

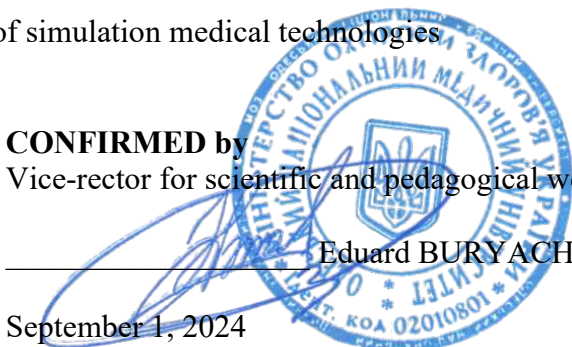
MINISTRY OF HEALTH OF UKRAINE
ODESA NATIONAL MEDICAL UNIVERSITY

Department of simulation medical technologies

CONFIRMED by
Vice-rector for scientific and pedagogical work

_____ Eduard BURYACHKIVSKY

September 1, 2024



WORKING PROGRAM OF THE ACADEMIC DISCIPLINE
«PROFESSIONAL COMMUNICATION SKILLS IN EXTREME SITUATIONS.
ASPECTS OF PSYCHOLOGICAL SUPPORT»

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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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__ .

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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"	<i>Full-time (day) education — elective discipline</i>
		<i>Course: 5</i>
	Specialty 222 "Medicine"	<i>Semesters IX — X</i>
		<i>Lectures (0 hours)</i>
	Level of higher education second (master's degree)	<i>Seminars (0 hours)</i>
		<i>Practical classes (30 hours)</i>
		<i>Laboratories (0 hours)</i>
		<i>Individual work (60 hours) 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 in extreme situations, 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 in extreme situations, 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 related to conflict studies, which are used in communication with colleagues, medical personnel, patients and the population in emergency situations and in extreme conditions.
2. Mastering basic concepts: professional medical communication, conflict theory, psychology of communication in extreme situations.
3. Formation of a systematic understanding of assistance to the patient and his relatives in extreme situations.
4. Awareness of the importance of psychological aspects of professional communication.
5. Improving the professional language skills of a doctor.
6. Improving the ability of professional communication with colleagues, the patient and his relatives, employees of other services in extreme conditions and emergency situations.
7. Formation of a systematic understanding of the doctor's work in an emotionally difficult situation.

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:

- Concepts of "crisis", "medical error", "assertive behavior"
- Mindfulness
- Psychological signs of stress and methods of "grounding"
- Three communication skills
- Personal qualities of an effective doctor
- Psychological features that can reduce communicative competence
- Showed empathy
- Four models of doctor-patient interaction
- Protocol CONES, which is used for medical errors
- Protocol BUSTER
- Anger management. Starting mechanisms. Internal needs of aggression
- Methods of verbal and non-verbal communication with the patient and family members
- Methods of active listening
- Assertive behavior
- Modern approaches to understanding and classification of personality disorders
- Identification of suicidal tendencies. Actions of the doctor
- Burnout Phases. Prevention of emotional burnout

Be able to:

- Apply the conflict conversation algorithm
- Apply CONES and BUSTER protocols in communication
- Organize a space for communication with the patient

3. Content of the academic discipline

Topic 1. Psychological aspects of a doctor's activity in extreme situations

The concept of "crisis". Personal qualities of an effective doctor. Three communication skills. Psychological features that can reduce communicative competence. Art-therapeutic work

with stimulating material. Non-verbal communication between doctors and patients. Showed empathy. Four models of doctor-patient interaction.

Topic 2. Mindfulness

Definition of mindfulness. Signs of stress, methods of grounding . How useful is the program for doctors. Exercises.

Topic 3. Psychological aspects of the behavior of the victim and his relatives in extreme situations

Non-verbal signals of the patient. The doctor's reaction to the patient's feelings and emotions. Reaction of acceptance. Demonstrated empathy skills in case of medical errors, deterioration of the patient's condition, sudden death of the patient. CONES is a protocol used for medical errors.

Topic 4. Psychological aspects of a doctor's work in an emotionally difficult situation. Medical conflictology

Anger management. Starting mechanisms. A study of the internal needs of aggression. Exercises. Model of an episode of aggression. Exercises. Assertive behavior. BUSTER protocol.

Topic 5. Algorithms of the doctor's interaction with the victim and other participants in extreme situations

CONES protocol — 5 key stages of communication in extreme conditions (organization of communication space, communication of important news, chronology of communication, active listening skills, selection of a specific treatment plan, notification of death).

BUSTER protocol. Stages of organizing a conflict conversation (organization of space for communication, internal readiness for a difficult conversation, unbiased listening, the six-second rule, using the statement "Tell me more"). Active listening skills.

Topic 6. Peculiarities of counseling patients who have suicidal tendencies

Myths and facts about suicide. Identification of suicidal tendencies. Actions of the doctor. What is better not to do to the doctor.

Topic 7. Prevention of emotional burnout

Reinforcing and limiting messages. Exercise "Wheel of personal well-being" Definition. Phases. Methods of psychological prevention.

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. Psychological aspects of a doctor's activity in extreme situations	12	0	0	4	0	8
Topic 2. Mindfulness	11	0	0	4	0	7
Topic 3. Psychological aspects of the behavior of the victim and his relatives in extreme situations	12	0	0	4	0	8
Topic 4. Psychological aspects of a doctor's work in an emotionally difficult situation. Medical conflictology	12	0	0	4	0	8
Topic 5. Algorithms of the doctor's interaction with the victim and other participants in extreme situations	12	0	0	4	0	8
Topic 6. Peculiarities of counseling patients who have suicidal tendencies	11	0	0	4	0	7
Topic 7. Prevention of emotional burnout	11	0	0	4	0	7
Topic 8. Final lesson	9	0	0	2	0	7
Total hours	90	0	0	30	0	60

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 a doctor's activity in extreme situations	2
2.	Topic 1. Practical lesson 2. Psychological aspects of a doctor's activity in extreme situations	2
3.	Topic 2. Practical lesson 3. Mindfulness	2
4.	Topic 2. Practical lesson 4. Mindfulness	2
5.	Topic 3. Practical lesson 5. Psychological aspects of the behavior of the victim and his relatives in extreme situations	2
6.	Topic 3. Practical lesson 6. Psychological aspects of the behavior of the victim and his relatives in extreme situations	2
7.	Topic 4. Practical lesson 7. Psychological aspects of a doctor's work in an emotionally difficult situation. Medical conflictology	2
8.	Topic 4. Practical lesson 8. Psychological aspects of a doctor's work in an emotionally difficult situation. Medical conflictology	2
9.	Topic 5. Practical lesson 9 Algorithms of the doctor's interaction with the victim and other participants in extreme situations	2
10.	Topic 5. Practical lesson 10. Algorithms of the doctor's interaction with the victim and other participants in extreme situations	2
11.	Topic 6. Practical lesson 11. Peculiarities of counseling patients who have suicidal tendencies	2
12.	Topic 6. Practical lesson 12. Peculiarities of counseling patients who have suicidal tendencies	2
13	Topic 7. Practical lesson 13. Prevention of emotional burnout	2
14.	Topic 7. Practical lesson 14. Prevention of emotional burnout	2
15.	Topic 8. Practical lesson 15. Final lesson	2
	Total	30

5.4. Topics of laboratories

Laboratories are not provided.

6. Individual work of the student

№	Topic	Hours
1.	Topic 1. Effective interaction between doctor and patient in extreme situations. Verbal and non-verbal communication skills	12
2.	Topic 2. Recognizing signs of stress at the level of the body, thoughts, emotions, and behavior	12
3.	Topic 3. Effective interaction in difficult situations: medical error, deterioration of the patient's condition, sudden death of the patient	12
4.	Topic 4. Algorithms of verbal and non-verbal communication, active listening	12
5.	Topic 5. Preparation for practical classes	12
	Total	60

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

	<p>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</p>
Good "4"	<p>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</p>
Satisfactory "3"	<p>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</p>
Unsatisfactory "2"	<p>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</p>

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

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. Peculiarities of a doctor's work in an emotionally complex situation
2. Basic concepts of medical conflictology
3. The concept of "effective behavior of a doctor"
4. Methods of active listening in extreme conditions
5. Non-verbal communication with the patient and family members in extreme conditions
6. Verbal communication with the patient and family members in extreme conditions
7. The concept of "crisis"
8. Signs of stress
9. Self-regulation. Ways of grounding: physical, sensory, cognitive
10. Communication protocols used in medical errors
11. Communication protocols during a conflict conversation
12. Communication protocols during a heated conversation.
13. Effective interaction in complex situations: medical error
14. Effective interaction in difficult situations: deterioration of the patient's condition
15. Effective interaction in difficult situations: sudden death of a patient
16. Assertive behavior. Components of assertive communication
17. Anger management
18. Modern approaches to understanding and classification of personality disorders. Psychotypes of patients
19. Personality disorders according to DSM-5

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

1. Effective actions during difficult emotional conversations with the patient and his relatives according to the BUSTER protocol (conflict conversation)
2. Effective actions in case of medical errors, deterioration of the condition, sudden death of the patient according to the CONES protocol (sharp conversation)
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 assertive communication
5. Mastery of anger management algorithms
6. Effective actions when communicating with different types of patients (hostile patient, anxious patient, hypochondriac patient, sad patient, manipulative patient, suspicious patient, withdrawn patient, talkative patient)

12. 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)

13. Electronic information resources

1. <http://moz.gov.ua> — Ministry of Health of Ukraine
2. www.neuronews.com.ua — Journal "NeuroNews: psychoneurology and neuropsychiatry"
3. www.ama-assn.org — American Medical Association / [American Medical Association](http://www.ama-assn.org)
4. www.who.int — World Health Organization
5. 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 — General Medical Council (GMC)
8. www.bundesaerztekammer.de — German Medical Association
9. "Psychology of doctor-patient relationship in general medicine" Jose Luis Turabian 2019 <https://www.peertechzpublications.com/index.php/abstracts/psychology-of-doctor-patient-relationship-in-general-medicine>
10. 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>