

**MINISTRY OF HEALTH OF UKRAINE**  
**ODESA NATIONAL MEDICAL UNIVERSITY**

Department of simulation medical technologies



**CONFIRMED by**  
Vice-rector for scientific and pedagogical work

Eduard BURYACHKIVSKY

September 1, 2023

**WORKING PROGRAM OF THE ACADEMIC DISCIPLINE**  
**«BASIC PATIENT COMMUNICATION SKILLS»**

**Level of higher education:** second (master 's degree)

**Field of knowledge:** 22 "Health care"

**Specialty:** 222 "Medicine"

**Educational and professional program:** Medicine

The working program is compiled on the basis of the educational and professional program "Medicine" for the training of specialists of the second (master 's degree) level of higher education in the specialty 222 "Medicine" of the field of knowledge 22 "Health care", approved by the Academic Council of ONMedU (protocol No. 8 of 29.06.2023).

Authors:

head of the department Oleksandr ROGACHEVSKYI  
assistant of professor Olha YEHORENKO  
associate professor, PhD Mykhailo PERVAK  
associate professor, PhD Vasyl GLADCHUK  
associate professor, PhD Yuriy PETROVSKIY  
assistant of professor Yulia BELOZERTSEVA — BARANOVA  
assistant of professor Viacheslav ONYSHCHENKO  
assistant of professor Dmytro KARAKONSTANTYN  
assistant of professor Andrii DOBROVOLSKYI

The working program 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

Approved by the guarantor of the educational and professional program  Valeriia MARICHEREDA

Approved by the subject-cycle methodological commission for surgical disciplines of ONMedU  
Protocol No. 1 dated 30.08.2023

Head of the subject-cycle methodological commission for surgical disciplines of ONMedU

  
Vasyl MISHCHENKO

Revised and approved at the meeting of the department of simulation medical technologies  
Protocol No .\_\_dated \_\_/\_\_/20\_\_ .

Head of the department \_\_\_\_\_

Revised and approved at the meeting of the department of simulation medical technologies  
Protocol No .\_\_dated \_\_/\_\_/20\_\_ .

Head of the department \_\_\_\_\_

## 1. Description of the educational discipline:

Name of indicators	Field of knowledge, specialty, specialization, level of higher education	Characteristics of the academic discipline
The total number of:	Field of knowledge 22 "Health care"	<i>Full-time (day) education — elective discipline</i>
Credits of ECTS: 3	Specialty 222 "Medicine"	<i>Course: 2</i>
Hours: 90	Level of higher education second (master's degree)	<i>Semesters III — IV</i>
		<i>Lectures (0 hours)</i>
		<i>Seminars (0 hours)</i>
		<i>Practical classes (30 hours)</i>
		<i>Laboratories (0 hours)</i>
		<i>Individual work (60 hours)</i>
		<i>including individual tasks (0 hours)</i>
		<i>Final control form — test</i>

## 2. The aim and tasks of the academic discipline, competencies, program learning outcomes

**Aim:** formation of higher education students in communication skills, the ability to communicate with a patient while caring for him, acquiring an understanding of the professional duty and principles of behavior of medical personnel aimed at creating favorable conditions for the recovery of patients. Formation of the ability to choose and apply one of the methods of professional communication during medical procedures.

### **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 personnel, patients and the population.
2. Mastering the basic concepts from the course "Primary skills of communication with the 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.

The process of studying the discipline is aimed at forming elements of the following **competencies:**

### • **General (GC):**

- GC1. Ability to abstract thinking, analysis and synthesis
- GC2. Ability to learn and master modern knowledge
- GC3. Ability to apply knowledge in practical situations
- GC4. Knowledge and understanding of the subject area and understanding of professional activity
- GC5. Ability to adapt and act in a new situation
- GC6. Ability to make informed decisions
- GC7. Ability to work in a team
- GC8. Ability to interpersonal interaction
- GC12. Determination and persistence in relation to assigned tasks and assumed responsibilities
- GC13. Awareness of equal opportunities and gender issues
- GC16. The ability to evaluate and ensure the quality of the work performed

- **Special (SC):**

SC1. Ability to collect medical information about the patient and analyze clinical data

SC11. Ability to solve medical problems in new or unfamiliar environments in the presence of incomplete or limited information, taking into account aspects of social and ethical responsibility

SC24. Adherence to ethical principles when working with patients and laboratory animals

**Program learning outcomes (PLO):**

PLO1. Have thorough knowledge of the structure of professional activity. To be able to carry out professional activities that require updating and integration of knowledge. To be responsible for professional development, the ability for further professional training with a high level of autonomy

PLO3. Specialized conceptual knowledge, which includes scientific achievements in the field of health care and is the basis for conducting research, critical understanding of problems in the field of medicine and related interdisciplinary problems

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

**To know:**

- Psychological features that can reduce a doctor's communicative competence
- Burnout syndrome. Reasons. Phases
- Principles of building relationships
- Types of communication skills in patient care
- The concept of professional communication with a difficult patient
- Methods of verbal and non-verbal communication with the patient and family members
- Methods of active listening
- The "three-stage rocket" method of effective actions by Nils Grenstad).
- Establishing contact (acceptance, empathy, support, sensitivity).
- Patient-centered approach to the patient
- Image aspects of a medical worker
- 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 the situation of a medical worker is a difficult patient
- Maintain the image of a medical worker
- Organize a space for communication with the patient

### **3. Content of the academic discipline**

#### **Topic 1. Professional communication skills**

Use of non-verbal communication (eye contact, facial expressions, posture, gestures).  
Tracking the patient's non-verbal signals (body language, speech, facial expressions, emotions).  
Establishing contact (acceptance, empathy, support, sensitivity). Involvement of the patient.  
Facilitation skills. Three communication skills when caring for a seriously ill patient.

#### **Topic 2. Patient-centered approach**

Differences from the traditional approach. Start of the meeting. Task. Greetings and introductions. Explaining your role. Active listening. Benefits of active listening. Clarification of the patient's position.

### **Topic 3. Image aspects of a medical worker**

Personal qualities of an effective doctor. Motivation for choosing a profession. Art therapy work with stimulating material. Psychological features that can reduce communicative competence. Four models of doctor-patient interaction.

### **Topic 4. Burnout syndrome**

The most common causes of "burnout syndrome". Phases. Prevention.

### **Topic 5. Mindfulness — a stress reduction program**

Myths and limiting beliefs. Definition of mindfulness. How useful is the program for doctors. Exercises.

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

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

### **Topic 7. Algorithms of interaction between a medical worker and a patient**

"1" — Beginning of the meeting (organization of space for discussion, greetings, explanation of one's role); "2" — Active listening. Research, identification of reactions, reflection of the patient's feelings; "3" — Explanation of one's actions; "4" — an agreed plan for performing procedures (skin care, facial care, eye care, etc.); "5" — Completion of the meeting.

### **Topic 8. Final lesson**

#### **4. The structure of the academic discipline**

Names of topics	Number of hours					
	Total	including				
		lectures	seminars	practical classes	laboratories	Individual work
Topic 1. Professional communication skills	14	0	0	6	0	8
Topic 2. Patient-centered approach	10	0	0	2	0	8
Topic 3. Image aspects of a medical worker	12	0	0	4	0	8
Topic 4. Burnout syndrome	12	0	0	4	0	8

Topic 5. Mindfulness — a stress reduction program	12	0	0	4	0	8
Topic 6. Difficult patient. Peculiarities of interaction. Signs of complexity and aspects of communication	12	0	0	4	0	8
Topic 7. Algorithms of interaction between a medical worker and a patient	12	0	0	4	0	8
Topic 8. Final lesson	6	0	0	2	0	4
<b>Total hours</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>30</b>	<b>0</b>	<b>60</b>

## 5. Topics of lectures/ seminars/ practical classes / laboratories

### 5.1. Topics of lectures

Lectures are not provided.

### 5.2. Topics of seminar classes

Seminar classes are not provided.

### 5.3. Topics of practical classes

№	Topic	Hours
1.	Topic 1. Practical lesson 1. Professional communication skills	2
2.	Topic 1. Practical lesson 2. Professional communication skills	2
3.	Topic 1. Practical lesson 3. Professional communication skills	2
4.	Topic 2. Practical lesson 4. Patient-centered approach	2
5.	Topic 3. Practical lesson 5. Image aspects of a medical worker	2
6.	Topic 3. Practical lesson 6. Image aspects of a medical worker	2
7.	Topic 4. Practical lesson 7. Burnout syndrome	2
8.	Topic 4. Practical lesson 8. Burnout syndrome	2
9.	Topic 5. Practical lesson 9 Mindfulness — a stress reduction program	2
10.	Topic 5. Practical lesson 10. Mindfulness — a stress reduction program	2
11.	Topic 6. Practical lesson 11. Difficult patient. Peculiarities of interaction. Signs of complexity and aspects of communication	2
12.	Topic 6. Practical lesson 12. Difficult patient. Peculiarities of interaction. Signs of complexity and aspects of communication	2
13.	Topic 7. Practical lesson 13. Algorithms of interaction between a medical worker and a patient	2
14.	Topic 7. Practical lesson 14. Algorithms of interaction between a medical worker and a patient	2
15.	Topic 8. Practical lesson 15. Final lesson	2
	<b>Total</b>	<b>30</b>

### 5.4. Topics of laboratories

Laboratories are not provided.

## 6. Individual work of the student

№	Topic	Hours
1.	Topic 1. Ethical norms and principles used in business communication with	20

	colleagues, medical personnel, patients and the population	
2.	Topic 2. Learning and working out the algorithms of interaction between a medical worker and a patient	20
3.	Topic 3. Preparation for practical classes	20
	<b>Total</b>	<b>60</b>

## 7. 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.

## 8. Forms of control and evaluation methods (including criteria for evaluating learning outcomes)

**Ongoing control:** oral survey, testing, assessment of performance of practical skills on simulation models and mannequins, assessment of communication skills during simulation scenarios, solution of situational clinical tasks, assessment of activity in class.

**Final control:** test.

### Evaluation of the current educational activity in a practical lesson:

- Evaluation of theoretical knowledge on the subject of the lesson:
  - methods: survey, solving a situational clinical problem
  - the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.
- Assessment of practical skills on the topic of the lesson:
  - methods: assessment of the correctness of the performance of practical skills
  - the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.
- Evaluation of work with a patient on the topic of the lesson:
  - methods: assessment of: a) communicative skills of communicating with a patient simulator; b) correctness of appointment and assessment of laboratory and instrumental studies; c) compliance with the differential diagnosis algorithm; d) substantiation of the clinical diagnosis; e) drawing up a treatment plan;
  - the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.

The grade for one practical session is the arithmetic average of all components and can only have a whole value (5, 4, 3, 2), which is rounded according to the statistical method.

### Criteria of ongoing assessment at the practical class

Rating	Evaluation criteria
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. 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

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.

### 9. Distribution of points, obtained by the students

The obtained average score for the academic discipline for applicants who have successfully mastered the work program of the academic discipline is converted from a traditional four-point scale to points on a 200-point scale, as shown in the table:

#### Conversion table of a traditional to multi-point scale

National score for the discipline	The sum of scores for the discipline
Excellent ("5")	185 – 200
Good ("4")	151 – 184
Satisfactory ("3")	120 – 150
Unsatisfactory ("2")	Less than 120

Multi-point scale (200-point scale) characterizes the actual success rate of each applicant in mastering the educational component. The conversion of the traditional grade (average score for the academic discipline) into a 200-point grade is performed by the information and technical department of the University.

According to the obtained points on a 200-point scale, the achievements of the applicants are evaluated according to the ECTS rating scale. Further ranking according to the ECTS rating scale allows you to evaluate the achievements of students from the educational component who are studying in the same course of the same specialty, according to the points they received.

The ECTS scale is a relative-comparative rating, which establishes the applicant's belonging to the group of better or worse among the reference group of fellow students (faculty, specialty). An "A" grade on the ECTS scale cannot be equal to an "excellent" grade, a "B" grade to a "good" grade, etc. When converting from a multi-point scale, the limits of grades "A", "B", "C", "D", "E" according to the ECTS scale do not coincide with the limits of grades "5", "4", "3" according to the traditional scale. Getters who have received grades "FX" and "F" ("2") are not included in the list of ranked getters. The grade "FX" is awarded to students who have obtained the minimum number of points for the current learning activity, but who have not passed the final examination. A grade of "F" is given to students who have attended all classes in the discipline, but have not achieved a grade point average (3.00) for the current academic activity and are not admitted to the final examination.

Applicants who study in one course (one specialty), based on the number of points scored in the discipline, are ranked on the ECTS scale as follows:

#### Conversion of the traditional evaluation and ECTS scores

Score on the ECTS scale	Statistical indicator
A	The best 10% students
B	Next 25% students
C	Next 30% students
D	Next 25% students
E	Next 10% students

### 10. Methodological support

- Working program of the academic discipline
- Syllabus

- Methodological recommendations for the practical classes in the discipline
- Methodological recommendations for the individual work of students
- Multimedia presentations
- Simulation scenarios
- Mannequins and simulators

### **11. Questions for the final control**

1. Methods of active listening
2. Non-verbal communication with the patient and family members
3. Verbal communication with the patient and family members
4. Effective actions in the process of performing the "three-stage" rocket" technique
5. Introductory words and a dictionary of feelings
6. Intraprofessional communication
7. Interprofessional communication
8. Signs of effective communication
9. Grenstad's "three-stage rocket" method
10. Professional stereotypes of the doctor
11. Providing an atmosphere of perceived competence, attractiveness, credit of trust
12. Personal qualities of an effective doctor
13. Psychological features that can reduce communicative competence
14. Four models of doctor-patient interaction
15. The traditional model of consultation during information gathering
16. Illness/Illness Experience Model
17. A patient-centered approach to information gathering
18. Survey techniques
19. Modern approaches to understanding and classification of personality disorders
20. Cluster A personality disorders
21. Cluster B personality disorders
22. Cluster C personality disorders
23. Types of difficult patients
24. Personality disorders according to DSM-5
25. 5 key stages of doctor-patient communication
26. CLASS protocol
27. Chains S-T-E-B. Reflecting the patient's feelings, empathic response
28. Psychological features that can reduce communicative competence

#### **A list of practical skills that are learned during the study of the discipline**

1. Effective verbal actions in the listening process
2. Effective non-verbal actions in the listening process
3. Effective actions in the process of active listening (paraphrasing, reflecting feelings to the content, reflecting one's own feelings)
4. Choosing the right model of interaction between a medical professional and a patient
5. Algorithms of effective interaction between a medical professional and a complex patient (hostile patient, anxious patient, hypochondriac patient, sad patient, manipulative patient, suspicious patient, withdrawn patient, talkative patient). Clinical scenarios

### **12. Recommended literature**

**Main:**

1. Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
2. Nancy McWilliams Psychoanalytic Supervision 2021
3. 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
4. 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)

**13. Electronic information resources**

1. <http://moz.gov.ua> — Ministry of Health of Ukraine
2. [www.neuronews.com.ua](http://www.neuronews.com.ua) — "NeuroNews: Psychoneurology and Neuropsychiatry" magazine
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