problems. I would like to make a plan with you where we see each other every two to three weeks, often enough to see if anything really new is happening in your condition. If something important develops, we will do additional analysis. Our meetings will be frequent enough for you to be sure that we do not miss anything. And we will avoid (avoid) inconvenient) and expensive analyzes and procedures, if they are clearly not

are needed Do you agree?"

Depressed or sad patient.

The patient enters the office, looks sad, cries

The doctor demonstrates active listening skills: "Good afternoon! Tell me what you does it bother you?..."

Patient.....(silent)

Doctor: "I see your tears, I think you are depressed. What can I do for you"

A manipulative patient

Patient: "I want you to prescribe me drug A"

The doctor demonstrates active listening skills: "Good afternoon! sit down Tell me what's bothering you?"

Patient: "I know more about my disease than any doctor, I have read a lot of literature, tried many drugs, so I don't know what else you can help me with."

Doctor: "I see, you are a very experienced person, but you still came to me, can I still try to help you? Do you agree? »

Suspicious patient

The doctor demonstrates active listening skills: "Good afternoon! sit down Tell me what's bothering you?"

The patient responds suspiciously: "So I'm really curious how you're going to use this information."

Doctor: I need this information purely in order to better understand you and try to help you.

Patient: "All doctors say so"

Doctor: "Have you heard this before? Then I understand why you are so careful about giving out information about yourself..."

Patient: "Maybe."

Doctor: "I'm listening carefully, what's bothering you?"

Closed patient

The doctor demonstrates active listening skills: "Good afternoon! sit down Tell me what's bothering you?"

The patient blushes and is silent

The doctor patiently: "I think you are embarrassed to talk about yourself. Imagine that now you are not talking about yourself, but about your friend. Do you agree? So what's bothering him?"

Talkative patient

The doctor demonstrates active listening skills: "Good afternoon, how are you?"

Patient: "I have an unpleasant feeling in my stomach. I work without rest, I worry about my condition. It was a month ago, but it passed quickly, I was with friends at a party, and I felt sick there. I can't stand it when something hurts. I like everything to be perfect. Besides, I won't be able to take sick leave, because I can't trust anyone with work.... Sometimes I think..."

Doctor: "I can see how important work is to you, but could we come back to it a little later? Tell me more about the upset stomach. Do you agree?"

5. Topics of reports/abstracts:

-Calgary — Cambridge model of medical consultation

6. Summary

Main:

- Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
- Nancy McWilliams Psychoanalytic Supervision 2021
- Azize Asanova, Olena Khaustova "Typical complex situations in doctor-patient interaction depending on personal characteristics and mental state of the patient's response" Psychosomatic Medicine and General Practice Volume 3 No. 3, 2018
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36. Silverman J and Kinnersley P (2010) Doctors' non-verbal behavior in consultations look at the patient before you look at the computer. Br J Gen Pract. 60 (571)