

### JMF'S A.C.P.M. MEDICAL COLLEGE & HOSPITAL, DHULE, M.S.



# VLAUE ADDED COURSE "COMMUNICATION SKILL IN DOCTOR PATIENT DYAD"

**COURSE OUTLINES** 



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PARTICIPANT HANDBOOK

#### **DEPARTMENT OF PHYSIOLOGY**



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## Learning Objectives



- To Define Effective Communication
- To List the component of effective Communication between doctorpatient
- To practice appropriate questioning skill for collection of relevant information.
- To learn listening skills
- To practice answering skill
- To use precautions while revealing bad news

## **Course Structure**



#### **Effective Communication: Why**

Paradoxically, at a time of Internet based global communication and "Cyber medicine," we are faced with a breakdown in communication between patients and doctors. Increasing patient dissatisfaction, rising numbers of complaints and claims for malpractice and abandonment of conventional medicine for unproven alternatives are the major problems today. In a nation-wide household telephonic survey in US, physicians were rated lowest on communication skills and on attention to the costs. A similar survey of physicians showed that they too rated their training the lowest in these same areas. It is apparent that public need for adequate information is not fully met by the doctors.

What do patients want? Most instances of patient dissatisfaction with doctors relate to problems of communication rather than clinical competency. The commonest complaint is, "Doctors do not listen to me." Patients want quality information about their problems and the outlook, more openness about risks of treatment, relief of pain and emotional distress, and professional guidance on what they can do for themselves.

Why is there a communication gap? It is well documented that doctors and patients have different views on what makes good and effective communication; the patients focus on their life-world while the doctor, on the medical-world. These differences influence the quality of doctor-patient dyad, patient education, compliance and health outcomes.

Why should doctors change? Today, the responsibility for an individual's health care has shifted. Patients today are "health consumers" and want to be active participants in medical decision making. Studies by Kaplan et al have shown that patients tended to leave doctors who failed to involve them in decisions. Many doctors wish to increase their income by increasing their practice load, with a corresponding decrease in time spent per patient. This may backfire if patients abandon the everbusy and uncaring doctor.

Does quality communication improve health? Studies have documented a correlation between effective communication and improved health outcomes. The outcomes affected were emotional health, resolution of symptoms, pain control, improvement in function, and even in physiological measures such as blood pressure and blood sugar levels. (See Hawthorne effect)

Can we learn new communication skills? Firstly, with proper teaching, it is not difficult to acquire communication skills. Secondly, health care is still based on fiduciary relationship that is fostered by sharing of ideas and feelings. Thirdly, effective communication is an interactive process to elicit patient expectations and to counsel them if their expectations are unrealistic.

One should realise that communication is not merely as a set of skills; communicating well is not just a matter of learning discrete pieces of surface behaviour. It is an observable manifestation of appropriate attitude, which may be much more difficult to convey and acquire. It requires development of appropriate attitude as well as cultivation of relevant skills. Appreciating the relevance is the key to self-motivation to learn and change one's behaviour.

whatever symbols we use to transmit our messages, have no meanings in themselves. The people involved in the communication process give meaning to these.

ii) Perception: This is another essential component in the process. Perception is defined as the process of forming impressions about something (a person, an event, or any stimulus that has an effect on our consciousness), and then making a judgement about this. True communication is not possible without perception. Our perceptions and our judgement are affected/influenced by our senses (i.e. sight, sound, touch, smell and taste).



## **Schedule of Course**



Mode of Course: Online for Conceptual Learning on week ends

from 9.00 AM to 1.00 PM

**Commencement of Course:** 

**Date of Registration:** 

**Date of Session:** 

Session on Effective Communication

9.00-11.00

**AM** 

Session on component of Effective Communication

11.15- 1.00

PM

**Course assignment** 

**Date of Session:** 

Session on Questioning Skill

9.00-11.00 AM

**Session on Listening Skills** 

11.15-1.00 PM

Course assignment

**Date of Session:** 

Session on Answer Skill

9.00-11.00 AM

Session on Listening Skills

11.15- 1.00 PM

Course assignment

**Date of Session** 

9.00 -1.00 PM

Group Task on application of Communication Skill offline

**Date of Session** 

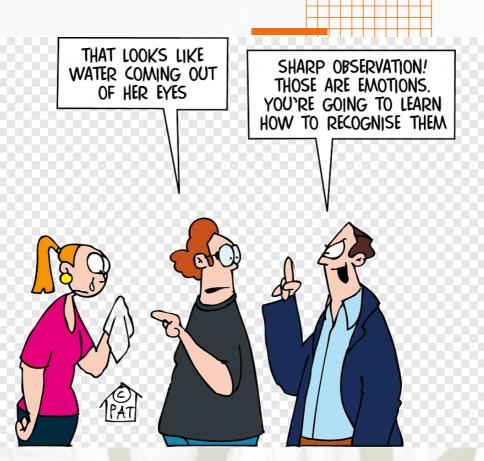
**How to break Bad News Demonstration** 

**Group Task** 

**Date of Assessment** 

Date of Declaration of candidates eligible for Certification

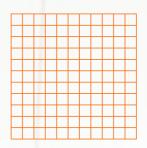
#### **Component of Efffective Communication**





What is meaning of effective CommunicationPage
Questioning Skills
Listening Skills
Answering Skills
Physician- Patient interaction
Assessment
Certification

## Our Value



### **Creative**

The College departments uses different mechanisms in addition to existing methods to inculcate creative aptitude amongst the students and faculty, holds workshops, meetings of college committees, industrialists, professionals from engineering colleges, and students for seeking opinions on innovative methods prior to implementation for holistic development of medical professionals.

## **Innovative**

The College has developed digital format for monitoring of skills during training of skill and objective structured assessment for quantitative measurement of attainment intended outcome of desired skills of medical professional. The students are provided learning resources of each skill to be learnt in stepwise manner, precautions, dos and don't, prior to training skills. The process of certification includes self assessment by peer to peer and trainer.

# **College Culture**

The College emphasises outcome based learning, thus always attempt to enrich teaching learning process with addition of short term discipline related courses to enhance professional skills. The IQAC has been mandated to prepare action plan, set mechanisms for continuous learning process and assessment of intended learning outcome to achieve attainment of medical attributes prescribed by statutory authorities.

## **Discipline**

There is code of conduct for the faculty, students and other employee, which has been implemented, violation of code of conduct is viewed seriously and adressed to resolve by college disciplinary committee.

#### Fun

The teaching-learning methods are designed as student centered. The student are provide self paced learning process to ensure the learner enjoys learning as fun



## Meet Our Team

JMF 'S ACPM MEDICAL COLLEGE, DHULE, MHARASHTRA-424001 INDIA



**Dr Dilip R Patil** 



**Dr Nitin N.Kulkarni** 



Dr Rajesh C Sharma

Course-Incharge

Acknowledgement: the course Incharge place on record the due credit to his Mentor Prof. K.R.Sethuraman, former Director Professor, National Teacher Center, JIPMER Pondicherry for imbibing teaching –learning and evaluation skills and course material reproduced for benefit of students free of cost





JMF 'S ACPM MEDICAL COLLEGE, DHULE, MHARASHTRA-424001 INDIA

**Email** 

physioacpm@gmail.com

**Address** 

Department of Physiology

Website

www.jmfacpm.com

**ACPM Learning Management System-Link** 

https://acpm.jvt.co.in/course/view.php?id=27

**Phone Number** 

+91-9897001893



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# THANK YOU

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