UNIVERSITÀ
DEGLI STUDI DI MILANO-BICOCCA

COURSE SYLLABUS

Behavioural Sciences, Communication Skills I

1920-2-H4102D013-H4102D039M

Aims

Skills to be acquired:

to manage non-verbal communication, gestures and attitudes in interpersonal relationships;

to be able to regulate the emotions of the patient, of his relatives and of the clinician in the treatment process;

to formulate possible training and communication strategies to improve treatment compliance;

to communicate with patients and relatives taking into account the socio-cultural elements that characterize the relationships between people;

explaining the patient (real or simulated) preventive health contents effectively (smoking, alcohol, psychotropic substances, nutrition etc.).

Contents

Psychological and relational elements in the patient-doctor relationship; therapeutic alliance; communication skills; verbal and non verbal communication; disease-centred medicine and patient-centred medicine; Calgary Cambridge Model

Detailed program

General aspects

- Doctor centered vrs Patient Centered Medicine
- From “curing” to “caring”
- psychological and relational components in the doctor-patient relationship;
- building patient-doctor relationship: phases, strategies and techniques.
- the concept of "therapeutic alliance": from psychotherapy to medicine.
- From compliance to concordance: psychological aspects.
- Psychological complexity of a medical interview and its value as an instrument of intervention and change

Communication techniques

- language and gestures
- techniques of verbal communication
- non-verbal communication and its techniques

Communication guidelines and protocols

- the clinical conversation: the Calgary Cambridge Interview model
- breaking bad news (the SPIKES protocol)
- error disclosure (the CONES protocol)
- managing conflict and escalation (the HARD protocol)
- communication with children
- communication with a patient’s family
- when communication fails: breakdowns and recovery strategies

Emotions

- the role of emotions in communication and in the doctor / patient relationship
- strategies and techniques of emotion regulation and self-regulation

- wellness and clinical efficacy: focus on the doctor emotional health

- the subjective dimension of illness perception and experience: patient’s emotional reaction

- psychological response to illness and treatment

Prerequisites

general knowledge about humanities in medicine acquired in the first year course "Humanities"

Teaching form

Lectures, reflective activities in small groups, clinical cases discussion, clinical conversations simulations, role-playing (es. prescribe insulin injections to a patient with needle phobia)

Textbook and teaching resource

Communication Skills for Medicine, 4e Lloyd et al., Elsevier, 2018 (UK)

Skills for Communicating with Patients, 3rd Edition Jonathan Silverman, Suzanne Kurtz, Juliet Draper, CPD press, 2013 (ITA e UK)

R. Buckmann, Difficult Conversations in Medicine: Strategies That Work in Breaking Bad News, 2010, SAGE (UK)

R. Buckmann, How to Break Bad News: A Guide for Health Care Professionals (UK)

J. Groopman, How Doctors Think, 2008 (ITA e UK)

L. Sanders 2010; Every patient tells a story, Penguin

Semester

second semester

Assessment method

Final assessment is aimed at measuring:

- level of knowledge,
- level of inductive and deductive reasoning,
- problem solving ability.

It includes discussion of problems, analysis of clinical cases, open conceptual questions, closed questions

Office hours

appointment, email contact

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