



**CD8.5.1 DISCIPLINE SYLLABUS FOR  
UNIVERSITY STUDIES**

**Edition: 09**

**Date: 08.09.2021**

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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 in Medicine

Minutes No. 1 of 16.09.21

Chairman, PhD., associate prof.

Suman Serghei \_\_\_\_\_

APPROVED

at the Council meeting of the Faculty Medicine 2

Minutes No. 1 of 21.09.21

Dean of Faculty PhD., associate prof.

Bețiu Mircea \_\_\_\_\_

APPROVED

at the meeting of the Chair philosophy and bioethics

Minutes No. 02 of 16.09.2021

Head of chair, PhD., associate prof.

Ojovanu Vitalie \_\_\_\_\_

**SYLLABUS**

**DISCIPLINE: BASICS OF MEDICAL COMMUNICATION**

**Integrated studies**

Type of course: **Compulsory discipline**

**Curriculum developed by the team of authors:**

Ojovanu Vitalie, PhD., associated prof.

Eșanu Anatolie, PhD., associated prof.

Rubanovici Ludmila, PhD., associated prof.

Banari Ion, PhD., lecturer.

Chisinau, 2021



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### I. INTRODUCTION

The value and necessity of the discipline *Basics of medical communication* 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 *Basics of medical communication* 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 *Basics of medical communication* 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 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 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.

- **Language (s) of the discipline:** Romanian, Russian, English, French.
- **Beneficiaries:** the students of the first year of the faculty Medicine 1 and 2.

### II. MANAGEMENT OF THE DISCIPLINE

Code of discipline	U.02.O.013		
Name of the discipline	Basics of medical communication		
Persons in charge of the discipline	Ojovanu Vitalie, PhD., associated prof. Eșanu Anatolie, PhD., associated prof. Rubanovici Ludmila, PhD., associated prof. Banari Ion, PhD., lecturer.		
Year	I	Semester/Semesters	2
Total number of hours, including:			90
Lectures	15	Practical/laboratory hours	-
Seminars	30	Self-training	45
Form of assessment	E	Number of credits	3



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### 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:**
  - ✓ the communication process and communication functions;
  - ✓ the communication techniques in building physician-patient functional relationships;
  - ✓ the communication and behavioral criteria of the qualitative medical act;
  - ✓ the various situations of manifestation of communication barriers in the doctor-patient relationship;
  - ✓ the 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 components of a communication for changing health-related behavior.
- **at the application level:**
  - ✓ the intra and inter-organizational communication techniques, in order to optimally integrate in the medical team;
  - ✓ the skills of deciphering and applying metacommunication in medical practice;
  - ✓ the specific techniques for overcoming cleavages in medical communication;
  - ✓ the elements of efficient communication in the doctor-patient relationship;
  - ✓ the main strategies for resolving conflicts at interpersonal, personal and social level;
  - ✓ the elements of intercultural communication in the doctor-patient relationship.
- **at the integration level:**
  - ✓ the communication techniques in the conditions of medical activity;
  - ✓ the knowledge to organize or reorganize one's own style of communication in medicine;
  - ✓ the knowledge and skills to detect sources of barriers in communication;
  - ✓ the skills to overcome communication barriers in medicine;
  - ✓ the theory of intercultural communication in dialogue with patients of different ethnicities;
  - ✓ the integrate communication strategies and techniques to change health risk behavior.

### IV. PROVISIONAL TERMS AND CONDITIONS

The essential knowledge in the field of communication applied in medical practice to streamline the individual implications and quality of the medical act, change the behavior at risk for health.

### V. THEMES AND ESTIMATE ALLOCATION OF HOURS

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

No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self- training
1.	Communication: definitions and functions.	2	6	8
2.	Medical communication. Levels of medical communication.	2	4	6
3.	Metacommunication and cultural differences.	2	4	6
4.	Barriers and cleavages in the medical communication.	2	4	6
5.	Conflict - the essential constituent element of communication.	2	4	6



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No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self-training
6.	Intercultural communication and its presence in medical activity.	2	4	6
7.	Communication for changing health risk behavior.	3	4	7
...		<b>15</b>	<b>30</b>	<b>45</b>
<b>Total</b>		<b>90</b>		

**VI. PRACTICAL TOOLS PURCHASED AT THE END OF THE COURSE**

- Knowledge and application in practice of medical professional communication.
- Implemented the abilities to study objectively and efficiently the complicated situations in the relations with the patient, his relatives, colleagues, the local community caused by the presence of communication problems.

**VII. OBJECTIVES AND CONTENT UNITS**

Objectives	Content units
<b>Theme 1.</b> Communication: definitions and functions.	
<ul style="list-style-type: none"> <li>• to define the development of the communication process, the communication functions;</li> <li>• to know various communication techniques useful in creating functional doctor-patient relationships;</li> <li>• to demonstrate the effectiveness of the communication act in various professional situations;</li> <li>• to apply intra and interpersonal communication techniques, in order to optimally integrate in the medical team;</li> <li>• to integrate knowledge to organize or reorganize their own communication style.</li> </ul>	<ol style="list-style-type: none"> <li>1. The notion of communication. Terminological definitions.</li> <li>2. Theoretical models of communication. Constitutive elements of the communication process.</li> <li>3. Communication functions.</li> <li>4. Psychology of communication. The types of personalities and their individual manifestations.</li> </ol>
<b>Theme 2.</b> Medical communication. Levels of medical communication.	
<ul style="list-style-type: none"> <li>• to define the role of effective communication in medical practice;</li> <li>• to know the specificity and importance of medical communication in establishing the relationship with the patient, the medical team and the society;</li> <li>• to integrate the essential components of therapeutic communication: confidentiality, the right to be informed, compliance with treatment, etc.</li> </ul>	<ol style="list-style-type: none"> <li>1. The significance of communication in medical activity. Types of doctor-patient communication.</li> <li>2. Communication depending on the types of patients.</li> <li>3. Communication in the medical team: doctor, assistant, bioethicist, priest, psychologist, psychiatrist, social worker, patient.</li> <li>4. The importance of communication in public health.</li> </ol>
<b>Theme 3.</b> Metacommunication and cultural differences.	



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Objectives	Content units
<ul style="list-style-type: none"> <li>• to define the value and impact of metacommunication in the medical act;</li> <li>• to know the principles of metacommunication and its importance in medical practice;</li> <li>• to integrate the understanding and interpretation of the patients' message;</li> <li>• learn skills of using body language in communicating with patients;</li> <li>• to adequately evaluate the knowledge about metacommunication according to the culture of the speaker.</li> </ul>	<ol style="list-style-type: none"> <li>1. The notion of metacommunication.</li> <li>2. Deciphering the verbal language of metacommunication.</li> <li>3. The paraverbal language.</li> <li>4. The extraverbal communication.</li> <li>5. The types of nonverbal communication: body posture, facial expressions and gestures.</li> <li>6. The extraverbal communication.</li> <li>7. The interaction between verbal and nonverbal communication.</li> <li>8. The elements of neurolinguistic programming.</li> </ol>
<b>Theme 4. Barriers and cleavages in the medical communication.</b>	
<ul style="list-style-type: none"> <li>• to define the concept of barriers in communication, the cause of their appearance and classification, the synthesis of the main typologies of communication barriers;</li> <li>• to know the various situations of manifestation of communication barriers in the doctor-patient relationship, effective communication models, active listening techniques;</li> <li>• to demonstrate specific techniques for overcoming communication barriers;</li> <li>• to apply the principles of metacommunication as a model for overcoming barriers in communication;</li> <li>• to integrate skills to overcome communication barriers in medicine.</li> </ul>	<ol style="list-style-type: none"> <li>1. The concept of barrier in communication, the cause of its appearance</li> <li>2. Typology of communication barriers</li> <li>3. Interpersonal and intercultural communication barriers.</li> <li>4. Barriers in doctor-patient communication.</li> <li>5. Efficient and inefficient communication. Techniques and forms of active listening. Feedback.</li> <li>6. Elements of active listening: asking questions, paraphrasing, summarizing and providing feedback.</li> <li>7. Way to solve the communication difficulties in the doctor-patient relationship.</li> </ol>
<b>Theme 5. Conflict - the essential constituent element of communication</b>	
<ul style="list-style-type: none"> <li>• to define the structure and quality of the conflict;</li> <li>• know the causes that can generate conflicts and demonstrate skills in conflict resolution;</li> <li>• to apply conflict management through the prism of bioethics, assigning a positive role by condemning immoral and amoral acts;</li> <li>• to integrate knowledge and skills for detecting the sources of conflict in medical practice.</li> </ul>	<ol style="list-style-type: none"> <li>1. The concept of conflict and conflictology. The characteristic of the conflict.</li> <li>2. The structure of the conflict: the object of the conflict, the parties to the conflict, the environment and the requirements of the conflict, the subjective interpretation of the conflict and its individual elements.</li> <li>3. Typology of conflicts.</li> <li>4. Conflict resolution strategies.</li> <li>5. The ethical aspect of the conflict.</li> </ol>
<b>Theme 6. Intercultural communication and its presence in medical activity.</b>	
<ul style="list-style-type: none"> <li>• to define the process of intercultural communication, of different types of intercultural communicators;</li> <li>• to know sources of intercultural blunders in medical communication;</li> <li>• to structurally apply intercultural dialogue;</li> </ul>	<ol style="list-style-type: none"> <li>1. The concept of culture and intercultural communication.</li> <li>2. Multiculturalism, interculturality, transculturality.</li> <li>3. Ethnocentrism in the context of intercultural communication.</li> </ol>



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Objectives	Content units
<ul style="list-style-type: none"><li>to integrate the theory of intercultural communication in the dialogue with patients from different ethnicities.</li></ul>	<ol style="list-style-type: none"><li>Structural elements of intercultural communication.</li><li>Sources of blunders in intercultural communication.</li><li>Doctor-patient intercultural communication.</li></ol>
<b>Theme 7. Communication for changing health risk behavior.</b>	
<ul style="list-style-type: none"><li>to understand the knowledge necessary to detect, in the process of communication, deviant and harmful behaviors;</li><li>to demonstrate communication-behavioral abilities for maintaining a doctor-patient dialogue in order to annihilate or diminish the respective skills;</li><li>to integrate the design, support and evaluation of a discourse adapted to the criteria for preventing deviant or harmful behaviors;</li><li>integrate communication strategies and techniques to change health risk behavior.</li></ul>	<ol style="list-style-type: none"><li>The role of communication in changing human behaviors.</li><li>Communication with people who have deviant behavior.</li><li>Communication strategies and techniques for changing human behavior.</li><li>Communication to change behavior that is harmful to health.</li></ol>

### VIII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCES AND STUDY FINALITIES

#### ✓ Professional (specific) (SC) competences

- PC1. 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.

#### ✓ Transversal competences (TC)

- TC1. Autonomy and responsibility in the activity.
- TC2. Effective communication and digital skills
- CT3. Achieving interaction skills and social responsibility.
- CT4. Personal and professional development.

#### ✓ 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;
- to characterize deviant and harmful behaviors to promote healthy living behavior.

### IX. STUDENT'S SELF-TRAINING



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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 proposed theme. Compilation of the paper in accordance with the requirements in force and presentation to the chair.	1. The quality of systematization and analysis of the informational material obtained through its own activity. 2. Concordance of information with the proposed theme.	During the semester
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

**X. 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**

The 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;



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✓ Evaluation of the control work.

### **Final:** Exam

The final test (exam) consists of a test in the SIMU system with simple and compound complement.

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).

### **Method of mark rounding at different assessment stages**

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

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 in the failed exam.*

## **XI. 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. Dumitrașcu Dan L. Comunicare medicală. Curs pentru studenții la medicină. Cluj-Napoca: Editura Medicală Universitară „Iuliu Hațieganu”, 2013.
3. Fica Simona, Minea Liudmila. Ghid de comunicare și comportament în relația cu pacientul. București: Editura Universitară „Carol Davila”, 2008.
4. Spinei Angela. Comunicare și comportament. Chișinău: Medicina, 2005.





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*B. Additional*

1. Dicționar de Filosofie și Bioetică. Chișinău: Medicina, 2004.
2. Birkenbihl Vera F. Semnalele corpului. Cum să înțelegem limbajul corporal. București: Gemma Pres, 1999.
3. Campbell Alastair, Gillett Grant, Jones Gareth. Medical ethics. Oxford: Oxford University Press, 2006.
4. Cole Thomas R., Carlin Nathan S., Carson Ronald A. Medical humanities. An introduction. Cambridge: Cambridge University Press, 2015.
5. Cornelius Helena. Știința rezolvării conflictelor. București: Ed. Știința și Tehnica, 1996.
6. Cosman D. Psihologie Medicală. Iași: Ed. Polirom, 2010.
7. Dinu Mihai. Comunicarea. București: Editura științifică, 1999.
8. Guillemont A., Laxenaire M. Anorexie mentale et boulimie. Le poids des facteurs socioculturels. Ed. Masson, 1994.
9. Hogan Kevin. Depășește cele 8 obstacole în calea comunicării. București: Editura Amaltea, 2006.
10. Jung C. G. Descrierea tipurilor psihologice. București: Ed. Anima, 1994.
11. Jung C.G. Despre formarea personalității. În: Psihologie individuală și socială. București: Ed. Anima, 1994.
12. 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>.
13. Marinescu A. Codul bunelor maniere astăzi. București: Ed. Humanitas, 2002.
14. Munteanu D. Politețe și bună cuviință. București: Ed. Ramida, 1992.
15. Pascu Rodica. Comunicare interculturală. Sibiu: Editura Universității "Lucian Blaga", 2007.
16. Pasecnic V. Psihologia imaginii. Chișinău: Știința, 2006.
17. Pease Allan, Garner Alan. Limbajul vorbirii. București: Ed. Polimark, 1994.
18. Popa-Velea O. Științele comportamentului uman. Aplicații în medicină. București: Ed. Trei, 2010.
19. Prutianu Ștefan. Manual de comunicare și negocieri în afaceri. Vol. I. Comunicarea. Iași: Editura Polirom, 2000.
20. Râmbu Nicolae. Comunicare interculturală. Suport de curs universitar. În: Comunicare socială și relații publice. Iași: Editura Universității "Al. I. Cuza", 2007, p.167–218.
21. Rogoza L. Etică și Deontologie medicală. Brașov: Editura Universității TRANSILVANIA, 2006.
22. Smith Stephen W. End-of-life decisions in medical care: principles and policies for regulating the dying process. Cambridge: Cambridge University Press, 2012.
23. Мягков И.Ф., Воков С.Н., Чаев С.И. Медицинская психология. Москва: Логос. 2003.