

# ***The concept of*** ***communication***

**According to Dr. Josh Umbehr**

**“A good scalpel makes a better surgeon.**

**Good communication makes a better doctor.”**



Communication is imparting or interchanging thoughts, opinions, or information among people by speech, writing, or signs. People communicate in different ways, with the three typical types being verbal, non-verbal and paraverbal.

- Verbal communication is the words we speak and represents 7% of communication.
- Paraverbal communication is the way we say words and represents 38% of communication (tone, volume, expression and speed of voice).
- Non-verbal communication - our body language represents 55% of what is perceived and understood by others (physiognomy, facial expressions, gesture, posture).



**Verbal communication** entails the use of words in delivering the intended message. The two major forms of verbal communication are written and oral communication.

Another form of verbal communication is spoken word, either face-to-face or by telephone, voice chat, video conferencing or any other medium. Oral communication finds its usefulness in causal and informal discussions and conversations. The effectiveness of oral conversation depends on speech clarity, voice modulation, volume, speed, and even non-verbal communication.

Verbal communication makes the communication process easier and faster, remaining the most successful form of communication.



## **Written communication**

Written communication includes: letters and traditional documents written with pen and paper, electronic documents, e-mail and chats, SMS, etc. The effectiveness of written communication depends on writing style, grammar, vocabulary and clarity.



## **Paraverbal communication**



The way something is said, more than what is actually said, is an important component of para-verbal communication. It includes voice quality, intonation, stress, emotion, tone, and speaking style.

## **Non-verbal communication**

Physical non-verbal communication, or body language, includes facial expressions, eye contact, body posture, gestures, general body movements, tone of voice, use of paintings, icons, symbols.

Other forms of non-verbal communication include:

- Aesthetic communication or creative expressions, such as dance, painting.
- The appearance or style of clothing, combed and the like, which tells us about someone's personality
- The language of the space, such as paintings, landscapes and others, communicates about the person's social status and tastes
- Religious, status, or ego-strengthening symbols.



## Visual communication



A third type of communication is visual communication through visual means, such as signs, typography, drawing, graphic design, illustrations, color, and other electronic resources.

A good understanding of different types of communications and communication styles help you know and deal with people better, clear up misunderstandings and misconceptions, and contribute to the success of the enterprise.



## Formal and informal communication

**Formal** communication is often found in hospital policies and documents.

Health care workers use formal communication when explaining hospital policies to patients and their families.



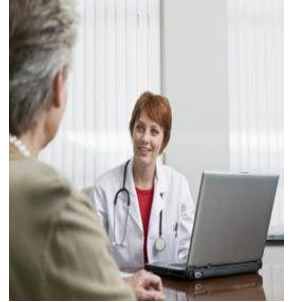
**Informal** communication is less structured, and often allows for more interaction and communication between patients and caregivers. Conversing with patients about their interests, families and daily activities generally occurs using informal communication.



## **Technology-aided communication**



Not all patients are able to communicate on their own with their caregivers. In these instances, many use technology-aided communication devices to hear or speak. For example, patients who are unable to speak may type their thoughts into a computer that announces them out loud.



## **Communication skills**

**Communication skills** are verbal and non-verbal words, phrases, voice tones, facial expressions, gestures, and body language that you use in the interaction between you and another person.

**Communication skills in a healthcare** setting include the way you use to:

- Explain diagnosis, investigation and treatment.
- Involve the patient in the decision-making.
- Communicate with relatives.
- Communicate with other health care professionals.
- Break bad news.
- Seek informed consent/clarification for an invasive procedure or obtaining consent for a post-mortem.
- Deal with anxious patients or relatives.
- Give instructions on discharge.
- Give advice on lifestyle, health promotion or risk factors.

## **Effective communication**

**Effective communication** helps people to understand and learn from each other, develop alternate perspectives, and meet each other's needs.

Hidden agendas, emotions, stress, prejudices, and defensiveness are just a few common barriers that need to be overcome in order to achieve the real goal of communication.

## **Comunicarea eficientă**

Comunicarea eficientă ajută oamenii să înțeleagă și să învețe uniile la alții, să dezvolte perspective alternative și să satisfacă nevoile reciproc.

Agendele ascunse, emoțiile, stresul, prejudecățile și defensivitatea sunt doar câteva bariere obișnuite care trebuie depășite pentru a atinge scopul real al comunicării.

- Demonstration of empathy -warmth and genuineness;
- Active listening;
- Body language;



- Meaningful silence;
- Acknowledgement of strong emotion;
- Encouragement to continue;
- Picking up cues by use of:
- Reflection
- Open questioning
- Clarification.

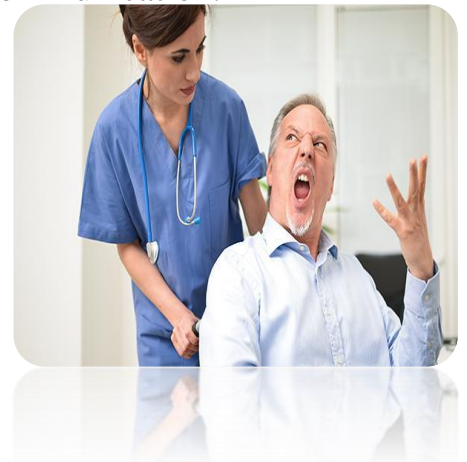
### Difficult patients



**Difficult patients** are ordinary people who come to your health institute, because they have to, not because they want to. Sometimes, they have even been brought in unwillingly by a family member or a friend. They come in with their vast range of different personalities, cultural background, and current emotional state.

**Dealing with difficult patients** needs a lot of communication skills to calm them down or to let them at ease and open for effective communication.

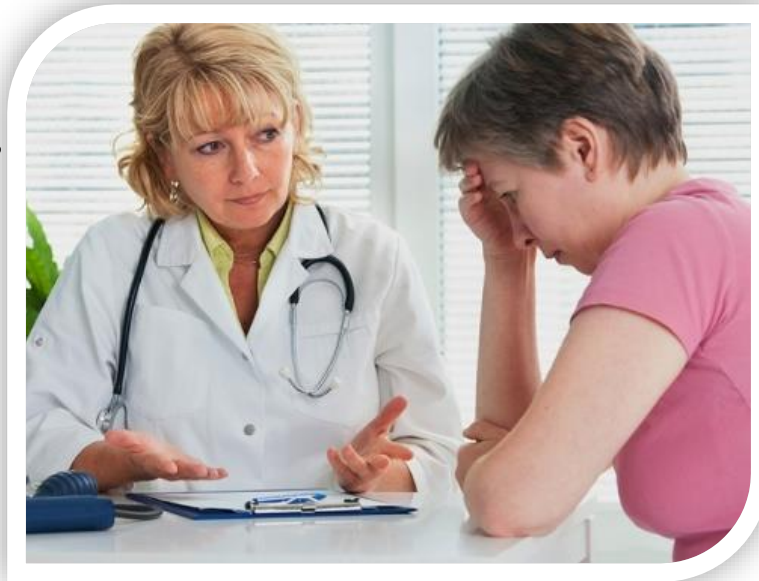
- The **Silent** patient.
- The **Rambling** or **Talkative** patient.
- The **Vague** patient.
- The **Angry** patient.
- The **Depressed** or **Sad** patient.
- The **Denial** patient.
- The **Anxious** patient.
- Patient with **Somatization**.
- The **Dependent and Demanding** patient.
- The **Dramatic or Manipulative** patient.
- The **Long Suffering, Masochistic** patient.
- The **Orderly and Controlled** patient.
- The **Manic, Restless** patient.
- The **Guarded Paranoid** patient.
- The **Superior** patient.
- **Breaking bad news.**
- **Caring for the dying patient.**
- **Conflicted Roles.**
- **Solving Conflicts.**



## **Communication in Medicine as the basis of the Doctor-Patient Relationship**

**Doctors should follow the following rules:**

- Sit down during consultation, on the right side of the patient;
- Examine the patient from top down, from the right side to the left side
- Talk to the patient as an individual;
- Show interest and respect;
- Listen attentively;
- Answer questions honestly;
- Inform the patient about treatment options;
- Involve the patient in making decisions about the treatment;
- Demonstrate sensitivity to patients' cultural and ethnic diversity.
- When the patient enters the doctor's office, the doctor has to leave all the other work and pay all the attention to the patient; the first meeting is very important, so the doctor must welcome the patient and introduce himself or herself;
- The atmosphere in the office must be comfortable, not noisy, without extra light, no other people in the office (the best dialogue can be built if only the doctor and the patient are in the room because this will give the patient the opportunity to be honest,);
- While talking to the patient, the doctor must show interest in the discussion, and pay attention to all the information;
- The doctors must guide the dialogue; they must ask questions very clearly, using words that the patient will be able to understand;
- It is very important to give the opportunity to the patient to ask questions; the doctor must make sure that the patient understands everything about the disease, about the efficacy of the treatment, about the chances for recovery; the doctor must be honest with the patient;
- While talking to patients, doctors must place themselves "on the same level" with the patients. This will help to build a better relationship. Doctors must talk to patients using simple words.
- The patients are the ones who make decisions; doctors must explain the health status of the patients, they must explain to the patients the recommended ways of treatment, but the patients are the ones who decide in which way they want to be treated (by surgery, pharmacotherapy, as inpatients or outpatients etc.).



## **Effective Communication Techniques**

The patient may feel uncomfortable during the medical examination:

- The doctor must describe what he or she is going to do next, and what the patient has to do, for example: “I am going to measure the temperature, check your pulse, would you, please take off your shirt?”

The goal of every step during medical examination must be explained so that the patient will feel more comfortable.

- If the patient refuses to follow the doctor’s instructions, then the doctor must ask the patient what the causes are, and explain why this is so important to perform the physical examination; he or she must be very polite, attentive, and careful.

## **Common Mistakes**

The following mistakes must be avoided:

- Asking too many questions;
- Not allowing the patient to tell their story in their own words;
- Unnecessary interruptions.

## **Rules of good practice while informing the patient**

- While telling a patient any kind of information about his health, the doctor must be very careful, especially if he has bad news for the patient.
- First, the doctor must remember the rule of confidentiality, so that the patient is the first to find out information about his health.
- Before telling the patient bad news, the doctor must prepare the patient.

## **Giving bad news**

While breaking bad news, the doctor should follow the following steps:

- Give information;
- ↓
- Check the patient’s understanding of the information;
- ↓





- Identify the patient's main concerns



- Give realistic hope.

### **Models of Doctor-Patient Relationship**

- Paternalistic;
- Informative;
- Interpretative;
- Deliberative.



#### **Paternalistic**

- The doctor acts as the patient's protector;
- He/ she recommends the tests, diagnoses the disease, and recommends the best treatment;
- The doctor presents selected information to the patient.

#### **Informative**

- The physician provides the patient with all relevant information about his/ her condition and therapeutic options, without taking into account the patient's history, personality or system of values;
- Can cause anxiety, stress;
- Lack of compassion.

#### **Interpretative**

- The doctor gives recommendations taking into consideration individual characteristics of the patient;
- The decision is made together with the patient;
- The doctor takes into consideration alternative criticism and suggestions.

### **Deliberative**

- The physician behaves like a patient's teacher or friend and tries to let him to choose the "best" way, taking into consideration medical information, reasoning and the patient's personal value system;
- Involves the patient in a dialogue about the best course of action, telling him at the end not only what they were supposed to do but what they should do (the doctor acting a teacher);
- Used especially in public health institutions.

### **Questions to control your knowledge**

1. What is communication?  
Communication is imparting or interchanging thoughts, opinions, or information among people by speech, writing, or signs
2. What are the three typical types of communication?  
Typical types of communication are verbal, non-verbal and para-verbal.
3. What is verbal communication and how much percent it represents?  
Verbal communication is the words we speak and represents 7% of communication.
4. What is para-verbal communication and how much percent it represents?  
Visual communication is the way we say words and represents 38% of communication (tone, volume, expression and speed of voice).
5. What is non-verbal communication and how much percent it represents?  
Non-verbal communication is our body language (physiognomy, facial expressions, gesture, posture) and represents 55%.
6. What does verbal communication involve?  
Verbal communication involves the use of words to transmit the message.
7. What are the major forms of verbal communication?  
The two major forms of verbal communication are written and oral communication.
8. What does written communication include?  
Written communication includes: traditional letters and documents written with pen and paper, electronic documents, e-mail and chats, SMS.
9. Why does the efficiency of written communication depend?  
The efficiency of written communication depends on writing style, grammar, vocabulary and clarity.
10. What is non-verbal communication?

The important component of non-verbal communication is the way something is said.

11. What does non-verbal communication include?

It includes voice, intonation, stress, emotion, tone, and speaking style.

12. Which type of communication are aesthetic communication or creative expressions, such as dance, picture?

Non-verbal

13. Which type of communication are aspect of clothing or style?

Non-verbal

14. Which type of communication are language of space, such as paintings, landscapes and others, that talk about the social status and tastes of the person?

Non-verbal

15. Which type of communication are religious symbols, status symbols, or ego consolidation symbols?

Non-verbal

16. What are the examples of visual communication?

Visual communication can be achieved by means such as signs, typography, drawing, graphic design, illustrations, color and other electronic resources.

17. What does a good understanding of different types of communication styles help you with?

A good understanding of the different types of communication styles helps you get to know and deal with people better, understand misunderstandings and misconceptions and contribute to the success of the relationship.

18. Where formal communication is often used?

Formal communication is often found in hospital policies and documents.

19. How is formal communication used by medical workers?

Healthcare workers use formal communication when explaining hospital policies to patients and their families.

20. Why does informal communication offer better doctor-patient interaction?

Informal communication is less structured and often allows for better interaction and communication between patients and their relatives.

21. Not all patients are able to communicate alone with their caregivers. Which communication-assisted technologies are frequently used to hear or speak?

Patients who cannot speak can write their thoughts on a computer that can make loud their voice.

22. What are verbal and non-verbal communication skills?

Communication skills are verbal and non-verbal - words, phrases, vocal tones, facial expressions, gestures and body language that you use in the interaction between you and another person.

23. Communication skills in a medical institution include how you use to:

- ◎ Explain the diagnosis, investigation and treatment.

- ⊙ Involve the patient in decision making.
  - ⊙ Communicate with relatives.
  - ⊙ Communicate with other professionals in the field of health.
24. Communication skills in a medical institution include how you use to:
- ⊙ Announce bad news.
  - ⊙ Ask for informed consent / clarification for an invasive procedure or obtaining consent for post-mortem.
  - ⊙ You care about anxious patients or relatives.
  - ⊙ Give instructions for release.
25. Communication skills in a medical institution include how you use to:  
Give advice on lifestyle, health promotion or risk factors.
26. Define effective communication:  
Effective communication helps people to understand and learn from each other, develop alternative perspectives and meet each other's needs.
27. What do we pay attention to and what do we do to overcome the barriers that arise during communication?
- ⊙ We demonstrate empathy - warmth and authenticity;
  - ⊙ Active listening;
  - ⊙ Body language;
  - ⊙ Significant silence;
  - ⊙ Recognition of strong emotion;
  - ⊙ Encourage continuation;
  - ⊙ Recognition of indications by using:
    - Reflection
    - Direct questions
    - clarification.
28. Who are the difficult patients?  
Difficult patients are ordinary people who come to a health institution because they have to, not because they want to. They come with their wide range of different personalities, cultural background and current emotional state.
29. What is needed to address difficult patients?  
Addressing difficult patients requires a lot of communication skills to calm them down or to allow them to feel more at ease and open up for effective communication.
30. Types of patients difficult in the medical activity:
- ⊙ Silent patient
  - ⊙ The patient who talks too much.
  - ⊙ The patient is vague.
  - ⊙ The angry patient.
  - ⊙ Depressed or sad patient.
  - ⊙ The patient denies.



- ⊙ Anxious patient.
- ⊙ Dependent and requesting patient.
- ⊙ Dramatic or manipulative patient.
- ⊙ The masochistic patient who has been suffering for a long time.
- ⊙ The patient ordered and controlled.
- ⊙ Maniacal patient, restless.
- ⊙ The paranoid, guarded patient.
- ⊙ Superior patient.
- ⊙ Announcing bad news.
- ⊙ Care of the patient to death.
- ⊙ Conflicting roles.
- ⊙ Conflict resolution

31. Physicians must respect the following rules to ensure effective communication and the best patient-doctor relationship:

- ⊙ Sit during the consultation, on the right side of the patient;
- ⊙ Examine the patient from top to bottom, from right to left;
- ⊙ Talk to the patient as a person;
- ⊙ Show interest and respect;
- ⊙ Listen carefully;
- ⊙ Answer questions honestly;
- ⊙ Inform the patient about treatment options;
- ⊙ Involve the patient in making treatment decisions;
- ⊙ Demonstrate sensitivity to the cultural and ethnic diversity of patients.
- ⊙ When the patient enters the doctor's office, the doctor must leave all the work and pay full attention to the patient; the first appointment is very important, so the doctor must receive the patient and present himself;
- ⊙ The atmosphere in the office should be comfortable, not noisy, without additional light, without other people in the office (the best dialogue can be built if only the doctor and the patient are in the room, as this will give the patient the opportunity to be honest) .
- ⊙ While talking to the patient, the doctor should be interested in the discussion and pay attention to all information;
- ⊙ Doctors must guide the dialogue; they must ask the questions very clearly, using words that the patient will be able to understand;
- ⊙ It is very important to give the patient the opportunity to ask questions; the doctor must make sure that the patient understands everything about the disease, about the effectiveness of the treatment, about the chances of recovery; the doctor must be honest with the patient;
- ⊙ While talking to patients, physicians need to be "at the same level" with patients. This will help build a better relationship. Doctors need to talk to patients using simple words.

- ⊙ Patients are the ones who make the decisions; Doctors must explain the health of patients, they must explain to patients the recommended methods of treatment, but patients are the ones who decide how they want to be treated (surgery, pharmacotherapy, in hospitals or outpatient clinics, etc.).

32. What should the doctor do to make the patient feel comfortable during the consultation?

- ⊙ The doctor should describe what to do next and what the patient should do, for example: "Will I measure the temperature, check the pulse, please take off your shirt?"

The purpose of each step during the medical examination should be explained so that the patient feels more comfortable.

- ⊙ If the patient refuses to follow the doctor's instructions, then the doctor should ask the patient what the causes are and explain why it is so important to perform the physical examination; he or she must be very polite, careful and attentive.

33. Which mistakes in the doctor's communication with the patient should be avoided:

- ⊙ Too many questions;
- ⊙ Not allowing the patient to tell the story in their own words;
- ⊙ Unnecessary interruptions.

34. What are the rules of good practice while informing the patient?

- While telling a patient any kind of information about his health, the doctor must be very careful, especially if he has bad news for the patient.
- First, the doctor must remember the confidentiality rule so that the patient is the first to find out about his or her health.
- Before telling the patient bad news, the doctor should prepare the patient.

35. While announcing bad news, the doctor must follow these steps:

- ⊙ To provide information;
- ⊙ To verify the patient's understanding of the information;
- ⊙ To identify the main concerns of the patient;
- ⊙ To provide realistic hope.

36. What are the patterns of doctor-patient relationships?

- The paternalistic model
- Informative model
- The interpretive model

- The deliberative model

37. List the characteristics of the paternalistic model in the doctor-patient relationship:

- ⊙ The doctor also acts as the patient's defender
- ⊙ He / she recommends tests, recommends tests, diagnoses the disease, and recommends the best treatment.
- ⊙ The doctor presents the selected information to the patient

38. List the characteristics of the information model in the doctor-patient relationship:

- ⊙ The physician provides the patient with all relevant information regarding his or her condition and treatment options, regardless of the patient's history, personality, or value system.
- ⊙ May cause anxiety, stress.
- ⊙ Lack of compassion.

39. List the characteristics of the interpretive model in the doctor-patient relationship:

- ⊙ The doctor makes recommendations taking into account the individual characteristics of the patient
- ⊙ The decision is shared with the patient
- ⊙ The doctor considers alternative criticisms and suggestions

40. List the characteristics of the deliberative model in the doctor-patient relationship:

- ⊙ The doctor behaves like a teacher or friend of the patient and tries to convince him to choose the “best” way, taking into account both the information and the medical reasoning, as well as the patient's personal value system.
- ⊙ Engages the patient in a dialogue about the best course of action, finally telling them not only what the armptit does but also what they should do (the doctor acts a teacher)
- ⊙ Used especially in public health institutions

## **Test**

1. What is communication?

a. \* Communication is the transmission or exchange of thoughts, opinions or information between people through speech, writing or signs.

- b. Communication is just the exchange of thoughts, opinions or information between people through speech.
- c. Communication is the transmission of thoughts in written form.
- d. Communication provides the opportunity to understand information.
- e. Communication is the interpretation of thoughts, opinions or information from people.

2. What types of communication you know?

- a. \* Verbal
- b. \* Non-verbal
- c. \* para-verbal
- d. Vertical
- e. Horizontal

3. What is verbal communication and how much percent it represents?

- a. \* Verbal communication is the words we speak and represents 7% of communication.
- b. Verbal communication is the words we speak and represent 17% of communication.
- c. Verbal communication is the words we hear and represent 7% of communication.
- d. Verbal communication is the words we hear and represent 17% of communication.
- e. Verbal communication is the words we understand and represents 27% of communication.

4. What is para-verbal communication and how much percent it represents?

- a. \* Paraverbal communication is the way we say words and represents 38% of communication (tone, volume, expression and speed of voice).
- b. Paraverbal communication is the way we say the words and represents 58% of the communication.
- c. Paraverbal communication is the way we gesture when we communicate and represents 38% of communication.
- d. Paraverbal communication plays a minimal role in the exchange of information.



e. Paraverbal communication is the tone, volume, expression and speed of the voice.

5. What is non-verbal communication and how much percent it represents?

a. \* Non-verbal communication - our body language represents 55% of what is perceived and understood by others (physiognomy, mimicry, gesture, posture).

b. Non-verbal communication - the change of our body represents 25% of what is perceived and understood by others (physiognomy, mimicry, gesture, posture).

c. Non-verbal communication - our body language represents an insignificant percentage of what is perceived and understood by others (physiognomy, mimicry, gesture, posture).

d. Non-verbal communication is the way we say the words and represents 38% of the communication (tone, volume, expression and voice speed).

e. Non-verbal communication is the words we speak and represents 7% of communication.

6. What does verbal communication involve?

a. \* Verbal communication involves the use of words in the transmission of the message we intend to convey.

b. Verbal communication involves the use of body language in conveying the message we intend to convey.

c. Verbal communication involves the way we say words in conveying the message we intend to convey.

d. Verbal communication involves the use of words and body language in transmitting the message we intend to convey.

e. Verbal communication involves the use of medical experience in transmitting the message we intend to convey.

7. What are the major forms of verbal communication?

a. \* Written.

b. \* Oral.

c. Body language.

d. Pictures.

e. tone.

8. What does written communication include?

- a. \*Letters.
- b. \*Traditional documents written with pen and paper.
- c. \*Electronic documents.
- d. \*Email and chats, SMS
- e. Images.

9. Why does the effectiveness of written communication depend?

- a. \* Writing style.
- b. \* Grammar
- c. \* Vocabulary.
- d. \* Clarity.
- e. \* Generation.

10. An important component of non-verbal communication?

- a. \* The way something is said, more than what is actually said, is an important component of non-verbal communication.
- b. The way something is written is an important component of non-verbal communication.
- c. How something is perceived is an important component of non-verbal communication.
- d. The way something is understood.
- e. Non-verbal communication should be avoided in medical practice.

11. What does non-verbal communication include?

- a. \*Voice quality.
- b. \*Intonation.
- c. \*Stress, emotion, tone.
- d. \*The style of speaking.
- e. Graphic design.

12. Which type of communication are aesthetic communication or creative expressions, such as dance, picture?

- a. \* Non-verbal.

- b. Vertically
- c. Horizontally
- d. verb.
- e. any.

13. Which type of communication are aspect of clothing or style?

- a. \* Non-verbal.
- b. Vertically.
- c. Horizontally.
- d. verb.
- e. any.

14. Which type of communication are language of space, such as paintings, landscapes and others, that talk about the social status and tastes of the person?

- a. \* Non-verbal.
- b. Vertically.
- c. Horizontally.
- d. verb.
- e. any.

15. Which type of communication are religious symbols, status symbols, or ego consolidation symbols?

- a. \* Non-verbal.
- b. Vertically.
- c. Horizontally.
- d. verb.
- e. any.

16. What are the examples of visual communication?

- a. \* Signs.
- b. \* Typography.
- c. \* The drawing.
- d. \* Graphic design.

e. Body language.

17. What does a good understanding of different types of communication styles help you with?

- a. \* Get to know and care for people better.
- b. \* Understand misunderstandings and misconceptions.
- c. \* Contribute to the success of the relationship.
- d. Influence the patient's choice.
- e. Defend yourself from medical errors.

18. Where is formal communication often used?

- a. \* Formal communication is often found in hospital policies and documents.
- b. Formal communication is often avoided in hospital policies and documents.
- c. Formal communication is an error in hospital policies and documents.
- d. Formal communication is often found in physician-physician relationships.
- e. Formal communication is often found in horizontal relationships.

19. How is formal communication used by medical workers?

- a. \* Healthcare workers use formal communication when explaining hospital policies to patients and their families.
- b. Not useful in medical practice.
- c. Medical workers can, through formal communication, decide on the patient's behalf.
- d. Most medical workers abuse the use of formal communication for the purpose of evading response.
- e. No answer is correct.

20. Why does informal communication offer better doctor-patient interaction?

- a. \* Informal communication is less structured and often allows for better interaction and communication between patients and their caregivers.
- b. Informal communication is more structured and often allows for better interaction and communication between patients and their caregivers.
- c. Not useful in medical practice.
- d. The doctor can manipulate the patient.
- e. No answer is correct.



21. Not all patients are able to communicate alone with their caregivers. Which communication-assisted technologies are frequently used to hear or speak?

- a. \* Patients who cannot speak can write their thoughts on a computer that can make loud their voice.
- b. Patients who cannot speak can write their thoughts in a special journal.
- c. Patients who cannot speak should be treated by specially trained physicians.
- d. Patients do not use these technologies because they cause fear.
- e. The given technologies are useful only in the hospital.

22. What are verbal and non-verbal communication skills?

- a. \* Words.
- b. \* Phrases.
- c. \* Voice tones.
- d. \* Facial expressions, gestures and body language.
- e. Graphic design.

23. Communication skills in a medical institution include how you use to:

- a. \* Explain the diagnosis, investigation and treatment.
- b. \* Involve the patient in decision making.
- c. \* Communicate with relatives.
- d. \* Communicate with other health professionals.
- e. Influence the patient's decision in the direction convenient to the medical institution.

24. Communication skills in a medical institution include how you use to:

- a. \*Report bad news.
- b. \*Ask for informed consent / clarification for an invasive procedure or obtaining consent for post-mortem.
- c. \*You worry about anxious relatives or relatives.
- d. \*Give instructions.
- e. Influence the patient's decision in the direction convenient to the medical institution.

25. Communication skills in a medical institution include how you use to:

- a. \* Provide advice on lifestyle, health promotion or risk factors.
- b. \* Seek informed consent / clarification for an invasive procedure or obtaining post-mortem consent.
- c. \* Involve the patient in making decisions.
- d. \* Explain the diagnosis, investigation and treatment.
- e. Communication with colleagues.

26. Define effective communication:

- a. \* Effective communication helps people understand and learn from each other, develop alternative perspectives and meet each other's needs.
- b. Effective communication is difficult to achieve in the case of medical institutions.
- c. Effective communication helps doctors understand and learn from each other.
- d. Effective communication helps patients to understand and learn about each other.
- e. Effective communication needs to be less structured and will thus allow for better interaction and communication between patients and their relatives

27. What do we pay attention to and what do we do to overcome the barriers that arise during communication?

- a. \* We show empathy - warmth and authenticity.
- b. \* We listen actively.
- c. \* Body language.
- d. \* Significant silence.
- e. The patient must be limited in information.

28. Who are the difficult patients?

- a. \* Difficult patients are ordinary people who come to a health institution because they have to, not because they want to.
- b. \* They come with their wide range of different personalities, cultural background and current emotional state.
- c. Difficult patients are people with medical knowledge who come to a health institution.
- d. Difficult patients are people who want to check doctors' knowledge.
- e. Difficult patients should be isolated from the time of admission.

29. What is needed to address difficult patients?

- a. \* Addressing difficult patients requires a lot of communication skills.
- b. Addressing difficult patients requires a lot of scientific evidence.
- c. Addressing difficult patients is a duty of authoritarian physicians.
- d. Addressing difficult patients requires.
- e. Difficult patients are ordinary people and no special approach is required.

30. Types of difficult patients in the medical activity:

- a. \* The silent patient.
- b. \* The patient incoherent or who speaks a lot.
- c. \* The patient is vague.
- d. \* The angry patient.
- e. The informed patient.

31. Types of difficult patients in medical activity:

- a. \* The depressed or sad patient.
- b. \* The patient who denies.
- c. \* The anxious patient.
- d. \* The patient with somatization.
- e. The obedient patient.

32. Types of difficult patients in medical activity:

- a. \* The dependent and requesting patient.
- b. \* The dramatic or manipulative patient.
- c. \* The masochistic patient who has been suffering for a long time.
- d. \* The orderly and controlled patient.
- e. The chronic patient.

33. Physicians must follow the rules to ensure effective communication and the best patient-doctor relationship:

- a. \* Sit on the right side of the patient during the consultation.
- b. \* Examine the patient from top to bottom, from right to left.

- c. \* Discuss with the patient as a person.
- d. \* Show interest and respect.
- e. Sit during the consultation, on the left side of the patient.

34. Physicians must follow the rules to ensure effective communication and the best doctor-patient relationship possible:

- a. \* Listen carefully.
- b. \* Answer honest questions.
- c. \* Inform the patient about treatment options.
- d. \* Involve the patient in treatment decisions.
- e. Answer the questions, but some things should never be told to the patient.

35. Physicians must follow rules to ensure effective communication and the best doctor-patient relationship possible:

- a. \* Demonstrate sensitivity to the cultural and ethnic diversity of patients.
- b. \* When the patient enters the doctor's office, the doctor must leave all work and pay full attention to the patient; the first meeting is very important, so the doctor must receive the patient and report.
- c. \* The atmosphere in the office should be comfortable, not noisy, no extra light, no other people in the office (the best dialogue can be built if only the doctor and the patient are in the room, as this will give the patient the opportunity to be sincere).
- d. \* While talking to the patient, the doctor should express interest in the discussion and pay attention to all information.
- e. Demonstrate indifference to the cultural and ethnic diversity of patients.

36. Physicians must follow the rules in order to ensure effective communication and the best doctor-patient relationship:

- a. \* Doctors must guide the dialogue; they must ask the questions very clearly, using words that the patient will be able to understand;
- b. \* It is very important to give the patient the opportunity to ask questions; the doctor must make sure that the patient understands everything about the disease, about the effectiveness of the treatment, about the chances of recovery; the doctor must be honest with the patient;
- c. \* While talking to patients, doctors need to be "on par" with patients. This will help build a better relationship. Doctors need to talk to patients in simple words. Patients are the ones who make the decisions. ;

- d. \* Doctors must explain the health of patients, they must explain to patients the recommended methods of treatment, but patients are the ones who decide how they want to be treated (by surgery, pharmacotherapy, in hospitals or outpatient clinics, etc.).
- e. The doctor must convince the patient that the best decision is the doctor's decision.

37. What should the doctor do to make the patient feel comfortable during the consultation?

- a. \* The doctor must describe what the patient is going to do next and what to do, for example: "Will I measure the temperature, check the pulse, please take off your shirt?"
- b. \* The purpose of each step during medical examination should be explained so that the patient feels more comfortable.
- c. \* If the patient refuses to follow the doctor's instructions, then the doctor should ask the patient what the causes are and explain why it is so important to perform the physical examination; he or she must be very polite, attentive and attentive.
- d. The patient has no right to refuse the doctor's instructions.
- e. The physician must be authoritative to instill confidence.

38. Which errors in the doctor's communication with the patient should be avoided:

- a. \* Too many questions.
- b. \* Not allowing the patient to tell the story in their own words.
- c. \* Unnecessary interruptions.
- d. Detailed information of the patient regarding the health status.
- e. Demonstration of empathy.

39. What are the rules of good practice while informing the patient?

- a. \* While telling a patient any kind of health information, the doctor should be very careful, especially if he has bad news for the patient.
- b. \* First, the doctor must remember the confidentiality rule so that the patient is the first to find out about his or her health.
- c. \* Before telling the patient bad news, the doctor must prepare the patient.
- d. The doctor must convince the patient that the best decision is the doctor's decision.

e. The physician must be authoritative to instill confidence.

40. While announcing bad news, the doctor should follow the following steps:

a. \*Provide information.

b. \*Verify the patient's understanding of the information.

c. \*To identify the main concerns of the patient.

d. \*To provide realistic hope.

e. To offer hope.

41. What are the doctor-patient relationship models?

a. \* The paternalistic model.

b. \* Informative model.

c. \* The interpretive model.

d. \* The deliberative model.

e. The family model.

42. List the characteristics of the paternalistic model in the doctor-patient relationship:

a. \* The doctor acts and defends the patient.

b. \* He / she recommends tests, recommends tests, diagnoses the disease, and recommends the best treatment.

c. \* The physician presents the selected information to the patient.

d. It can cause anxiety, stress.

e. Lack of compassion.

43. List the characteristics of the information model in the doctor-patient relationship:

a. \* The physician provides the patient with all relevant information regarding his or her condition and treatment options, regardless of the patient's history, personality, or value system.

b. \* May cause anxiety, stress.

c. \* Lack of compassion.

d. The doctor acts and defends the patient.

e. The decision is shared with the patient.



44. List the characteristics of the interpretive model in the doctor-patient relationship:

- a. \* The doctor makes recommendations taking into account the individual characteristics of the patient.
- b. \* The decision is shared with the patient.
- c. \* The doctor considers alternative critics and suggestions
- d. The doctor behaves like a teacher or friend of the patient and tries to convince him to choose the “best” path, taking into account both the information and the medical reasoning, as well as the personal value system of the patient.
- e. The doctor presents the patient with selected information.

45. List the characteristics of the deliberative model in the doctor-patient relationship:

- a. \* The doctor behaves like a teacher or friend of the patient and tries to convince him to choose the "best" path, taking into account both the information and medical reasoning, as well as the personal value system of the patient.
- b. \* Engage the patient in a dialogue about the best course of action, telling him in the end not only what he can do but also what he should do (the doctor acts as a teacher).
- c. \* Used especially in institutions with a public health profile.
- d. He / she recommends tests, recommends tests, diagnoses the disease, and recommends the best treatment.
- e. The doctor makes recommendations taking into account the individual characteristics of the patient.

