

MINISTRY OF HEALTH OF UKRAINE
ODESA NATIONAL MEDICAL UNIVERSITY

Faculty Medical №1

Department of simulation medical technologies

CONFIRMED by
Vice-rector for scientific and pedagogical work
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September 1, 2023

METHODICAL RECOMENDATION
FOR ACADEMIC DISCIPLINE

«BASIC PATIENT COMMUNICATION SKILLS»

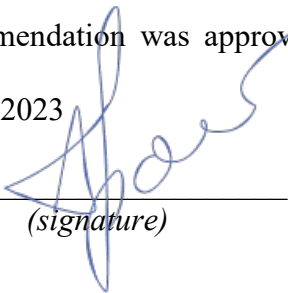
Faculty, course: International, 2 year

Educational Discipline: Basic patient communication skills

Approved:

The methodical recommendation 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
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PRACTICAL TRAINING

Practical lesson No. 1

Topic: Professional communication skills

Purpose: To lay the foundation for a teacher-student relationship of trust. Involve in the communication process. Provide psychological support to understand professional communication between a medical worker and a patient.

Basic concepts: The art of professional communication. 3 effective communication skills.

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical session

Plan:

1. Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey).

questions for checking basic knowledge of pre-disciplines:

- 1) What interaction between doctor and patient is effective?
- 2) The concept of verbal communication
- 3) The concept of non-verbal communication

3. Questions (test tasks) to check basic knowledge on the topic of the seminar:

(analysis of own experience: meditation, visualization, discussion):

Analysis of own experience "My communication with the patient"

Analysis of own experience "My path to the profession"

Before starting the main part of the discussion of the basic rules of the group:

- confidentiality,
- do not evaluate and do not interpret,
- speak in the first person,
- the "Stop" rule,
- mutual respect.

Exercise "My communication with the patient"

Analyze your place between the beliefs "I am excellent at building relationships" and "It is difficult for me to understand the patient" on an imaginary line. Discussion.

Exercise "My path to the profession". The exercise consists of several steps. The first step is to turn to yourself, to your thoughts about the profession.

The second step. Express your impressions on paper.

The third step. Share your thoughts and feelings with your partner, in a common circle.

Exercise 1:

Recommendations (instructions) for performing tasks (professional algorithms)

To demonstrate effective actions in the listening process, it is necessary to pair up and divide into participants "A" and "B". "A" plays the role of the patient and tells the story, and "B" is the paramedic who listens carefully for 2 minutes. During this time, "A" is narrating all the time. "B" performs the following task:

- sit directly opposite "A" or across the corner of the table
- try to maintain an open posture,
- lean slightly towards the interlocutor,
- relax

The next 2 min. "A" continues to tell the story, and "B" tries not to listen to the interlocutor and performs the following actions:

- turns away from "A";
- takes a closed pose;
- does not maintain eye contact.

For the next 5 minutes, "A" and "B" switch roles.

After completing the task, share your feelings during the debriefing.

2. Demonstrating effective non-verbal actions in the listening process. For which it is necessary to unite in pairs and divide into participants "A" and "B". "A" plays the role of a patient and tells a story, and "B" is a paramedic who listens carefully for 5 minutes. During this time, "A" is narrating all the time. "B" receives the task: to use different options of non-verbal communication, namely

- constantly nod your head;
- do not nod at all;
- nod your head from time to time and greatly exaggerated;
- to nod according to one's own desire.

The exercise is useful because it allows people to assess how well they are head nodding is "automatically" used in therapeutic sessions relations

For the next 5 minutes, "A" and "B" switch roles.

After the task, during the debriefing, "A" and "B" exchange their feelings.

3 What are the goals for building an effective relationship between a paramedic and a patient:

A. This is the achievement of mutual understanding, so that the patient feels that he is understood, valued, supported. Conflict prevention.

B. During the consultation, the foundation for a trusting relationship is laid. Psychological support is provided

C. The patient is involved in the treatment process and actively participates.

D. Everything is correct

E. Everything is wrong

4. Communication skills to establish trust, which the medical professional uses throughout the consultation

A. Verbal and non-verbal communication skills

B. Skill of content, process, perception

S. Perception of the communication process

D. Everything is correct

E. Everything is wrong

5. Medical worker to establish contact

A. Recognizes the legitimacy of the patient's views and feelings without judgment

B. Demonstrates empathy to express understanding and respect for the patient's feelings and difficulties, and openly acknowledges the value of the patient's views and feelings.

C. Provides support: cares, understands, shows a desire to help, offers partnership. Shows sensitivity - this means, carefully approaches delicate and unpleasant topics and physical pain

D. Everything is correct.

E. Everything is wrong

4. Discussion of theoretical issues:

What are 3 effective communication skills?

What non-verbal actions in the process of listening are effective?

Active listening (paraphrasing, reflecting feelings, connecting feelings to content, clarifying a problematic situation, reflecting one's own feelings)

Possession of introductory words, a dictionary of feelings

5. Topics of reports/abstracts:

-Active listening skills

- Nils Grenstad's "three-stage rocket" method.

6. Summary

7. 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)

PRACTICAL TRAINING

Practical lesson No. 2

Topic: Patient-centered approach

Purpose: To form the basic principles of a patient-centered approach. Consider practical aspects

Basic concepts: Verbal and non-verbal communication skills. Active listening skills. Waiting time.

Facilitation. Nils Grenstad's "three-stage rocket" method.

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical session

Plan:

1. Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey)

questions for checking basic knowledge of pre-disciplines:

1) What 3 communication skills are effective?

2) What non-verbal actions in the listening process are effective?

3. Questions (test tasks) to check basic knowledge on the topic of the seminar:

1 What are the goals for building an effective relationship between a medical professional and a patient:

A. This is the achievement of mutual understanding, so that the patient feels that he is understood, valued, supported. Conflict prevention.

B. During the consultation, the foundation for a trusting relationship is laid. Psychological support is provided

C. The patient is involved in the treatment process and actively participates.

D. Everything is correct

E. Everything is wrong

2. Communication skills to establish trust, which the medical professional uses throughout the consultation

A. Verbal and non-verbal communication skills

B. Skill of content, process, perception

S. Perception of the communication process

D. Everything is correct

E. Everything is wrong

3. Medical worker to establish contact

A. Recognizes the legitimacy of the patient's views and feelings without judgment

B. Demonstrates empathy to express understanding and respect for the patient's feelings and difficulties, and openly acknowledges the value of the patient's views and feelings.

C. Provides support: cares, understands, shows a desire to help, offers partnership. Shows sensitivity - this means, carefully approaches delicate and unpleasant topics and physical pain

D. Everything is correct.

E. Everything is wrong

4 To demonstrate effective actions in the listening process, it is necessary to pair up and divide into participants "A" and "B". "A" plays the role of the patient and tells the story, and "B" is a medical

worker who listens carefully for 2 minutes. During this time, "A" is narrating all the time. "B" performs the following task:

- sit directly opposite "A" or across the corner of the table
- try to maintain an open posture,
- lean slightly towards the interlocutor,
- relax

5 The next 2 min. "A" continues to tell the story, and "B" tries not to listen to the interlocutor and performs the following actions:

- turns away from "A";
- takes a closed pose;
- does not maintain eye contact.

For the next 5 minutes, "A" and "B" switch roles.

After completing the task, share your feelings during the debriefing.

4. Discussion of theoretical issues. Formation of professional skills and abilities:

- Use of non-verbal communication (Reading non-verbal signals of patients. Non-verbal signals of a medical worker)
- The concept of waiting time.
- The concept of facilitation
- Establishment of initial contact.
- Traditional model of information collection
- An alternative model of information collection

- Studying the patient's problems Effective actions in the listening process. Nils Grenstad's "three-stage rocket" method.

5. Topics of reports/abstracts:

- TIMER protocol
- 4 Models of medical worker-patient interaction.

6. Summary

7. **Recommended literature**

Main:

5. Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
6. Nancy McWilliams Psychoanalytic Supervision 2021
7. 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
8. 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:

7. 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>
8. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
9. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
10. 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
11. 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

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)

PRACTICAL TRAINING**Practical lesson No. 3**

Topic: Image aspects of a medical worker

Purpose: To form a systematic understanding of the concept of the image of a medical worker. Personal qualities of an effective medical worker

Basic concepts: Personal qualities of an effective medical worker, Perceived competence, Motivation for choosing a profession. TIMER protocol Four models of interaction between a medical worker and a patient.

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson.

Plan:

1 Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

1. Control of the input level of knowledge (frontal survey)

What actions in the process of active listening are effective?

What non-verbal actions in the process of listening are effective?

Tell us about Nils Grenstad's "three-stage rocket" method.

Explain the concept of facilitation

What actions in the process of performing the "three-stage" rocket" technique are effective.

1. Questions (test tasks) to check basic knowledge on the topic of the seminar:

1. The use of the pause provides the medical worker with:

A. Time for consideration

B. To receive valuable patient information about the disease

S. Encouraging the patient to his thoughts and feelings

D. Everything is correct

E. Everything is wrong

2 Skills of effective interaction between a medical worker and a patient:

A. open body posture, encouragement: verbal/non-verbal - nodding
appropriate facial expressions, gestures, "yes"

B. eye contact, facial expression, appropriate pace

C. tone of voice + facial expression, display of emotions/feelings

D. Everything is correct

E. Everything is wrong

3. Facilitation skills

A. Encouragement, repetition of the last few words of the patient, paraphrasing.

V. Pause. Rehash.

S. Communication of opinions by a medical worker. Attention to the patient's non-verbal and verbal signals.

D. Everything is correct.

E. Everything is wrong

1. Active listening skills

A. Waiting time. Facilitation. Non-verbal skills of a medical worker. The patient's non-verbal skills.

A. Waiting time. Non-verbal skills of a medical worker. The patient's non-verbal skills.

S. Non-verbal skills of a medical worker. The patient's non-verbal skills.

D. Everything is wrong.

E. Everything is wrong

1. The "three-stage rocket" method

A. Verbal and non-verbal response of the patient to objective information. Notification of one's own feelings by a medical worker, for the growth of trustful communication.

B. The medical worker's response to the patient's reaction, paraphrasing, the medical worker's own feelings.

C. Verbal and non-verbal response of a medical worker to a patient's reaction. Paraphrasing to encourage the patient to talk about the experience.

D. Everything is correct.

E. Everything is wrong

4. Formation of professional skills and abilities (mastery of communication skills):

Discussion on the topic "Image of a medical worker"

Psychological features that can reduce communicative competence

Professional stereotypes of a medical worker.

Providing an atmosphere of perceived competence, attractiveness.

Personal qualities of an effective medical worker.

Unhealthy motivation for choosing a profession.

TIMER protocol

Four models of medical worker-patient interaction.

The next stage is the demonstration of situations.

A. The skill of tracking the patient's reaction to the paramedic's actions:

- A paramedic in a crumpled gown invites to sit across from him on the other side of the table without introducing himself and starts asking about complaints. Accepts the patient without noticing that the patient is excited and frightened. Prescribes treatment.

Task: to find errors in the interaction between a medical worker and a patient.

- An elderly patient with heart disease is consulting a paramedic and wants to learn about all possible options for his treatment. Asks the paramedic to tell about the newest methods of treatment in detail. Shows articles from scientific journals. The paramedic maintains eye contact with the

patient, looks at the article with interest, and asks to talk about how the patient is feeling. Clarifies the patient's expectations from treatment. Recommends further action. Politely informs the patient that his time is limited at the moment, but he will be able to answer his questions later. But now the recommendations must be followed and the treatment should not be stopped. Make a clear agreement on the control visit.

Task: to find effective steps in the actions of a paramedic

B. Discussion of personal qualities of an effective medical worker (Authenticity, Openness of own experience, Curiosity, Loneliness, Sense of humor)

C. The student's choice of a true or false statement about his identity

- "I want to be a medical worker because all my family are doctors, I like this profession"
- "An interesting profession, but it is difficult for me to put aside my affairs and take care of someone"
- "I decided to devote myself to medicine, I spend all my time studying, but I have no time for friends"
- "I am quite stable, purposeful, I have a firm hand, I will be a good medical worker"
- "I am attentive, empathetic, I have been reading books about medical workers since childhood, I am not afraid to take responsibility for my affairs"

D. Choosing an acceptable model of "medical worker-patient" interaction

5. Topics of reports/abstracts:

- Burnout syndrome

6. Summary

7. **Recommended literature**

Main:

9. Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
10. Nancy McWilliams Psychoanalytic Supervision 2021
11. 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
12. 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:

12. 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>

13. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
14. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
15. 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
16. 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

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PRACTICAL TRAINING

Practical lesson No. 4

Topic: Professional burnout syndrome

Purpose: To consider the most common causes of "burnout syndrome".

Phases of burnout. Methods of psychological prevention in case of burnout. Outline of the concept of values.

Basic concepts: "burnout syndrome".

Phases of burnout. Methods of psychological prevention in case of burnout. Values.

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical session

Plan:

1 Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey).

questions for checking basic knowledge of pre-disciplines:

Explain the concept of the image of a medical worker. What personal qualities of a medical worker are effective.

Psychological features that can reduce communicative competence

TIMER protocol

Tell us about the four models of interaction between a medical professional and a patient

3. Questions (test tasks) to check basic knowledge on the topic of the seminar

1-Paramedic, I have a cough!

- Yes, I hear your hoarse voice. Tell me more about your condition and I will examine and prescribe a medicine.Be sure to take it. I will provide you with recommendations regarding your lifestyle, daily routine, non-drug and drug treatment methods. See you in 5 days

- Yes, I fully trust you and will strictly follow all your instructions, appointments and recommendations.

2-Paramedic, I have a cough! Heal me

- Tell me about your condition. .(The paramedic says unemotionally, in an indifferent voice)

- I had a fever 3 days ago, then I got a sore throat

- Come on, I'll examine you. ..Take the drug for 5 days. See you soon (does not pay attention to the patient's desire to ask questions)-???

3. - Paramedic, I have a cough!

-Give the results of your examinations.

4.-Paramedic, I have a cough!

- Yes, I hear your hoarse voice. Tell me more about your condition

- It all started 3 days ago. I had a fever and then a sore throat

- Yes, I will examine you now

-Fine

- I will prescribe you a medicine, be sure to take it, and I will give you recommendations regarding your lifestyle, daily routine, non-medicinal and medicinal methods of treatment. And you will periodically inform me about your condition. Do you have a question for me?

- Yes, I fully trust you and will definitely follow all your instructions, appointments and recommendations.

5. Training the skill of tracking the patient's reaction to the actions of a medical worker:

Before surgery for a broken leg, a young man wants to know if he will feel pain when he can stand up and walk. How long will he walk on crutches? Asks the medical worker to tell about the treatment in detail. Using the skills of active listening, the medical worker asks to tell about how the patient feels. Clarifies the patient's expectations of treatment. Explains that the doctor will answer all questions. (name effective steps)

6. Dialog of the medical worker (A) with the head of the department (B) TIMER protocol

A: "Good afternoon! Did you call me?"

C (demonstrates active listening skills) "Good afternoon, P. Please sit down. I would like to discuss with you an important, in my opinion, topic, do you mind?"

A: "Yes"

In: "I am concerned about your interaction with colleague S..."

A: "I want to tell you about the relationship with doctor S. He often insults me."

A: "You say you feel you've been treated unfairly, can you say more about what you mean?"

A: "He often comes to the treatment room when I do manipulations, interferes in the conversation with patients, makes rude jokes, gives advice."

A: "I hear your angry voice, you are talking about the unacceptable behavior of the healer...Would you like to discuss this situation with the three of you?"

A: "Yes. Thank you very much"

4 Formation of professional abilities and skills (analysis of own experience: meditation, visualization, discussion):

Causes of "burnout syndrome".

Phases of burnout.

Methods of psychological prevention in case of burnout.

Delineation of the concept of values

Analysis of own experience "My own resources for the prevention of burnout"

Discussion

There are many ways to prevent burnout

- cultivating other interests not related to the treatment of patients, combining work with studying, teaching and writing scientific articles
- creation of new projects
- supporting your body: adequate sleep, diet, meditation
- a satisfactory social life, the presence of friends who have (preferably) a different profession
- the ability to take your time and give yourself enough time to achieve your goals
- openness to new experiences
- reading not only professional literature, but also artistic literature, without an orientation to benefit
- the ability to lose, without self-destruction and aggressiveness
- a hobby that brings pleasure

Exercise "My own resources for the prevention of burnout." The exercise consists of several steps. The first step is to turn to yourself, to your thoughts about your own resources.

The second step. Express your impressions on paper.

The third step. Share your thoughts and feelings with your partner, in a common circle.

To demonstrate effective actions in the listening process, it is necessary to pair up and divide into participants "A" and "B". "A" tells a story about his own experience, and "B" listens carefully for 5 minutes. During this time, "A" is narrating all the time. "B" performs the following task, will use active listening skills

- sit directly opposite "A" or across the corner of the table
- try to maintain an open posture,
- lean slightly towards the interlocutor,
- relax
- demonstrates facilitation skills

For the next 5 minutes, "A" and "B" switch roles.

After completing the task, share your feelings during the debriefing.

5. Topics of reports/abstracts:

- Mindfulness,
- Mindfulness practice.

6. Summary

7. Recommended literature

Main:

13. Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
14. Nancy McWilliams Psychoanalytic Supervision 2021
15. 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
16. 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:

17. 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>
18. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
19. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
20. 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
21. 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

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)

PRACTICAL TRAINING

Practical lesson No. 5

Topic: Mindfulness is a stress reduction program

Purpose: To consider the concept of mindfulness. The ability to experience reality with acceptance, curiosity, openness, kindness and non-judgment.

Basic concepts: mindfulness, mindfulness practice.

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson

Plan:

1 Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey).

questions for checking basic knowledge of pre-disciplines:

Causes of "burnout syndrome".

Phases of burnout.

Methods of psychological prevention in case of burnout.

Delineation of the concept of values

3. Questions (test tasks) to check basic knowledge on the topic of the seminar

1 Causes of "burnout syndrome"

1 investment of large personal resources in work with insufficient recognition and lack of positive evaluation

2 strict work regulations, especially with unrealistic deadlines for its implementation, lack of conditions for self-expression of the individual at work.

3 tensions and conflicts in the professional environment, criticism, unresolved personal conflicts of the medical worker.

4 work without the possibility of professional improvement

5 is correct

2 Phases of burnout

1 "voltage phase". The harbinger and mechanism that triggers the "emotional burnout syndrome" is a fixed state of anxious tension. "Phases of resistance". This stage is associated with the appearance of defensive behavior of the "indifference" type. "Phases of exhaustion, it is characterized by a decrease in energy tone, pronounced psychovegetative disorders.

2 "voltage phase". A harbinger and mechanism that triggers the "emotional burnout syndrome".. "Phases of resistance". This stage is associated with the appearance of protective behavior of the "indifference" type. "Phases of exhaustion", a state in which you "sneeze at everything". It is characterized by a decrease in energy tone, pronounced psycho-vegetative disorders.

3 Everything is correct

4 Everything is wrong

3 In which phase does the "Economy of Emotions" manifest itself, does a medical worker talk about some of his patients with disdain or even mockery. Then he begins to dislike them. Limitation of emotional return simplifies and shortens the process of "medical worker-patient" communication, bringing features of superficiality and formalism to it:

1 "voltage phase".

2 "phases of resistance"

3 "phases of exhaustion, reduction"

4 Name a leading specialist who has been studying emotional burnout since the 1970s:

1. Kristina Maslakh

2. Herbert Freudenberger (in 1974, he introduced it into the lexicon of specialized scientists. He formulated it as a combination of feelings of emotional exhaustion, loss of motivation, and cynicism.)

3. Ursula Nuber

5 Correct the mistakes

Physical signs	<ul style="list-style-type: none">• self-doubt;• feeling of loneliness and alienation;• helplessness;• loss of motivation;• a negative and cynical view of things;• loss of a sense of satisfaction with life.
Behavioral signs	<ul style="list-style-type: none">• exhaustion and feeling tired most of the time;

	<ul style="list-style-type: none"> • sleep problems; • change in appetite; • decreased immunity and frequent illnesses.
emotional signs	<ul style="list-style-type: none"> • detachment from others; • transferring one's own negative experience to others; • longer completion of the assigned task; • desire to avoid responsibility; • emotional instability.

4. Formation of professional abilities and skills (analysis of own experience: meditation, visualization, discussion):

What is mindfulness?

Mindfulness of breath and body, skills to be present

Awareness of our patterns of stress reactivity

Definition of mindfulness. How useful is the program for doctors

Analysis of one's own experience of mindfulness

Discussion

Exercise "Raisin"

To begin with, carefully look at the raisin, how it looks. Imagine that you are in life such a thing has not been seen. Look at her with incredible attention and interest. Next, try to smell your raisin. Allow them to fill your mind. Maybe the smell will be weak or not there at all, just note it. Also listen, maybe you will hear some sounds from your dish. After that, slowly bring it to the mouth, then to the tip of the tongue, paying attention to what your tongue does to "get" the highlight. do not chew just explore it with your tongue for about thirty seconds or longer, for desire.

When you're ready, consciously take a bite and notice how it affects you. Feel its taste, texture. Chew slowly, but do not swallow yet. Focus on because of what is happening in your mouth at that moment. See if you can resist the first urge to swallow a raisin.

Consume it completely before you swallow it. Notice what your tongue does to prepare for swallowing. Try to note all your feelings.

You may be able to feel the food moving down the esophagus to the stomach. Turn over attention to the movements of the tongue after you swallow a raisin.

After swallowing, take a few minutes to record the sensation of this "table".

Did you have an aftertaste in your mouth? How do you feel now that there is no food in your mouth? Does it occur?

desire to eat more.

During conscious food consumption, your attention may be distracted by various thoughts, memories, sounds, etc. This is normal, this is how our brain works. In such cases it is simple notice that your attention has drifted and bring it back to your food intake and yours feelings during this.

After completing the task, share your feelings during the debriefing.

To demonstrate effective actions in the listening process, it is necessary to pair up and divide into participants "A" and "B". "A" tells a story about his own experience, and "B" listens carefully for 5 minutes. During this time, "A" is narrating all the time. "B" performs the following task, will use active listening skills

- sit directly opposite "A" or across the corner of the table
- try to maintain an open posture,
- lean slightly towards the interlocutor,
- relax
- demonstrates facilitation skills

For the next 5 minutes, "A" and "B" switch roles.

After completing the task, share your feelings during the debriefing.

5. Topics of reports/abstracts:

- Modern approaches to the understanding and classification of personality disorders (DSM-5, MKX-10)
- Difficult patient

6. Summary

7. Recommended literature

Main:

17. Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
18. Nancy McWilliams Psychoanalytic Supervision 2021
19. 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
20. Personality disorders: evolution of views and modern conceptualization Pavlenko T.M. 2018

Additional:

22. 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>
23. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
24. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
25. 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
26. 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

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)

PRACTICAL TRAINING

Practical lesson No. 6

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

Purpose: To form a systematic understanding of the concept of professional communication between a medical worker and a complex patient.

Basic concepts: Modern approaches to the understanding and classification of personality disorders (DSM-5, MKX-10) Cluster A-Paranoid, schizoid, schizotypal, cluster B-antisocial, borderline, hysterical, narcissistic, cluster C-avoidant, dependent, obsessive-compulsive .

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson.

Plan:

1 Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

2. Control of the reference level of knowledge (frontal survey.)

What is mindfulness?

Awareness of our patterns of stress reactivity

Definition of mindfulness. What is the benefit of the program for medical workers

3. Questions (test tasks) to check basic knowledge on the topic of the seminar

1. Definition of mindfulness

A. technique about choosing a conscious life and following a goal, readiness of the psyche, spirit, for surprises, and loyalty to one's value orientations

B. Meditation

S. mindfulness, which helps to improve attention and reduce stress

D. Everything is correct

E. Everything is wrong

2. The author of the MBSR stress reduction program

1. John Kabat-Zinn

2. Tit Nat Khan,

3. Tara Brach

3. The latest scientific studies show that regular practice of mindfulness exercises 1. allows you to be more successful at work and study;

2 improves memory, increases the ability to concentrate on what is really important;

3 increases the cognitive abilities of our brain;

4 develops empathy and compassion;

5 increases the body's resistance to viral diseases;

6 normalizes pressure;

7 slows down the aging of brain cells and the development of diseases associated with the aging of the body;

8. Everything is true

4. Formation of professional abilities, skills (mastery of communication skills medical worker - difficult patient. Essay on the topic of personality disorders.

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

Demonstration of communication skills medical worker - difficult patient.

An angry or hostile patient

The medical worker was late. A patient enters the office. You see that he is tense, jaws clenched, arms crossed. The patient says: "I don't understand why I had to wait?".

The health care provider demonstrates active listening skills: "I can understand why you are upset, and I appreciate that you waited for me. Thank you. Can I help you? .You have a referral for procedures. I can take a look...."

Anxious patient

You meet a patient in the corridor. You can see that he is confused, nervous, speaks quickly and continuously: "I wanted to ask: "Here I was on the 3rd floor, there was a queue, I took the tests, and they didn't explain anything to me..." The medical worker demonstrates the skills of active listening: " I can see how important this is to you, but we can come back to our conversation a little later. Sit down, I will invite you to the office. Do you agree)?"

Or

The medical worker demonstrates active listening skills, invites the patient to the office, or withdraws to a more comfortable place "Yes, I understand that you would like to know about the tests today, you passed them, now we need to wait for the results. We will meet with you on September 5 at 10:00 a.m. Do you agree?"

Hypochondriac patient (emergency call)

"I have shortness of breath, heartache, nausea. And today is a cough" The health care professional demonstrates active listening skills: "Let me examine you BP 120/75, ECG unremarkable I notice that you have already seen several doctors and done a lot of research to try to uncover the cause of your symptoms. I admit that the symptoms are really difficult for you, but I believe that these tests have already ruled out any serious medical problems. I recommend that you see your family doctor to monitor your condition Agree?"

5. Topics of reports/abstracts:

Modeling complex situations

6. Summary

7. Recommended literature

Main:

21. Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.
22. Nancy McWilliams Psychoanalytic Supervision 2021
23. 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
24. 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:

27. 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>
28. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry

29. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
30. 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
31. 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

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)

PRACTICAL TRAINING

Practical lesson No. 7

Topic: Algorithms of interaction between a medical worker and a patient

Purpose: Training algorithms of "medical worker-patient" interaction

Basic concepts: 5 key stages: "1" - organization of space for discussion, "2" - effective listening, "3" - reflection of the patient's feelings, "4" - agreed treatment plan, "5" - summary.

C-L-A-S-S protocol

Equipment: a laptop with a presentation, visual materials, individual tasks on the topic of a practical lesson

Plan:

1 Greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic.

2 Control of the reference level of knowledge (frontal survey).

3. Questions (test tasks) to check basic knowledge on the topic of the seminar

Choose the correct type of personality disorder:

The personality disorder is characterized by excessive sensitivity to failures, inability to forgive insults, suspicion and a tendency to inadequate perception of reality due to the interpretation of neutral or friendly

actions of the environment as hostile or contemptuous. Such people often have confidence in their own rightness, overestimated self-esteem and excessive arrogance. (paranoid, hysterical, avoidant, schizoid, narcissistic).

The personality disorder is characterized by a feeling of internal tension, the presence of disturbing premonitions, a lack of a sense of security and an inferiority complex. They also have ideas about their own unattractiveness, social adaptation, in connection with which there is a fear of humiliation, ridicule or rejection, which restrains the individual from social or professional interaction associated with meaningful interpersonal contacts (schizoid, avoidant, schizotypal, paranoid, antisocial)

Personality disorder, according to DSM-5, is characterized by inadequately inflated self-esteem, belief in one's own "exceptionalism", need for excessive praise, demonstration of superior behavior and haughty attitude towards others. Such individuals mostly use the environment to achieve their own goals, do not know how to empathize, are jealous of others and believe that they are also jealous of them. They may be consumed by fantasies of unlimited success, power, beauty, or perfect love. It is very difficult for individuals to realize that their capabilities are the same as those of other people: in such cases, they usually feel anger or shame, which can result in aggression towards the environment (dependent, narcissistic, borderline, schizoid, avoidant)

4 Formation of professional skills (mastery of skills)

1 stage. Small essay how do you present a consultation space.

Group work "Brainstorming" development of a general idea of the space where the consultation is held, comfortable chairs, location of the patient and his family members, absence of obstacles, additional attributes (water, napkins), clock, attitude to external triggers (telephone, unplanned questions unexpected visitors). Discussion

2 stage. Effective active listening. Non-verbal signs: head nodding, appropriate facial expressions, gestures, open body posture, eye contact, tone of voice + facial expression, appropriate pace; verbal - "huh", "yes", Socratic dialogue. Use of introductory words.

3 stage. Chains S-T-E-B Reflecting the patient's feelings, empathic response. Using the "Three-stage rocket" technique

4th stage. Offer a treatment plan that will be understandable to the patient.

5th stage. Completion of the consultation, results, agreement on the next visit

5 key stages of the clinical interview Class

Context - organization of space	To organize the consultation process, it is necessary (organization of space: napkins, water, warm, bright room, offer the patient to sit at the end of the table so that the table is not a barrier. And relatives or companions can network a little further. organization of the doctor: appearance of the doctor (neat clothing, open posture, eye contact, friendly tone of voice matches facial expression), external triggers (phone on silent mode), internal setting - respect, empathy, non-judgment, competence. If there are time constraints, inform the patient in advance
Listening skills - Effective listening For gathering information	Establishing contact. Clarification of the reason for the appeal. The doctor asks the patient to talk about the complaints, finding out why the patient came to the doctor today.

	<p>The doctor listens carefully, does not interrupt, allows the patient to finish the story</p> <p>Study of the patient's problems</p> <p>Active listening, attentive behavior for building relationships</p> <p>open body posture, give space (distance), eye contact, tone of voice + facial expression, appropriate pace</p> <p>Facilitation of encouragement: verbal/non-verbal - head nodding, appropriate facial expressions, gestures, "huh", "yes"</p> <p>Display of emotions/feelings</p> <p>Rehash</p> <p>Open questions that turn into closed questions</p> <p>"What made you come here?"</p> <p>"How can I help you?"</p> <p>Communicating your thoughts to your doctor to show empathy</p> <p>"I can understand how scary it must be for you to realize that the pain is coming back"</p> <p>"I understand how difficult it is for you to talk about it..."</p>
<p>Acknowledge</p> <p>Research, identification of the patient's reaction</p>	<p>Try to understand the patient's thoughts about the disease. The patient's attitude towards the disease. Expectation that he wants to get help. Consequences, how the problem affects life.</p> <p>Use of non-verbal language: eye contact, facial expressions, posture, posture, gestures, pace, voice volume, intonation.</p> <p>Verbal language: paraphrasing, clarification, clarification</p> <p>Delicacy during the examination, involving the patient - explaining one's actions during the examination.</p> <p>"What are your expectations?"</p>
<p>Strategy</p> <p>Explanation and planning</p>	<p>Provide the necessary information in the required amount and in an understandable form. Ask the patient what other information is useful to him. Capturing the patient's words and gestures based on the doctor's recommendations. Clarifying opinions, the importance of the doctor's recommendations for the patient Avoiding professional jargon. Give written information, instructions. Tell about side effects. Tell in detail about future examinations. Explain in understandable language why they are needed and how and where to get the results. Check the patient's understanding of this</p>

	information. Coordinate the treatment plan with the patient. Decide what treatment plan will be best for the patient
Summary	Summarize the discussion clearly and succinctly. Check the patient's understanding. Ask if the patient has any other questions for you. Make a clear agreement on the control visit.
End of consultation	

1. Work with photos 1st stage.

2. Consider the situation:

The patient and his wife enter the office.

Doctor: (choose the correct answer on the pictures)

- sits at the table, invites to sit down with a gesture. The wife sits opposite the corner of the doctor's desk, her eyes are at the same level as the doctor's. And the man sits on the couch at the end of the office.

-asks the patient and his wife to sit so that there are no barriers, and the patient is closer than his wife, the eyes are at the same level with the doctor.

- offers to sit the patient and his wife opposite, on the opposite side of the table.

The phone is ringing. Medical worker: (choose the correct answer)

-picks up the phone, apologizing beforehand that he has to answer an urgent call;

- apologizing, mutes the phone;

- the phone is initially in silent mode.

Medical worker: "How are you feeling?" ... "Tell me more about it" Nods, showing he's listening intently. The patient says: "Pain in the heart, it was just once - it's a little thing, the wife got scared...."

The medical worker answers: (choose the correct answer)

"I see that you are smiling, you don't want to take the pain seriously, but I would recommend an examination. Most people would be upset by this, here is your wife, she was also scared"

"Pain in the heart is dangerous, it can lead to death"

"Most people will be upset by this, here is your wife, she was also scared"

Clarify with the patient his expectations regarding the treatment and the result (put in the correct order)

1Recommend a strategy for how to proceed.

3Assess the patient's reaction.

2Ask if the patient has any other questions for you.

4 Make an appointment after the examination.

5 Name 3-5 key stages of effective actions of a medical worker:

A) The medical worker greets, nods his head, appropriate facial expressions, open body posture, eye contact.

He offers to sit on a chair from the end of the table.

Patient: "I have unpleasant sensations in my head." He rubs his forehead and frowns as he tells.

The medical worker, listening carefully to him, notices: "I see that you are frowning when you talk about the state of your health. It bothers you. Tell me more about it"

Patient: "It all started..."

Medical worker: "Let me measure the pressure. Now will I be able to follow your doctor's recommendations?... We will work together to overcome your problem."

Patient: "Yes, of course. Thank you"

Medical worker: "Then I'll be waiting for you on September 10 at 10:00 a.m. Before meeting".

B) The medical worker greets, nods his head, makes eye contact.

Offers to sit on a chair across the table.

Patient: "I have unpleasant sensations in my head." He rubs his forehead and frowns as he tells.

Medical worker: "Will I be able to follow your doctor's recommendations?"

Patient: "Yes"

5. Essay topics:

"What new things did I learn thanks to the course"

6. Summary

Recommended literature

Main:

25. Tsilmak O.M. Plans of practical classes in the educational discipline "Psychological counseling": practicum. Odesa: Phoenix, 2021. 102 p.

26. Nancy McWilliams Psychoanalytic Supervision 2021

27. 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

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Additional:

32. 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>
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