

Medical Communication

Exam topics with key concepts and review questions

The oral exam is based on the course text book (Medical Communication in Practice, Medicina, 2018) and the lecture handouts posted on the website.

Exam topics - List A

1. The significance of medical communication. Misconceptions and facts about medical communication. (source: Pilling, J: Medical Communication in practice. Medicina, Budapest, 2020. pp.15-22.)

Key concepts: Medical communication; patient satisfaction; adherence; physician-centered and patient-centered communication

Review questions:

- Why is it important for a physician to have good communication skills?
- Through which factors does medical communication exert an effect on patient health?
- Can communication skills be developed? Support your opinion!
- Can medical communication be effective without consuming too much time? Justify your answer!

2. Doctor- patient consultation (pp. 25-44)

Key concepts: Doctor-patient consultation; Three-Function Model; E4 Model; SEGUE Framework; Calgary-Cambridge Guide; Kalamazoo Consensus; “door knob phenomenon”; rapport; open-ended question; closed-ended question; semi-open question; funnel principle; clarifying question; verifying question; multiple questions; suggestive question; partial summary; final summary; signposts; structuring; emotional highlighting; safety net; active listening; use of space (proxemics); repetition; paraphrasing; empathy; reflecting emotions; normalization.

Review questions:

- What is meant by the term doctor-patient consultation?
- What are some models of communication for the doctor-patient consultation?
- What phases does the doctor-patient consultation have according to the Calgary-Cambridge Guide?
- What additional communication tasks does this guide set?
- What are the most common problems of communication in the doctor-patient consultation?
- Why can interrupting the patient too soon at the beginning of the consultation lead to problems?
- What types of questions are there?
- What is the funnel principle?

- Why is it important to identify the patient's ideas, concerns, and expectations regarding treatment?
- What are some communication techniques for providing information effectively?
- What methods facilitate the patient's acceptance of medical instructions and recommendations?
- What does active listening signify?
- What techniques can the doctor employ to express that they are paying attention to the patient?
- What is the difference between empathy and agreement?
- How do active listening and empathy relate to each other?
- What techniques are available for the doctor to convey their empathy toward the patient?

3. Promoting lifestyle change: the 5A and 5R methods; the transtheoretical model of behavior change. (47-52 and 58-62.)

Key concepts: 5A method; 5R method; minimal intervention; Heaviness of Smoking Index

Review questions:

- How can one employ the 5As method?
- What is the difference between minimal intervention and the 5As method?
- What is the purpose of the 5Rs method and how can it be used?
- What is the difference between motivational intervention and motivational interviewing?

4. Promoting lifestyle change: motivational interviewing. (52-57 and 61-62.)

Key concepts: motivational interview; counselling style; guiding consultation style; the spirit of the motivational interview; the RULE acronym; stages of the motivational interview; basic skills of the motivational interview; focusing; permission; consult; elicit – provide – elicit method; deploying discrepancy; ruler technique (importance ruler, confidence ruler); simple reflection; amplified reflection; double-sided reflection; shifting focus; reframing; emphasizing autonomy; double bind; transtheoretical model; the stages of behavior change model; decisional balance

Review questions

- Compare the method of motivational interviewing with the traditional, directive consultation style.
- What does the RULE acronym stand for?
- What are the steps of the motivational interview?
- What are the basic skills of motivational interviewing?
- What is the concept of focusing in the motivational interview and what are some ways of accomplishing this?
- Name some techniques that are suitable for exploring the patient's personal motivations.

- How would you use the ruler technique to assess the motivation of a patient who wants to quit smoking?
- What is the notion of deploying discrepancies?
- What methods can be used to handle resistance during the motivational interview?
- Describe an example of how you would employ simple, amplified, and double-sided reflection in the case of an alcoholic patient.
- What is the relationship between the transtheoretical model and the stages of behavior change model?
- What is the process of lifestyle change according to the stages of behavior change model?
- What are some possible reasons for the patient not recognizing that they need to change their lifestyle and how can the doctor react to these situations?
- Why is it useful for a doctor to apply the stages of behavior change model in their daily work?

5. Communication options for developing health literacy. (65-74.)

Key concepts: Health literacy; Chew questions; analogies; metaphors; self-management; self-monitoring; decision tables; teach-back technique; visual aids; infographics; fotonovela; life expectancy-based risk communication; gamification.

Review questions

- What is health literacy?
- How prevalent is low health literacy?
- Why is it a problem if the patient has low health literacy?
- What are some methods to assess the health literacy of a patient?
- What methods should the doctor use to communicate with people who have low health literacy?
- What is the teach-back technique?
- How can self-management skills be taught?
- What are decision tables?
- What aspects that should be considered when creating a patient information leaflet?
- What is a fotonovela?

6. Communicating risks of treatments. (77-85.)

Key concepts: Unrealistic optimism; unrealistic pessimism; social amplification of risk; scientific literacy; health literacy; risk communication; relative and absolute risk; odds ratio; natural frequencies; risk analogy; perspective scale; Paling palette.

Review questions

- Regarding the perception of risk, what do we mean by unrealistic optimism and unrealistic pessimism? Give some examples.
- Why do people tend to perceive the risks of medical treatment as more serious than they really are?
- What is risk communication?

- What degree of risk do the following categories of patient information leaflets signify: very common, common, uncommon, rare, very rare?
- What are natural frequencies and why should the doctor use these in risk communication?
- What are risk analogies? Give an example.
- What are some ways risks can be represented visually?

7. Shared decision making. (87-95.)

Key concepts: Paternalism; shared decision making; informed consent; decision aids; option grids; consultation planning.

Review questions:

- What is shared decision making?
- What is the reason why shared decision making has become so important in the doctor-patient relationship?
- What proportion of patients prefer to participate in treatment decisions?
- What are the steps in implementing shared decision making?
- What are the challenges in implementing shared decision making?
- What are decision aids?
- What is consultation planning?
- What characteristics does an option grid have, and how can this be used in medical practice?
- What elements can a multimedia decision aid have?

8. Suggestive communication in medical practice. (97-107.)

Key concepts: Suggestion; altered state of consciousness; law of negative interpretation, trance logic, literalism, framing effect, future orientation, focus on goal, involuntary response, making use of the environment; rapport; pacing and leading; reframing; yes-set; implication; repetition; double bind; visual comparisons; paradoxical suggestion; anchor.

Review questions:

- What is the concept of suggestion?
- Why are patients more susceptible to suggestion than healthy people?
- What are the characteristics of the altered state of consciousness that is induced by illnesses, accidents or childbirth?
- What is literalism?
- What does the law of negative interpretation mean?
- How can the suggestive approach to communication be described?
- What is rapport?
- A six-year-old boy patient is not letting staff hook him up to the IV; he is crying and protesting. How would you use the method of pacing and leading in this situation?

- How would you use the technique of double bind in the above situation?
- A patient, who quit smoking for a month, started smoking again and is experiencing this as a failure. How would you use the method of reframing in this situation?
- In a pediatric waiting room, there is a toddler who is afraid to go into the doctor's office.
- How would you use the yes-set method to invite the child in?
- What is paradoxical suggestion? Give an example.
- According to research, what kinds of results are attributed to suggestive communication in somatic medicine?

9. Communication with children. (109-118.)

Key concepts: Dyadic and triadic communication situations; child-friendly environment; pacing and leading; yes-set; double bind; tell-show-do method; time delimitation; providing control;

Review questions:

- What challenges may be posed by communicating with ill children? How can a child-friendly environment be created in a medical institution?
- How would you use the pacing-leading and yes-set method to establish an initial relationship with a child patient?
- How can the double bind method be used in communicating with children?
- How would you apply the tell-show-do method with ill children?
- How can the time delimitation method be employed when examining a child?
- What are some suggestions for communicating with adolescents in a healthcare setting?
- How should the doctor communicate with the parents of an ill child?

10. Communication with older people. Communication with elderly having age-related mental disorders. (118-123 and 213-214)

Key concepts: ageism; infantilization, clock test; tell-show-do method; chain method;

Review questions:

- What factors connote a challenge in communicating with older people?
- What is ageism?
- How can a doctor successfully deal with triadic situations?
- How should the physician communicate with elderly patients?
- How can you screen the risk of dementia?
- What should you consider when trying to improve communication with people suffering from dementia?
- What is the chain method?

11. The doctor's cultural competence (127-135.)

Key concepts: Culture; cultural competence; culturally competent healthcare; intercultural and intracultural communication; present-oriented and future-oriented cultures; individualist and collectivist cultures; stereotype; prejudice; racism; contrast effect; community helpers; culturally adapted health promotion.

Review questions

- How can culture be defined?
- What is cultural competence?
- Why does a doctor need cultural competence?
- What are the areas through which culture can affect the doctor-patient relationship?
- What differing expectations can a person living in an individualist and a collectivist community have towards a physician?
- How do stereotype, prejudice, and racism differ?
- What characterizes intercultural doctor-patient communication?
- What are possible responsibilities of community helpers?
- What characterizes culturally adapted healthcare promotion?
- How can language problems be minimized in healthcare?

Exam topics list B

12. Communication with patients using complementary and alternative treatments. (137-146.)

Key Concepts: Western medicine, complementary medicine, alternative medicine, complementary and alternative medicine, integrative medicine, holistic medicine, philosophical congruence.

Review question

- What is the difference between complementary and alternative treatments?
- What is the relationship between complementary and alternative medicine (CAM) and integrative medicine?
- What are the factors underlying the popularity of CAM modalities?
- Why is it important for the doctor to know if their patient is using a non-conventional treatment?
- What recommendations can be formulated for doctor-patient communication regarding CAM use?

13. Communication about functional symptoms (149-164.)

Key concepts: Functional symptom; somatization; somatosensory amplification; medical student's disease; reattribution; symptom normalization; reframing; solution-oriented thinking; successive problem-solving; psychosocial context.

Review questions:

- How do functional symptoms develop?
- What are some signs in the way a patient communicates or behaves, which may indicate the diagnosis of somatization?
- What are some methods of communication that should be avoided with a somatizing patient?
- What are the main steps in dealing with somatization?
- What is reframing in the treatment of somatization, and what are some ways to do it?
- After 35 years of marriage, your patient has lost her husband because of a heart attack. Two weeks after the funeral, the widow starts experiencing chest pain. Based on the performed test, a cardiac origin can be ruled out. How would you explain to your patient why her heart hurts, when in fact all her test results are fine?
- What are some ways to boost cooperation with a somatizing patient?

14. Communicating about intimate issues. (167-183)

Key concepts: Normalization; reframing; semantic confusion; circular questions; PLISSIT model; Basson model of female sexuality; sexual orientation; gender identity; heterosexual; homosexual (lesbian, gay); bisexual; transgender; LGBT; Kinsey scale; minority stress.

Review questions:

- Why is it important for all doctors to speak openly with their patients about sexual issues?
- Which questions concerning sexual issues should the physician ask as part of the anamnesis?
- How would you use the methods of normalization and reframing to communicate about sexual problems?
- What are the recommendations regarding the use of medical terminology for sexual activities and genitals?
- Give examples of how the problem of semantic confusion may appear when communicating about sexual issues.
- Why and how should the doctor involve the healthy partner in the treatment of a patient with a sexual disorder?
- What is the PLISSIT model and how can it be applied in everyday medical practice?
- Give some examples of how the doctor can treat sexual disorders by giving simple advice.
- What does LGBT mean?
- What proportion of the population belongs to the LGBT community?

- Does the doctor need to know the sexual orientation of their patient? Justify your answer!
- How can one inquire about sexual orientation?
- What communication recommendations can be formulated for the medical care of LGBT people?

15. Communication with tense, hostile people. (185-196.)

Key concepts: Risk analysis (organizational and individual); focus group; panic button; security policy; complaints handling policy; aggression management training; personal alarm; de-escalation; evasion; submissive/passive communication; assertiveness; assertive responses without confrontation; assertive responses with confrontation; helping perspective; solution-oriented communication.

Review questions:

- How frequent are aggressive acts committed against doctors and nurses in healthcare institutions?
- What can a healthcare institution do to prevent aggressive incidents?
- What elements of the doctor-patient relationship that can reduce the likelihood of aggressive acts?
- What aspects can be taken into account during individual risk analysis?
- What are warning signs for increasing tension?
- What responses are to be avoided in tense situations?
- What levels does anger management have?
- Describe the concept of evasion.
- How can one react to tense situations without confrontation?
- How can one confront tense situations in an assertive way?

16. Communication with depressed patients. Recognizing the risk of suicide. (200-207)

Key concepts: Mental disorders; depression; anxiety disorders; alcohol and/or drug use disorders; suicide; schizophrenia; Beck's triad; anergia; anhedonia; low-intensity psychological interventions; behavioral activation, excessive problem-solving; cry for help; presuicidal syndrome; suicidal ideation, suicidal fantasies and preparation.

Review questions:

- What is the non-verbal communication of patients with depression like?
- What is Beck's triad?
- What are the two questions with which the majority of patients with depression can be detected?
- What screening questionnaires would you use to map the symptoms of depression?
- What are low-intensity psychological interventions?
- How would you perform behavioral activation in a depressed patient?
- What is "cry for help" and when does it occur?

- What are the warning signs of making preparations for suicide?
- What is presuicidal syndrome?
- How would you assess the risk of committing suicide?
- What would you do if you discovered that your patient is considering suicide?

17. Communication with patients having anxiety symptoms or addictions. (207-213)

Key concepts: mental disorder; anxiety disorders ; respiration control; the 5As and 5Rs method; motivational interview; stages of behavior change; the FRAMES model; incongruent communication; Mahl scale; distraction;

Review questions:

- What are the verbal and non-verbal signs of anxiety?
- What is the Mahl scale?
- What questionnaires can be used to assess the level of anxiety?
- What medical methods are there to reduce anxiety?
- What are the two questions that can help screen for substance abuse?
- What questionnaires would you use to map the symptoms and effects of addiction?
- What is the FRAMES model?

18. Breaking bad news. (221-237.)

Key concepts: Bad news; personalized communication; the SPIKES model; semantic confusion; farewell room.

Review questions:

- Define the concept of bad news.
- According to health regulations in effect, who has the right to decide if the doctor should deliver bad news to their patient?
- What is the SPIKES model for breaking bad news?
- How can you support your patient while you are delivering bad news to them?
- What would you do if your incurable patient asked how long they have to live?
- What specific suggestions can be formulated in notifying relatives about the death of a loved one?
- How can the SPIKES model for breaking bad news be used to deliver the diagnosis of a congenital anomaly? What are the similarities and what are the differences?

19. Communication aspects of patient safety. (239-254)

Key concepts: Adverse events; medical error; “name, blame and shame” culture; checklists; standardized communication methods; the SBAR technique; checking each other; patient identification; identifying the surgical site; team trainings, GIST model.

Review questions

- What is the difference between an adverse event and a medical error? □ How frequent are medical errors and what are their implications?
- What communication problems can hinder patient safety?
- Identify communication methods that can improve patient safety.
- What does the acronym SBAR stand for?
- What arguments support the open communication of medical errors?
- How can the GIST model be used to communicate about medical errors?

20. Communication with people living with disabilities. (257-272)

Key concepts: Disability; physical disability; visual impairment (vision loss, blindness); hearing impairment (hearing loss, deafness); deafblindness; speech impairment (dysarthria, aphasia, muteness or mutism); intellectual disability; autism; severe cumulative disability; the moral, medical, social, and human rights model of disability; prelingual and postlingual hearing impairment; sign language; deaf culture; speech synthesizer; accessible website; guide strip; Braille; Lorm Deaf- blind Manual Alphabet; echolalia; augmentative and alternative communication; letter board; Picture Exchange Communication System; Bliss-language; sound generator.

Review questions

- How would you define the term disability?
- What models of disability are there? Why is it important to know them?
- What types of disability exist?
- What are the appropriate terms for different groups of people with disabilities today?
- What are some differences in communication between pre- and postlingual deaf people?
- What do you know about sign language?
- How do inductive loops help hearing aids?
- What methods can be used to communicate with deaf people?
- What should you do to make it easier for a deaf person to lipread?
- What rules should you follow if you and your patient communicate through a sign language interpreter?
- How should you communicate with visually impaired (blind) people?
- What methods can you use to communicate with a deafblind person?
- What are some techniques of augmentative and alternative means of communication?

21. Communication with the victims of abuse. (273-290)

Key concepts: Physical abuse; emotional abuse; sexual abuse; financial abuse; neglect; retraumatization; child abuse; domestic violence; suspicion of abuse/neglect; signs of abuse/neglect in behavior; re- inforcement; safehouse; safety plan; reporting obligation.

Review questions:

- What is the concept of abuse?
- What are the types of abuse?
- What does the notion of neglect mean?
- Why do doctors have a prominent role in recognizing abuse and neglect?
- What are signs of abuse and neglect that can be identified during examination?
- What are signs of abuse and neglect that can be observed in behavior?
- In what cases should the doctor ask their patient direct questions about abuse?
- List some examples of how to ask about different types of abuse.
- How would you provide reinforcement to a victim of abuse?
- What is a safety plan for victims of abuse?
- What are the rules relating to the documentation of abuse?
- In what abuse cases is the doctor obliged to file a report?
- What are some errors in communication that a physician should avoid when talking to a victim of abuse?

22. E-health: use of technological tools in health communication. (291-307.)

Key concepts: Telemedicine; e-health; m-health; u-health; disclaimer; blog; social media site; wikis; social net- working sites; virtual reality.

Review questions:

- Describe the concepts of telemedicine, m-health, and e-health.
- Provide a few examples of how telemedicine can be used in different medical fields.
- For what health purposes can mobile phones be used?
- What problems are posed by doctor-patient communication via telephone?
- What technical and communication recommendations should be taken into consideration by physicians in relation to email use?
- What forms of social media do you know?
- How can social media be used for health purposes?
- What rules should physicians abide by when using social media?