

**Medical Communication**

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| 1. **Imprint** | |
| **Academic Year** | 2022/2023 |
| **Department** | Faculty of Medicine |
| **Field of study** | Medicine |
| **Main scientific discipline** *(in accord with appendix to the Regulation of Minister of Science and Higher education from 26th of July 2019)* | **Medical sciences** |
| **Study Profile** *(general academic / practical)* | General academic |
| **Level of studies** *(1st level /2nd level/ uniform MSc)* | Uniform MSs |
| **Form of studies** | **Full-time studies** |
| **Type of module / course**  *(obligatory / non-compulsory)* | **Obligatory** |
| **Form of verification of learning outcomes** *(exam / completion)* | **Credit** |
| **Educational Unit / Educational Units** *(and address / addresses of unit / units)* | Studium Psychologii Zdrowia [Department of Health Psychology]  ul. Litewska 14/16, 00-575 Warszawa  Tel. +48 22 116 92 11  [zpikm@wum.edu.pl](mailto:zpikm@wum.edu.pl) |
| **Head of Educational Unit / Heads of Educational Units** | Professor Dorota Włodarczyk, MA, PhD |
| **Course coordinator** *(title, First Name, Last Name, contact)* | Magdalena Łazarewicz, MA, PhD  magdalena.lazarewicz@wum.edu.pl |
| **Person responsible for syllabus** *(First name, Last Name and contact for the person to whom any objections concerning syllabus should be reported)* | Magdalena Łazarewicz, MA, PhD  magdalena.lazarewicz@wum.edu.pl |
| **Teachers** | Magdalena Łazarewicz, MA, PhD (magdalena.lazarewicz@wum.edu.pl)  Małgorzata Guzowska, MA, PhD (m.guzowska@wp.pl) Marcin John, MA (marcin.john@gmail.com) |

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| 1. **basic information** | | | | |
| **Year and semester  of studies** | III, 1st semester | | **Number of ECTS credits** | 1.00 |
| **forms of classes** | | **Number  of hours** | **ECTS credits calculation** | |
| **Contacting hours with academic teacher** | |
| Lecture (L) | | - | - | |
| Seminar (S) | | - | - | |
| Classes (C) | | 10 | 0,5 | |
| e-learning (e-L) | | - | - | |
| Practical classes (PC) | | - |  | |
| Work placement (WP) | | - | - | |
| **Unassisted student’s work** | | | | |
| Preparation for classes and completions | | 10 | 0,5 | |

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| 1. **Course objectives** | |
| O1 | The aim of the course is to provide students with opportunity to develop skills in building proper doctor-patient relationship through medical communication, as well as to increase awareness of the student’s own communication style. |
| O2 | To improve skills in nonverbal communication during conducting a consult (to raise awareness of student’s own non-verbal behaviours and sensitivity to nonverbal cues from a patient). |
| O3 | To improve skills in verbal communication during a consult - active listening: discovering patient’s perspective, collecting and passing information (including bad news) and including the patient into treatment process and making decisions regarding treatment. |
| 04 | To provide practice in applying basic motivational and supportive interventions. |
| 05 | To provide practice in group work: delivering and receiving constructive feedback information. |
| 06 | To increase empathy by experiencing the role of a patient in a safe learning environment. |

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| Standards of learning – Detailed description of effects of learning *(concerns fields of study regulated by the Regulation of Minister of Science and Higher Education from 26 of July 2019; does not apply to other fields of study)* | | |
| **Code and number of effect of learning in accordance with standards of learning**  *(in accordance with appendix to the Regulation of Minister of Science*  *and Higher education from 26th of*  *July 2019)* | | **Effects in time** |
| **Knowledge – Graduate\* knows and understands:** | | |
| D.K5 | the rules and methods of communication with the patient and his family, which are used to build an empathic, trust-based relationship | |
| D.K6 | the role of good verbal and nonverbal communication in doctor-patient interaction, the meaning of trust in the interaction with patients | |
| **Skills– Graduate\* is able to:** | | |
| D.S1 | In the whole therapeutic process, include patient’s subjective needs and expectations resulting from socio-cultural background | |
| D.S2 | recognize signs of risk and auto destructive behaviors and reacts to them accordingly | |
| D.S3 | choose treatment which minimizes social consequences of the disease for the patient | |
| D.S4 | build the atmosphere of trust during the treatment process | |
| D.S5 | conduct the consult with the patient with the use of active listening skills and empathy, and talks to the patient about his life situation | |
| D.S6 | inform the patient about the goal, progress and possible risks of suggested diagnostic and treatment methods | |
| D.S7 | Involve the patient in the therapeutic process | |
| D.S8 | pass bad news to the patient and his/her family | |
| D.S9 | passes recommendations and information on health promoting lifestyle | |
| D.S11 | apply basic psychological motivational and supportive interventions | |

*\* In appendix to the Regulation of Minister of Science and Higher education from 26th of July 2019 „graduate”, not student is mentioned.*

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| 1. **Additional effects of learning** *(non-compulsory)* | |
| **Number of effect of learning** | **Effects of learning i time** |
| **Knowledge – Graduate knows and understands:** | |
| K1 | - |
| K2 | - |
| **Skills– Graduate is able to:** | |
| S1 | - |
| S2 | - |
| **Social Competencies – Graduate is ready for:** | |
| SC1 | - |
| SC2 | - |

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| Classes | | |
| **Form of class** | **Class contents** | **Effects of Learning** |
| D | Practical class 1: Medical Communication – review and summary: skills (verbal and nonverbal communication bases for active listening) and protocols (Calgary-Cambridge Protocol, SPIKES); preparation for role-playing exercises. | D.K5, D.K6 |
|  | Practical classes 2-4: Practical exercises of the use of psychological knowledge and communication skills for solving problems in medical practice (based on role-playing exercises), e.g. collecting a basic medical interview in a primary care setting and in an ER, passing bad news to the patient and the family, explaining medical procedures, motivating the patient for better adherence or a lifestyle change.. | D.S1-D.S9, D.S11 |

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| 1. **Literature** |
| **Obligatory** |
| Lloyd, M., Bor R., Noble, L. (2019) Clinical Communication Skills for Medicine. Elsevier.  Required communication protocols as PDF materials provided by the teacher during the course. |
| **Supplementary** |
| Cole, S., Bird, J. & Weiner, J.S.(2014). Medical Interview. Elsevier.  Silverman, J., Kurtz, S, Draper J (2008) Skills for Communicating with Patients. Radcliffe Publishing.  Desmond J, Copeland LR (2000) Communicating with Today’s Patients. Jossey-Bass. A Wiley Imprint. |

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| Verifying the effect of learning | | |
| **Code of the course effect of learning** | **Ways of verifying the effect of learning** | **Completion criterion** |
| D.S1-D.S9, D.S11 | Participation in the video-recorded role-playing exercise as a doctor and as a patient. | Minimal acceptable level of performance on the learning outcome |
| D.K5, D.K6 | Preparation of the essay self-evaluating communication skills performed in the role-playing exercise. | Minimal acceptable level of performance on the learning outcome, providing answers to all points included in the instruction. |

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| 1. **Additional information** *(information essential for the course instructor that are not included in the other part of the course syllabus e.g. if the course is related to scientific research, detailed description of, information about the Science Club)* |
| The class is intendent as practical and is based on experiential learning. The outcomes of that process are strongly related to active participation in all in-class activities, therefore attendance is mandatory. Students will be required to make up missed work in case of an excused absence. In such cases students should notify the teacher as soon as possible to establish the way of covering the absence. Change of subgroups is possible only after consulting the teacher in advance and not for the classes for which the particular student’s role-playing exercise was scheduled.  Students are expected to come to the class on time and participate actively (in the role-playing exercises as doctors/patients and during discussions). Being late for over 15 minutes counts as an absence. Recurring tardiness will result in additional work – an essay or short review of literature (based on the decision of the teacher, depending on the missed material).  To provide good learning environment for everyone, students are requested to turn off any electronic devices that might disturb the class.  **Role-playing**  The classes are based on role-playing exercises and each student is required to participate in two role-playing scenes: once as a doctor and once as a patient. Scenarios are delivered to students prior to the class. The role-playing are video recorded (on the student or teacher’s equipment). The video is only made available to the participants of a given role-playing exercise.  **Essay**  To complete the course students are required to write an essay, which presents reflections regarding communication process during the role-play. The paper should be delivered to the teacher within a week from the class on which the particular role-playing exercise took place. Detailed guidelines for this task are provided and discussed during the course.    The Department of Health Psychology runs the Psychological Students Science Club “Psyche” (in English) (contact information: magdalena.lazarewicz@wum.edu.pl). |