



## CD 8.5.1 DISCIPLINE CURRICULUM

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### FACULTY OF MEDICINE 2

### STUDY PROGRAM 0912.2 MEDICINE

### DEPARTMENT OF OCCUPATIONAL DISEASES

#### APPROVED

at the meeting of the Commission for  
Quality Assurance and Evaluation of the  
Curriculum faculty Medicine 2  
Minutes No. 6 of 25-02-18

Chairman professor, doctor, PhD

Suman Serghei

#### APPROVED

at the Council meeting of the Faculty Medicine 2

Minutes No. 4 of 20-05-18

Dean of Faculty professor/doctor, PhD

Mircea Betiu

#### APPROVED

approved at the meeting of the chair  
Occupational Diseases  
Minutes No.3 of 01.12.2017

Head of chair, professor, PhD

Nicolae Bodrug

### SYLLABUS

Discipline – **PATIENT'S CARE AND COMMUNICATION**

### Integrated studies

Type of course: compulsory discipline

Chisinau, 2017



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### STUDY PROGRAM 0912.2 MEDICINE

### DEPARTMENT OF OCCUPATIONAL DISEASES

#### APPROVED

at the meeting of the Commission for  
Quality Assurance and Evaluation of the

Curriculum

faculty Medicine

Minutes No. \_\_\_\_ of \_\_\_\_

Chairman \_\_\_\_\_  
(academic degree, scientific title)

Name, surname \_\_\_\_\_  
(signature)

#### APPROVED

at the Council meeting of the Faculty  
Medicine 2

Minutes No. \_\_\_\_ of \_\_\_\_

Dean of Faculty professor, doctor, PhD  
(academic degree, scientific title)

Name, surname Mircea Betiu \_\_\_\_\_  
(signature)

#### APPROVED

approved at the meeting of the chair

Occupational Diseases

Minutes No.6 of 01.12.2017

Head of chair, professor, PhD  
Nicolae Bodrug

### SYLLABUS

Discipline – **Patient's care and communication**

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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

Patient's care and communication is a suitable medical field for integration and implementation of basic medical sciences (anatomy, human physiology, microbiology, pathophysiology etc.) in clinical practice. During the course, the student will cultivate skills, habits and attitudes essential for quintessential physician-patient communication, as well as grasp the practical skills in patient care and describe the obtained results.

- **Mission of the curriculum in professional training**

Patient's care and communication subject's mission is to acquire knowledge and develop necessary skills in communication with patient and his relatives, some practical maneuvers concerning the patient's care and patient's examination.

- **Language(s) of the course:** Romanian, Russian, English.
- **Beneficiaries:** 2<sup>nd</sup> year students, faculty of Medicine II.

### II. MANAGEMENT OF THE DISCIPLINE

Code of discipline		<b>S.04.0030</b>	
Name of the discipline		Patient's care and communication	
In charge of the discipline		Head of chair, professor, PhD Nicolae BODRUG	
Year	<b>II</b>	Semesters	<b>III/IV</b>
Total number of hours, including:			<b>60</b>
Lectures	<b>6</b>	Practical	<b>14</b>
Seminars	<b>14</b>	Self-training	<b>26</b>
Form of assessment	<b>CD</b>	Number of credits	<b>2</b>



### **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***

1. Implement in clinical practice the knowledge in deontology and medical ethics;
2. Study and apply the communication skills of medical personnel interacting with patient. Learn the methods of verbal, non-verbal, written communication with patient and his relatives.
3. Develop communication skills of medical personnel regarding performance of medical maneuvers.
4. Learn the completing of medical documents (medical history, temperature sheet). Thermometry.
5. Learn some practical maneuvers concerning the care of patient.
6. Learn practical skills concerning the mobilization and positioning of patient in bed.
7. Learn personal hygiene of the immobilized patient.
8. Prepare and use some specialized medical devices (oxygen therapy, assembling syringes and infusion system).
9. Learn the principles of patient's nutrition and principles of medical diet.

- ***at the application level:***

1. **Theoretically:** acquiring the knowledge related to the communication and patient's care;

2. **Practice:**

- Apply theoretical knowledge in practical work and social activities;
- implement knowledge in deontology and medical ethics into practice;
- apply knowledge and skills in interpersonal interaction with patients;
- apply techniques of effective communication patient-physician during medical examination;
- demonstrate competences in doctor-patient relationship: in listening, interviewing ,group interaction and relationship development;
- train specialists in acquiring of some practical maneuvers concerning the care of patients;
- use the acquired knowledge in court proceedings by strengthening, enriching and implementing of subject-specific in clinical practice.

- ***at the integration level:***

1. appreciate the importance of knowledge concerning the communication of medical staff with patient and practical implementation of knowledge in the context of correlation of internal medicine and medical related disciplines;
2. be able to apply the techniques of effective patient-physician communication during medical examination;
3. be able to evaluate objectively self-knowledge in the application of practical skills –to acquire some practical maneuvers concerning the care of patients;



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4. implement the principle of integrated activities (education, health care, scientific research), which involves acquiring the appropriate methodology to solve problems in medical practice.

### IV. PROVISIONAL TERMS AND CONDITIONS

Patient's care and communication is a suitable medical field for integration and implementation of basic medical sciences (anatomy, human physiology, microbiology, pathophysiology etc.) in clinical practice. During the course, the student will cultivate skills, habits and attitudes essential for quintessential physician-patient communication, as well as grasp the practical skills in patient care and describe the obtained results.

Patient's care and communication has a distinct position in establishing the foundations of clinical thinking, skills in communication with patient and his relatives, some practical maneuvers concerning the patient's care and patient's examination.

### V. THEMES AND ESTIMATE ALLOCATION OF HOURS

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

No. d/o.	Themes	Number of hours		
		Lectures	Practical hours	Self-training
1.	<u>Ethics and medical deontology</u>	2 hours	2 hour	2 hours
2.	<u>Communication in medicine as base of doctor-patient relationship.</u> Applications of effective techniques of physician-patient communication during medical examination. Types of communication: verbal, non-verbal communication. Verbal communication. Communication techniques and strategies commonly used in medical practice. Appropriate and inappropriate communication techniques in medicine. Stages of physician-patient dialogue. Categories of communication identified by doctors.	2 hours	2 hour	2 hours
3.	<u>Status and role of physician. Patient's personality.</u> Rules of good practice on patient's information: -Informing of patient and his agreement. -The patient's right to medical information. -Principles of insurance of confidentiality of information and patient's privacy.	2 hours	2 hour	2 hours
4.	<u>Learning of the principles of aseptic and antiseptic.</u> Disinfectants. Medical washing of hands with soap and water. Medical washing of hands with disinfectant alcoholic solutions. Putting on of sterile gloves. Putting on of sterile gown.		2 hour	2 hours
5.	<u>Learning of medical documentation.</u> Rules of thermometry and filling of temperature datasheet. Measurement of body temperature.		2 hour	2 hours
6.	<u>Learning of patient care by assesment of vital signs. Practical</u>		2 hour	2 hours



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	<u>maneuvers.</u> Monitoring of vital signs:BP,Ps, SaO <sub>2</sub> . Blood pressure measurement according to Korotkoff method. Peripheral pulse palpation at a.radialis. Pulseoximetry.			
7.	<b><u>Evaluation of correctness of medical hand washing and communication with the patient during the thermometry, measurements of BP,PS,SaO<sub>2</sub> in the University Center of Simulation in Medical Training.</u></b>		4hour	2 hours
8.	<u>Learninig of practical skills of personal hygiene of the immobilized patient.</u> Hygiene of eyes. Hygiene of ears. Hygiene of nose. Oral Hygiene. Hair hygiene. Patient's washing in the shower,bathtub. Toilet immobilized and adynamic patient.		2hour	2hours
9.	<u>Learning of practical skills in the process of changing underclothes of the immobilized patient.</u> Methods of ded linen change. Prevention of bedsores.Care of patient with bedsores.		2hour	2hours
10.	<u>Alimentation of the bed-ridden patient with severe disease.</u> Medical diets.		2hour	2hours
11.	Learning of medical positioning of the patient in bed/ Patient mobilization. Rules of positioning and changing the patient's position in severe condition. Orthopnea medical position supporting the patient in bed. Dorsal decubitus medical position supporting the patient in bed. Ventral decubitus medical position supporting the patient in bed. Lateral decubitus medical position supporting the patient in bed. Semidecubit medical position supporting the patient in bed. Assisting the patient for positioning at the bedside and movement in the room.		2hour	2hours
12.	<u>Learning of half sitting medical position (Fowler) supporting the patient in bed.</u> Transportation of patient.Transfer of patient from bed to wheelchair and vice-versa. Transportation on the wheelchair. Transfer of the patient from bed to stretcher.Carrying on the stretcher.		2hour	2hours
13.	<u>Syringes assembly technique:for subcutaneous,intramuscular and intravenous injections;preparation of the infusion system.</u> <u>Learning of practical skills in oxygen therapy.</u> <u>Learning of the administration of the nasal cannula, oxygen mask.</u>		2hour	2hours
14.	<b><u>Examination.</u></b>		1hour	



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	<b>Total</b>	<b>6 hours</b>	<b>28 hours</b>	<b>26 hours</b>
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### VI. REFERENCE OBJECTIVES OF CONTENT UNITS

Objectives	Content units
<b>Theme (chapter) 1. ELEMENTS OF COMMUNICATION MEDICAL STUFF – PATIENT.</b>	
<ul style="list-style-type: none"> <li>To define the basic concepts of communication: verbal communication with the patient, non-verbal communication, appropriate emotional response.</li> <li>To know about the plan of the patient's medical interview</li> <li>To know the peculiarities of initiating the discussion with the patient (rapid assessment of the presence of vital functions: presence of consciousness, movements, speech, respiration, personal presentation of the medical worker, identification of the patient, psychological role of handwashing).</li> <li>To apply abilities to communicate with "difficult" patient (the impact of psychological, social and cultural factors on the clinical picture and the evolution of the disease, sickness-related anxiety, alcohol and drug addiction, domestic violence).</li> <li>To apply communication skills in conducting a medical maneuver: opening communication, interviewing the patient, empathic obedience, assertion, explanation, counseling, convincing, and ending the communication.</li> <li>To apply the knowledge gained to other disciplines.</li> </ul>	<p>Fundamental concepts of communication in medicine.</p> <p>The concept of verbal communication with the patient, non-verbal communication, paraverbal communication</p> <p>Considerations about the general examination plan of a patient.</p> <p>The concept of initiating discussion with the patient.</p> <p>Considerations about the patient's medical interview plan.</p> <p>Initiating discussion with the patient.</p> <p>Communicating with "difficult" patient.</p> <p>Communicating with family and patient relatives.</p> <p>Communication in conducting a medical maneuver.</p>
<b>Theme (chapter) 2. PATIENT'S CARE.</b>	
Methods of monitoring a patient in the clinical service:	
<ul style="list-style-type: none"> <li>To define the principles of aseptic and antiseptic.</li> <li>To know the steps of non-invasive blood pressure measurement.</li> <li>To appreciate the pulse on the radial artery; measuring body temperature; pulse oximetry.</li> <li>To demonstrate the ability to appreciate the pulse on the radial artery.</li> </ul>	<p>Concepts of aseptic and antiseptic principles.</p> <p>Concepts of non-invasive blood pressure measurement steps</p> <p>Analysis of non-invasive blood pressure measurement technique</p> <p>Abilities of pulse checking on the radial artery.</p> <p>Abilities of pulse oximetry checking.</p> <p>Ability to measure body temperature.</p>



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Objectives	Content units
<ul style="list-style-type: none"><li>To demonstrate the ability to appreciate pulse oximetry.</li><li>To demonstrate abilities to measure body temperature.</li><li>To demonstrate hands-washing skills with soap and water.</li><li>To integrate knowledge about methods of monitoring a patient's vital signs in the medical field.</li></ul>	
<b>Theme (chapter) 3. LEARNING OF MEDICAL POSITIONING OF THE PATIENT.</b>	
<ul style="list-style-type: none"><li>To define the patient medical positioning methods.</li><li>To know the main strategies of assisting the patient for positioning at the bedside and movement in the room.</li><li>To demonstrate assistive capabilities for half-sitting medical position (Fowler) supporting the patient in bed.</li><li>To apply the knowledge acquired for the ventral decubitus medical position supporting the patient in bed.</li><li>To demonstrate assisting skills for lateral decubitus medical position supporting the patient in bed.</li><li>To apply the knowledge acquired to assist the patient for semidecubitus medical position supporting in bed.</li></ul>	<p>Concepts about the medical positioning of the patient.</p> <p>Analysis of the positioning technique of the severe patient at the bedside and movement in the room.</p> <p>Demonstration of skills to assist the patient for half-sitting medical position (Fowler) supporting in bed.</p> <p>Assisting skills for lateral decubitus medical position supporting the patient in bed.</p> <p>Concept of assisting the patient for semidecubitus medical position supporting in bed.</p>
<b>Theme (chapter) 4. METHODS OF PERSONAL HYGIENE OF THE PATIENT.</b>	
<ul style="list-style-type: none"><li>To define the concepts and methods of performing the patient's personal hygiene.</li><li>To know the hygiene of eyes, ears, mouth and skin.</li><li>To apply the knowledge of bedsores prevention principles</li><li>To integrate abilities in the bladder catheter hygiene; care of the stoma.</li><li>To demonstrate skills in the care and hygiene of the perineum and genitals.</li></ul>	<p>Concepts and methods of performing the patient's personal hygiene.</p> <p>Analysis of eye, ear and oral hygiene techniques; skin hygiene.</p> <p>Ability to demonstrate the knowledge of bedsores prevention principles.</p> <p>Ability to assist the patient in bladder catheter hygiene; care of the stoma.</p> <p>Practical applications in the care and hygiene of the perineum and genitals.</p>
<b>Theme (chapter) 5. METHODS OF CARRYING OUT MEDICAL MANIPULATIONS: OXYGEN THERAPY, PERFORMING THE EVACUATION CLUSTER.</b>	
<ul style="list-style-type: none"><li>To define the methods for conducting medical manipulations of the patient.</li><li>To know how to perform medical manipulation:</li></ul>	<p>Concepts about medical manipulation: oxygen therapy by the nasal cannula, making the evacuation cluster.</p>





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Objectives	Content units
<p>oxygen therapy by the nasal cannula</p> <ul style="list-style-type: none"><li>To apply the knowledge of the principles of making the evacuation cluster.</li><li>To demonstrate skills in performing medical manipulations: oxygen therapy by the nasal cannula; performing the evacuation cluster.</li></ul>	<p>Practical skills in making the evacuation cluster. Analysis of nasal cannula oxygen therapy technique.</p>

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

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

PC1. – Thorough knowledge, understanding and operation with theoretical knowledge and basic practical methods of care and communication with the patient.

PC2. – Knowledge, understanding and use of specific medical language;

PC3. - Good knowledge and practical application of the knowledge of the fundamental concepts of communication: verbal communication with the patient, nonverbal, paraverbal communication in order to ensure therapeutic compliance.

PC4. - Performing various practical exercises and procedures for carrying out professional activities specific to the specialty of medicine based on the knowledge of the fundamental sciences;

PC5. - Explaining and interpreting the practical manipulations of vital signs in patients;

PC6. - Professional possession of methods of performing medical manipulations.

### ✓ Transversal competences (TC)

TC1. Independency and responsibility

- Gaining moral models, the formation of professional and civic attitudes, which will allow students to be righteous, honest, nonbelligerent, cooperative, compassionate, ready to help people, and interested in participating in community development;
- To know, respect and contribute at the development of moral values and professional ethics;
- To learn to recognize a problem, and to offer responsible solutions to it.

### ✓ Study outcomes

Teaching students in line with the strictness of the medical act and the understanding of basic sciences for the particular level, as well as for the professional formation. Obtaining of the practical skills to perform correctly various medical tests, and understand their real value.

Theoretical and practical training for helping students to know the fundamental particularities of the concepts of communication: verbal communication with the patient, nonverbal, paraverbal communication in order to ensure therapeutic compliance, to be competent and apply practical knowledge and skills in patient care with vital parameters assessment and monitoring of vital parameters: blood pressure, pulse, pulse oximetry, to know the rules for positioning and changing the position of the severe patients, to be able to possess the methods of performing the personal hygiene of the patient, preparing the infusion system, and to be competent to use the knowledge gained in the study process by strengthening, enriching and implementing in clinical practice.

**Note.** Study outcomes (are deduced from the professional competencies and formative valences of the informational content of the discipline).

**VIII. STUDENT'S SELF-TRAINING**

No.	Expected product	Implementation strategies	Assessment criteria	Implementation terms
1.	Working with information sources	Work systematically in the library and mediate. Exploring current electronic sources on the subject.	1. Quality of clinical reasoning, logical thinking, flexibility. Ability to extract the essentials; interpretative skills; 2. The quality of systematization of the informational material obtained through its own activity.	During the course
2.	Preparation of presentations.	Analysis of relevant bibliographic sources on the topic of the presentation. Analysis, systematization and synthesis of information on the proposed theme. Compilation of the report in accordance with the requirements in force and its presentation.	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 course
3.	Using different teaching methods		The volume of work, the degree of insight of the project's subject, the level of scientific support, the quality of conclusions, ingenuity elements; the formation of personal attitude.	During the course

**IX. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT****• Teaching and learning methods used**

Patient's care and communication discipline is a mandatory discipline and it taught according to the classical university standards: courses, seminars and practical lessons. The theoretical course is held by tenured professors.

***The discipline reserves the rights to hold the practical lessons and courses in an interactive manner.***

The algorithm of the practical lessons in Care and communication with patient: duration – 2 academic hours (90 min.)



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- Lectures, explanation, debate, heuristic conversation;
- Observation, demonstration;
- Standardized patients trained to simulate different clinical pathologies and different attitudes towards communication process with medical staff;
- Simulation of situations;
- Methods of group work (cooperative learning), individual and frontal work;
- Study of curricular documents, bibliography, professional treaties;
- Usage of tools and teaching aids for combination of theoretical elements with practical experience.

- ***Applied teaching strategies***

Teaching Strategies:

I. Course: lecture, demonstration, complementary teaching, PowerPoint application, examples from practice, knowledge synthesis, guided discovery, brainstorming, etc.

II. Practical lessons//Seminars:

- standardized patients trained to stimulate different clinical pathologies and different attitude towards the process of communication with patient;

- exposure synthesis of knowledge, group activities, guided discovery constructive conversation, debate, analysis of most effective way of solving a problem situation, case a study, brainstorming, etc., making of instructional objective (informative)-educational (formative) which is based on such features as: mobility, diversification, specialization.

III. Evaluation in the University Center of Simulation in Medical Training.

- ***Applied teaching technologies***

"Brainstorming", "Round Table"; "Group Interview"; "Case Study"; "Creative Controversy"; "Focus-group technique".

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

**Current:**

front and / or individual control through

- application of docimological tests,
- analysis of case studies
- performing role plays on the topics discussed.
- control work
- assessment of basic practical skills, educational software: standardized patient methods

**Final** differential colloquium.

Students who have an average mark lower than 5 or did not recover the absences, are not admitted to the final exam.

The assessment of student's knowledge during the academic semester is performed by means of evaluation of theoretical knowledge (oral), practical skills, according to the course activity and practical lessons.

The evaluation of communication skills and competencies in the course format done at the UCSMT.

Assessment of the knowledge is marked with grades from 10 to 1, without decimals:

- Mark 10 or "excellent" (ECTS equivalent – A) is given for learning of 91-100% of the material;
- Mark 9 or "very good" (ECTS equivalent – B) is given for learning of 81-90% of the material;
- Mark 8 or "good" (ECTS equivalent – C) is given for learning of 71-80% of the material;



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- Mark 6 and 7 or “fair” (ECTS equivalent – D) are given for learning of 61-65% and 66-70% respectively, of the material;
- Mark 5 or “poor” (ECTS equivalent – E) is given for learning of 51-60% of the material;
- Mark 3 and 4” (ECTS equivalent – FX) are given for learning of 31-40% and 41-50% respectively, of the material;
- Mark 1 and 2 or “insufficient” (ECTS equivalent – F) are given for learning of 0-30% of the material;

*The final mark consists of 4 components: annual average (X 0.3), individual work (X 0.2), final test sample (X 0.3), differential colloquium (X 0.2).*

#### 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.*

#### X. RECOMMENDED LITERATURE:

In English:



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2. Jamieson E.M., McCall J.M., Blythe R. Guidelines for Clinical Nursing Practices, Churchill Livingstone, 2009.
3. Gramma Rodica, Paladi Adriana. Behavioral Sciences. Compendium. Didactic material for medical students. Chişinău. Medicina, 2011.
- 4.

In Romanian:

- 1.Cerneţchi O. Ghid de manopere practice.Volumul I. Pentru studenţii anilor I şi II, facultatea Medicină nr.1. 2013.
- 2.Spinei Angela. Comunicare şi comportament. Chişinău. Medicina, 2010.
- 3.Paşca Maria Dorina. Comunicarea în relaţia medic pacient. Târgu-Mureş: University Press, 2012.