

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

Department of simulation medical technologies

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

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Eduard BURYACHKIVSKY

September 1, 2024

**WORKING PROGRAM OF THE ACADEMIC DISCIPLINE**  
**«PROFESSIONAL MEDICAL COMMUNICATION BETWEEN A DOCTOR AND A**  
**PATIENT»**

**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. 10 of 27.06.2024).

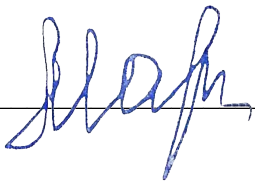
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The working program was approved at the meeting of the department of simulation medical technologies

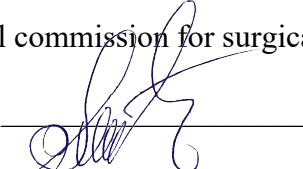
Protocol No. 1 of 28.08.2024

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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 of 30.08.2024

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: Credits of ECTS: 3 Hours: 90	Field of knowledge 22 "Health care"  Specialty 222 "Medicine"  Level of higher education second (master's degree)	<i>Full-time (day) education — elective discipline</i>
		<i>Course: 4</i>
		<i>Semesters VII — VIII</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 students of higher education in 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 recovery patients, improvement of 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 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.

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. Ability to make decisions and act in accordance with the principle of non-admissibility

- **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 with incomplete or limited information, taking into account aspects of social and ethical responsibility, including an early intervention system

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 that includes scientific achievements in the field of health care and is the basis for conducting research, critical thinking about problems in the field of medicine and related interdisciplinary problems, including the system of early intervention

**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

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

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

Effective communication. Three communication skills. Adaptation of the doctor's verbal communication level to the patient's level. Verbal and non-verbal skills of active listening. Intraprofessional communication, interprofessional communication.

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

Verbal and non-verbal skills of active listening. Rehash. Facilitation skills. Nils Grenstad's "3-stage rocket" method.

**Topic 3. Image aspects of the doctor**

Personal qualities of an effective doctor. Perceived competence, attractiveness, credit of trust. 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. Emotional burnout syndrome. Professional burnout syndrome of doctors**

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

#### **Topic 5. Mindfulness — 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. Calgary — the Cambridge model of medical consultation**

From a gift Advantages.

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

"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
Content module 1.						
Topic 1. Psychological aspects of professional communication. SBAR and ISBAR professional communication protocols	11	0	0	4	0	7
Topic 2. Basic principles of collecting complaints and	11	0	0	4	0	7

anamnesis. Practical aspects						
Topic 3. Image aspects of the doctor	8	0	0	2	0	6
Topic 4. Emotional burnout syndrome. Professional burnout syndrome of doctors	11	0	0	4	0	7
Topic 5. Mindfulness — stress reduction program	8	0	0	2	0	6
Topic 6. Difficult patient. Peculiarities of interaction. Signs of complexity and aspects of communication	11	0	0	4	0	7
Topic 7. Calgary — the Cambridge model of medical consultation	10	0	0	4	0	6
Topic 8. Basic protocols and algorithms of doctor-patient interaction	11	0	0	4	0	7
Topic 9. Final lesson	9	0	0	2	0	7
<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. Psychological aspects of professional communication. SBAR and ISBAR professional communication protocols	2
2.	Topic 1. Practical lesson 2. Psychological aspects of professional communication. SBAR and ISBAR professional communication protocols	2
3.	Topic 2. Practical lesson 3. Basic principles of collecting complaints and anamnesis. Practical aspects	2
4.	Topic 2. Practical lesson 4. Basic principles of collecting complaints and anamnesis. Practical aspects	2
5.	Topic 3. Practical lesson 5. Persona aspects of the doctor	2
6.	Topic 4. Practical lesson 6. Emotional burnout syndrome. Professional burnout syndrome of doctors	2
7.	Topic 4. Practical lesson 7. Emotional burnout syndrome. Professional burnout syndrome of doctors	2
8.	Topic 5. Practical lesson 8. Mindfulness — stress reduction program	2
9.	Topic 6. Practical lesson 9. Difficult patient. Peculiarities of interaction. Signs of complexity and aspects of communication	2
10.	Topic 6. Practical lesson 10. Difficult patient. Peculiarities of interaction. Signs of complexity and aspects of communication	2
11.	Topic 7. Practical lesson 11. Calgary — the Cambridge model of medical consultation	2
12.	Topic 7. Practical lesson 12. Calgary — the Cambridge model of medical consultation	2
13.	Topic 8. Practical lesson 13. Basic protocols and algorithms of doctor-patient interaction	2
14.	Topic 8. Practical lesson 14. Basic protocols and algorithms of doctor-patient interaction	2
15.	Topic 9. 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 colleagues, medical personnel, patients and the population	20
2.	Topic 2. Learning and working out algorithms of doctor-patient interaction	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**

<b>National score for the discipline</b>	<b>The sum of scores for the discipline</b>
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**

<b>Score on the ECTS scale</b>	<b>Statistical indicator</b>
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 of the academic discipline
- Methodological recommendations for the practical classes in the discipline
- Methodological recommendations for the individual work of students
- 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 STEB. 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 doctor-patient interaction
5. Algorithms of effective interaction between a doctor 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. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
2. Tsilimak 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](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) — Journal "NeuroNews: psychoneurology and neuropsychiatry"
3. [www.ama-assn.org](http://www.ama-assn.org) — American Medical Association / [American Medical Association](http://www.ama-assn.org)
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