UNIVERSITÀ
DEGLI STUDI DI MILANO-BICOCCA

SYLLABUS DEL CORSO

Behavioural Sciences, Communication Skills I

2425-2-H4102D013-H4102D039M

Aims

At the end of the course the student acquires the following knowledge and skills:

A) KNOWLEDGE - (1) general aspects of verbal and non-verbal communication, communication models in the medical field, most common guidelines for communication in the medical field; (2) models of explanation of the basic psychological processes in human interactions, in particular relating to emotions

B) SKILLS - (1) Communicate adequately with patients and relatives also taking into account socio-cultural variables (2) Formulate possible training and communication strategies that can improve compliance with treatments (3) Explain to the patient (real or simulated) effectively preventive health contents (smoking, alcohol, psychotropic substances, nutrition etc.) (4) Recognize and adequately implement non-verbal communication, gestures and attitudes in interpersonal relationships; (5) Recognize and know the strategies to welcome adequately the emotions of the patient and his relatives in the treatment process; (6) Recognize and adequately regulate one's emotions in communication with the patient

Contents

Psychological and relational variables in the doctor-patient relationship; Disease Centered Medicine and Patient Centered Medicine; communication techniques; communication protocols (e.g. Calgary Cambridge Interview); verbal and non-verbal communication; therapeutic alliance; sane and vicious interpersonal cycles.

Detailed program

General aspects

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

Communication techniques

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

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 and 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 (DBT skills, Mindfulness skills); burnout and health professions: wellbeing and clinical efficacy. Protective factors in the clinical work: the doctor emotional health. The subjective dimension of illness perception and experience: patient’s emotional reaction; psychological variables in subjective response to illness and to treatment

Prerequisites

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

Teaching form

Frontal lessons, with the use of active and interactive methodologies (e.g. mentimeter, flipped classroom, buzz groups), guided discussion in the classroom, with the use of educational videos and film clips

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

Any changes may be possible in the event of a national pandemic, strictly following the instructions of the University

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

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Office hours

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Sustainable Development Goals

GOOD HEALTH AND WELL-BEING | GENDER EQUALITY | REDUCED INEQUALITIES