Advanced Communication Skills, including Practices (D012206)

Valid in the academic year 2014-2015

Course Specifications

Course offerings and teaching methods in academic year 2014-2015

<table>
<thead>
<tr>
<th>A (year)</th>
<th>integration seminar</th>
<th>3.75 h</th>
</tr>
</thead>
<tbody>
<tr>
<td>self-reliant study activities</td>
<td>10.0 h</td>
<td></td>
</tr>
<tr>
<td>work placement</td>
<td>31.25 h</td>
<td></td>
</tr>
<tr>
<td>lecture</td>
<td>5.0 h</td>
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</tbody>
</table>

Lecturers in academic year 2014-2015

- Caemaert, Jacques
- Kalala Okito, Jean-Pierre
- Rogiers, Xavier
- Van Roost, Dirk
- Vervaet, Myriam

Offered in the following programmes in 2014-2015

- Master of Medicine in Specialist Medicine (main subject Neurosurgery) 6 A

Teaching languages

- Dutch

Keywords

- Neurosurgery, communication, interaction strategies between professionals and between doctors and patients, self-reflection

Position of the course

The courses related to communication aim to increase the theoretical background and communication skills taught in the master in medicine and to focus more on a hospital environment. Communication with the patient and his environment in specific circumstances (only news, end of life, conflict management, ...) but also communication with other specialists and health professionals in numerous multi-and interdisciplinary meetings are an essential part of the workplace learning. Emphasis is also placed on self-reflection: to be able to communicate more efficiently and more purposeful and to be able to act, one must first gain insight in the own inner emotional world and in the often unconscious and thus often less effective coping strategies that ensue. These under- or unconscious strategies often maintain outward (animosity, quarrels, ...) and inner (burnout, depression, ...) conflicts.

Contents

1. Mandatory theoretical lectures:
   a. transfer of information between colleagues
   b. teaching conference techniques
   c. giving and receiving feedback
   d. interaction styles in difficult situations and difficult patients-motivational strategies

2. Self-reflection reports on private communication moments with patients / family

The self-reflection reports have to be made according to STARR method (situation - task - action - result - reflection). The trainee has to mainly focus on what the trainee felt at that time (self-reflection), what reactions this provoked at the communication partner, how the trainee dealt with those feelings (self-regulation) and how this might

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perhaps improve. The idea is to be aware of own effective or less effective coping strategies. Feedback by third parties present at the conversation is important. These reports are discussed individually with the lecturer and/or the clinical psychologist.

Two intervision sessions
The intervision sessions aim to develop:

a) Self-reflection: be aware of personal characteristics and limits required for the optimal functioning as a physician and necessary for building up cooperative doctor-patient relationship, inter- and intra professional relationship

b) Learning to communicate effectively with and report to other specialists and (not) medical health professionals

Form: There are groups formed by maximum 8 trainees. They are grouped according to related disciplines and chaired by the lecturer and a clinical psychologist. A first session of 2 hours takes place in December / January in which the contribution of each trainee of the group is driven by the lecturer and a clinical psychologist. Through didactic analysis and modeling, critical points in attitude and interviewing are explained. The second session follows 6 months later: the trainee presents cases in the same group and explains the approach.

The content includes: conversations in which emotional reactions of the trainee threatens to disrupt the professional interaction because of the nature of the conversation, the attitude of the patient, the fellow and / or third parties. Examples are: the experience of the trainee is questioned; the patient refuses to follow the treatment; the patient does not want to / can not (timely) leave the consultation space; a colleague from other discipline does not accept the followed procedure; one of team members gives ‘wrong’ information to the patient.

**Initial competences**

The initial competences are the exit qualifications which are described in terms of learning outcomes for the master in medicine (cfr. “De Vlaamse opleiding tot arts en het Bolognaproces”, Interuniversitaire werkgroep Learning outcomes).

**Final competences**

- Controlling a structured system for inter-professional communication (ISOBAR-system).
- Performing on a custom way in a multidisciplinary consultation platform.
- Adequately dealing with feedback as well as adequately giving feedback to other health professionals and trainees.
- Gaining insight and adjusting the own functioning in a professional context by self-reflection and targeted feedback.
- Applying communication skills within a hospital context.
- Communicating in a professional manner with the patient and its context on the diagnosis, prognosis and potential treatment in order to achieve an optimal therapeutic plan by targeted cooperative (shared-decision approach).
- Make self-reflection reports according to STARR method.
- Conducting conversations in which emotional reactions of the trainee threatens to disrupt the professional interaction because of the nature of the conversation, the attitude of the patient, the fellow and / or third parties.

**Conditions for credit contract**

Access to this course unit via a credit contract is determined after successful competences assessment

**Conditions for exam contract**

This course unit cannot be taken via an exam contract

**Teaching methods**

Lecture, integration seminar, work placement, self-reliant study activities

**Learning materials and price**

Hand-outs / powerpoint presentation

**References**

**BOOKS**


GREENBERG M.S. 2006. Handbook of Neurosurgery. Thieme, 1000p. 80 euro


JOURNALS
Acta neurochirurgica
Journal of neurochirurgie
Neurosurgery

Course content-related study coaching
Consultation with lecturer / clinical psychologist or appointment or via email

Evaluation methods
continuous assessment

Examination methods in case of periodic evaluation during the first examination period

Examination methods in case of periodic evaluation during the second examination period

Examination methods in case of permanent evaluation
Portfolio, participation, job performance assessment

Possibilities of retake in case of permanent evaluation
examination during the second examination period is possible

Extra information on the examination methods
With every change of internship and at least once a year, the communication skills of the trainee have to be formally assessed by means of a template. This is done by the local training supervisor.
The lecturer evaluates in consultation with the clinical psychologist based on all collected papers and the participation in the intervision sessions with a “pass” / “fail” result based on progress and expectations. If necessary, the clinical psychologist can individually adjust.

Calculation of the examination mark
A “pass” / “fail” result is given.

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