



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

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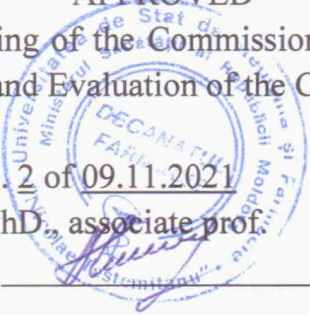
**FACULTY PHARMACY**

**STUDY PROGRAM 0916.1 PHARMACY**

**CHAIR PHILOSOPHY AND BIOETHICS**

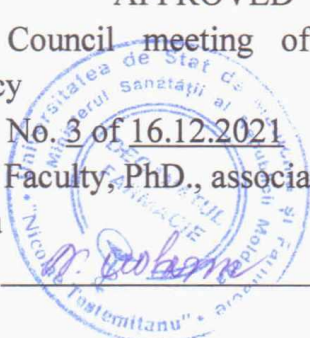
APPROVED

at the meeting of the Commission for Quality Assurance and Evaluation of the Curriculum in Pharmacy  
Minutes No. 2 of 09.11.2021  
Chairman PhD., associate prof.  
Uncu Livia



APPROVED

at the Council meeting of the Faculty  
Minutes No. 3 of 16.12.2021  
Dean of Faculty, PhD., associate prof.  
Ciobanu Nicolae



APPROVED

at the meeting of the Chair philosophy and bioethics  
Minutes No. 2 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:**

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Chisinau, 2021



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### I. INTRODUCTION

The need for discipline *Basics of medical communication* is determined by certain circumstances, concrete situations largely lacking in clarity that the pharmacist faces in his activity. That 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 pharmacist in practice makes him not realize that he is facing multiple difficulties involving communication skills. A style of professional communication in difficult situations in the activity will end with increasing patient / client satisfaction, and, finally, with the quality of the medical act. In the context of the new professional training requirements of the future pharmacist, the *Basics of medical communication* course for all specialties in the health and pharmaceutical system is being carried out. The desire to create a balanced behavior is not only enough for specialized pharmaceutical knowledge, but also for knowledge that reflects the real condition of complexity of the pharmacist-patient relationship. The pharmacist's relationship with the patient involves first of all effective communication skills formed on the basis of human nature, a moral behavior between pharmacist and patient based on the essence of the human being and not on the accidental appearances that often occur in the currently administered medical act. The course *Basics of medical communication* aims to streamline the practice of the profession of pharmacist, to form in the future specialist in the field the sense of responsibility as a person and as a professional, to create an appropriate behavioral position in accordance with the field chosen for the profession.

- **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 pharmaceutical communication act takes place, to ensure a communication to change the behavior of parties involved in pharmacist-patient / client relations.

- **Language (s) of the discipline:** Romanian, Russian.;
- **Beneficiaries:** students of the first year, faculty Pharmacy.

### II. MANAGEMENT OF THE DISCIPLINE

Code of discipline	U.01.O.008		
Name of the discipline	Basics of medical communication		
Person(s) in charge of the discipline	dr. hab. în filos., conf. univ. Ojovanu Vitalie dr. în filos., conf. univ. Rubanovici Ludmila dr. în filos., lect. univ. Banari Ion dr. în filos., conf. univ. Eșanu Anatolie		
Year	I	Semester/Semesters	1
Total number of hours, including:			60
Lectures	15	Practical/laboratory hours	-
Seminars	15	Self-training	30
Form of assessment	E	Number of credits	2



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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 pharmacist-patient functional relationships;
- ✓ the communication criteria of the qualitative pharmaceutical service;
- ✓ the various situations of manifestation of communication barriers in the pharmacist-patient / client relationship;
- ✓ the main sources of mistakes in the pharmaceutical activity and possibilities to prevent them

- **the application level:**

- ✓ the intra and inter-organizational communication techniques, in order to optimally integrate in the medical team;
- ✓ the specific techniques for overcoming cleavages in medical communication;
- ✓ the elements of efficient communication in the pharmacist-patient relationship;
- the ways of intercultural communication in the pharmacist-patient relationship;
- the reactions in the communication process of patients / clients depending on personality;
- the moral qualities in clarifying the problems regarding the life and health of patients and / or people in their entourage.

- **at the integration level:**

- ✓ the communication techniques in the conditions of medical activity;
- ✓ the knowledge to achieve adequate communication in the pharmaceutical field;
- ✓ the professional image in accordance with the status and social role of the pharmacist;
- ✓ the knowledge and skills to detect sources of communication nonconformities in pharmaceutical practice;
- ✓ the skills to overcome communication difficulties in the pharmacy.

### IV. PROVISIONAL TERMS AND CONDITIONS

Essential knowledge in the field of communication, eloquence, etiquette, communication applied in pharmaceutical practice to streamline the implications for the quality of the medical act, as well as the evidence of health risk factors.

### 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	2	4
2.	Medical communication. Levels of medical communication.	2	2	4
3.	Metacommunication and cultural differences.	2	2	4
4.	Barriers and cleavages in the medical communication.	2	2	4
5.	Conflict - the essential constituent element of communication.	2	2	4



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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	2	4
7.	Communication for changing health risk behavior.	3	3	6
...		<b>15</b>	<b>15</b>	<b>30</b>
<b>Total</b>		<b>60</b>		

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

Mandatory essential practical tools are:

- Knowledge and application in practice of professional communication in the pharmaceutical activity.
- Implemented the abilities to study the problems appeared through practical methods practiced in the process of studying the discipline.

**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 pharmacist-patient relationships;</li> <li>• to demonstrate the effectiveness of the communication act in various professional situations;</li> </ul> <p>to apply intra and interpersonal communication techniques, in order to optimally integrate the pharmacist in the medical team;</p> <ul style="list-style-type: none"> <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>



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Objectives	Content units
<b>Theme 3. Metacommunication and cultural differences.</b>	
<ul style="list-style-type: none"> <li>• to define the value and impact of metacommunication in the medical act and pharmaceutical care;</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, the pharmacist-patient relationship. The 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 and pharmacy.</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 pharmacist-patient / client.</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 and pharmacist-patient / client 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 and the pharmaceutical one..</li> </ul>	<ol style="list-style-type: none"> <li>1. 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>	



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Objectives	Content units
<ul style="list-style-type: none"><li>• to define the process of intercultural communication, of different types of intercultural communicators;</li><li>• to know the sources of intercultural blunders in medical and pharmaceutical communication;</li><li>• to apply intercultural dialogue structurally;</li><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>1. The concept of culture and intercultural communication.</li><li>2. Multiculturalism, interculturality, transculturality.</li><li>3. The ethnocentrism in the context of intercultural communication.</li><li>4. The structural elements of intercultural communication.</li><li>5. The sources of blunders in intercultural communication.</li><li>6. The pharmacist-patient intercultural communication.</li></ol>
<b>Theme 7.</b> Communication for changing health risk behavior.	
<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 the maintenance of a pharmacist-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 of prevention of deviant or harmful behaviors;</li><li>• to integrate communication strategies and techniques to change health risk behavior.</li></ul>	<ol style="list-style-type: none"><li>1. The role of communication in changing human behaviors.</li><li>2. Communication with people who have deviant behavior.</li><li>3. Communication strategies and techniques for changing human behavior.</li><li>4. 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. Knowledge of the theoretical bases of the disciplines included in the faculty curriculum, of the general principles in the elaboration, analysis and registration of pharmaceutical and parapharmaceutical products; knowledge of the general principles of organization and operation of pharmaceutical institutions with different legal forms of activity; knowledge of the legislative framework in the field of pharmacy; knowledge of the rights and obligations of the pharmacist.
- PC4. Diagnosing the features and organizational culture of the institution in the pharmaceutical system, where the specialist carries out his activity; design and coordination of the pharmaceutical activity in various institutions: open state or private pharmacies; hospital pharmacies; pharmaceutical warehouses; medicine factories, laboratories for quality control and certification of medicines, etc.; the active involvement of the specialist in the process of accomplishing the mission of the pharmaceutical institution; demonstrating the ability to make decisions aimed at improving the pharmaceutical system.
- PC5. Determining the criteria for the assessment of effectiveness of the pharmaceutical system and personal activity according to the real conditions and in a concrete social context; determining the modalities of directing the pharmaceutical activity based on the evaluation results; identifying





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research problems in the field of pharmacy; knowledge of the methodology of scientific research in the practical activity of pharmacist or head of the pharmaceutical unit.

- PC6. Adjustment of messages to various socio-cultural backgrounds, including by communicating in several foreign languages; use of problem-solving skills in the pharmaceutical activity through collaboration with doctors; promoting the principles of tolerance and compassion towards patients; the use of information technology (and computer) in the pharmaceutical business.

### ✓ **Transversal competencies (TC)**

- TC1. Promotion of logical reasoning, practical applicability, evaluation and self-evaluation in decision making; compliance with the rules of ethics and pharmaceutical ethics in the preparation, analysis, transport and release of medicinal remedies to the population and medical institutions.
- TC2. Identifying the training needs according to the evolution of the pharmaceutical system; determining the priorities in the continuous professional training of the pharmacist; appreciation of changes in the pharmaceutical system as a condition of its functionality.
- TC3. Carrying out activities and exercising the specific roles of teamwork. Promoting the spirit of initiative, dialogue, cooperation, positive attitude and respect for others, empathy, altruism and continuous improvement of one's activity.

### ✓ **Study findings**

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

- To distinguish the components of an effective communication act;
- to identify the vertical moral character of man in order to successfully practice pharmaceuticals;
- to maintain emotional and moral balance in difficult professional situations;
- to establish the sources of mistakes encountered during the development of the communication relationship between the pharmacist and the patient;
- to make constructive decisions in conflict situations with either patients or co-workers;
- to perfect the techniques and strategies, types and models of communication in the professional activity and in the daily life;
- to appreciate the value and necessity of a communication based on ethical principles in performing the medical act with the involvement of the pharmacist;
- to characterize deviant and harmful behaviors in order to promote appropriate and effective communication.

## IX. 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	1. The quality of	During the



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		<p>the topic of the paper.</p> <p>Analysis, systematization and synthesis of information on the proposed theme.</p> <p>Compilation of the paper in accordance with the requirements in force and presentation to the chair.</p>	<p>systematization and analysis of the informational material obtained through its own activity.</p> <p>2. Concordance of information with the proposed theme.</p>	semester
3.	Case study analysis.	<p>Choice and description of the case study</p> <p>Analysis of the causes of the issues raised in the case study.</p> <p>Prognosis of the case investigated.</p> <p>Deduction of the expected outcome of the case.</p>	<p>1. Analysis, synthesis, generalization of data obtained through own investigation.</p> <p>2. Formation of an algorithm of knowledge based on the obtained conclusions.</p>	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 the document texts; the role plays; the case study; the 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:** Exam

The final test (exam) consists of a written 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).





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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
8,51-9,00	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 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. 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. Fica Simona, Minea Liudmila. Ghid de comunicare și comportament în relația cu pacientul. București: Editura Universitară „Carol Davila”, 2008.
5. Campbell Alastair, Gillett Grant, Jones Gareth. Medical ethics. Oxford: Oxford University Press, 2006.
6. Cole Thomas R., Carlin Nathan S., Carson Ronald A. Medical humanities. An introduction. Cambridge: Cambridge University Press, 2015.
7. Gramma Rodica, Paladi Adriana. Behavioral sciences: compendium. Didactic material for medical students. Chisinau: Medicina, 2011.
8. 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*



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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. Munteanu D. Politețe și bună cuviință. București: Ed. Ramida, 1992.
10. Pascu Rodica. Comunicare interculturală. Sibiu: Editura Universității "Lucian Blaga", 2007.
11. Pasecnic V. Psihologia imaginii. Chișinău: Știința, 2006.
12. Pease Allan, Garner Alan. Limbajul vorbirii. București: Ed. Polimark, 1994.
13. Popa-Velea O. Științele comportamentului uman. Aplicații în medicină. București: Ed. Trei, 2010.
14. Râmbu Nicolae. Comunicare interculturală. Suport de curs universitar. În: Comunicare socială și relații publice. Iași: Editura Universității "Al. I. Cuza", 2007, p.167–218.
15. Rogoza L. Etică și Deontologie medicală. Brașov: Editura Universității TRANSILVANIA, 2006.
16. Мягков И.Ф., Воков С.Н., Чаев С.И. Медицинская психология. Москва: Логос. 2003.