

Communication for Geriatrics (D012390)

Due to Covid 19, the education and evaluation methods may vary from the information displayed in the schedules and course details. Any changes will be communicated on Ufora.

Course size (nominal values; actual values may depend on programme)
Credits 3.0 Study time 75 h Contact hrs 40.0 h

Course offerings and teaching methods in academic year 2020-2021

A (year)	Dutch	Gent	work placement	36.25 h
			self-reliant study	10.0 h
			activities	
			integration seminar	3.75 h

Lecturers in academic year 2020-2021

Piers, Ruth GE35 lecturer-in-charge

Offered in the following programmes in 2020-2021

	crdts	offering
Master of Medicine in Specialist Medicine (main subject Geriatrics)	3	A
Master of Medicine in Specialist Medicine (main subject Geriatrics)	3	A

Teaching languages

Dutch

Keywords

Gerontology, geriatrics, 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

The communication skills are further developed by:

1. Self-reflection moments on more specific major communication moments related to the speciality bound and/or destabilising communication moments

For each intervision session, one preliminary report and one report with a critical reflection afterwards have to be made. The four 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 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.

2. Minimum two additional intervision sessions to follow in the same group after registration before October 1 for that group on the Minerva info site

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 related disciplines and chaired by the lecturer and a clinical psychologist. Through didactic analysis and modeling, critical points in attitude and interviewing are explained.

The content includes: conversations with speciality-specific difficulties. Examples are: losing patient during surgical procedure; the communication of a non-successful surgery; proposing and advising various treatment options; advising of palliative care; securing acute psychotic patient; dealing with demand for euthanasia; refusal of treatment based on an improper question.

Initial competences

You can download the list of prerequisites on <https://oasis.ugent.be/oasis-web/curriculum/voorkennisvancursus?cursuscode=D012390&taal=en>.

Having successfully completed the course "Communication for internal medicine, part 1" or

having successfully completed the course "Practice in communications, part 1", major subject internal medicine

or

having successfully completed the course "Advanced communication skills, including practices", major subject internal medicine

Final competences

- 1 Performing on a custom way in a multidisciplinary consultation platform.
- 2 Applying communication skills within a hospital context.
- 3 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).
- 4 Writing self-reflection reports according to STARR method.
- 5 Conducting conversations with speciality-specific difficulties.

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

Integration seminar, work placement, self-reliant study activities

Learning materials and price

Hand-outs / powerpoint presentation

References

Miller WR & Rollnick S. Motivationale gespreksvoering. Een methode om mensen voor te bereiden op verandering. Ekklesia, 2005. Price € 34,95.

Silverman J, Kurtz S & Draper J; Vaardig communiceren in de gezondheidszorg. Een evidence-based benadering. Boom Lemma Uitgevers. 2000. Price € 40,95.

Luijendijk HJ, Verkaaik AJB (ed.) Handboek Sociale Geriatrie. De Tijdstroom, 2006. Price € 62,00.

Olde Rikkert M, van Iersel M, Flamaing J, Petrovic M, Schols J, Hoefnagels W (ed.). Probleemgeoriënteerd denken in de geriatrie, 2nd, revised edition. Utrecht: De Tijdstroom uitgeverij, 2012. Prijs € 79,00.

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 not possible

Extra information on the examination methods

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.

The evaluation can take place at the earliest in the second last academic year of the study programme.

If the trainee wishes to take up the course earlier, the trainee has to motivate this request in oasis.ugent.be and the curriculum committee has to approve the request.