

**MINISTRY OF HEALTH OF UKRAINE**  
**ODESA NATIONAL MEDICAL UNIVERSITY**  
Department of simulation medical technologies

**Syllabus of the academic discipline**  
**«Professional medical communication between a doctor and a patient»**

<b>Scope of the academic discipline</b>	Total number of hours per discipline: 90 hours, 3 ECTS credits Semester: VII — VIII 4th year of study
<b>Days, time, place of educational discipline</b>	According to the schedule of classes Department of simulation medical technologies Odesa, Valikhovsky Lane, 3
<b>Teacher(s)</b>	Assistant of professor Yulia BELOZERTSEVA — BARANOVA Assistant of professor Andrii DOBROVOLSKYI Assistant of professor Olena KAZIMYR
<b>Contact Information</b>	E-mail: simmedtech@onmedu.edu.ua Consultations: from 14.30 to 16.30 every working day

### **COMMUNICATION**

Communication with students of higher education will be conducted in the classroom (face-to-face).

During distance learning, communication is carried out through the Microsoft Teams platform, as well as through e-mail correspondence, Viber, WhatsApp, Telegram messengers (through groups created in Viber, WhatsApp, Telegram for each group, separately through the head of the group).

### **ABSTRACT OF THE ACADEMIC DISCIPLINE**

*The subject* is a complex of professional, communicative and general ethical issues in the relationship between a doctor and a patient, aimed at creating favorable conditions for the recovery of patients, improving skills and competences that were acquired during the study of previous disciplines.

*Prerequisites:* based on the knowledge gained during the study of previous disciplines: history of medicine, cultural studies, simulation medicine (patient care), as well as the study of the basics of psychology, with which the program of this discipline is integrated.

*Post-requisites:* forms the basis for the student's study of further clinical disciplines - internal medicine, pediatrics, surgery, anesthesiology and intensive therapy, and others, lays the foundations of professional communication with the patient in the process of further education and professional activity.

*The aim* is the formation of students of higher education communication skills, the ability to communicate with a patient during the provision of medical care, to choose and apply one of the methods of professional communication, students' acquisition of an understanding of the professional duty and principles of behavior of medical personnel aimed at creating favorable conditions for the recovery of patients, improvement skills and competences that were acquired during the study of previous disciplines.

*Task:*

1. Formation of a system of knowledge, professional skills and practical skills regarding ethical norms and foundations used in business communication with colleagues, medical

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- personnel, patients and the population.
2. Learning the basic concepts from the course "Professional medical communication between a doctor and a patient".
  3. Awareness of the importance of psychological aspects of professional communication.
  4. Improving the professional language skills of a doctor.
  5. Improving the ability of professional communication with the patient and his relatives.

*Expected results:*

As a result of studying the academic discipline, the student of higher education must:

*To know:*

- Concept of intraprofessional and interprofessional communication
- The concept of the doctor's image. Personal qualities of an effective doctor
- The concept of professional communication, the doctor is a complex patient
- Methods of verbal and non-verbal communication with the patient and family members
- Methods of active listening (paraphrasing, reflecting feelings, connecting feelings to content, clarifying a problematic situation, reflecting one's own feelings)
- Nils Grenstad's "three-stage rocket" method of effective actions
- Modern approaches to understanding and classification of personality disorders (cluster A, cluster B, cluster C)

*Be able to:*

- Apply the practice of active listening
- Apply the practice of effective actions in communication
- Communicating in a situation where the doctor is a difficult patient
- Maintain the image of the doctor
- Organize a space for communication with the patient
- Own the CLASS protocol

**DESCRIPTION OF THE ACADEMIC DISCIPLINE**

*Forms and methods of education.* The discipline will be taught in the form of practical classes (30 hours) and organization of students' individual work (60 hours).

Consultations are individual.

*Teaching methods.*

*Practical classes:* conversation, role-playing, solving situational problems, practicing and controlling practical skills using the "Standardized patient" method, passing simulation scenarios, solving test tasks.

*Individual work:* individual work with the recommended basic and additional literature, electronic information resources, individual work with a bank of test tasks, preparation for practical classes.

*Content of the academic discipline:*

Topic 1. Psychological aspects of professional communication. SBAR and ISBAR professional communication protocols

Topic 2. Basic principles of collecting complaints and anamnesis. Practical aspects

Topic 3. Image aspects of the doctor

Topic 4. Emotional burnout syndrome. Professional burnout syndrome of doctors

Topic 5. Mindfulness — stress reduction program

Topic 6. Difficult patient. Peculiarities of interaction. Signs of complexity and aspects of communication

Topic 7. Calgary — the Cambridge model of medical consultation

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Topic 8. Basic protocols and algorithms of doctor-patient interaction

Topic 9. Final lesson

*List of recommended literature:*

*Main:*

1. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
2. Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
3. Nancy McWilliams Psychoanalytic Supervision 2021
4. 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
5. 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)

*Electronic resources:*

1. <http://moz.gov.ua> — Ministry of Health of Ukraine
2. [www.neuronews.com.ua](http://www.neuronews.com.ua) — Journal "NeuroNews: psychoneurology and neuropsychiatry"
3. [www.ama-assn.org](http://www.ama-assn.org) — American Medical Association / American Medical Association
4. [www.who.int](http://www.who.int) — World Health Organization
5. [www.dec.gov.ua/mtd/home/](http://www.dec.gov.ua/mtd/home/) — State Expert Center of the Ministry of Health of Ukraine
6. <http://bma.org.uk> — British Medical Association
7. [www.gmc-uk.org](http://www.gmc-uk.org) — General Medical Council (GMC)
8. [www.bundesaerztekammer.de](http://www.bundesaerztekammer.de) — German Medical Association

**EVALUATION**

*Forms and methods of current control:*

- oral control: individual survey on questions of the relevant topic;
- written control: assessment of solving clinical situational problems, practice and control of practical skills using the "Standardized patient" method;

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- test control: assessment of solving test tasks.

**Criteria of ongoing assessment at the practical class**

<b>Rating</b>	<b>Evaluation criteria</b>
Excellent "5"	The applicant takes an active part in the lesson; demonstrates deep knowledge, gives complete and detailed answers to questions. Thoroughly and comprehensively knows the content of theoretical issues, fluent in professional and scientific terminology. Thinks logically and constructs an answer, freely uses acquired theoretical knowledge when analyzing practical tasks. When solving a clinical problem, he correctly interprets the anamnesis data, the results of clinical, laboratory and instrumental studies, correctly answers all the questions and convincingly substantiates his point of view, can propose and justify an alternative version of the decision on individual issues. When solving a practical task according to the OSCE type, he correctly demonstrates the performance of practical skills on simulation models and mannequins, strictly adheres to the algorithm of their implementation
Good "4"	The acquirer participates in the class; knows the material well; demonstrates the necessary knowledge, but answers the questions with some errors. He knows the content of theoretical issues deeply and comprehensively, and has professional and scientific terminology. Thinks logically and constructs an answer, uses acquired theoretical knowledge when analyzing practical tasks. But when teaching some questions, there is not enough depth and argumentation, it makes insignificant mistakes, which are eliminated by the student himself when the teacher points them out. When solving a clinical problem, minor errors or inaccuracies are assumed in the interpretation of anamnesis data, results of clinical, laboratory and instrumental studies, he answers all the questions without significant errors, fully substantiates his point of view, but proposals for an alternative option cause difficulties. When solving a practical task according to the OSCE type, minor errors in the algorithm and technique of performing skills on simulation models and mannequins are corrected at the instruction of the teacher
Satisfactory "3"	The acquirer sometimes participates in the activity; partially speaks and asks questions; makes mistakes when answering questions. Possesses a basic amount of theoretical knowledge, uses professional and scientific terminology inaccurately. Experiences significant difficulties in constructing an independent logical answer, in applying theoretical knowledge in the analysis of practical tasks. There are significant errors in the answers. When solving a clinical problem, he interprets the history data, the results of clinical, laboratory and instrumental studies with errors, does not know individual details, allows inaccuracies in the answers to questions, does not adequately justify his answers and interprets the wording, experiences difficulties in completing tasks and proposing alternative options. When solving a practical task according to the OSCE type, significant errors are assumed in the algorithm and technique of performing skills on simulation models and mannequins
Unsatisfactory "2"	The acquirer does not participate in the lesson, is only an observer; never speaks or asks questions, disinterested in learning the material; gives incorrect answers to questions. Has not mastered the basic amount of theoretical knowledge, shows a low level of mastery of professional and scientific terminology.

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	Answers to questions are fragmentary, inconsistent, illogical, cannot apply theoretical knowledge when analyzing practical tasks. There are a significant number of gross errors in the answers. When solving a clinical problem, he cannot interpret the received history data, the results of clinical, laboratory and instrumental studies, answer the questions, or makes significant mistakes in the answers; could not justify his decisions or does it unconvincingly. It does not offer alternative options. When solving a practical task according to the OSCE type, gross errors and errors in the algorithm and technique of performing skills on simulation models and mannequins will not be demonstrated or assumed
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*Forms and methods of final control: test*

Test is given to the applicant who completed all tasks of the work program of the academic discipline, took an active part in practical classes, completed and defended an individual assignment and has an average current grade of at least 3.0 and has no academic debt.

Test is carried out: at the last lesson before the beginning of the examination session — at ribbon system teaching, on to the last occupation — with a cyclical system of education. The test score is the arithmetic mean of all components on a traditional four-point scale and has a value that is rounded using the statistical method with two decimal places after the decimal point.

**INDIVIDUAL WORK OF HIGHER EDUCATION ACQUIRES**

*Individual work of the applicant:* individual work with recommended basic and additional literature, electronic information resources, individual work with a bank of test tasks, preparation for practical classes.

**ACADEMIC DISCIPLINE POLICY**

*Deadlines and Rescheduling Policy:*

- absences from classes due to non-respectable reasons are worked out according to the schedule of the teacher on duty;
- absences due to valid reasons are worked out according to an individual schedule with the permission of the dean's office.

*Academic Integrity Policy:*

Applicants must observe academic integrity, namely:

- independent performance of all types of work, tasks, forms of control provided for by the work program of this educational discipline;
- references to sources of information in case of use of ideas, developments, statements, information;
- compliance with the legislation on copyright and related rights;
- provision of reliable information about the results of one's own educational (scientific) activity, used research methods and sources of information.

Unacceptable in educational activities for participants of the educational process are:

- the use of family or official ties to obtain a positive or higher grade during any form of control of academic performance or academic merit;
- use of prohibited auxiliary materials or technical means (cheat sheets, notes, micro-earphones, telephones, smartphones, tablets, etc.) during control measures;
- going through procedures for monitoring the results of training by fake persons.

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For violation of academic integrity, students of higher education may be held to the following academic responsibility:

- decrease in the results of assessment of individual survey, performance of test tasks, assessment for solving situational tasks, performance of individual task, credit, etc.;
- retaking the assessment (test tasks, situational tasks, individual tasks, assessment, etc.);
- assignment of additional control measures (additional situational tasks, individual tasks, tests, etc.);
- conducting an additional inspection of other works authored by the violator.

*Attendance and Tardiness Policy:*

State of health: applicants suffering from acute infectious diseases, including respiratory diseases, are not allowed to attend classes.

Lateness to classes is not acceptable. A student who is late for class can attend it, but if the teacher has put "nb" in the journal, he must complete it in the general order.

*Use of mobile devices:*

The use of any mobile devices is prohibited. In case of violation of this clause, the student must leave the class and the teacher will write "nb" in the journal, which he must complete in the general order. Mobile devices may be used by students with the permission of the instructor if they are needed for the assignment.

*Behavior in the audience:*

The behavior of applicants and teachers in the classrooms must be working and calm, strictly comply with the rules established by the Regulations on academic integrity and ethics of academic relations at Odesa National Medical University, in accordance with the Code of Academic Ethics and University Community Relations of Odesa National Medical University, Regulations on Prevention and detection of academic plagiarism in the research and educational work of students of higher education, scientists and teachers of Odesa National Medical University.