

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**

«BREAKING BAD NEWS TO A PATIENT. SPIKES PROTOCOL»

Faculty, course: International, 6 year

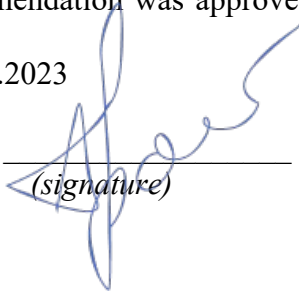
Educational Discipline: Breaking bad news to a patient. SPIKES protocol

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



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Practical lesson No. 1

Topic: SPIKES protocol and its application criteria

Purpose: To form a systematic understanding of the notification of bad news to the patient.

Basic concepts: Protocol steps: organization of space for discussion, assessment of patient perception, permission to discuss, explanation of facts, emotional attitude, support, selection of the best treatment plan.

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 interaction between doctor and patient is effective?
 - 2) Verbal and non-verbal skills.
 - 3) Active listening (eye contact, nods, paraphrasing, reflection of feelings, connection of feelings to the content, clarification of a problematic situation, reflection of one's own feelings)
 - 4) What do you know about the application of the protocol
3. Questions (test tasks) to check basic knowledge on the topic of the seminar
 1. Doctor 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
 2. What are the goals for building an effective relationship between a doctor 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
 3. Communication skills to establish trust, which the doctor 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
 4. Using a pause gives the doctor:
 - 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

5. Skills of effective interaction between doctor and 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

4. Formation of professional skills, skills of notifying the patient of bad news, STEPS of the protocol: S- organization of space for discussion, internal readiness for a difficult conversation, P- collection of information, patient's opinion about the disease, I- permission to discuss, patient's readiness to know about his disease, K - bad news, E - empathetic response, S - treatment discussion.

Facilitation skills

The "three-stage rocket" method

Recommendations (instructions) for performing tasks (professional algorithms)

Demonstration of effective actions when reporting bad news:

for this, unite into threes and divide into participants "A", "B", "C" - an observer

(gives feedback to the doctor what was done effectively and what would have been done differently)

"A" plays the role of a patient diagnosed with hepatitis (complains of nausea, vomiting, feels confused, surprised, afraid), and

"B" - the doctor, who prepared for the conversation, sat opposite the patient in the office so that there were no barriers, listened carefully to the phone in silent mode for 5 minutes. During this time, "A" is narrating all the time.

"B" receives the task (demonstrate active listening skills, assess whether the patient understands the seriousness of his condition, or is ready to discuss the results of examination and treatment):

"How do you understand why we did the analyzes again? ...

"A": "Something serious?"

"B": "Would you like to receive full information about the results of the examination or to briefly note the results and discuss the treatment plan?"

"A": "Yes"

"B": "Unfortunately, I have bad news for you. You have been diagnosed with hepatitis, this is a liver disease" (the doctor moves his chair closer to the patient)

"A": "What to do now"

"B": "I understand that this is not what you want to hear.....Tell me more about your feelings"

"A": (silent) "It's unexpected..."(unexpected)

"B": "I see your confusion. Are you ready to discuss your treatment plan now?"

"A": "Yes"

For the next 5 minutes, "C" gives feedback to "A", "B", and "C" change roles.

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

Think about what were the key moments of the meeting. What would you call them?

5. Topics of reports/abstracts:
Facilitation skills

6. Summary

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 lesson No. 2

Subject: SPIKES protocol. STEP 1 and STEP 2

Purpose: To form a systematic understanding of STEP 1 and STEP 2. Algorithm training

Basic concepts: organization of the space for discussion, evaluation of the patient's perception

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. Organization of the doctor, space / office
 - A. Order, absence of extraneous things, external triggers (phone on silent mode, if possible rejecting current issues)
 - A. Fresh air, warm room. Napkins, water. Internal setting. Neat appearance.
 - C. Safe space (comfortable placement of the table, chairs, sign, soundproofing). Comfortable color range of walls.
 - D. Everything is correct.
 - E. Everything is wrong
2. Facilitation skills
 - A. Encouragement, repetition of the last few words of the patient, paraphrasing.
 - V. Pause. Rehash.
 - S. Notification by the doctor of his thoughts. Attention to the patient's non-verbal and verbal signals.
 - D. Everything is correct.
 - E. Everything is wrong
3. Active listening skills
 - A. Waiting time. Facilitation. Non-verbal skills of the doctor. The patient's non-verbal skills.
 - A. Waiting time. Non-verbal skills of the doctor. The patient's non-verbal skills.
 - S. Non-verbal skills of the doctor. The patient's non-verbal skills.
 - D. Everything is wrong.
 - E. Everything is wrong
4. The "three-stage rocket" method
 - A. Verbal and non-verbal response of the patient to objective information. Notification of the doctor's own feelings, for the growth of trustful communication.
 - B. The doctor's response to the patient's reaction, paraphrasing, the doctor's own feelings.
 - S. Verbal and non-verbal response of the doctor to the patient's reaction. Paraphrasing to encourage the patient to talk about the experience.
 - D. Everything is correct.
 - E. Everything is wrong

Choose the effective behavior of the doctor:

5 Doctor: (fills in the previous patient's card) "Good afternoon, Maria."

Patient: "I have sudden pain, nausea, vomiting (confusion, fear).

Doctor: (demonstrates active listening skills) "How do you understand why we did the MRI again?"

Patient: No (shrugs)

Doctor: "Unfortunately, I have bad news for you. You have a fairly large tumor in your chest

Patient: (crying)

Doctor: (gives napkins) "I understand that this is not what you would like to hear..."

Patient: is silent

Doctor: "Are you ready to discuss the treatment plan now?"

Patient: is silent

6 Doctor: (prepared for the conversation of a patient with relapsed cancer, sat opposite the patient in the office so that there were no barriers, phone in silent mode, open position, eye contact)
Good afternoon, Maria.

Patient: "I have sudden pain, nausea, vomiting (confusion, surprise, fear).

Doctor: (demonstrates active listening skills) "How do you understand why we did the MRI again?"

Patient: No (shrugs)

Doctor: "Would you like to receive full information about the results of the examination, or would you like to briefly note the results and discuss the treatment plan?"

Patient: "Yes"

Doctor: "Unfortunately, I have bad news for you. You have a large enough tumor in your chest (the doctor moves his chair closer to the patient)

Patient: (crying)

Doctor: (gives napkins) "I understand that this is not what you would like to hear..."

Patient: "Yes, there is not enough joy"

Doctor: "What are you thinking about now?"

Patient: "...about children (sighs), what will happen to them.."

Doctor: "I want you to know that I will do everything I can to help you."

Patient: nods

Doctor: "Are you ready to discuss the treatment plan now? Maybe you need support from loved ones?"

Patient: "I'm ready"

4. Formation of professional skills, skills of notifying the patient of bad news:

Attention to the patient's non-verbal and verbal signals. Non-verbal skills of the doctor.

The doctor's verbal and non-verbal response to the patient's reaction. Paraphrasing to encourage the patient to talk about the experience. Collection of information, the patient's opinion about the disease

5. Topics of reports/abstracts:

-Calgary — Cambridge model of medical consultation

SPIKES protocol

Simulation of the doctor-complex patient situation

6. Summary

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
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

Subject: SPIKES protocol. STEP 3 and STEP 4

Purpose: To form a systematic understanding of STEP 3 and STEP 4. Algorithm training

Basic concepts:

permission to discuss, the patient's willingness to know about his illness, Shows empathy to express understanding and respect for the patient's feelings and difficulties, openly recognizes 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

-Calgary — Cambridge model of medical consultation

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 "three-stage rocket" method

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

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

S. Verbal and non-verbal response of the doctor to the patient's reaction. Paraphrasing to encourage the patient to talk about the experience.

D. Everything is correct.

E. Everything is wrong

2. In the corridor, the doctor meets his patient and sees that he is confused and nervous. The patient says: "Doctor, I wanted to ask about my diagnosis."

Doctor:

A. The doctor demonstrates active listening skills, invites the patient to the office, or withdraws to a more comfortable place: "Good afternoon, Mr. O. I hear your anxious voice. I understand

that you would like to know your diagnosis today, but we need to wait for the results of the tests. We will meet with you on September 5 at 10:00 a.m. Easy?"

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

S. "Our meeting with you is scheduled for 10:00 a.m. on September 5, then the laboratory tests will be ready, which I will inform you about."

D. "I will give you the results on September 5 at the reception"

3. 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. Calgary-Cambridge communication model:

A. Model of medical consultation when giving bad news, consisting of 74 questions.

B. Basic model of medical consultation consisting of 73 questions.

S. Everything is true

D. Medical consultation model consisting of 70 questions.

E. Everything is wrong

Choose the effective behavior of the doctor:

5 "A" plays the role of a patient who (...fatigue, weight loss, temperature...), a

"B" - a doctor who prepared for a conversation with an HIV patient, sat opposite the patient in the office so that there were no barriers, the phone was in silent mode, and listened carefully for 3 minutes.

During this time, "A" is narrating all the time.

(demonstrates active listening skills) "How do you understand why we did the analyzes again?"

"A": No (shrugs)

"A": "Would you like to mark the results and discuss the treatment plan?"

Patient: "Yes"

"B": "Unfortunately, I have bad news for you. The test results showed that you have HIV."

"A": cries "It's a mistake!"

"B": (gives napkins) "I understand that this is not what you would like to hear..."

Patient: "Yes, there is not enough joy"

Doctor: "I want you to know that I will do everything I can to help you with your problem." Are you ready to discuss a treatment plan now?"

Patient: "Yes"

6 "A" plays the role of a patient who (...fatigue, weight loss, temperature...), a

"B" - a doctor who prepared for a conversation with an HIV patient, sat opposite the patient in the office so that there were no barriers, the phone was in silent mode, and listened carefully for 3 minutes.

During this time, "A" is narrating all the time.

"B": "Unfortunately, I have bad news for you. You have HIV."

"A": cries "It's a mistake!"

"B": (gives napkins) "Tell me more about your feelings"

Patient: crying

Doctor: "Are you ready to discuss the treatment plan now?"

Patient: "No"

4. Formation of professional skills, skills of notifying the patient of bad news:

Permission to discuss, the patient's willingness to know about his illness. Showing empathy to express understanding and respect for the patient's feelings and difficulties. Recognition of the value of the views and feelings of the patient. Providing support. . Showing sensitivity when discussing sensitive and unpleasant topics.

Recommendations (instructions) for performing tasks (professional algorithms)

Demonstration of effective actions when reporting bad news:

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

"A" plays the role of a patient, fever, fatigue, and

"B" - the doctor (prepared to talk to the patient with the first detected cancer, sat opposite the patient in the office so that there were no barriers, the phone was in silent mode, open posture, eye contact) Good afternoon, Ms. Maria.

"A": "I have a high temperature, fatigue...."

"B": (demonstrates active listening skills) "Tell me what you understand about your condition. Why did we do the examination again?"

"A": "Dispensary?"

"A": "Not exactly."

"A": "I don't understand..."

"B": "Would you like to receive information about the results of the examination or not?"

"A": (silent).... "I don't want to know anything at all"

"A": "Let's do it this way, if you have any questions, you can ask now or next time. It may be convenient for you to come with someone close to you. I have something important to say. I can see that you are confused now, it seems to me that it is difficult for you to speak now. Do you agree? »

"A": "Yes"

"B": "See you on September 3 at 10:00 a.m. Do you agree?"

"A": "Yes"

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

Think of a similar situation

5. Topics of reports/abstracts:

Simulation of the doctor-complex patient situation

Sudden death of a patient

Medical error

6. Summary

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
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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

Subject: SPIKES protocol. STEP 5 and STEP 6

Purpose: To form a systematic understanding of STEP 5 and STEP 6. Algorithm training. Notice of sudden death, medical malpractice CONES, BUSTER, EVE

Basic concepts:

Empathic response, involvement of the patient in joint decision-making. Partnership. Key stages of the CONES, BUSTER, EVE 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)
3. Questions (test tasks) to check basic knowledge on the topic of the seminar

Choose the effective behavior of the doctor:

1 Doctor: (prepared to talk to a patient with newly diagnosed cancer, sat opposite the patient in the office so that there were no barriers, phone in silent mode, open position, eye contact) Good afternoon, Ms. Maria.

Patient: "I have a high temperature, fatigue...."

Doctor: (demonstrates active listening skills) "Tell me what you understand about your condition. Why did we do the examination again?"

Patient: "Dispensary?"

Doctor: "Not exactly."

Patient: "I don't understand..."

Doctor: "Would you like to receive information about the results of the examination or not?"

Patient: (silent).... "I don't want to know anything at all"

Doctor: Let's do this, if you have any questions you can ask now or next time. It may be convenient for you to come with someone close to you. I have something important to say. I can see that you are confused now, it seems to me that it is difficult for you to speak now. Do you agree? »

Patient: "Yes"

Doctor: "See you on September 3 at 10:00 a.m." Do you agree?"

Patient: "Yes"

2 Doctor: (prepared to talk to a patient with newly diagnosed cancer, sat opposite the patient in the office so that there were no barriers, phone in silent mode, open posture, eye contact) Good afternoon, Ms. Maria.

Patient: "I have a high temperature, fatigue...."

Doctor: "Unfortunately, I have bad news for you. You have a fairly large tumor in your chest

Patient: "I don't understand..."

Doctor: "Would you like to receive information about the results of the examination or not?"

Patient: (roughly).... "I don't want to know anything at all" Goes

3. 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 The doctor meets in the corridor with relatives of a patient who is in intensive care. The patient's daughter says in an accusing tone: "How did you allow my father to get worse?"

Doctor:

A. "I know how you feel now. I feel your pain"

A. "Don't worry. Everything will be fine"

S. "In this tone, I will not talk to you"

D. The doctor invites you to the office. Crouch. "Thank you for coming. I have to tell you what is happening with your father"

5. The patient comes to the oncologist for a repeat appointment after a complete examination. The doctor has the results of the examination, the diagnosis: malignant tumor. It is necessary to

tell the patient about the seriousness of the disease: "Good afternoon! sit down I would like to ask you how you feel, what you think about your condition," after the patient's answer

Doctor:

A. "Would you like to know the details of the examination?"

B. "The examination showed that you have a malignant neoplasm..."

S. Maintaining eye contact: "Perhaps you have questions you want to ask? Discuss the details of the examination"

D. "I want to support you. Don't worry, you'll be fine."

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.

Discussion of the situation:

1. A patient dies in an oncology clinic. The son comes and finds out that his mother is no longer there. In anger, he accuses the entire staff of negligence. He is escorted to the doctor: "How could it happen that yesterday I talked to my mother, and now you claim that she is no longer there?????" Doctor:

A. The doctor maintains eye contact, offers to sit down: "It's difficult, but I have to tell you about your mother. She fought the disease, tolerated chemotherapy well, but at night her heart stopped. We did everything we could. If you have questions, I am ready to answer them"

A. The doctor lowers his eyes: "Most people felt this way. I'm sorry".

S. "I will prepare all the documents, you can make sure that there were no mistakes in the treatment. If you want, do an examination"

D. "Let me tell you in order what treatment we gave your mother"

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, a

"B" - 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 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."

"A": with anger: "Explain to me..."

"B" demonstrates the technique of active listening: "I hear your angry voice, but it seems to me that fear for my father is hiding behind this feeling. You can be mad even at me but I would very much 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

Demonstration of doctor-patient communication skills and his relatives in the conditions of the sudden death of the patient, 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, a

"B" - 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. 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."

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

"B" 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."

"A": "Silent"

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

"A": "Please..."

Exchange of emotions, the observer gives feedback

Think of a similar situation.

5. Topics of reports/abstracts:

Feedback

6. Summary

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:

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
24. 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)