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

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WORKING PROGRAM OF THE ACADEMIC DISCIPLINE «INTERNATIONAL PSYCHOLOGICAL PROTOCOLS FOR MEDICAL CONSULTATION. BAD NEWS NOTIFICATION»

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

Field of knowledge: 22 "Health care"

Specialty: 222 "Medicine"

Educational and professional program: Medicine

2024

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).

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 Ihor SHEVCHENKO
associate professor, PhD Yuriy PETROVSKIY
assistant of professor Yuliia BELOZERTSEVA — BARANOVA
assistant of professor Viacheslav ONYSHCHENKO
assistant of professor Dmytro KARAKONSTANTYN

The working program was approved at the meeting of the department of simulation medical technologies
Protocol No. 1 of 28.08.2024

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 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)	*Full-time (day) education — elective discipline*
		Course: 6
		Semesters XI — XII
		Lectures (0 hours)
		Seminars (0 hours)
		Practical classes (30 hours)
		Laboratories (0 hours)
		Individual work (60 hours)
		including individual tasks (0 hours)
		Final control form — test

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

Aim: acquisition of practical skills and improvement of communicative competences by the student of higher education, using simulation teaching methods. Formation of students' systematic understanding of the algorithm for notifying the patient or his relatives of bad news according to the SPIKES protocol. Formation of a systematic understanding by students of the algorithm for reporting sudden death, medical error.

Task:

1. Formation of skills and skills in structuring the consultation when notifying the patient or his relatives of bad news.
2. Formation of skills and abilities to create an atmosphere of support and establish contact, build relationships, understand the patient's needs and plan for further cooperation when notifying the patient or his relatives of bad news.
3. Mastering the ability to determine the tactics of behavior during notification of bad news, sudden death, medical error.

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:

- The algorithm for notifying the patient or his relatives of bad news according to the SPIKES protocol: organization of space for communication
- Evaluation of the patient's perception
- Skills for obtaining permission to discuss patient problems
- Explanation of the main facts about the main problem, emotional attitude, support, choosing the best treatment plan
- Algorithm of behavior during sudden death, medical error CONES protocol
- Organization of space for communication, skills of reporting important news, chronology, emotional attitude, support

Be able to:

- Be emotionally ready for a difficult meeting
- Create space for discussion
- Possess verbal and non-verbal skills, active listening skills
- Use professional communication skills to deal with the patient's emotions
- Clarify the patient's thoughts and expectations
- Assess readiness to accept bad news
- Create a therapeutic alliance with the patient

3. Content of the academic discipline

Topic 1. SPIKES protocol. Definition and criteria of its application

Interpretation of the general principles of the protocol SPIKES. Consideration of protocol stages. Situations when it is necessary to use the SPIKES protocol: oncological diagnosis, serious or incurable conditions: HIV, rheumatoid arthritis, etc. Notifying relatives of a patient's sudden death, dementia, etc.

Topic 2. SPIKES protocol. Step 1 and Step 2

Preparation for consultation: emotional readiness, documentation check. Environmental factors. Organization of space: comfort, lack of obstacles. Greeting. Manifestation of verbal and non-verbal skills: body position, facial expressions, tone of voice. Determining the reasons for the patient's visit. Gathering information: opinions,

expectations of the patient. Clarifying the experience of illness. Coordination of the conversation plan.

Topic 3. SPIKES protocol. Step 3 and Step 4

Submission of information with the patient's consent. The patient's willingness to know details about the state of health, treatment. Demonstration of empathy. Assessment of the individual need for information of each consultation participant. Stimulating the patient and attendants to ask questions to achieve trust.

Topic 4. SPIKES protocol. Step 5 and Step 6

Notification of sudden death, medical error . Manifestation of sensitivity to the patient. Responding to body language, facial expressions, silence, tears, denial. Clarification of the patient's questions and concerns. Building partnerships. When the patient is ready, discussion of treatment options, agreement on next steps. CONES protocol. Organization of space for discussion, notification of important news, chronology, empathetic voice, selection of a specific treatment plan.

Topic 5. 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. SPIKES protocol. Definition and criteria of its application	16	0	0	4	0	12
Topic 2. SPIKES protocol. Step 1 and Step 2	20	0	0	8	0	12
Topic 3. SPIKES protocol. Step 3 and Step 4	20	0	0	8	0	12
Topic 4. SPIKES protocol. Step 5 and Step 6	20	0	0	8	0	12
Topic 5. Final lesson	14	0	0	2	0	12
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. SPIKES protocol. Definition and criteria of its application	2
2.	Topic 1. Practical lesson 2. SPIKES protocol. Definition and criteria of its application	2
3.	Topic 2. Practical lesson 3. SPIKES protocol. Step 1 and Step 2	2
4.	Topic 2. Practical lesson 4. SPIKES protocol. Step 1 and Step 2	2
5.	Topic 2. Practical lesson 5. SPIKES protocol. Step 1 and Step 2	2
6.	Topic 2. Practical lesson 6. SPIKES protocol. Step 1 and Step 2	2
7.	Topic 3. Practical lesson 7. SPIKES protocol. Step 3 and Step 4	2
8.	Topic 3. Practical lesson 8. SPIKES protocol. Step 3 and Step 4	2
9.	Topic 3. Practical lesson 9 SPIKES protocol. Step 3 and Step 4	2
10.	Topic 3. Practical lesson 10. SPIKES protocol. Step 3 and Step 4	2
11.	Topic 4. Practical lesson 11. SPIKES protocol. Step 5 and Step 6	2
12.	Topic 4. Practical lesson 12. SPIKES protocol. Step 5 and Step 6	2
13	Topic 4. Practical lesson 13. SPIKES protocol. Step 5 and Step 6	2
14.	Topic 4. Practical lesson 14. SPIKES protocol. Step 5 and Step 6	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. Peculiarities of breaking bad news to people from different cultural backgrounds	15

2.	Topic 2. Peculiarities of breaking bad news to people of different age groups	15
3.	Topic 3. Key skills "Calgary — Cambridge models of medical counseling"	15
4.	Topic 4. Preparation for practical classes	15
	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:

1. 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.
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.
3. 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 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. In what situations is the SPIKES protocol used?
2. Which includes the concept of organizing a space for discussion, internal readiness for a difficult conversation
3. What is the purpose of gathering information about the patient's thoughts about the disease
4. How permission to discuss the disease helps the patient
5. What is connected with the desire not to know about one's illness
6. Which includes emphatic feedback
7. What questions should be asked at the end of the meeting
8. Which includes an emotionally complex conversation between the doctor and the patient and his relatives
9. Notification of the patient's sudden death
10. Reporting a medical error

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

Choose the effective behavior of the doctor:

1. The doctor: (prepared to talk to a patient with cancer relapse, sat opposite the patient in the office so that there were no barriers, phone on silent mode, open position, eye contact) Good afternoon, Maria.
Patient: "I have sudden pain, nausea, vomiting (confusion, surprise, fear).
Doctor: (demonstrates active listening skills) "Do you understand why we did the MRI again?"
Patient: No (shrugs)
Doctor: "Would you like to receive complete information about the results of the examination, or would you like to briefly note the results and discuss the treatment plan?"
Patient: "Yes"
Doctor: "Unfortunately, I have bad news for you. You have a large enough tumor in your chest (the doctor moves his chair closer to the patient)
Patient: (crying)
Doctor: (gives napkins) “I understand that this is not what you want to hear……Tell me more about your feelings”
Patient: "Yes, there is not enough joy"
Doctor: "What are you thinking about now?"
Patient: "...about children (sighs), what will happen to them.."
Doctor: " I want you to know that I will do everything possible to help you. Are you ready to discuss a treatment plan now?
Patient: "Yes"

2. The doctor: (prepared to speak with a patient with relapsed cancer, sat opposite the patient in the office so that there were no barriers, looks to the side) Good afternoon, Maria.
Patient: "I have sudden pain, nausea, vomiting (confusion, surprise, fear).
Doctor: (demonstrates active listening skills) "Do you understand why we did the MRI again?"
Patient: No (shrugs)
Doctor: "Would you like to note the results and discuss the treatment plan?"
Patient: "Yes"
Doctor: "You have a large enough tumor in your chest (the doctor moves his chair closer to the patient)

Patient: (silent)
Doctor: "I understand that this is not the case, because you would like to hear...Are you ready to discuss the treatment plan now?"
Patient: "Yes"

3. The doctor gives himself time to think about what to say, to assume the emotions of the relatives on the sudden death of the patient.
3.1 The doctor chooses a quiet, peaceful place. To have water, napkins. Sits down so that there are no barriers. Demonstrates effective non-verbal actions, including eye contact: “Thank you for coming. It's difficult but I have something important.. this morning your father passed away. I must narrate the chronology of events. As you know, your father was in cardiology. Then we gave him a drug and there was a slight improvement, but then he got worse, we transferred him to the intensive care unit. At night, his heart stopped. I'm sorry that this happened"
The patient's daughter despairingly: "It can't be..."
The doctor demonstrates the technique of active listening: " I hear your desperate voice. I would love to support you. Tell me more about your father »
The patient's daughter is crying
Doctor : "If you want, I can leave you alone"
3.2 The doctor chooses a quiet, peaceful place. To have water, napkins. Sits down so that there are no barriers. Demonstrates effective non-verbal actions, including eye contact: “Thank you for coming. It's difficult, but I have important information about your father. I must narrate the chronology of events. As you know, your father was in cardiology. Then we gave him a drug and there was a slight improvement, but then he got worse, we transferred him to the intensive care unit. At night, his heart stopped. I'm sorry that this happened"
The patient's daughter despairingly: "It can't be..."
The doctor demonstrates the technique of active listening: " I hear your desperate voice, but it seems to me that grief is hidden behind this feeling. I would love to support you. If you want, I can leave you alone.”

12. Recommended literature

Main:

1. SPIKES protocol
2. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
3. Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
4. Nancy McWilliams Psychoanalytic Supervision 2021
5. 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
6. 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//joiurnal.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 Wiilliamson 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 — "NeuroNews: Psychoneurology and Neuropsychiatry" magazine
3. www.ama-assn.org — American Medical Association / American Medical Association
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//joiurnal.pone.0244303