

**Doctor-Patient Relationship**

Code: 102853  
ECTS Credits: 3

Degree	Type	Year	Semester
2502442 Medicine	OT	2	2
2502442 Medicine	OT	3	0
2502442 Medicine	OT	4	0
2502442 Medicine	OT	5	0
2502442 Medicine	OT	6	0

The proposed teaching and assessment methodology that appear in the guide may be subject to changes as a result of the restrictions to face-to-face class attendance imposed by the health authorities.

**Contact**

Name: Oren Contreras Rodriguez  
Email: Oren.Contreras@uab.cat

**Use of Languages**

Principal working language: catalan (cat)  
Some groups entirely in English: No  
Some groups entirely in Catalan: Yes  
Some groups entirely in Spanish: Yes

**Other comments on languages**

**Teachers**

Pablo Oromendia Rodriguez

**Prerequisites**

Students should have acquired basic knowledge about Medical Psychology and preliminary contact and skills related to clinical care.

**Objectives and Contextualisation**

Objectives and Contextualization

The main goal of the discipline is to guide students on the basic foundations on which to establish and maintain a good relationship with patients, family members and other professionals.

Basic specific objectives

1. Acquire criteria to apply sound ethical principles in the professional relationship with patients.
2. Recognize the needs of patients in the diagnostic and therapeutic process.
3. Provide the basis for effective, helpful and respectful communication with patients
4. Acquire knowledge and experiences to establish effective professional interaction in diverse healthcare

environments.

5. Learn to confront difficult situations of interaction in the consultation and other health environments

### Additional objectives

1. Know and apply the professional values of dedication and sense of duty, responsibility, integrity and honesty in the practice of Medicine.
2. Know how to approach professional practice respecting the patient's autonomy, beliefs and culture.
3. Distinguish solid diagnostic and therapeutic procedures from speculative, artefactual and deceptive ones.
4. Know ingredients for relevant communication with patients, family members and their social environment.
5. Recognize the need to maintain professional competence in a continuous and demanding manner.
6. Know how to report bad news and severe prognosis, in addition to making therapeutic advice.
7. Learn the basics of the principle of confidentiality and know some legal aspects of the exercise of the medical profession.
8. Know aspects of the communication of scientific findings as well as health guidelines, to make an effective transmission.
9. Exercise modalities of clinical interaction (interview, verbal communication, non-verbal communication).

The knowledge about the theoretical framework on human communication in the doctor-patient relationship, and practicing tasks about communication skills on medical consultation will allow the student to understand and appreciate the particular nature of the relationship with the patient and the importance of the therapeutic relationship. This will be complemented with necessary skills that provide a safe platform to address communicative issues in difficult professional situations and to establish also good relationships with other professionals.

The objectives and contents of this discipline are complemented by those of the Practicum II subject, also scheduled in the second year.

## **Competences**

### Medicine

- Communicate clearly and effectively, orally and in writing, with patients, family-members and accompanying persons, to facilitate decision-making, informed consent and compliance with instructions.
- Critically assess and use clinical and biomedical information sources to obtain, organise, interpret and present information on science and health.
- Demonstrate understanding of the causal agents and the risk factors that determine states of health and the progression of illnesses.
- Demonstrate understanding of the importance and the limitations of scientific thought to the study, prevention and management of diseases.
- Demonstrate understanding of the principles of normal human behaviour and its alterations in different contexts.
- Demonstrate, in professional activity, a perspective that is critical, creative and research-oriented.
- Empathise and establish efficient interpersonal communication with patients, family-members, accompanying persons, doctors and other healthcare professionals.
- Engage in professional practice with respect for patients' autonomy, beliefs and culture, and for other healthcare professionals, showing an aptitude for teamwork.
- Formulate hypotheses and compile and critically assess information for problem-solving, using the scientific method.
- Give the patient and/or accompanying persons the relevant information about the disease process, its bases and consequences, including bad news, in an appropriate way.
- Listen carefully, obtain and synthesise relevant information on patients' problems, and understand this information.
- Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
- Obtain and prepare a patient record that contains all important information and is structured and patient-centred, taking into account all age and gender groups and cultural, social and ethnic factors.
- Organise and plan time and workload in professional activity.

- Put forward suitable preventive measures for each clinical situation.
- Use information and communication technologies in professional practice.

## Learning Outcomes

1. Argue for and detail specific preventive measures in the area of physical and mental health at different stages in life.
2. Assess the participation of several professionals in professional practice, in any context.
3. Attend to needs deriving from patients' cultural background.
4. Attend to needs deriving from patients' religious or spiritual beliefs.
5. Demonstrate, in professional activity, a perspective that is critical, creative and research-oriented.
6. Describe harmful stress: concept, causes, mechanisms and short- and long-term effects.
7. Describe phases and modes of prosocial and antisocial human behaviour.
8. Describe phases, variants and modes of human sexuality.
9. Describe the emotional and affective disorders of childhood, adolescence and old age.
10. Describe the influence of the group and circumstances on an individual's behaviour.
11. Describe the main communicative skills for a clinical interview.
12. Describe the principal elements of medical persuasion.
13. Describe the psychological vectors of cooperative and assistive behaviours.
14. Detail the steps and procedures for giving bad news.
15. Develop reasoned and critical science-based argument in the field of mental health.
16. Discuss the basic principles, performance and popularity of complementary medicine.
17. Display verbal communication skills when conveying information to patients and/or family-members.
18. Distinguish between sound diagnostic and therapeutic procedures and those that are speculative or misleading.
19. Establish links between behaviour patterns, personality and health.
20. Explain the process for conducting an assessment in the field of mental health.
21. Explain the process for requesting informed consent on the part of patients and/or family-members.
22. Formulate hypotheses and compile and critically assess information for problem-solving, using the scientific method.
23. Identify characteristics of appropriate communication with patients and between professionals.
24. Identify the biological, psychological and social mechanisms of mental disorders in childhood/adolescence, adulthood and old age, and aggressive behaviour, addictive habits and anomalies in sexual behaviour.
25. Incorporate the guidelines of the medical code of conduct into the practice of medicine in the field of mental health.
26. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
27. Map out the information to be compiled in a process of medical, psychological and psychiatric assessment.
28. Organise and plan time and workload in professional activity.
29. Perform a cursory physical examination suited to the patient's age, gender and ethnocultural origin.
30. Recognise complexity, uncertainty and probability in decision-making in medical practice.
31. Recognise the main neural and endocrine mechanisms of stress-related problems and identify the physical and psychological triggers of harmful stress.
32. Relate doctors' communicative skills to compliance with medical prescriptions.
33. Set up a medical record that integrates the information needed in psychological and psychiatric assessment.
34. Understand the role of active listening in the clinical interview.
35. Use information and communication technologies in professional practice.
36. Use scientific thought in discussions of physical and mental health.
37. Use scientifically sound clinical and biomedical information sources.
38. Use standard protocols for recording clinical information.

## Content

Theory

Topic 1. Historical perspective of the relation doctor-patient. The conception of the disease in the ancient world: magical and religious etiologies. The empirical approach in Greek medicine. Other curative traditions in East and West. Charity and health in the European Middle Ages. Experimental medicine from the 19th century. Ethics and hierarchy in the doctor-patient relationship. Patient rights. Science and biopsychosocial approach, ICT, clinical interactions.

Topic 2. Social relations and communication in the field of assistance. Psychology of social relations. Neurobiology of morality and altruism. Influential factors in doctor-patient communication: humanization and dehumanization of clinical practice. Identification and management of conflicts in medical assistance.

Topic 3. Doctor-patient relationship. Patient needs in the relationship with health professionals. Neglected areas in the health care process. Suggestions for improving patient care: children and geriatric patient. Importance of family and caregivers.

Topic 4. Psychological discomfort and illness. Psychological discomfort and emotions. Elements in the amplification and attenuation of psychological stress in the hospitals. Emotions and disease. From hypochondria to disease negation. Management of disease-related psychological distress. Aggression management.

Topic 5. Pain, discomfort and illness. Functions and types of pain. The brain matrix in the processing and experiencing of pain. Hyperalgesia and analgesia neuroregulatory mechanisms. Individual differences in thresholds and pain resistance: towards objectivization? Living with chronic pain. Strategies for managing chronic pain.

Topic 6. Placebos, noceboes, and alternative remedies. Importance for clinical care and health on health. Neurobiology of placebo and nocebo effects. Comparative efficacy studies with active treatments depending on the type of ailment. Myths and realities in "alternative" or "complementary" treatments. "Alternative" psychotherapies and remedies. Implications for clinical assistance.

Topic 7. Religion, culture, and medicine. Medicine and religion today. Main beliefs in social minorities in Catalonia. Neuroscience of religiosity. Exploration of "ethnocultural" beliefs and resistances. Implications for clinical assistance.

Topic 8. Severe diseases, poor prognosis and terminal. What is a bad new? Communication and attention to patients with severe and malignant diseases: procedures and phases. Decisions around death. Common problems in these phases of the doctor-patient relationship and others related to the medical environment. Advance care directives. Request of organ donation.

Topic 9. The confidentiality and the juridical frame of the relation doctor-patient. Ethical and legal framework. Confidentiality and medical documents: medical history, medical report and prescriptions. Systems to ensure the confidentiality and responsibility of the doctor. What can be said and to whom. The doctor-patient relationship as a preventive element of the legal complaint. The relationship with the media and the judicial and police fields.

## SEMINARS

The following topics will be worked on through exercises and discussions:

- 1- ICT and the doctor-patient relationship.
- 2- The psychological interview.
- 3- Privacy, confidentiality and professional secrecy.

## Methodology

The subject is based on a theoretical-practical methodology.

The program of the subject includes:

a) Theoretical classes to develop essential parts of the content of the program. Student reflection and participation will be encouraged by conducting additional virtual activities. The material of the presentations and elements for the virtual activities will be delivered according to a calendar established at the beginning of the course.

b) Face-to-face seminars. Various methodologies can be used such as the presentation and debate of cases, role playing (role playing), films, short essays, exercises with dilemmas and others.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

## Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
SEMINARS (SEM)	9	0.36	
THEORY (TE)	17	0.68	
Type: Autonomous			
PREPARATION OF WRITTEN WORKS/SELF-STUDY/READING ARTICLES/REPORTS OF INTEREST	45	1.8	35

## Assessment

### EVALUATION

1. The evaluation of the THEORETICAL part (50% of the final grade) of the subject will contain:

An exam that includes: Test with 36 multiple-choice questions with 5 alternative answers, applying a correction to discount random hits (hits -  $\frac{1}{4}$  from mistakes) and decimating the mark.

2. The evaluation of the PRACTICAL part (20% of the final grade) of the subject will contain:

An exam that includes: Test with 9 multiple-choice questions with 5 alternative answers (10%) and 3 open short answer questions (10%) to assess the participation and progress of practical sessions. The attendance to practical sessions is mandatory, and the evaluation of the practical part will be done only if the student has attended to 2/3 of the practical session. Otherwise, absences have to be justified.

3. The evaluation of 3 VIRTUAL ACTIVITIES (30% of the final note):

The virtual activities will consist of original essays on theoretical content materials; application of theoretical knowledge to specific practical cases, or reflections on a topic presented in class. The professor will inform you about the dates and calendar at the beginning of the course. Each activity will be scored from 0-10. The non-participation in an activity will be score with a 0.

To pass the subject, students may obtain a minimum grade of 5 in each of the exams (theoretical and practical), and in the virtual activities.

### RECOVERY TEST

Students who do not pass the global assessment (minimum grade=5 in the theoretical and practical exams, and virtual activities), will have an additional opportunity through a second-chance examination, which will include two exams (theory and practical seminars) with the same characteristics as those of the assessment explained above. Students will be required to pass only the part of the exams that failed in the ordinary first call.

Students who do not take the theoretical and practical assessment tests will be considered as Not Assessed by exhausting the rights to the registration of the subject.

## FINAL GRADE

Final grade = (exam grade for multiple theoretical exam \* 0.50) + (exam grade for practical exam \* 0.20) + (average grade for Virtual Activities \* 0.30).

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Global assessment through a multiple choice test plus brief questioning	50% of the final note, at least.	2	0.08	1, 3, 4, 34, 17, 12, 13, 7, 6, 10, 9, 11, 14, 16, 18, 15, 33, 27, 19, 21, 23, 24, 25, 31, 30, 32, 36, 37, 35, 38, 2
Written essays about research papers, Comments on clinical cases	30% of the final note, as a maximum.	0	0	3, 4, 34, 17, 12, 13, 11, 14, 16, 18, 15, 27, 20, 22, 24, 25, 31, 30, 32, 36, 37, 38
regular attendance and active participation on lectures, seminars and practical exercises	20%	2	0.08	1, 3, 4, 34, 5, 12, 13, 7, 8, 6, 10, 9, 16, 18, 15, 33, 27, 19, 20, 21, 22, 23, 24, 25, 26, 28, 29, 31, 30, 32, 36, 37, 35, 38, 2

## Bibliography

### Basic References

- Xavier Clèries. 2009. El pacient té la paraula. La comunicació amb els professionals de la salut. Viguera Editores S.L.
- Roger Ruiz Moral (2014). Comunicació Clínica: Principios y habilidades para la práctica. Ed. Médica Panamericana.
- Feldman, Understanding Psychology, 14e (Module 45)
- Borrell F (1989) Manual de entrevista clínica. Barcelona: Ediciones Doyma.
- Borrell F (2004) Entrevista Clínica: Manual de estrategias prácticas. Ediciones Sociedad Española de Medicina de Familia y Comunitaria.
- Diamond J (2003) L'escandol de la medicina alternativa, Barcelona: La Campana.
- Molinuevo B (2011) La comunicacion no verbal en la relación médico-paciente, Barcelona: Aresta.
- Nuland Sh. B. (1993) Como morimos, Madrid: Alianza.
- Groopman J. (2008) ¿Me está escuchando, doctor? Un viaje por la mente de los médicos. Barcelona: RBA Libros.
- Morlans M. (1994) Fer costat al malalt. Barcelona: Columna.
- Serrano S (2007) El regal de la comunicació, Barcelona: Ara Llibres
- Tobeña A (2011) Píndoles o Freud: remeis per als neguits de l'ànima, Barcelona: Columna 2011 (versió espanyola, Madrid: Alianza, 2012).
- Tobeña A (2013) Devots i descreguts: biologia de la religiositat, València: PUV (versió espanyola, València: PUV, 2014).
- Vilardell M (2009) Ser metge:l'art i l'ofici de curar. Barcelona: Plataforma Editorial.
-

## Other References

- Cassell EJ (1991) The nature of suffering and the goals of medicine. New York: Oxford Univ Press.
- Claries X. (2009) El pacient té la paraula: La comunicació amb els professionals de la salut. Edicions Viguera.
- Coulehan JL and Block MR. (2006) The medical interview mastering skills for clinical practice, 5a ed., Filadèlfia: FA Davis Co.
- Jovell A. (2008) La confianza. Barcelona: Plataforma Ed.
- Lown B. (2000) The lost art of healing. Nova York: Houghton Mifflin.
- Molinuevo B i de Pablo J. (2007)Pràcticum de Psicologia Mèdica (I). UAB,Servei de Publicacions. Departament de Psiquiatria i de Medicina Legal, Bellaterra.
- Othmer E, Othmer S. (2003) La entrevista clínica. Tomo I. Fundamentos. DSM-IV-TR. Barcelona: Masson.
- Sommers-Flanagan J. and Sommers-Flanagan R. (2009) Clinical Interviewing, 4ª ed. Hoboken: John Wiley & Sons.

## Web Resources

Manual de la Relación Medico-Paciente,

[https://www.medicoslaspalmas.es/images/COLEGIO/institucion/publicaciones/manual-relacion-medico-paciente.](https://www.medicoslaspalmas.es/images/COLEGIO/institucion/publicaciones/manual-relacion-medico-paciente)

Fundació Grifols, <https://www.fundaciogrifols.org/ca/web/fundacio/home>

Esteve, Advancing health together. "Escala "CICAA", Una escala para evaluar la comunicación clínica en al consulta mèdica y de enfermería".

[https://www.esteveagora.com/GetFichero.do?con=67&zon=8&fichero=Ar\\_1\\_8\\_67\\_APR\\_1.pdf](https://www.esteveagora.com/GetFichero.do?con=67&zon=8&fichero=Ar_1_8_67_APR_1.pdf)

Universidad de Pacientes, <https://www.universidadpacientes.org/>

## Software

Any