Ministry of Health of the Russian Federation

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DISCIPLINE WORK PROGRAM

"Physician Communication Skills"

Specialty: 31.05.01 General Medicine

Specialization: Organization and provision of primary health care to the adult population in medical organizations

Implementation language: Russian, English

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The work program for the discipline "Physician Communication Skills" has been developed in accordance with the Federal State Educational Standard of Higher Education (specialist degree) for Specialty 31.05.01 General Medicine, approved by Order No. 988 of the Ministry of Science and Higher Education of the Russian Federation dated August 12, 2020.

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The work program of the discipline was discussed at a department meeting
Psychotherapy, Medical Psychology and Sexology, April 14, 2021. Protocol No. 7.
and the Department of Foreign Languages April 15, 2021. Protocol No. 3.

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Approved by the Methodological Commission for the specialty 31.05.01 General Medicine
May 11, 2021

Chairman _____ / Bakulin I.G./
(signature)

Reviewed by the Methodological Council and recommended for approval by the Academic Council
May 20, 2021

Chair _____ / Artyushkin S.A. /
(signature)

Date of update:

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1. The purpose of mastering the discipline

The purpose of mastering the discipline "Physician Communication Skills" is to develop students' knowledge of moral and legal standards and ethical and deontological principles in medicine; tolerant interaction in professional tasks; communication and conflict-management skills; and attitudes promoting a healthy lifestyle, harmonious development, productive coping with difficulties and conflicts, and humanistic interaction with the world, thereby supporting social mobility and sustainable employment in healthcare.

2. The place of discipline in the structure of the educational program

The discipline "Physician Communication Skills" belongs to the mandatory part of Block 1 "Disciplines (Modules)" of the main professional educational program for Specialty 31.05.01 General Medicine (specialist degree), specialization: Organization and Provision of Primary Healthcare to the Adult Population in Medical Organizations. The discipline is mandatory.

3. List of planned learning outcomes in the discipline, correlated with the planned results of mastering the educational program

Code and name of competency	Code and name of the competency achievement indicator
UC-3. Able to organize and lead a team and develop a team strategy to achieve a defined goal	ID-1 UC-3. Develops a teamwork strategy to achieve the defined goal ID-2 UC-3. Organizes and adjusts the team's work, including on the basis of collegial decisions; assigns tasks and delegates authority; assumes responsibility for the overall result ID-3 UC-3. Resolves conflicts and disagreements within the team while considering the interests of all parties
UK-4. Able to use modern communication technologies, including in foreign language(s), for academic and professional interaction	ID-1 UC-4. Establishes contact and develops professional communication in the official language or a foreign language to a level sufficient for academic and professional interaction ID-2 UC-4. Uses current communication technologies for academic and professional interaction
UK-5. Able to analyze and take into account the diversity of cultures in the process of intercultural interaction	ID-2 UC-5. Builds social and professional interaction with due regard to intercultural characteristics ID-3 UC-5. Creates a tolerant interaction environment when performing professional tasks
GPC-1. Able to implement moral and legal standards and ethical and deontological principles in professional practice	ID-1 GPC-1. Observes moral standards and ethical and deontological principles in professional conduct.
	ID-2 GPC-1. Interacts within the physician–patient system in accordance with ethical and deontological standards

Competency achievement indicator code	Learning outcomes (assessment indicators)	Evaluation tools
ID-1 UC-3	Knows models of team interaction, factors in effective teamwork, and parameters for formulating goals.	test questions, test tasks
ID-2 UC-3	Knows group decision-making methods; methods of assigning tasks and delegating authority; and the need to assume responsibility for the overall result Is able to use group decision-making methods, structure communication during decision-making, and formulate tasks for team members.	test questions, test tasks
ID-3 UC-3	Knows effective conflict-management and resolution methods; individual characteristics of conflict-prone personalities; signs of potentially conflict-generating situations in medical interaction; signs and prevention of occupational burnout; and physician self-regulation methods in conflict-generating situations.	test questions, test tasks, clinical cases, written report
	Is able to select conflict-resolution strategies and tactics, identify conflict-prone personality types and potentially conflict-generating situations, take preventive measures, identify and prevent occupational burnout, and use self-regulation techniques.	situational tasks
	Has skills in identifying conflict-prone personality types and managing their own psycho-emotional state.	Demonstration of practical skills
ID-1 UC-4	Knows the rules for establishing contact and patterns in the development of professional communication in academic and professional interaction Is able to establish and develop professional contacts in accordance with the needs of joint activity, including information exchange and development of a unified strategy for interaction.	test questions, test tasks
ID-2 UC-4	Knows the theoretical foundations of current communication technologies: • the characteristics of different types of communication, • mechanisms and errors of social perception, • communication barriers, • internal and external factors of effective communication, • signs of manipulative communication and ways to resist it, • communication skills: structuring communication, active listening, handling objections, and preparing and delivering a public presentation.	test questions, test tasks, clinical cases, written report
	Is able to implement different types of communication, • differentiate and identify mechanisms of social perception,	situational tasks

	• overcome communication barriers, • consider factors of effective communication, • identify manipulative communication and resist manipulation, • structure communication, use active listening, handle objections, and speak publicly.	
	Has skills in • public speaking, structuring communication, active listening, and handling objections,	Demonstration of practical skills
ID-2 UC-5	Knows principles for building social and professional interaction with due regard to major forms of scientific and religious consciousness and the business and general culture of representatives of other ethnic groups and religious denominations and different social groups.	Control questions; essay
ID-3 UC-5	Knows the principles of tolerant attitudes toward patients and colleagues in professional interaction	test questions, test tasks, written report
	Is able to apply the principles of tolerant attitudes toward patients and colleagues in professional interaction	situational tasks
ID-1 GPC-1	Knows ethical standards and deontological principles of professional conduct.	test questions, written report
ID-2 GPC-1	Knows: • The theoretical foundations of medical deontology and principles of relationships within the physician–patient system. • The structure of patient–physician communication within patient-centered care.	Review questions, test items, clinical cases, written report
	Test tasks • Apply acquired knowledge when addressing major ethical dilemmas and problems arising during medical care; • Implement patient-centered communication: establishing contact, interacting with the patient, and closing the encounter.	situational tasks
	Has skills in • Establishing contact, interacting with the patient, and closing the encounter.	Demonstration of practical skills

4. Scope of discipline and types of academic work

Type of educational work	Labor intensity	Semesters	
		6	**7**
Contact work between students and teachers	**70**	**48**	**28**
Lectures (L)	22	16	18
Practical exercises (PP)	44	32	6
Interim assessment: examination, including the examination itself and group consultations	4		12
Independent work:	**74**	**24**	**58**
during the period of theoretical training	42	24	26
preparation for the examination	32		32
Total workload: academic hours	**144**		4
credit units	**4**		
Type of educational work	Labor intensity		

5. The content of the discipline, structured by sections (topics) indicating the number of academic hours and types of training sessions

5.1.Content of discipline sections

item no.	Name of discipline section	Annotated content of the discipline section	List of competencies formed in the process of mastering the section
1	Philosophical foundations of ethics and deontology.	Medical ethics as an interdisciplinary science. Core principles and rules of medical ethics. Ethics as the study of morality. The moral essence of interpersonal communication in medicine. Medical and ethical features of physician–patient communication. History of ethical relationships in medicine.	UC-3, UC-4, OPK-1
2	Moral problems in ethics and deontology	Ethics committees. Medical experiments and research. Ethical issues of HIV infection. Medical and ethical issues of death and dying, euthanasia, and abortion.	GPC-1, UC-5
3	Medical and ethical issues in different fields of medicine	Medical ethics in transplantation and genetics. Ethical issues in psychiatry. Ethical issues in oncology.	GPC-1, UC-5
4	Development of communication skills	Interpersonal communication Three aspects of communication. Verbal and non-verbal communication. Means of communication. Mechanisms and errors of social perception. External and internal communication barriers. Factors of effective communication in different activities Internal and external factors of effective communication. Individual characteristics that facilitate or impede the development of communicative competence. Communication situations. Professional communication environment. Positions of interlocutors. Business communication: argumentation, objections, types of questions, decision-making, communication sabotage, recording decisions, closing communication, and common communication errors. Communication skills Types of communication skills. Structuring communication. Active listening. Handling objections. Group decision-making. Public speaking.	UC-4.2, UC-3.2
5	Communication in a physician's professional practice	Manipulative communication. Resisting manipulation Features and style of manipulative communication. Methods for resisting manipulation. Assertiveness. Communication in a conflict situation Conflict-prone personalities (physicians and patients). Conflict management in medical practice. Conflict prevention. Prevention of occupational burnout. Foundations of physician self-regulation in conflict-generating professional situations. Models of physician–patient communication. Informative, deliberative, interpretive, and paternalistic models. Structure of physician–patient communication: establishing contact, interacting with the patient, and	UC-3.3, UC-4.2, GPC-1.1, GPC-1.2

		closing the encounter. Patient-centered communication. Calgary–Cambridge model of the physician–patient relationship (initiating the session, gathering information, structuring the consultation, building the relationship, explanation and planning, and closing the session).	

5.2.Thematic plan of lectures

item no.	Name of discipline section	Lecture topics	Active forms of learning	Labor intensity (academic hours)
1	Philosophical foundations of ethics and deontology.	L.1 Ethics and deontology as a science. Principles and rules of medical ethics.	-	2
		L.2 Medical and ethical documents. Models of the physician–patient relationship.	LB	2
		L.3 Selected philosophical categories of medical ethics.	LB	2
2	Moral problems in ethics and deontology.	L.4 Ethics committees. Medical experiments and research. Ethical issues of HIV infection	LB	2
		L.5 Ethical issues of death. Medical and ethical issues of euthanasia and abortion	LB	2
3	Medical and ethical issues in different fields of medicine.	L.6 Ethical issues in transplantation and genetics.	Problem lecture	2
		L.7 Ethical issues in psychiatry and oncology.	LB	2
4	Development of communication skills	L.8 Interpersonal communication. Factors of effective communication in different activities. Communication skills	-	2
5	Communication in a physician's professional practice	L.9 Manipulative communication and resistance to manipulation. Communication in conflict situations. Self-regulation. Conflict-prone personalities	Problem lecture	2
		L.10 Models of physician–patient communication	-	2
		L.11 Patient-centered communication	LB	2
		TOTAL:		22

**Lecture-discussion; problem lecture.*

5.3.Thematic plan for practical classes

№ p/p	Name of discipline section	Topics of practical classes	Active forms of learning	Current control forms	Labor intensity (academic hours)
1	Philosophical foundations of ethics and deontology.	Practical class 1. Medical ethics as an interdisciplinary science. Core principles and rules of medical ethics. Ethics as the study of morality.	Group discussion; role play	Interview; presentation of a report	4

		Practical class 2. The moral essence of interpersonal communication in medicine. Medical and ethical features of physician–patient communication.	Group discussion; role play	Interview; presentation of a report	4
2	Moral problems in ethics and deontology.	Practical class 3. Ethics committees. Medical experiments and research.	Group discussion; role play	Interview; presentation of a report	4
		Practical class 4. Ethical issues of HIV infection. Medical and ethical issues of death and dying. Medical and ethical issues of euthanasia and abortion.	Group discussion; role play	Interview; presentation of a report	4
3	Medical and ethical issues in different fields of medicine.	Practical class 5. Medical ethics in transplantation and genetics.	Group discussion; role play	Interview; presentation of a report	4
		Practical class 6. Ethical issues in psychiatry and oncology.	Group discussion; role play	Interview; presentation of a report	4
4	Development of communication skills	Practical class 7. Interpersonal communication. Mechanisms and effects of social perception. Communication barriers. Factors of effective communication	Group discussion; case analysis	Interview; presentation of a report	4
		Practical class 8. Communication skills. Types of communication skills. Group decision-making process.	IT	Interview; presentation of a report	4
5	Communication in a physician's professional practice	Practical class 9. Manipulative communication. Methods for resisting manipulation. Assertiveness. Conflict-prone personalities	Group discussion; role play; case analysis	Interview; presentation of a report	4
		Practical class 10. Self-regulation in conflict situations	Case analysis; group discussion; interactive training	Interview; presentation of a report	4
		Practical class 11. Structure of physician–patient communication: effective interaction skills	Interactive training; imitation-based active learning	Interview; presentation of a report	4
				TOTAL:	44

**Role play,*
GD – group discussion;

IT - simulation training
**CA – case analysis*
AIM - analysis of simulation models

5.4. Thematic plan of seminars: not provided

5.5. Thematic plan of seminars: not provided

5.6. Independent work:

tem no.	Name of discipline section	Types of independent work	Current control forms	Labor intensity (academic hours)
	Philosophical foundations of ethics and deontology.	Study of lecture materials and educational literature. Independent study of topics.	Testing; preparation of a report	8
	Moral problems in ethics and deontology	Study of lecture materials and educational literature. Independent study of topics.	Testing; preparation of a report	8
	Medical and ethical issues in different fields of medicine	Study of lecture materials and educational literature. Independent study of topics.	Testing; preparation of a report	8
	Development of communication skills	Study of lecture materials and educational literature. Independent study of topics.	Testing; preparation of a report	8
	Communication in a physician's professional practice	Study of lecture materials and educational literature. Independent study of topics.	Testing; preparation of a report	10
			TOTAL:	42
			Preparation for the examination	32

5.6.1 Report topics:

1. Communicative competence as a professionally significant quality of a physician.
2. The biopsychosocial approach to assessing a patient's personality.
3. The paternalistic model of physician–patient communication.
4. The patient-centered model of physician–patient communication.
5. The contractual model of physician–patient communication.
6. The engineering model of physician–patient communication.
7. The Calgary–Cambridge model of medical consultation (initiating the session, gathering information, explanation and planning, and closing the session).
8. Empathy as an affective component of communicative competence. Types of empathy.
9. Conflict in physician–patient communication.
10. Behavioral strategies and tactics in conflict.
11. Conflict-prone patient personalities (typologies).
12. Physician burnout syndrome.
13. Prevention of physician occupational burnout.
14. Physician self-regulation and its methods: autogenic training and progressive muscle relaxation.
15. Physician self-regulation and its methods: visualization and breathing exercises.
16. Psychological characteristics reducing a physician's communicative competence: anxiety and depression.

17. Psychological characteristics reducing a physician's communicative competence: neuroticism and marked introversion.
18. Psychological characteristics enhancing a physician's communicative competence: communicative tolerance, affiliation, and emotional stability.
19. Psychological characteristics enhancing a physician's communicative competence: empathy, rejection sensitivity, and an internal locus of control.
20. Stages of physician–patient communication (contact, orientation, argumentation, and adjustment phases).
21. Professional adaptation of a physician.
22. Professional deformation of a physician's personality.
23. The physician's professional image.
24. Patient adaptation to disease. The concept of the internal representation of illness. Sensory and emotional components.
25. Patient adaptation to disease. The concept of the internal representation of illness. Rational and motivational components.
26. Verbal and non-verbal communication in the physician–patient dyad.
27. Styles of physician–patient communication.
28. Communication with an aggressive patient.
29. Communication with a grieving patient.
30. Communication with an anxious patient.
31. Communication with a patient who is a physician.
32. Active listening skills (repetition, paraphrasing, summarizing, clarification, pauses, and reflection of feelings).
33. Active and passive listening in physician–patient communication.
34. Manipulative communication in the physician–patient dyad.
35. Conflict management in physician–patient communication
36. Symptoms and stages of physician burnout.
37. Structure of physician–patient communication (skills for establishing contact, conducting the medical interview, and closing the encounter).
38. Hyperthymic personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.
39. Cycloid personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.
40. Labile personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.
41. Asthenic-neurotic personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.
42. Schizoid personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.
43. Hysteroid personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.
44. Epileptoid personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.
45. Internal representation of illness. Types of attitude toward illness: harmonious and anosognosic.
46. Internal representation of illness. Ergopathic attitude toward illness.
47. Internal representation of illness. Types of attitude toward illness: anxious and hypochondriacal.
48. Internal representation of illness. Neurasthenic attitude toward illness.
49. Internal representation of illness. Melancholic attitude toward illness.
50. Internal representation of illness. Apathetic attitude toward illness.
51. Internal representation of illness. Sensitive attitude toward illness.
52. Internal representation of illness. Egocentric attitude toward illness.
53. Internal representation of illness. Types of attitude toward illness: dysphoric and paranoid.
54. Psychological aspects of communication with dying patients. Stages of grieving.

6. Methodological guidelines for students on mastering the discipline

Planning and organizing the time needed to study the discipline

Successful mastery of the discipline requires proper organization of work and even distribution of the workload according to the academic schedule. A semester, monthly, weekly, and daily plan can help direct free time toward study and improve efficiency. Work for the following day should be planned each evening.

At the end of each day, students should review whether the plan was completed and identify the reasons for any deviations. Self-monitoring is essential. Unfinished work should be completed without reducing the weekly workload. Tasks for practical classes and independent work should be completed immediately after the corresponding lecture topic to improve retention, identify knowledge gaps, systematize prior material, and support acquisition of new knowledge and skills.

The university education system is based on a rational combination of several types of training sessions (primarily lectures and practical classes), the work of which has certain specifics.

Preparing for lectures

Students are introduced to the discipline in the first lecture, where they are expected not only to pay attention but also to prepare their own notes. When working with lecture notes, students should remember that some lectures answer specific questions, whereas others reveal relationships between phenomena and help them understand the underlying historical and current development of the subject.

Lecture note-taking is a complex type of classroom work that involves intense mental activity of the student. A note is useful when the most essential things are written down and done by the student himself. There is no need to try to write down the entire lecture verbatim. This kind of “note-taking” does more harm than good. It is advisable to first understand the main idea presented by the lecturer and then write it down. It is advisable to record on one page of the sheet or leave fields on which later, when working independently with notes, you can make additional notes and mark unclear places.

It is better to divide the lecture notes into points, observing the red line. This will be greatly facilitated by the lecture plan questions proposed to the teachers. You should pay attention to the accents and conclusions that the lecturer makes, marking the most important points in the lecture material with the remarks “important”, “well remember”, etc. You can also do this using colorful markers or pens, emphasizing terms and definitions.

It is advisable to develop your own system of abbreviations, abbreviations and symbols. However, when further working with notes, it is better to replace the symbols with ordinary words for quick visual perception of the text.

When working on lecture notes, it is always necessary to use not only the textbook, but also the literature that the lecturer additionally recommended. It is this kind of serious, painstaking work with the lecture material that will allow you to deeply master the theoretical material.

Preparation for practical exercises

Careful thinking through and study of the plan's issues is based on studying the current lecture material, and then studying the required and additional literature recommended for this topic. All new concepts on the topic being studied must be memorized and included in a glossary, which should be kept from the very beginning of the course.

The result should be the ability to answer theoretical practical-class questions freely, speak and participate in group discussions, and complete practical tasks and assessments correctly.

In the process of preparing for practical classes, it is necessary to pay special attention to independent study of the recommended literature. Despite the completeness of the lecture notes, it is impossible to present all the material in it due to the limit of classroom hours. Therefore, independent work with textbooks, teaching aids, scientific and reference literature, materials from periodicals and the Internet is the most effective method of obtaining additional knowledge, allows you to significantly intensify the process of mastering information, promotes a deeper assimilation of the material being studied, and forms the correct attitude to a specific problem.

Recommendations for working with literature

It is advisable to start working with literature by studying general works on the topic, as well as textbooks and teaching aids. Next, it is recommended to move on to the analysis of monographs

and articles that consider individual aspects of the problems studied in the course, as well as official materials and unpublished documents (research papers, dissertations), which may contain the main issues of the problem being studied.

Working with sources should begin with introductory reading, i.e. view the text, highlighting its structural units. During introductory reading, bookmarks mark those pages that require more careful study.

Depending on the results of the introductory reading, a further method of working with the source is selected. If solving the problem requires studying some fragments of the text, then the selective reading method is used. If the book does not have a detailed table of contents, the student should pay attention to the subject and name indexes.

Selected fragments or the entire text (if it is entirely relevant to the topic) require thoughtful, leisurely reading with "mental elaboration" of the material. Such reading involves highlighting: 1) the main thing in the text; 2) main arguments; 3) conclusions. Particular attention should be paid to whether the thesis follows from the arguments or not.

It is also necessary to analyze which of the author's statements are problematic, hypothetical, and to grasp hidden issues.

It is clear that the ability to work with text in this way does not come immediately. The best way to learn to highlight the main points in a text, to grasp the problematic nature of statements, and to evaluate the author's position is comparative reading, during which you get acquainted with different opinions on the same issue, compare the weight and evidence of the parties' arguments and draw a conclusion about the greatest persuasiveness of a particular position.

If in the literature there are different points of view on a particular issue due to the complexity of past events and legal phenomena, they cannot be rejected without understanding them. If there are discrepancies between the authors, it is necessary to find a rational grain in each of them, which will allow a deeper understanding of the subject of study and a more critical assessment of the issues being studied. Getting acquainted with the special positions of the authors, you need to identify their similar judgments, arguments, conclusions, and then compare them with each other and apply the one that is more convincing.

The next stage of working with literature is to prepare notes recording the principal arguments and theses. Notes may be organized by topic on separate sheets or in thematic notebooks. Major monographs are best summarized in separate notebooks. Notes should be written on one side of the page, with margins and sufficient line spacing for editing. Quotations must cite the source, including author, title, publication details, and page number. The notes may later support a written report or other assignment.

7. Evaluation materials

Assessment materials for the discipline for ongoing monitoring of progress and intermediate certification of students include examples of assessment tools (Appendix A to the work program of the discipline), procedure and assessment criteria.

8. List of educational literature and Internet resources necessary for mastering the discipline

8.1. Educational literature:

1. Antsupov A.Ya., Shipilov A.I. Conflict Studies [Electronic resource]: University Textbook. 7th ed. St. Petersburg: Piter, 2020. 560 pp., illustrated. ISBN 978-5-4461-1423-8. URL: https://ibooks.ru/bookshelf/365225/reading

2. Verbitsky A.A., Shcherbakova O.I. Conflict-Management Culture of a Professional: Development Technologies [Electronic resource]: Monograph. Moscow: Moscow Pedagogical State University, 2016. 413 pp. ISBN 978-5-4263-0297-6. Electronic text // Lan Electronic Library System. URL: https://e.lanbook.com/book/106064

3. Lukatsky M.A., Ostrenkova M.E. Psychology [Electronic resource]. Moscow: GEOTAR-Media, 2017. 704 pp. (Physician's Psychology Compendium series). ISBN 978-5-9704-4084-1. Access: http://www.studmedlib.ru/book/ISBN9785970440841.html

4. Maksimovsky Yu.M., Maksimovskaya L.N., Wagner V.D., Bairamov E.E. Anthology of Conflict in Dental Practice [Electronic resource] / edited by L.N. Maksimovskaya. Moscow: GEOTAR-Media, 2020. 128 pp. ISBN 978-5-9704-5571-5. URL: https://www.rosmedlib.ru/book/ISBN9785970455715.html

5. Effective Communication Skills for Patient-Centered Medical Care: Scientific and Methodological Publication / N.A. Bottaev, K.A. Gorina, D.M. Gribkov, N.S. Davydova, E.V. Dyachenko, O.P. Kovtun et al. Moscow: ROSOMED, 2018. 32 pp. http://rosomed.ru/system/documents/files/000/000/102/original/Calgary-Cambridge-Model-Guide.pdf?1528916127

6. Solovyova S.L., Oderysheva E.B., Murtazina I.R. The Physician's Personality: Study Guide. St. Petersburg: North-Western State Medical University named after I.I. Mechnikov, 2014. 35 pp.

https://moodle.szgmu.ru/pluginfile.php/21715/mod_resource/content/4/%D0%9B%D0%98%D0%A7%D0%9D%D0%9E%D0%A1%D0%A2%D0%AC%20%D0%92%D0%A0%D0%90%D0%A7%D0%90.PDF

7. Solovyova S.L. Fundamentals of Health Psychology: Study Guide. St. Petersburg: North-Western State Medical University named after I.I. Mechnikov, 2017. 56 pp. https://moodle.szgmu.ru/pluginfile.php/141502/mod_resource/content/2/

8. Solovyova S.L., Oderysheva E.B. Educational Communication: Study Guide. St. Petersburg: North-Western State Medical University named after I.I. Mechnikov, 2018. 36 pp.

9. Solovyova S.L., Merkuryeva A.A. Professional Psychological Techniques in Physician–Patient Communication: Study Guide. St. Petersburg: North-Western State Medical University named after I.I. Mechnikov, 2018. 40 pp. https://moodle.szgmu.ru/pluginfile.php/248362/mod_resource/content/3/

10. Solovyova S.L., Oderysheva E.B., Murtazina I.R. Psychology of Conflict Behavior: Study Guide. St. Petersburg: North-Western State Medical University named after I.I. Mechnikov, 2014. 47 pp. https://moodle.szgmu.ru/pluginfile.php/21730/mod_resource/content/4/

11. Solovyova S.L., Parfenova D.A., Oderysheva E.B. The Emotional and Volitional Sphere of Personality: Study Guide. St. Petersburg: North-Western State Medical University named after I.I. Mechnikov, 2019. 28 pp. https://moodle.szgmu.ru/pluginfile.php/248488/mod_resource/content/0/

12. Fundamentals of Developing Physician Communication Skills: Study Guide / E.Yu. Abritalin, S.L. Solovyova, A.G. Portnova, D.A. Parfenova. St. Petersburg: North-Western State Medical University named after I.I. Mechnikov, 2023. 40 pp.

13. Solovyova S.L., Portnova A.G. Psychology of Dying and Death: Study Guide. St. Petersburg: North-Western State Medical University named after I.I. Mechnikov, 2021. 52 pp.

14. Fundamentals of Developing Physician Communication Skills: Study Guide / E.Yu. Abritalin, S.L. Solovyova, A.G. Portnova, D.A. Parfenova. St. Petersburg: North-Western State Medical University named after I.I. Mechnikov, 2023. 40 pp. https://sdo.szgmu.ru/pluginfile.php/847968/mod_resource/content/2/

8.2.Resources of the Internet information and telecommunications network:

Name of Internet resource	Email address of the resource
Fundamental Library of North-Western State Medical University named after I.I. Mechnikov	http://lib.szgmu.ru/
Russian State Library	http://www.rsl.ru/
National Library of Russia (St. Petersburg)	http://www.nlr.ru/
M. Gorky Scientific Library, St. Petersburg State University	http://www.library.spbu.ru/
V. Mayakovsky Central City Public Library (St. Petersburg)	http://pl.spb.ru/

Medforum portal	http://www.medforum.com/
FreeMedicalJournals medical journals portal	http://www.freemedicaljournals.com/
Information and educational system for medical practitioners	http://www.rosmedlib.ru
Russian medical portal	http://www.rosmedportal.com
World Health Organization	http://www.who.int
Methodological Center for Specialist Accreditation	https://fmza.ru/

9. List of information technologies used to master the discipline, including a list of software, professional databases and information reference systems

9.1. List of information technologies used in the educational process:

item no.	Name of discipline section	Information technology
1.	Philosophical foundations of ethics and deontology.	Placement of educational materials in the University's electronic information and educational environment: https://moodle.szgmu.ru/course/view.php?id=144
2.	Moral problems in ethics and deontology	Placement of educational materials in the University's electronic information and educational environment: https://moodle.szgmu.ru/course/view.php?id=144
3.	Medical and ethical issues in different fields of medicine	Placement of educational materials in the University's electronic information and educational environment: https://moodle.szgmu.ru/course/view.php?id=144
4	Development of communication skills	Placement of educational materials in the University's electronic information and educational environment: https://moodle.szgmu.ru/course/view.php?id=144#section-11
5	Communication in a physician's professional practice	Placement of educational materials in the University's electronic information and educational environment: https://moodle.szgmu.ru/course/view.php?id=144#section-11

9.2. List of software used in the educational process (licensed and freely distributed software, including domestically produced):

item no.	Software product name	License validity period	Documents confirming right to use software products
licensed software			
1.	ESET NOD 32	1 year	Government contract № 07/2020
2.	MS Windows 8 MS Windows 8.1 MS Windows 10 MS Windows Server 2012 Datacenter - 2 Proc MS Windows Server 2012 R2 Datacenter - 2 Proc MS Windows Server 2016	Unlimited	State contract No. 30/2013-O; Government contract No. 399/2013-OA; Government contract No. 07/2017-EA.

	Datacenter Core		
3.	MS Office 2010 MS Office 2013	Unlimited	Government contract No. 30/2013-OA; Government contract No. 399/2013-OA.
4.	Academic LabVIEW Premium Suite (1 User)	Unlimited	Government contract № 02/2015
licensed software of domestic production			
1.	Anti-plagiarism	1 year	Government contract № 2409
2.	“WEBINAR (WEBINAR)” VERSION 3.0	1 year	Contract No. 347/2020-M
3.	"3KL e-learning environment"	1 year	Contract No. 348/2020-M
4.	TrueConf Enterprise	1 year	Contract No. 396/2020-EA
free software			
1.	Google Chrome	Unlimited	Open License Agreement GNU GeneralPublicLicense
2.	NVDA	Unlimited	Open License Agreement GNU GeneralPublicLicense
freely distributed software of domestic production			
1.	Moodle	Unlimited	Open License Agreement GNU GeneralPublicLicense

9.3. List of professional databases and information reference systems:

item no.	Name software product	License validity period	Documents confirming right to use software products	Mode access for disabled students and persons with limited health capabilities
1.	Consultant Plus	1 year	Agreement No. 655/2020-EA	-
2.	EBS “Student Consultant”	1 year	Contract No. 307/2020-EA	http://www.studmedlib.ru/
3.	EMB “Doctor Consultant”	1 year	Contract No. 281/2020-EA	http://www.rosmedlib.ru/
4.	EBS "Ibooks.ru/ibooks.ru"	1 year	Contract № 06/2020	https://ibooks.ru
5.	EBS “IPRBooks”	1 year	Contract No. 08/2020-ZK	http://www.iprbookshop.ru/special
6.	Electronic library system “Bukap”	1 year	Contract № 05/2020	https://www.books-up.ru/
7.	EBS "Lan Publishing House"	1 year	Contract No. 395/2020-EA	https://e.lanbook.com/

10. Material and technical support of discipline

Lecture classrooms for classes, group and individual consultations, ongoing assessment, and interim assessment, located at 47 Piskarevsky Prospect, Buildings BV and AL, and equipped with teaching equipment and technical aids:
Equipment: chalkboard; instructor's desk and chair; two-seat student desks; chairs for all students.
Technical teaching aids: multimedia projector, teacher’s laptop, system unit, monitor.

Special technical teaching aids: Roger Pen (Roger personal wireless transmitter in the form of a pen), Roger MyLink (Roger Pen system signal receiver) (for students with hearing impairments); IntelliKeys (wired keyboard with Russian Braille with a matte black finish), (St. Petersburg, Piskarevsky Prospekt, 47, lit. R (building 9), room No. 18.19, Federal State Budgetary Educational Institution of Higher Education North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of the Russian Federation).

Classrooms for practical classes, group and individual consultations, ongoing assessment, and interim assessment, located at 47 Piskarevsky Prospect, Buildings BV and AL, 3rd floor, Rooms 27, 29, and 33, and equipped with teaching equipment and technical aids:
Equipment: chalkboard; instructor's desk and chair; two-seat student desks; chairs for all students.
Technical teaching aids: multimedia projector, teacher’s laptop, system unit, monitor.
Special technical teaching aids: Roger Pen (Roger personal wireless transmitter in the form of a pen), Roger MyLink (Roger Pen system signal receiver) (for students with hearing impairments); IntelliKeys (wired keyboard with Russian Braille with a matte black finish), (St. Petersburg, Piskarevsky Prospekt, 47, lit. R (building 9), room No. 18.19, Federal State Budgetary Educational Institution of Higher Education North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of the Russian Federation).

Independent-study rooms equipped with computers, Internet access, and access to the University's electronic information and educational environment: North-Western State Medical University named after I.I. Mechnikov, 47 Piskarevsky Prospect, Building AE, Rooms 49, 51, 30, and 32; Building D, Rooms 34 and 32.

Appendix A

Ministry of Health of the Russian Federation

federal state budgetary educational institution
higher education
"North-Western State Medical University
higher education
Ministry of Health of the Russian Federation

Ministry of Health of the Russian Federation

EVALUATION MATERIALS

(for ongoing monitoring of progress and intermediate certification of students)

Specialty:	31.05.01 General medicine
Direction:	Organization and provision of primary health care to the adult population in medical organizations
Name of discipline:	Physician Communication Skills

St. Petersburg – 2021

1. List of planned learning outcomes in the discipline

Competency achievement indicator code	Learning outcomes (assessment indicators)	Evaluation tools
ID-1 UC-3	**Knows models of team interaction, factors in effective teamwork, and parameters for formulating goals.**	test questions, test tasks
ID-2 UC-3	**Knows group decision-making methods; methods of assigning tasks and delegating authority; and the need to assume responsibility for the overall result** **Is able to use group decision-making methods, structure communication during decision-making, and formulate tasks for team members.**	test questions, test tasks
ID-3 UC-3	**Knows effective conflict-management and resolution methods; individual characteristics of conflict-prone personalities; signs of potentially conflict-generating situations in medical interaction; signs and prevention of occupational burnout; and physician self-regulation methods in conflict-generating situations.**	test questions, test tasks, clinical cases, written report
	Is able to select conflict-resolution strategies and tactics, identify conflict-prone personality types and potentially conflict-generating situations, take preventive measures, identify and prevent occupational burnout, and use self-regulation techniques.	situational tasks
	Has skills in identifying conflict-prone personality types and managing their own psycho-emotional state.	Demonstration of practical skills
ID-1 UC-4	**Knows the rules for establishing contact and patterns in the development of professional communication in academic and professional interaction** **Is able to establish and develop professional contacts in accordance with** the needs of joint activity, including information exchange and development of a unified strategy for interaction.	test questions, test tasks
ID-2 UC-4	**Knows the theoretical foundations of current communication technologies:** • the characteristics of different types of communication, • mechanisms and errors of social perception, • communication barriers, • internal and external factors of effective communication, • signs of manipulative communication and ways to resist it, • communication skills: structuring communication, active listening, handling objections, and preparing and delivering a public presentation.	test questions, test tasks, clinical cases, written report
	Is able to implement different types of communication, • differentiate and identify mechanisms of social	situational tasks

	perception, • overcome communication barriers, • consider factors of effective communication, • identify manipulative communication and resist manipulation, • structure communication, use active listening, handle objections, and speak publicly.	
	Has skills in • public speaking, structuring communication, active listening, and handling objections,	Demonstration of practical skills
ID-2 UC-5	**Knows principles for building social and professional interaction with due regard to major forms of scientific and religious consciousness and the business and general culture of representatives of other ethnic groups and** religious denominations and different social groups.	Control questions; essay
ID-3 UC-5	**Knows the principles of tolerant attitudes toward patients and colleagues in professional interaction**	test questions, test tasks, written report
	Is able to apply the principles of tolerant attitudes toward patients and colleagues in professional interaction	situational tasks
ID-1 GPC-1	**Knows ethical standards and deontological principles of professional conduct.**	test questions, written report
ID-2 GPC-1	**Knows:** • The theoretical foundations of medical deontology and principles of relationships within the physician–patient system. • The structure of patient–physician communication within patient-centered care.	Review questions, test items, clinical cases, written report
	Test tasks • Apply acquired knowledge when addressing major ethical dilemmas and problems arising during medical care; • Implement patient-centered communication: establishing contact, interacting with the patient, and closing the encounter.	situational tasks
	Has skills in • Establishing contact, interacting with the patient, and closing the encounter.	Demonstration of practical skills

2. **Examples of assessment tools and assessment criteria for ongoing monitoring**

2.1. Examples of incoming control

1. Define communication and specify its three aspects.
2. Name the types of communication.
3. List the mechanisms and effects of social perception.
4. How does empathy differ from attraction?

Evaluation criteria, grading scale pass/fail

Rating	Description
"passed"	Demonstrates a thorough understanding of the problem. All requirements for the task have been met

Rating	Description
"not accepted"	Demonstrates a lack of understanding of the problem. Many requirements for the assignment have not been met. No answer.

2.2. Examples of test tasks:

ID-1 UC-3, ID-2 UC-3, ID-3 UC-3

Question name: Question No. 1
Behavior by a team member that prevents them from doing their work or
prevents other team members from doing their work is:
1) a qualification difficulty.
2) an organizational difficulty.
3) a performance problem.
4) none of the above.

ID-3 UC-3
Question name: Question No. 2
Identify the conflict-prone personality type from the following characteristics: seeks to be the center of attention, adapts well to different situations, plans activities situationally, and avoids painstaking, systematic work:
1) Demonstrative type
2) Conflict-avoidant type
3) Overly precise type
4) Rigid type

ID-1 UC-4, ID-2 UC-4

Question title: Question No. 3
Types of communicative activity include:
1) speaking, reading, listening, and writing
2) encoding, speaking, and modeling
3) reading, writing, and constructing

Question title: Question No. 4
Communication is a form of interaction:
1) between a subject and an object;
2) between a subject and technology;
3) between one subject and another.

ID-2 UC-5, ID-3 UC-5

Question name: Question No. 5
Communication and exchange of information through gestures, facial expressions, and various signaling and sign systems is:
1) non-verbal communication;
2) verbal communication;
3) paraverbal communication.

Question name: Question No. 6
Communication using words, or speech communication, is:
1) non-verbal communication
2) verbal communication

3) paraverbal communication

Question title: Question No. 7
Complete the statement: … shock is emotional or physical discomfort caused by entering a different cultural environment.
1) cultural
2) national
3) psychological

Question name: Question No. 8
What is tolerance of another person's lifestyle, behavior, customs, ideas, or beliefs?
1) tolerance
2) tabooing
3) consensus

Question title: Question No. 9
The culture and language of every people contain …
1) nationally specific features
2) individual features
3) group features

ID-2 UC-4, ID-1 GPC-1
Question title: Question No. 10
Select a sign of a manipulative communication style:
1) treating another person as a means of achieving one's own goals
2) emotional discomfort
3) obtaining mutual benefit
4) attention to another person's values and spiritual aspirations

ID-2 GPC-1
Question title: Question No. 11
Which mechanism of social perception involves identifying oneself with the communication partner?
1) Reflection
2) Attitude
3) Identification
4) Attraction

Evaluation criteria, grading scale for test tasks

Rating		**Description**
"excellent"	5	Completed in full – 90%-100%
"good"	4	Not fully implemented – 80%-89%
"satisfactory"	3	Completed with deviation – 70%-79%
"unsatisfactory"	2	Partially completed – 69% or less correct answers

2.3. Indicative list of control questions for ongoing assessment.

ID-1 UC-3
Professional adaptation of a physician.
ID-2 UC-3
Physician self-regulation and its methods: autogenic training and progressive muscle relaxation.
ID-3 UC-3

Conflict in physician–patient communication.

ID-1 UC-4

Communicative competence as a professionally significant quality of a physician.

ID-2 UC-4

The paternalistic model of physician–patient communication.

ID-2 UC-5

Empathy as an affective component of communicative competence. Types of empathy.

ID-3 UC-5

Psychological characteristics reducing a physician's communicative competence: anxiety and depression.

ID-1 GPC-1

Hyperthymic personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.

ID-2 GPC-1

Patient adaptation to disease. The concept of the internal representation of illness. Sensory and emotional components

Evaluation criteria, assessment scale for control questions

Rating		Description
"excellent"	5	Knows all the educational material, understands it perfectly and has thoroughly mastered it. Gives correct, conscious and confident answers to questions (within the program). In oral answers he uses literary correct language and does not make mistakes.
"good"	4	Knows all the required educational material, understands it well and has mastered it firmly. Answers questions (within the program) without difficulty. In oral answers he uses literary language and does not make gross mistakes
"satisfactory"	3	Knows basic educational material. Answers questions (within the limits of the program) with difficulty. In oral answers, he makes mistakes when presenting the material and in constructing his speech.
"unsatisfactory"	2	Does not know most of the educational material, answers, as a rule, only to the teacher’s leading questions, hesitantly. Makes frequent and serious mistakes in oral answers

2.4. Examples of report topics

ID-1 UC-3

Physician burnout syndrome.

Symptoms and stages of physician burnout.

ID-2 UC-3

Stages of physician–patient communication (contact, orientation, argumentation, and adjustment phases).

The physician's professional image.

ID-3 UC-3

Conflict-prone patient personalities (typologies).

Conflict management in physician–patient communication

ID-2 UC-4

The Calgary–Cambridge model of medical consultation (initiating the session, gathering information, explanation and planning, and closing the session).

ID-2 UC-5

Communication with a patient who is a physician.

ID-3 UC-5

Psychological characteristics enhancing a physician's communicative competence: communicative tolerance, affiliation, and emotional stability.

ID-1 GPC-1

Labile personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.
ID-2 GPC-1
Internal representation of illness. Types of attitude toward illness: harmonious and anosognosic.

Report assessment criteria and grading scale

Rating		Description
"excellent"	5	All requirements for preparing and presenting the report are met: the problem and its relevance are stated; different viewpoints are briefly analyzed; the student's own position is presented logically; conclusions are formulated; and the topic is fully covered.
"good"	4	The main requirements for the report and its presentation are met, but shortcomings are present, including inaccuracies in the material and a lack of logical sequence in the reasoning.
"satisfactory"	3	There are substantial deviations from the report requirements: the topic is covered only partially; factual errors are present in the report or in answers to additional questions; and no conclusion is provided during the presentation.
"unsatisfactory"	2	The topic is not covered, a substantial misunderstanding of the problem is demonstrated, or no report is presented.

3. Current control procedure

Ongoing assessment is conducted through interviews based on control questions, testing, and presentation of a report.

4. Examples of assessment tools and assessment criteria for intermediate certification

4.1. Indicative list of control questions for examination preparation:

ID-1 UC-3
Professional deformation of a physician's personality.
ID-2 UC-3
Physician self-regulation and its methods: visualization and breathing exercises.
ID-3 UC-3
Behavioral strategies and tactics in conflict.
ID-1 UC-4
The biopsychosocial approach to assessing a patient's personality.
ID-2 UC-4
The patient-centered model of physician–patient communication.
ID-2 UC-5
Communication with an aggressive patient.
ID-3 UC-5
Psychological characteristics reducing a physician's communicative competence: neuroticism and marked introversion.
ID-1 GPC-1
Cycloid personality accentuation: contributing factors, vulnerable social situations, behavior, and physician–patient communication.
ID-2 GPC-1
Patient adaptation to disease. The concept of the internal representation of illness. Rational and motivational components.

Evaluation criteria, assessment scale for control questions

Rating		Description
"excellent"	5	Knows all the educational material, understands it perfectly and has thoroughly mastered it. Gives correct, conscious and confident answers to questions (within the program). In oral answers he uses literary correct language and does not make mistakes.
"good"	4	Knows all the required educational material, understands it well and has mastered it firmly. Answers questions (within the program) without difficulty. In oral answers he uses literary language and does not make gross mistakes
"satisfactory"	3	Knows basic educational material. Answers questions (within the limits of the program) with difficulty. In oral answers, he makes mistakes when presenting the material and in constructing his speech.
"unsatisfactory"	2	Does not know most of the educational material, answers, as a rule, only to the teacher's leading questions, hesitantly. Makes frequent and serious mistakes in oral answers

4.2. Examples of clinical cases:

ID-1 UC-4.1, ID-2 UC-4.2

Clinical case 41.

A 30-year-old woman reports at a follow-up appointment that no pharmacy was able to read the prescription issued by the physician and that she lost the written treatment instructions. Consequently, she could not begin treatment on time. She is extremely indignant, blames the physician, and demands retribution.

Task: using tension-reduction techniques for conflict situations, formulate an appropriate response.

ID-2 UC-3.2, ID-3 UC-3.3

Clinical case 6.

Alice, aged 18, was shy as a child, did not readily meet peers, and enjoyed reading and watching educational films about animals. She was afraid of the dark and ghosts. At school, her relationships with peers were distant because she found it difficult to find companions with similar interests. She became very anxious when answering at the board and did not enjoy physical education. Her room contains many amulets, talismans, feng shui objects, dream catchers, and numerous books. A turning point occurred when her parents divorced and she had to decide which parent to live with.

Tasks for the clinical case:

1. Suggest the patient's probable personality accentuation type.
2. Justify your conclusion.
3. Prepare and justify a plan for interaction in a conflict-generating situation.

ID-3 UK-5.3

Clinical case 56.

Patient K. arrived on time for an appointment with an internal medicine physician, but the physician was able to see her only 40 minutes later because several difficult patients had been seen earlier and the physician was working without a nurse. On entering the office, the patient expresses dissatisfaction with the organization of the physician's work, complains about the loss of her personal time, and blames the physician.

Tasks for the clinical case:

Give the physician recommendations for resolving this conflict situation.

ID-2 GPC-1.2

Clinical case 33.

Patient T., aged 52, was admitted to the gynecology department with uterine bleeding. She behaves calmly, is uncommunicative, and gives monosyllabic answers. She shows no interest in her diagnosis or prognosis. She is indifferent to prescribed procedures and does not remember them independently, but

when called for a procedure she does not resist and obediently follows the nurse. She rarely speaks with other patients and remains mostly thoughtful and detached.

Tasks for the clinical case:

1. Determine the patient's type of attitude toward illness.
2. Justify your conclusion.
3. Prepare and justify a plan for interaction in a conflict-generating situation.

Assessment criteria and grading scale for clinical cases

Rating		Description
"excellent"	5	The solution is explained in detail, consistently, and accurately, with theoretical justification, the necessary diagrams and visual demonstrations, and correct, fluent use of terminology. Answers to additional questions are correct and clear.
"good"	4	The solution is detailed but not sufficiently logical, with isolated errors in detail and some difficulty with theoretical justification, diagrams, and visual demonstrations. Answers to additional questions are correct but insufficiently clear.
"satisfactory"	3	The explanation is incomplete and inconsistent, contains errors, and has weak theoretical justification. There are significant difficulties and errors in diagrams and visual demonstrations. Answers to additional questions are insufficiently clear and contain errors in detail.
"unsatisfactory"	2	The explanation is incomplete and inconsistent, contains major errors, and lacks theoretical justification. The student is unable to provide diagrams and visual demonstrations, or makes numerous errors. Answers to additional questions are incorrect or absent.

Final assessment criteria and grading scale (examination)

Rating		Description
"excellent"	5	The student answered the theoretical question(s) correctly and demonstrated excellent knowledge of the course material; completed the practical task(s) correctly; demonstrated excellent ability to apply acquired knowledge and skills when solving course-related tasks; and answered all additional questions.
"good"	4	The student answered the theoretical question(s) with minor inaccuracies and demonstrated good knowledge of the course material; completed the practical task(s) with minor inaccuracies; demonstrated good ability to apply acquired knowledge and skills; and answered most additional questions.
"satisfactory"	3	The student answered the theoretical question(s) with substantial inaccuracies and demonstrated satisfactory knowledge; completed the practical task(s) with substantial inaccuracies; demonstrated satisfactory ability to apply acquired knowledge and skills; and made many errors when answering additional questions.
"unsatisfactory"	2	When answering the theoretical question(s) and completing the practical task(s), the student demonstrated an insufficient level of knowledge and skills for solving course-related tasks and gave numerous incorrect answers to additional questions.

5. Intermediate assessment procedure

Intermediate assessment is conducted as an examination. The examination includes interview questions and clinical case solutions.