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FACULTY MEDICINE

STUDY PROGRAM 0912.1 MEDICINE

CHAIR PHILOSOPHY AND BIOETHICS

APPROVED

at the meeting of the Commission for Quality Assurance and Evaluation of the Curriculum faculty Medicine

Minutes No. 6 of 22.02.2017

Chairman PhD., associated prof.

Suman Serghei

APPROVED

at the Council meeting of the Faculty Medicine II

Minutes No. 4 of 20.03.2017

Dean of Faculty PhD., associated prof.

Bețiu Mircea

APPROVED

approved at the meeting of the chair of Philosophy and Bioethics

Minutes No. 01 of 01.09.2017

Head of chair PhD., associated prof.

Ojovan Vitalie

CURRICULUM

DISCIPLINE COMMUNICATION AND BEHAVIOUR IN MEDICINE

Integrated studies

Type of course: **Compulsory**

Chisinau, 2017



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I. INTRODUCTION

- General presentation of the discipline: place and role of the discipline in the formation of the specific competences of the professional / specialty training program

The value and necessity of the discipline Communication and behavior in medicine for medical practitioners is determined by the various situations that are unclear and lack in precision with which the medical worker is facing in his activity. This difficulty usually oscillates between what is good and what is bad, what is right and what is wrong, what is normal and what is abnormal. The intense pace imposed on the practitioner in practice makes it unrealistic to face multiple difficulties involving communication skills and behavioral control. One thing is certain that a professional communication style and the formation of moral qualities generates a calm (generally normal) behavior in the difficult situations in your activity and results in an increase of patient satisfaction and quality of the medical act.

In the context of the new professional training requirements of the future physician, the course *Communication and behaviour in medicine* is recommended for all specialties in the health care system.

In order to create an effective communication atmosphere and balanced behavior, specialized medical knowledge is not sufficient, but also for knowledge about the complexity of the relations between the doctor and the patient. The physician's relationship with the patient presupposes firstly effective communication skills based on human nature, moral behavior between the physician and the patient based on the essence of the human being, and not on the accidental appearances that often occur in the medical act.

The Course in Communication and Behavior in Medicine aims to streamline the practice of the medical profession, to form the sense of responsibility as a human and as a medical specialist. To create their own communication and behavioral style in accordance with the noble profession of physician.

- Mission of the curriculum (aim) in professional training

To provide to the practitioners knowledge and techniques of communication and behavior in accordance with professional moral standards, as well as acquiring skills to understand the specific conditions in which the medical communication act is carried out, ensuring a communication for the change of the behavior of the parties involved in the medical relations.

- Languages of the course: English, Romanian, Russianm.
- Beneficiaries: students of the I year, faculty Medicine 1 and 2.

II. MANAGEMENT OF THE DISCIPLINE

Code of discipline	U.02.O.014		
Name of the discipline	Communication and Behaviour in Medicine		
Person(s) in charge of the discipline	PhD., associated prof. Vitalie Ojovanu Dr., lecturer Ludmila Rubanovici Univ.assis. Ion Banari		
Year	I	Semester/Semesters	2
Total number of hours, including:			90
Lectures	17	Practical/laboratory hours	



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Seminars	34	Self-training	39
Form of assessment	CD	Number of credits	3

III. TRAINING AIMS WITHIN THE DISCIPLINE

At the end of the discipline study the student will be able to:

- *at the level of knowledge and understanding:*

- communication process and communication functions;
- communication techniques in building physician-patient functional relationships;
- the communication and behavioral criteria of the qualitative medical act;
- various situations of manifestation of communication barriers in the doctor-patient relationship;
- effective communication models, active listening techniques for successful vocation;
- the structure and quality of the conflict, the causes that may lead to conflicts in the therapeutic act;
- the main causes of malpractice in order to prevent them;
- the rights and obligations of the doctor and the patient;
- the components of a communication for changing health-related behavior

- *at the application level:*

- intra and inter-organizational communication techniques for optimal integration into the medical team;
- competencies for decoding and applying metacomunication in medical practice;
- appropriate images to a health worker in order to avoid malpractice;
- specific techniques for overcoming barriers in communication;
- the effective communication elements in the doctor-patient relationship;
- the main strategies for conflict resolution at interpersonal, personal and social level;
- managing of medical conflict through bioethics;
- intercultural behavior in the doctor-patient relationship;
- personality behavioral responses of patients;
- moral qualities in understanding the problems regarding the life and health of patients and / or their entourage

- *at the integration level:*

- communication techniques in medical conditions;
- knowledge to organize or reorganize your own style of communication in medicine;
- the professional image according to the physician's status and social role;
- knowledge and skills to detect sources of conflict in medical practice;
- ability to overcome communication barriers in medicine;
- the theory of intercultural communication in the dialogue with patients from different ethnic groups;
- integrate strategies and communication techniques for changing health-related behavior;
- the moral character of the person that determines the professional conduct;

IV. PROVISIONAL TERMS AND CONDITIONS

Basic knowledge in communication and behavioral sciences applied in medical practice to streamline



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individual implications and quality of the medical act, as well as changing health risk behaviors.

V. THEMES AND ESTIMATE DISTRIBUTION OF HOURS

Lectures, practical hours/ laboratory hours/seminars and self-training

No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self-training
1.	Human behavior – as a bio-psycho-socio complex.	2	4	5
2.	Behavior and Personality.	2	4	4
3.	Behavior and Society. Elements of medical sociology.	2	4	4
4.	Communication. Definitions and functions.	2	4	4
5.	Metacommunication and cultural differences.	2	4	4
6.	Barriers and cleavages in communication.	2	4	4
7.	Conflict - the essential constituent element of communication.	1	2	4
8.	Behavior and cultural context. Conflict.	1	2	4
9.	Health risk behaviors. Communication for behavior change health risk.	3	6	6
Total		17	34	39

VI. OBJECTIVES AND CONTENT UNITS

Objectives	Content units
Theme 1. Human behavior – as a bio-psycho-socio complex	
<ul style="list-style-type: none"> • To define the notion of human behavior, the complex formula of building and consolidating behavior; • To know the criteria of normality; • To demonstrate the involvement of internal and external factors in determining behavior; • To apply the knowledge gained in determining the types of behaviors; • To integrate the moral character of man that determines professional conduct. 	1. The concept of human behavior. Classification of human behavior. Factors influencing human behavior: biological, psychological and social.
	2. Bio-psycho-social factors influencing the medical act. Behavior and health. Impact of human behavior on health.
	3. Normal behavior. The concept of normality. Normality as a process. Criteria of normality. Normality and communication. Normality as healthiness, normality and adaptability, health and adaptation.
	4. Abnormality. Criteria for defining abnormalities. Abnormalities and disease. Types of abnormal behaviors.



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Objectives	Content units
Theme 2. Behavior and personality	
<ul style="list-style-type: none"> • to define what is personality and its structural elements; • to know the impact of human character on professional success; • to apply the behavioral responses of different types of personality; • to integrate effective decisions that shape different types of particular behaviors. 	1. The concept of personality. Characteristics and personality structure. '
	2. Behavior and temperament. Types of temperament: choleric, sanguine, phlegmatic and melancholic.
	3. Behavior and human somatic. Morphological typologies.
	4. Behavior and "human psychic". Psychophysiological and psychological typologies.
Theme 3. Behavior and Society. Elements of medical sociology	
<ul style="list-style-type: none"> • To define the concept of medical sociology, status and social role, bioethics, medical deontology; • to know the types of doctor-patient relationship; • to become aware of the rights and obligations of the doctor and the patient; • to apply appropriate images to a health worker by avoiding malpractice; • integrate the professional image in accordance with the physician's status and social role. 	1. The notion of sociology and medical sociology.
	2. The characteristics of the notions of status, social role and role conflict.
	3. Status and social role of the doctor. Social role of the patient. Doctor-patient relationship as role relationship.
	4. Types, models and strategies of doctor-patient relationship. Stages of medical act: anamnesis and symptom exploration by physician; specification of the diagnosis and treatment decision; therapeutic compliance, therapeutic process, and post-treatment stage. The informed consent.
	5. Malpraxis and non-compliance to treatment as deviations from the role obligation. Self-medication.
	6. Elements of bioethics and medical deontology.
Theme 4. Communication. Definitions and functions	
<ul style="list-style-type: none"> • to define the process of communication, communication functions; • to be familiar with various 	1. The notion of communication. Elements of communication. Functions of communication.



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Objectives	Content units
<p>communication techniques useful in building a physician-patient functional relationship;</p> <ul style="list-style-type: none"> • to demonstrate the effectiveness of communication in various professional situations; • to apply intra-and inter-organizational communication techniques for optimal integration into the medical team; • to integrate knowledge to organize or reorganize your own style of communication. 	2. The communication process. Types and forms of communication.
	3. Significance of communication in medical activity. Types of doctor-patient communication.
	4. Communication based on diagnosis. Communication with different types of patients.
	5. Communication in the medical team: physician, assistant, bioethician, priest, psychologist, psychiatrist, social worker, patient.
Theme 5. Miscommunication and cultural differences	
<ul style="list-style-type: none"> • to define the value and impact of metacomunication in the medical act; • to know the principles of metacommunication and its importance in medical practice, in the context of respecting the bioethical norms; • to demonstrate skills for decoding and applying the verbal, paraverbal, nonverbal and extraverbal language of metacommunication in medical practice; • to follow the Code of Good Manners in everyday life, including work; • to integrate patient understanding and interpretation, to use body language in communicating with patients, appropriate assessment according to speaker culture. 	1. The notion of metacommunication.
	2. Decoding the verbal language of metacomunication.
	3. Paraverbal language: voice characterizers, qualifiers and segregates.
	4. Nonverbal language: posture of the body, mimic and gesture.
	5. Interaction between verbal and non-verbal communication. Intercultural positions in nonverbal communication.
	6. Etiquette. History of etiquette. Elements of the code of good manners. Behavior in workplace.
	7. The image as essential element in contemporary society. The concept of image. Personal image. Dress code. Language of colors. Female and male dresscode.
	8. The image of the medical student and the doctor.
	9. Elements of Neuro-Linguistic Programming: the metamodel, the art of asking questions, fingers and critical words, the sensory representation, the visual access keys and how we keep the objectives.
Theme 6. Barriers and cleavages in communication	
<ul style="list-style-type: none"> • to define the concept of communication barriers, the 	1. The concept of barrier of communication, the cause of their occurrence and their classification.



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Objectives	Content units
<ul style="list-style-type: none"> cause of their occurrence and their classification, to know the main typologies of communication barriers; • to know the various situations of manifestation of communication barriers in the doctor-patient relationship, efficient communication models, active listening techniques; • to demonstrate specific techniques for overcoming barriers in communication; • to apply the principles of metacommunication as a model for overcoming barriers in communication; • integrate abilities to overcome communication barriers in medicine. 	2. Technical barriers: noise, sound disturbances and filters.
	3. Socio-cultural barriers: political, religious, social and professional.
	4. Psychological barriers: attitudes and skills.
	5. Barriers of understanding: phonetic, semantic, stylistic and logical.
	6. Efficient and inefficient communication
	7. Techniques and forms of active listening.
	8. Elements of active listening: questioning, paraphrasing, summarizing and feedback.
	9. Effective doctor-patient communication. Personal barriers in the doctor-patient relationship.
	Theme 7. Conflict - the essential constituent element of communication
<ul style="list-style-type: none"> • to define the concept of conflict, its structure and type conflict; • to know the causes that can lead to conflicts; • to demonstrate skills in solving conflicts at interpersonal, personal and social level; • to apply conflict management through bioethics, by condemning immoral and amoral facts. • to integrate knowledge and skills to detect sources of conflict in medical practice; • to integrate conflict resolution strategies between physician and patient. 	1. The concept of conflict and conflictology. The object of study of conflictology.
	2. Structure of the conflict: the subject of the conflict, the elements of the conflict, the environment and conflict requirements, the subjective interpretation of the conflict and its individual elements.
	3. Conflict types. Conflict resolution strategies.
	4. The ethical aspect of the conflict.
Theme 8. Behavior and cultural context. Conflict	
<ul style="list-style-type: none"> • to define the intercultural communication process, different types of intercultural communicators; 	1. The concept of culture and intercultural communication. Multiculturalism, interculturality, transculturality.



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Objectives	Content units
<ul style="list-style-type: none"> • to know the sources of mistakes in intercultural communication in medicine; • demonstrate intercultural behavior in the physician-patient relationship; • to apply structurally the intercultural dialogue; • to integrate intercultural communication theory into dialogue with patients from different ethnic backgrounds. 	2. Ethnocentrism and intercultural communication. Ethnocentrism as a problem of intercultural communication.
	3. The structural features of intercultural communication. Sources of blunders in intercultural communication.
	4. Intercultural doctor-patient communication.
Theme 9. Health risk behavior. Behaviour change communication	
<ul style="list-style-type: none"> • to define the forms (varieties) and content of health-risk behaviors; • to understand the knowledge needed to detect deviant and harmful behaviors in the communication process; • to know the classification of deviant behaviors; • to demonstrate communicative - behavioral capacities to maintain a physician-patient dialogue in case of detecting deviant or harmful behaviors, aiming the annihilation or diminution of the respective skills; • to apply bioethics in clarification of issues related to the life and health of patients and / or their entourage; • to integrate the design, support and evaluation of a speech adapted to the criteria for the prevention of deviant or harmful behaviors; • to integrate communication strategies and techniques for changing health risk behaviors. 	1. Concept of deviant behavior. The importance of its annihilation in society and medicine.
	2. Classification of deviant behaviors.
	3. Personality disorders. Behavioral syndromes in mental illness.
	4. Domestic violence. Sexual Deviations.
	5. Persistent conflict situations.
	6. Harmful behavior: general characteristic.
	7. Delimitation of the main problems of harmful behavior.
	8. Physical and nervous strain. Unbalanced eating.
	9. Smoking, alcohol and drug use.
	10. Behavior towards medicines: repulsion, indifference, habits, abuse. Effect of Placebo.
	11. General Aspects of the Behavioral Change Process: Principles and Steps in Assessing Change of Behavior.
	12. Essential conditions for changing behavior.
	13. The importance of communication in changing behavior. Strategies and communication techniques for changing behavior. Behavior towards the drug.



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VII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCES AND STUDY FINDINGS

✓ Professional (specific) (SC) competences

- PC1. Planning, co-ordinating and conducting health promotion activities and prophylactic measures to improve individual and community health.

✓ Transversal competences (TC)

- TC1. Responsible execution of professional tasks with the application of the values and norms of professional ethics, as well as the provisions of the legislation in force. Promoting logical reasoning, practical applicability, assessment and self-assessment in decision-making.
- TC2. Performing activities and exercising the roles specific to team work in various medical institutions. Promoting the spirit of initiative, dialogue, cooperation, positive attitude and respect for others, empathy, altruism and continuous improvement of our own activity.
- CT3. Objective self-evaluation of the need for continuous professional training in order to provide quality services and adapt to the dynamics of health policy requirements and for personal and professional development. Effective use of language skills, knowledge in information technologies, research and communication skills.

✓ Study findings

Upon completion of the course the student will be able to:

- distinguish the components of an effective communication act;
- identify human moral character in order to successfully practice medicine;
- maintain emotional and moral balance in difficult professional situations;
- identify the sources of malpractice encountered during the doctor and patient relationship;
- make constructive decisions in conflict situations with either patients or colleagues;
- to improve the techniques and strategies, types and models of communication and behavior in professional activity and everyday life;
- to appreciate the value and necessity of moral behavior in accomplishing the medical act;
- characterize deviant and harmful behaviors to promote healthy living behavior.

STUDENT'S SELF-TRAINING

No.	Expected product	Implementation strategies	Assessment criteria	Implementation terms
1.	Working with books and ICT.	Work systematically in the library and audiovisual services. Exploring the current electronic sources on the topic under discussion.	1. Quality of formed judgments, logical thinking, flexibility. 2. The quality of the systematization of the informational material obtained through its own activity.	During the semester
2.	Essays	Analysis of relevant sources on the topic of the paper. Analysis, systematization and synthesis of information on the	1. The quality of systematization and analysis of the informational material	During the semester



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		proposed theme. Compilation of the paper in accordance with the requirements in force and presentation to the chair.	obtained through its own activity. 2. Concordance of information with the proposed theme.	
3.	Case study analysis.	Choice and description of the case study Analysis of the causes of the issues raised in the case study. Prognosis of the case investigated. Deduction of the expected outcome of the case.	1. Analysis, synthesis, generalization of data obtained through own investigation. 2. Formation of an algorithm of knowledge based on the obtained conclusions.	During the semester

VIII. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

• **Teaching and learning methods used**

The lecture consists of an interactive exposition of the course's basic content.

The student's seminar and extra-curricular activity involves the application of a variety of methods as follows: heuristic conversation, problem-solving, brainstorming, group work, individual study, debate, problem solving, role play, case study.

• **Applied (specific to the discipline) teaching strategies / technologies**

Study of document texts; role plays; case study; computer assisted training.

• **Methods of assessment (including the method of final mark calculation)**

Current: frontal and / or individual control by:

- ✓ Evaluation of the level of involvement of students and their quality in the accomplishment of the current tasks;
- ✓ Evaluating answers (students' arguments and decisions) to questions of problem situations or case studies;
- ✓ Evaluation of the control work.

Final: Differentiated colloquium.

Final test - oral test consisting of 3 questions: one question for assessing knowledge and two questions for competence assessment.

Answers are scored in grades 0 to 10 in accordance with national knowledge and competence assessment regulations. The annual average is formed from the sum of all grades divided by the number of accumulated notes.

The final grade will be calculated from the annual average score (coefficient 0.5) and the final grade score (coefficient 0.5).



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Method of mark rounding at different assessment stages

Intermediate marks scale (annual average, marks from the examination stages)	National Assessment System	ECTS Equivalent
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,0	6	
6,01-6,50	6,5	D
6,51-7,00	7	
7,01-7,50	7,5	C
7,51-8,00	8	
8,01-8,50	8,5	B
8,51-8,00	9	
9,01-9,50	9,5	A
9,51-10,0	10	

The average annual mark and the marks of all stages of final examination (computer assisted, test, oral) - are expressed in numbers according to the mark scale (according to the table), and the final mark obtained is expressed in number with two decimals, which is transferred to student's record-book.

Absence on examination without good reason is recorded as "absent" and is equivalent to 0 (zero). The student has the right to have two re-examinations.

IX. RECOMMENDED LITERATURE:

A. Compulsory:

1. Ojovanu V. (coord.). Comunicare și comportament în medicină (cu elemente de bioetică). Suport de curs. Chișinău: CEP Medicina, 2016.
2. Codul cadru de etică (deontologic) al lucrătorului medical și farmaceutic. Chișinău: Min. Săn. al R.Mold., 2008.
3. Dicționar de Filosofie și Bioetică. Chișinău: Medicina, 2004.
4. Dumitrașcu Dan L. Comunicare medicală. Curs pentru studenții la medicină. Cluj-Napoca: Editura Medicală Universitară „Iuliu Hațieganu”, 2013.
5. Fica Simona, Minea Liudmila. Ghid de comunicare și comportament în relația cu pacientul. București: Editura Universitară „Carol Davila”, 2008.
6. Miu Nicolae. Științele comportamentului. Cluj-Napoca: Editura Medicală Universitară „Iuliu Hațieganu”, 2004.
7. Spinei Angela. Comunicare și comportament. Chișinău: Medicina, 2005.
8. Țirdea Teodor. Bioetică: origini, dileme, tendințe. Suport de curs. Chișinău: Medicina, 2005.



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10. Cole Thomas R., Carlin Nathan S., Carson Ronald A. Medical humanities. An introduction. Cambridge: Cambridge University Press, 2015.
11. Gramma Rodica, Paladi Adriana. Behavioral sciences: compendium. Didactic material for medical students. Chisinau: Medicina, 2011.
12. O'Neill Onora. Autonomy and trust in bioethics. Cambridge: Cambridge University Press, 2012.
13. Smith Stephen W. End-of-life decisions in medical care: principles and policies for regulating the dying process. Cambridge: Cambridge University Press, 2012.

B. Additional

1. Birkenbihl Vera F. Semnalele corpului. Cum să înțelegem limbajul corporal. București: Gemma Pres, 1999.
2. Cornelius Helena. Știința rezolvării conflictelor. București: Ed. Știința și Tehnica, 1996.
3. Cosman D. Psihologie Medicală. Iași: Ed. Polirom, 2010.
4. Dinu Mihai. Comunicarea. București: Editura științifică, 1999.
5. Guillemont A., Laxenaire M. Anorexie mentale et boulimie. Le poids des facteurs socioculturels. Ed. Masson, 1994.
6. Hogan Kevin. Depășește cele 8 obstacole în calea comunicării. București: Editura Amaltea, 2006.
7. Jung C. G. Descrierea tipurilor psihologice. București: Ed. Anima, 1994.
8. Jung C.G. Despre formarea personalității. În: Psihologie individuală și socială. București: Ed. Anima, 1994.
9. Legea cu privire la exercitarea profesiei de medic (Nr. 264 din 27.10.2005). În: <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313062>.
10. Marinescu A. Codul bunelor maniere astăzi. București: Ed. Humanitas, 2002.
11. Munteanu D. Politețe și bună cuviință. București: Ed. Ramida, 1992.
12. Pascu Rodica. Comunicare interculturală. Sibiu: Editura Universității "Lucian Blaga", 2007.
13. Pasecnic V. Psihologia imaginii. Chișinău: Știința, 2006.
14. Pease Allan, Garner Alan. Limbajul vorbirii. București: Ed. Polimark, 1994.
15. Popa-Velea O. Științele comportamentului uman. Aplicații în medicină. București: Ed. Trei, 2010.
16. Prutianu Ștefan. Manual de comunicare și negocieri în afaceri. Vol. I. Comunicarea. Iași: Editura Polirom, 2000.
17. Râmbu Nicolae. Comunicare interculturală. Suport de curs universitar. În: Comunicare socială și relații publice. Iași: Editura Universității "Al. I. Cuza", 2007, p.167–218.
18. Rogozea L. Etică și Deontologie medicală. Brașov: Editura Universității TRANSILVANIA, 2006.
19. Мягков И.Ф., Воков С.Н., Чаев С.И. Медицинская психология. Москва: Логос. 2003.