

**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

**Contact**

Name: Adolfo Tobeña Pallarés  
Email: Adolf.Tobena@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**

English will be the main language for lectures/seminars though Spanish/Catalan will be used as well within debates.

**Teachers**

Joan Taberner Viera  
Daniel Vega Moreno

**Prerequisites**

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

**Objectives and Contextualisation**

The main goal of the discipline is to guide students on basic foundations about how 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 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 practising 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 doctor-patient relationship. The conception of disease in the ancient world: magical and religious etiologies. The empirical approach to Greek medicine. Other healing traditions in East and West. Charity and health in the European Middle Ages. Experimental medicine from the 19th century. Ethical implications and hierarchical model in the doctor-patient relationship. The recognition of the right to information and patient autonomy. The right to choose and the decision process.

Topic 2. Health professions today. Professional roles and attributions in patient care. Illness and health: from charity to science. Medical-surgical exercise in the internal environment. Medicine and Psychology. The "biopsychosocial" traps in approaching human behavior and mind. Self-awareness and social brain: properties and mechanisms. The particular case of clinical interactions.

Topic 3. Psychology of social relationships: cooperative behaviors. Social relations in the laboratory: the minimum social situation, the "prisoner's dilemma" and other economic games. Psychobiology of altruism. When do we help? Who helps? Who do we help? Neurobiology of morality. Rules, values and cultural framework. Codes of conduct in clinical interaction. Conflict: the most common causes, the procedures to solve them and the errors in the solution of conflicts.

Topic 4. Basic elements of communication in the healthcare field: perspective of health workers. Type of communication according to the scope of attention. Differences between outpatient and hospital care. The concept of shield in the doctor-patient relationship. Communicative modes: verbal, non-verbal and therapeutic communication. Interpretation of nonverbal communication. Emotional factors: empathy and antipathy. Facial expression and the detection of emotional states. Sexual differences in interaction and professional communication.

Topic 5. The doctor-patient relationship seen from the patient. The feelings of patients getting sick. Needs of the patient. Suggestions to improve patient care. Neurocognitive and sensory deficits in geriatric patients: Ensure understanding of information and therapeutic compliance in grandparents. The importance of family and caregivers in the geriatric patient. The medical relationship with children: adaptation of information and respect for autonomy.

Topic 6. Detection of psychological discomfort, difficult patients and conflict management. Importance of the interview for the evaluation of the psychological aspects of the patient. Handling changing moods from suspicion of disease to the certainty of diagnosis. From hypochondria to denial of the disease. The management of the doctor-patient relationship in difficult cases: "dependent and demanding", "rigid and controlled", "dramatiser or manipulator", "suspicious and paranoid," "arrogant and superior," "threatening and aggressive." Frequent conflicts in communication. Communication difficulties such as fractures of medical act. Handling of aggressiveness. Importance of the doctor's personality.

Topic 7. Pain, discomfort and illness. Functions and types of pain. Hyperalgesic and analgesic neuroregulation: steps and mechanisms in different areas of pain analysis. Individual differences in thresholds and resistance to pain. Fundamentals of analgesic pharmacology. Pain as a stressful agent: psychological alleviators and discomforts. Analgesia produced by stress: parameters, intensity and limits. Irritating techniques to counteract pains.

Topic 8. Management of adversities and discomforts. Amplification and attenuation of psychological stress: predictability, controllability, contrast perceptions, hostile displacement. Long-term emotional tightening. Social support and dampening of toxic impacts. Perceptive filters: cognitive strategies to handle stress. Modification of harmful habits: types and limits. Psychology of well-being and happiness. Anti-stress pharmacology.

Topic 9. Placebos, nocebos and alternative remedies. Definitions Mechanisms of credulity and persuasion. Neurobiology of placebo and nocebo effects. Studies of comparative efficacy with active treatments depending on the type of ailment. "Sanitary" biases in technological societies and revived of alternative healers. Myths and realities in "alternative" or "complementary" treatments. The scandal of "alternative medicines". Follow-up of medical instructions. Psychotherapies and "alternative" remedies.

Topic 10. Psychobiology of religiosity. Medicine and religion today. Biology of religiosity: neurocognitive systems mediating credulity, spiritual experiences and pragmatic skepticism. Religiousness and overcoming adversities and ailments: psychobiological mechanisms. Exploration of beliefs and "ethno-cultural" resistances. Importance of knowledge of cultural elements in medical care. Main beliefs in social minorities in Catalonia. Doctors and patients in Gypsy, Ibero-American, Maghreb, Chinese and Hindu cultures.

Topic 11. Severe diseases, poor prognosis and terminal patients. Attention to patients with severe and malignant diseases: procedures and phases. Decisions about death. The explanation of the interruption of the treatment. Palliative care and attention in the last days. Psychological and religious assistance to terminally ill. Common problems in these phases of the doctor-patient relationship and others related to the medical environment.

Topic 12. Confidentiality and the legal framework of the doctor-patient relationship. 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 you say and who? The doctor-patient relationship as a preventive element of the legal complaint. The relationship with the media and the judicial and police fields.

#### Seminars and Virtual Activities

Work will be carried out through exercises and discussions, in specialized seminars, with some of the following topics:

1. The needs of the patient in medical care.
2. The clinical interview in special places.
3. Technological devices and doctor-patient relationship
4. "Difficult" patients
5. Cultural competence in the care relationship.
6. Religiosity and spirituality: biology, culture and medicine.
7. The scandal of "alternative medicines"
8. Research on the doctor-patient relationship

With specific activities dedicated to:

#### A. The clinical interview.

The elements and stages of the medical interview: anamnesis, physical examination, diagnosis and therapeutic plan. Factors that condition the relationship: the doctor, the patient and the environment. Empathy in the medical act: the determining factors. Effective interaction in the medical interview. Technological devices and medical-patient relationship.

#### B. Welcome and anamnesis in the medical and psychological interview.

Reception and anamnesis phases: necessary elements. Balance between the need for information and respect for privacy. Active listening and open questions. Ask with efficiency. Approaching conflicts with the patient. Problems in these phases of the doctor-patient relationship and others related to the health environment.

#### C. Exploration and diagnosis.

Physical examination and complementary tests. Considerations prior to physical exploration. Prevention of the most frequent problems. Potential problems in some body areas. Knowledge of cultural differences. Information on the diagnostic process and its uncertainties. Exploration of the patient's fears.

D. Therapeutic plan, prognosis and follow-up.

Design of the therapeutic plan. Choice of treatment and communication to the patient. Explanation of the therapeutic objective. Measures to ensure correct therapeutic follow-up. Follow-up visits and monitoring of therapeutic response. Concept and varieties of prognosis.

F. Communication and management of bad news.

Bad news and the creation of the atmosphere to give them. Acceptance: phases and features. Knowledge of the expectations and needs of patient and family information. Adaptation of the information to the needs of the patient.

## Methodology

The discipline is based on a theoretical-practical methodology.

The subject's program includes:

a) Lectures to develop essential parts of program content while encouraging student interrogation and participation. The material of the presentations and elements for additional virtual activities will be delivered.

b) Face-to-face seminars in groups of 20. Various methodologies such as case presentations and discussion, role playing exercises, movies, short essays, dilemmas exercises, and others can be used.

## 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 criteria:

The evaluation of the theoretical part of the subject will be done in the following way:

Multiple choice test with 35-40 questions of 5 alternatives, applying a correction to discount random successes (hits - ¼ of the errors) and digitally transforming the note. This note will mean 50% of the final mark.

The evaluation of the PRACTICAL part of the discipline will be done in the following way:

- Participation and attitude at practical sessions. The note will represent 20% of the final note

It is a requirement to pass the discipline the attendance to practical sessions. Absences must be justified.

- Seminars and virtual activities will be evaluated by fulfillment and by means of brief questions tests. Regular attendance and the degree of active participation in seminars and theoretical sessions will also count. The incidence on the final mark may reach 20%.

• At the end of the course, a global evaluation will be done that will mean, at the end, 50% of the final mark. It will consist on a multiple choice questions test (70%) and short questions test (30%), in an approximate weighting that might have variations (communicated).

• Other methods may be used to complete the overall assessment (original essays on some topics; intermediate assessments based on short questions; exercises or comments in seminar sessions, which can reach 30% of the note).

• The competent management of professional English will be an additional criterion of the final note.

• Students who do not pass the overall assessment, will have, on specific request, an additional assessment opportunity through a proof of recovery of the whole course in a format to decide.

• Students who fail to carry out both theoretical and practical evaluation tests will be considered as Not evaluated by exhausting the rights to the matriculation of the discipline.

## 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

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- 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).
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## Other References

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- 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.
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- 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

<http://www.universidadpacientes.org/aula-es1/>

[http://www.pfizer.es/docs/pdf/salud/2008\\_Manual-Paciente-Guia-Mejora-AtencionSanitaria.pdf](http://www.pfizer.es/docs/pdf/salud/2008_Manual-Paciente-Guia-Mejora-AtencionSanitaria.pdf)

***Adreces web amb gravacions i assaigs que poden ésser treballats als seminaris.***

## Taking Clinical Stories

<http://www.youtube.com/watch?v=IViQKF9qFaw>

[http://www.youtube.com/watch?v=YjC7iZ\\_aDq8&feature=related](http://www.youtube.com/watch?v=YjC7iZ_aDq8&feature=related)

<http://www.youtube.com/watch?v=IViQKF9qFaw&feature=related>

<http://www.youtube.com/watch?v=AH2IXVYXA80&feature=related>

[http://www.youtube.com/watch?v=fxyf9ILvLAo&feature=player\\_detailpage](http://www.youtube.com/watch?v=fxyf9ILvLAo&feature=player_detailpage)

[http://www.youtube.com/watch?v=9BBH6TOpZj8&feature=player\\_detailpage](http://www.youtube.com/watch?v=9BBH6TOpZj8&feature=player_detailpage)

[http://www.youtube.com/watch?v=NVRP9Umpz4M&feature=player\\_detailpage](http://www.youtube.com/watch?v=NVRP9Umpz4M&feature=player_detailpage)

[http://www.youtube.com/watch?v=Q5Q-isP-JqY&feature=player\\_detailpage](http://www.youtube.com/watch?v=Q5Q-isP-JqY&feature=player_detailpage)

[http://www.youtube.com/watch?v=oMaTcGjOPsU&feature=player\\_detailpage](http://www.youtube.com/watch?v=oMaTcGjOPsU&feature=player_detailpage)

## Doctor and patient's topics

[http://topics.nytimes.com/top/news/health/columns/doctor\\_and\\_patient/index.html?scp=20&sq=medical%20stude](http://topics.nytimes.com/top/news/health/columns/doctor_and_patient/index.html?scp=20&sq=medical%20stude)