

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**

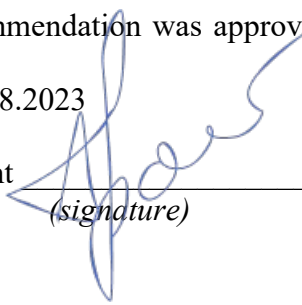
«PROFESSIONAL COMMUNICATION SKILLS IN EXTREME SITUATIONS»

Faculty, course: International,5 year

Educational Discipline: Professional communication skills in extreme situations

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
(signature)

Developers:

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

Purpose: To form a systematic understanding of the professional activity of a doctor in extreme situations. Self-regulation.

Basic concepts: Concept of "crisis", signs of stress, methods of grounding. C-O-N-E-S- protocol which is used for medical errors, E-V-E, B-U-S-T-E-R protocols

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:

1) What kind of interaction between a doctor and a patient in extreme situations is effective?

2) The concept of "crisis"

3) Verbal and non-verbal skills.

4) Active listening.

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

1. 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.

2 The phone rings. Doctor: (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.

3 Doctor: "How do you feel?" ... "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 doctor 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"

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

1 Recommend a strategy for how to proceed.

3 Assess the patient's reaction.

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

5. A young mother with a 5-year-old girl consulted a family doctor. The girl calmly walks to the office (holding a doll), examines the drawings on the wall in the doctor's office. "There will be no injections"

Doctor:

And to Mom and the girl, pointing to 2 chairs: "Good afternoon. Please come and sit." He turns to his mother: "How can I address you?..." To the girl: "Ah, to you? What is your daughter's name?"

V. "I see you are worried. Don't worry mommy"

S. What worries you?

D. "Mommy. What a show, don't scare the child.

6. Office of endoscopic examination. A girl comes in for an examination. Very worried

Doctor:

And the impatient "You're not small, why are you shaking so much... Open your mouth"

A. Calmly "Yes, I understand, the procedure is not very pleasant, let me explain to you ... I will insert a probe and look at the mucous membrane of your stomach ... Are you ready?"

S. "Go calm down and then come. I don't have time to console you"

D. rude "What is this?"

4. Formation of professional skills and abilities (mastery of active listening skills, self-help):

The concept of "crisis". Verbal and non-verbal skills in extreme situations.

C-O-N-E-S-protocol used for medical errors, deterioration, death

E-V-E is a protocol that is used in case of strong emotions to support and stabilize the condition of the patient and his relatives.

B-U-S-T-E-R is a protocol used in difficult emotional conversations with the patient and his relatives

Self-regulation. Ability to recognize signs of stress at the level of: body, thoughts, emotions, behavior.

The six second rule

Before we get into the situation, I suggest you prepare. Meditation "Safe Place"

Now I suggest you remember a stressful situation. When you thought you were in a hopeless situation. Describe your signs of stress at the level of: body, thoughts, emotions, behavior.

Ways of grounding: physical, sensory, cognitive.

Earthing technique "Dolonka"

Demonstration of doctor-patient and relative communication skills in extreme situations:

for this, unite in threes and divide into participants "A" and "B", "C" - observer (gives feedback to the doctor, what was done effectively, and what would have been done differently).

"A" plays the role of the patient's daughter, a

"B" is a doctor who gave himself time to think about what to say, to assume the emotions of relatives for the sudden deterioration of the patient's condition. Chooses a quiet, peaceful place. To have water, napkins. Sits down so that there are no barriers. phone in silent mode listens carefully for 5 minutes Demonstrates effective non-verbal actions, including eye contact: "Thank you for coming. I have to tell what is happening with your father, I want to tell 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, deterioration is not excluded, but now his condition is under control."

Patient's daughter quietly (confused): "Yes...." (silent)

The doctor demonstrates the technique of active listening: "I see your confused face, I want you to know that I will do everything possible to help your father. I am the doctor in charge of your father. I will inform you later about the prescribed treatment"

Patient's daughter: "Thank you"

For the next 5 minutes, "A", "B", "C" change roles.

After completing the task, during the debriefing, "A", "B" exchange their feelings for 5 min. "C" gives feedback

What key stages can you highlight in this conversation?

5. Topics of reports and abstracts:

"Mindfulness"

"Mindfulness practice"

Essay "Extremal Chest"

-Remember and write down everything that once helped you in a difficult moment.

-Write down only those things that helped, not harmed.

- You can specify the list:

Images, memories that bring joy

Smells that you like

Music that brings pleasure

Movements that bring joy

Something soft that is pleasant to hold

An exercise in imagination that gives a positive result (in writing)

Inspirational (supporting text, saying, prayer)

6. Summary

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 lesson No. 2

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:

The concept of "crisis". Verbal and non-verbal skills in extreme situations. C-O-N-E-S is a protocol that is used for medical errors.

E-V-E is a protocol that is used in case of strong emotions to support and stabilize the condition of the patient and his relatives.

B-U-S-T-E-R is a protocol used in difficult emotional conversations with the patient and his relatives

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

1 The protocol used in emotionally complex conflict situations in which the patient and his relatives participate?

A. BUSTER

B.EVE

C. CONES

D. SPIKES

2 Effective actions of the CONES protocol:

A. Organization of space. Obtaining permission to discuss. Chronology. Empathetic reaction. Further actions

B. Organization of space for discussion. Effective listening. Reflecting the patient's feelings. A treatment plan agreed with the patient. Resume.

C. Explore emotions. Validate the emotions. An empathic response.

D. Be Prepared Use impartial listening. The six second rule. Tell me more statements. Empathize and validate. Answer using the "wish" construction

3. Effective actions of the EVE protocol:

A. Organization of space. Obtaining permission to discuss. Chronology. Empathetic reaction. Further actions.

B. Organization of space for discussion. Effective listening. Reflection of feelings

the patient A treatment plan agreed with the patient. Resume.

C. Explore emotions. Validate the emotions. An empathic response.

D. Be Prepared Use impartial listening. The six second rule. Tell me more statements. Empathize and validate. Answer using the "wish" construction

4. Effective actions of the TIMER protocol:

A. Organization of space. Obtaining permission to discuss. Chronology. Empathetic reaction. Further actions.

In Think about the meeting. Check out the issues. Lead the discussion. Create a plan and expectations. Feedback.

C. Explore emotions. Validate the emotions. An empathic response.

D. Be Prepared Use impartial listening. The six second rule. Tell me more statements. Empathize and validate. Answer using the "wish" construction

5. Choose the effective behavior of the doctor in the case of a sudden deterioration of the patient's health:

Demonstration of communication skills between a doctor and a patient and his relatives in an emotionally difficult situation. For this, team up in pairs and divide into participants "A" and "B".

"A" plays the role of the patient's daughter, and "B" is a doctor who gave himself time to think about what to say, to assume the emotions of relatives for the sudden deterioration of the patient's condition. Chooses a quiet, peaceful place. To have water, napkins. Sits so that there are no barriers, listens carefully to the phone in silent mode for 5 minutes. Demonstrates effective non-verbal actions, including eye contact:

Doctor: "Good afternoon. I will now explain to you what is happening with your father and tell you a little about the chronology of events. If you do not mind.

Daughter: explain to me!!

Doctor: As you know, your father was observed in the cardiology department and there were positive dynamics, but then he got worse, we transferred him to the intensive care unit. We are currently keeping his condition under control."

The patient's daughter shouts: "No, this cannot be. You want to kill him!". He wants to go see his father.

The doctor demonstrates the technique of active listening: "I see how difficult it is for you, you worry about your father. I want you to know that I will do everything I can to help him. »

Patient's daughter: "All doctors say so, but I lost my grandmother this way."

Doctor: "Then let's agree with you that after the tour, you will put on a robe and shoe covers and I will take you to your father for 2-3 minutes. Do you agree to this?"

Daughter: "We agreed..."

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

2. "Thank you for coming. Your father was in cardiology. Then we transferred him to intensive care. Everything will be fine".

The patient's daughter cries: "I will sue you!!!!" runs out

After the task, during the debriefing, "A" and "B" exchange their feelings for 5 min.

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"

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 and abstracts:

"Medical error"

"Deterioration of the patient's condition"

"Sudden death of a patient"

6. Summary

7. **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
12. 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 lesson No. 3

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

Purpose: To form a systematic understanding of assistance to the patient and his relatives in extreme situations.

Basic concepts: Medical error, deterioration of the patient's condition, sudden death of the 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).

2. Control of the reference level of knowledge -

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

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

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 skills and abilities (mastering the skills of effective interaction in difficult situations): Medical error, deterioration of the patient's condition, sudden death of the patient. The C-O-N-E-S protocol

E-V-E is a protocol that is used in case of strong emotions to support and stabilize the condition of the patient and his relatives.

Demonstration of communication skills between the doctor and the patient and his relatives in extreme situations, for this, unite into threes and divide into participants "A" and "B", "C" - observer (gives feedback to the doctor, what was done effectively , and what I would have done differently).

"A" plays the role of the patient's daughter

"B" is a doctor.

The doctor gives himself time to think about what to say, to assume the emotions of the relatives for the sudden deterioration of the patient's condition due to a medical error. Chooses a quiet, peaceful place. To have water, napkins. Sits down so that there are no barriers. Demonstrates effective nonverbal actions, including eye contact: "Thank you for coming. I have to tell what is happening with your father, I want to tell the chronology of events. As you know, your father

was in cardiology. Then we transfused blood, gave him a drug and there was a slight improvement, but then he got worse, we transferred him to intensive care. We canceled the drug. We have started the review, and by the end of today, I hope to answer your questions. Perhaps it was an individual intolerance of the drug. I'm sorry that this happened."

Patient's daughter angrily: "Explain to me..."

The doctor demonstrates the technique of active listening: "I hear your angry voice, but it seems to me that fear for my father is hidden behind this feeling. You may be angry even with me, but I would really like to help you, your father. I am the doctor in charge of your father. I want you to know that I will do my best."

Exchange of emotions, the observer gives feedback

The doctor gives himself time to think about what to say, to assume the emotions of relatives suddenly

death of the patient. Chooses a quiet, peaceful place. To have water, napkins. Sits down so that there are no barriers. Demonstrates effective nonverbal actions, including eye contact: "Thank you for coming. This is difficult, but I have an important thing to say.... this morning your father died. 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."

Daughter (quietly with tears): "It can't be..."

The doctor demonstrates the technique of active listening: "I hear the despair and grief in your voice, I would really like to support you. Tell me more about your father."

Patient's daughter: "Silence"

Doctor: "If you want, I can leave you alone"

Patient's daughter: "Please..."

Exchange of emotions, the observer gives feedback

Think of a similar situation

5. Topics of reports and abstracts:

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

"Assertive behavior"

"Difficult patient"

6. Summary

7. 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:

13. 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>
14. "The Complete Guide to Communication Skills in Clinical Practice" Walter F Baile MD Professor, Behavioral Science and Psychiatry
15. Nancy McWilliams Psychoanalytic Diagnosis, Second Edition Understanding Personality Structure in the Clinical Process 2011
16. 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
17. 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
18. 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 lesson No. 4

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

Purpose: To form a systematic understanding of the doctor's work in an emotionally complex situation. Personality disorders Medical conflictology.

Basic concepts: Assertive behavior. Anger management

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

1 The doctor gives himself time to think about what to say, to assume the emotions of relatives for the sudden deterioration of the patient's condition. 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:

1. "Thank you for coming. I have to tell what is happening with your father, I want to tell the chronology of events. As you know, your father was in trauma after the accident. After the operation, on the 5th day he became worse, we transferred him to the intensive care unit. Deterioration is not excluded, but now his condition is under control."

Patient's daughter quietly: "Yes"

The doctor demonstrates the technique of active listening: "I see your confused face, I want you to know that I will do everything possible to help your father."

2. "Thank you for coming. Your father was in traumatology. Then we transferred him to intensive care. Everything will be fine".

Patient's daughter quietly: "Yes"

The doctor demonstrates the technique of active listening: "I see your confused face, I want you to know, I will help your father."

2 The doctor gives himself time to think about what to say, to assume the emotions of relatives for the sudden deterioration of the patient's condition due to a medical error.

1. The doctor sits down so that there are no barriers. Demonstrates effective non-verbal actions, including eye contact:

"I have to tell what is happening with your brother, I want to tell the chronology of events. As you know, your brother was in hematology. Then we transfused blood, but then he got worse, we transferred him to the intensive care unit. Worsening is not excluded, but now his condition is under control. We have started the review, and by the end of today, I hope to answer your questions. I prescribed him medication... I'm sorry that this happened."

Patient's sister angrily: "Explain to me..."

The doctor demonstrates the technique of active listening: "I hear your angry voice. I am the doctor in charge of your brother. I want you to know that I will do everything I can to help him."

2. The doctor sits down so that there are no barriers.

"Thank you for coming. I have to tell you what is happening with your brother, I want to tell you the chronology of events. As you know, your brother was in hematology. Then we transfused blood, but then he got worse, we transferred him to the intensive care unit. Now his condition is under control. I'm sorry that this happened."

Patient's sister angrily: "Explain to me..."

The doctor demonstrates the technique of active listening: "I hear your angry voice, but it seems to me that fear for my brother is hiding behind this feeling. You can be angry even with me, but I would really like to help your brother"

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.

1. The doctor chooses a quiet, peaceful place. To have water, napkins. Sits down so that there are no barriers. Demonstrates effective nonverbal 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"

2. The doctor chooses a quiet, peaceful place. To have water, napkins. Sits down so that there are no barriers. Demonstrates effective nonverbal 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 to me it seems that grief is hidden behind this feeling. I would love to support you. If you want, I can leave you alone."

4. Doctor: "Good afternoon. My name is- I am a family doctor. How can I contact you?". The patient is in a hurry: "I - O., I have a headache. I work a lot. I like everything to be perfect. I recently returned from a business trip and felt ill on the way. Nausea. A similar story happened with my friend..."

Doctor:

A. The doctor quickly: "How do you feel now?"

V. The doctor: "I see how important work is to you, but could we come back to it a little later? Tell me more about the headache. Do you agree?"

S. The doctor demonstrates active listening skills: "I hear, Mr. O., how you are in a hurry to tell everything. (pause) You have a headache, nausea, you work a lot and like everything to be perfect, right? (pause) Anything else?"

D. "Yes, stop. You don't need to talk about a friend."

5. A young man consults a family doctor. When asked about complaints, he says: "Doctor, my stomach rumbles during the day. I am very afraid that I have cancer." Doctor:

A. "But it's a little thing, you shouldn't worry about it"

V. "It's good that you are careful about your health. It may be related to such a disease. We will conduct a thorough examination and determine whether you are healthy, agree?"

S. "I see, you are worried about the grumbling in your stomach, you are afraid of getting cancer. Tell me, maybe there were circumstances due to which you began to be afraid of getting sick. Pause. If necessary, we will conduct the necessary examination."

D. "My stomach rumbles in the morning too, but I don't have cancer"

4. Formation of professional skills (training of skills)

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.

"Assertive behavior"

5. Topics of reports and abstracts:

Model "Assertive Behavior" situations

Simulate "Difficult Patient" situations

6. Summary

7. **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:

19. 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>

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

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

22. 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
23. 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 lesson No. 5

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

Purpose: Training algorithms for the interaction of a doctor with a victim and other participants in extreme situations is used in the event of medical errors, deterioration of the condition, death

Basic concepts: Key stages of CONES, BUSTER, EVE protocols

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:

1 Personality disorder is characterized by excessive sensitivity to failures, inability to forgive insults, suspiciousness and 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).

2 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 are also characterized by 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 significant interpersonal contacts (schizoid, avoidant, schizotypal, paranoid, antisocial)

3 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 arrogant 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 borderline, schizoid, avoidant, narcissistic)

4 Hostile patient

The doctor demonstrates effective non-verbal actions

Patient: "Doctor, I'm worried about unpleasant sensations in my stomach"

A doctor demonstrates active listening skills:: "Tell me more about this"

During the consultation, the doctor apologizes and is distracted by a conversation with a colleague. The doctor sees that the patient is tense, clenched jaws, crossed arms. The patient says, "I don't understand why I had to wait?"

1. The doctor demonstrates active listening skills: "I can understand why you are upset, and I appreciate that you waited for me. Thank you. I understood you correctly, what is bothering you now, unpleasant sensations in the stomach. Let's continue. »

2. "This was an important conversation, so what's bothering you?"

5 Anxious patient

In the corridor, the doctor meets his patient. The doctor demonstrates effective non-verbal actions. You can see that he is confused, nervous.

The patient says: "Doctor, I wanted to ask about my diagnosis"

1. The doctor demonstrates active listening skills, invites the patient to the office, or goes to a more convenient place: "Yes, I understand that you would like to know about your diagnosis today, but we need to wait for the results of the research." We will meet with you on September 5 at 10:00 a.m. Easy?"

2. "What are you worried about?" I will do everything to help you in solving your problem. We will meet with you on September 5 at 10:00 a.m. Easy?"

6 Manipulative patient

The doctor demonstrates effective non-verbal actions

Patient: "Please prescribe me drug "A"!"

1. The doctor demonstrates active listening skills: "What's bothering you? Tell me more about it"

Patient: "Please prescribe me drug "A"!"

Doctor: "This drug is very strong."

Patient: "I know more about my disease than any doctor, I have read a lot of literature, tried many drugs, so I don't know what else you can help me with."

Doctor: "I see, you are a very experienced person, but you still came to me, can I still try to help you? Do you agree?"

2. The doctor demonstrates the skills of active listening:: "What's bothering you? How did you decide that you only need this drug?"

Patient: "I've already tried everything, nothing helps me. Please prescribe me drug "A"

Doctor: "This drug has side effects. I can appoint it only in certain situations. I suggest that you undergo an examination, and then we will discuss your treatment. If you agree, then tell me what is bothering you now"

Patient: "Okay..."

7 Suspicious patient

The doctor demonstrates effective non-verbal actions

Patient: "Doctor, I have spots on my body"

1. The doctor demonstrates active listening skills: "Tell me more about this"

The patient responds suspiciously: "So I'm really curious how you're going to use this information."

Doctor: "I need this information purely to better understand you and try to help you."

Patient: "All doctors say so"

Doctor: "Have you heard this before? Then I understand why you are so careful about giving out information about yourself..."

Patient: "Maybe."

Doctor: "'We will work together to overcome your problem' What is troubling you?"

Patient: "It all started a month ago. I met a girl..."

2. The doctor (the doctor fills out the card, there is no eye contact): "Tell me more about it"

The patient responds suspiciously: "So I'm really curious how you're going to use this information."

Doctor: (impatiently) "What's bothering you?"

Patient: (leaves)

8 Closed patient

The doctor demonstrates effective non-verbal actions.

The patient is silent.

1. The doctor demonstrates active listening skills: "What's bothering you?"

The patient blushes and is silent

The doctor patiently: "I think you are embarrassed to talk about yourself. Imagine that now you are not talking about yourself, but about your friend. Agree! So what's bothering him?"

Patient: "Diarrhea..."

2. Doctor: "What's bothering you?"

The patient blushes and is silent

The doctor impatiently: "If you don't want to tell me anything, that's another matter, then just tell me, I don't want to talk to you."

The patient is silent. is coming

9 When the patient tells a lot

The doctor demonstrates effective non-verbal actions.

Patient: "I have a headache. I work without rest, I worry about my condition. It happened a month ago, but it passed quickly, I was at a party with friends, and I felt sick there. I can't stand it when something hurts. I like everything to be perfect. Besides, I won't be able to take sick leave, because I can't trust anyone with the job. Sometimes I think..."

1. The doctor demonstrates active listening skills: "How do you feel now?"

Patient: "Nausea, headache. Sometimes it seems to me that my work is..."

Doctor: "I can see how important work is to you, but could we come back to it a little later? Tell me more about the headache. Do you agree?"

Patient: "Yes..."

2. Doctor: "How do you feel now?"

Patient: "Headache. Nausea. Sometimes I think that my work is important to me. I like everything to be perfect. ...".

Doctor: "Tell me more about the headache, nausea. Do you agree?"

Patient: "Headache. Nausea. Sometimes I think that my work is important to me. I like everything to be perfect. ...".

Doctor: (roughly) "Tell me more about the headache, the nausea."

4. Formation of professional skills (skills training) Cones (sharp conversation) - a protocol that is used in the event of medical errors, deterioration of the condition, death:

EVE-protocol, which is used in case of strong emotions to support and stabilize the condition of the patient and his relatives. You will be able to express your emotions briefly and concretely, so that it is easier for the patient to talk about fear, hopelessness; so that these feelings do not block the patient. This strengthens mutual trust.

5. Topics of reports and abstracts:

Suicidal behavior

6. Summary

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 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>

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24. 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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29. 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 lesson No. 6

Topic: Peculiarities of counseling patients with suicidal tendencies

Purpose: To get acquainted with the concept of suicidal behavior. The doctor's interaction with patients who have suicidal tendencies.

Basic concepts:

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:

1 Demonstration of communication skills between a doctor and a patient and his relatives in an emotionally difficult situation. To do this, team up in threes and divide into "patient's daughter" and "doctor", "observer" participants.

(With error)

The doctor gives himself time to think about what to say, to assume the emotions of relatives for the sudden deterioration of the patient's condition. Chooses a quiet, peaceful place. To have water, napkins. Sits down so that there are no barriers. Demonstrates effective nonverbal actions, including eye contact: "Thank you for coming. I have to tell what is happening with your father, I want to tell 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. Deterioration is not excluded, but now his condition is under control."

The patient's daughter shouts: "No, this cannot be. You want to kill him!". He wants to go see his father.

Doctor: "I understand how you feel. I feel your pain. I want you to know that I will do anything to help your father. »

The patient's daughter: "How do you know what I feel!!!!!!".

Doctor: "Everything will be fine!"

The patient's daughter leaves the office...

After the end of the task, during the debriefing, the "doctor" and the "patient's daughter" exchange their feelings for 5 minutes, the observer gives feedback, they change roles.

2 The doctor gives himself time to think about what to say, to assume the emotions of relatives for the sudden deterioration of the patient's condition due to a medical error. Chooses a quiet, peaceful place. To have water, napkins. Sits down so that there are no barriers. Demonstrates effective nonverbal actions, including eye contact: "Thank you for coming. I have to tell what is happening with your father, I want to tell the chronology of events. As you know, your father was in hematology. Then we transfused blood, gave him medicine and there was a slight improvement, but then he got worse, we moved him to intensive care. We canceled the drug. We have started the review, and by the end of today, I hope to answer your questions. Perhaps it was an individual intolerance of the drug. I'm sorry, what happened."

Patient's daughter angrily: "Explain to me..."

The doctor looks away: "I hear your angry voice. I'm sure it won't be as bad as you think."

Patient's daughter angrily: ".. explain to me...!!!"

The doctor (feels fear, anxiety) is silent

After the end of the task, during the debriefing, the "doctor" and the "patient's daughter" exchange their feelings for 5 minutes, the observer gives feedback, they change roles.

3. The patient comes for a repeat appointment with the doctor. He turns to the specialist with indignation: "For two weeks now, I have been taking the drug "A" every day, as you prescribed, and the pressure does not decrease, there is no benefit from these tablets!"

Doctor:

A. "Good afternoon, it's good that you said that you regularly take the drug. Let's add another drug "B", and in two days we will discuss the effectiveness of the treatment"

A. "You must be forgetting to take them!"

S. "Why are you yelling at me, I didn't know that they don't help you!"

D. "I thought they were effective if you didn't come to the appointment"

4. The patient turned to the surgeon for a consultation. The doctor invited the patient to the office. I invited him to sit down and was distracted by a conversation with a colleague: "Excuse me, we have an urgent question about the operation. Can you wait 5 minutes." The patient agrees, but after a minute rudely addresses the doctor: "How much longer do I have to wait???" »

Doctor:

A. The doctor demonstrates active listening skills: "I can understand why you are upset, and I appreciate that you waited for me. Thank you".

A. "It was an important conversation, so what's bothering you?"

S. Baiduzhe: "What's bothering you?"

D. Rude: "Listen, we had a very important conversation, I warned you!"

5. The patient enters the office, looks sad, shows avoidance behavior and lack of interest in the environment. The doctor demonstrates active listening skills and says: "Good afternoon. My name is- I am a family doctor. How can I contact you?". The patient very quietly and slowly: "I - O."

Doctor:

A. Doctor: "I see your face, it seems to me that you are depressed. (pause) Maybe it is difficult for you to speak? (pause) Do you mind if I ask you? How do you feel?"

V. The doctor is indifferent: "What's bothering you?"

S. The doctor condescendingly: "Oh, what brought you here? »

D. The doctor impatiently: "Oh, please speak louder." So what's bothering you?"

4. Formation of professional skills (skills training)

Theoretical foundations of the psychology of suicidal behavior

Socio-historical aspect of the problem of suicide

Concepts and basic theories of suicidal behavior.

Peculiarities of the doctor's work with patients

with suicidal intentions

5. Topics of reports and abstracts:

Simulate situations "The doctor's interaction with patients who have suicidal tendencies."

6. Summary

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>

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30. 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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PRACTICAL TRAINING

Practical lesson No. 7

Topic: Professional burnout syndrome of doctors

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 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:

Theoretical foundations of the psychology of suicidal behavior

Socio-historical aspect of the problem of suicide

Concepts and basic theories of suicidal behavior.

Peculiarities of the doctor's work with patients

with suicidal intentions

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

A married couple consulted a doctor. The wife worriedly tells that the husband has returned on vacation, is not eating anything, and is not talking. The man looks unkempt, wasted, unshaven. He sits down on the couch at the end of the office.

The doctor offers the man to sit by the table so that there are no barriers. He offers his wife to sit next to him on the couch. Napkins, water are on the table.

The doctor demonstrates active listening skills: "Tell me how you feel?"

Patient: "Headache"

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"

Exercise "Socratic questions that help identify values"

Discussion. Combine into pairs "A", "B"

"A" - tells

"B" - listens using 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.

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:

Tell us about the benefits of this course

6. Summary

7. **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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