

**Academic programme  
component**

**31.05.01 General Medicine  
programme**

**Б1.В.04**

**discipline code**

**ASSESSMENT MATERIALS**

**Discipline  
(module)**

**Doctor's Communication Skills**

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### 1. Criteria and assessment of competencies and their mastery indicators, formed by the discipline (module)

Code and competence name	Code and indicator of competence mastery	Results of training in the discipline (module)			Formative assessment	Interim assessment
		<i>To know</i>	<i>To be able to</i>	<i>To have</i>		
<b>УК-3:</b> Can manage and lead teamwork and design strategies for achieving team goals	<b>ИД-1ук-3</b> Develops a strategy for cooperation and on its basis organizes the team work to achieve the goal	- the principles of effective communication with patients, patients' relatives and colleagues;	- apply the principles of effective communication with patients, patients' relatives and colleagues;	- the skills in effective medical interview with the patient;	Report preparation	Questions for the credit
	<b>ИД-2ук-3</b> Plans team work, distributes assignments and delegates authority to team members; organizes the exchange of ideas and opinions	- the main types of communication that are used by a doctor at work;	- select and use the appropriate patient-entered medical interview model;	- the skills in building doctor-patient relationships as well as their relatives and colleagues;		
	<b>ИД-3ук-3</b> Overcomes disagreements and conflicts arising in the team on the basis of taking into account the interests of all parties	- the structure of the medical interview;	- establish initial contact with the patient on the basis of mutual understanding and trust;	- skills in documenting data about the patient at the end of the medical interview.		
<b>УК-4:</b> Can use modern communication technologies (including those available in the foreign languages) for academic	<b>ИД-1ук-4</b> Uses modern communication technologies to establish and implement academic and professional contacts	- the barriers to effective doctor-patient interaction;	- determine the cause of the patient's visit to the doctor;			
		- the methods of effective communication between the doctor, the patient, and the patient's relatives in difficult situations;	- listen attentively to the patient and answer their questions clearly;			
			- use methods of verbal and non-verbal communication with the patient;			
			- use open-ended and closed-ended questions during a medical interview;			

and professional interactions	<p><b>ИД-2ук-4</b> Carries out the exchange of oral and written information using the official language of the Russian Federation for academic and professional interaction</p>	<ul style="list-style-type: none"> <li>- the basic requirements for the doctor's personality;</li> <li>- the importance of communication skills improvement in of a doctor.</li> </ul>	<ul style="list-style-type: none"> <li>- form effective relationships with the patient and the patient's relatives;</li> <li>- inform the patient properly;</li> <li>- show sensitivity, care, and compassion when communicating with the patient and their family members;</li> <li>- respect patient's privacy, comfort, and safety;</li> <li>- comply with the principles of medical confidentiality;</li> <li>- understand the importance of communication skills improvement in of a doctor.</li> </ul>					
	<p><b>ИД-3ук-4</b> Carries out the exchange of oral and written information using foreign language(s) for academic and professional interaction</p>							
<p><b>ПК-6:</b> Can keep medical records and organize the work of paramedical personnel</p>	<p><b>ИД4-ПК-6.</b> Provides internal quality and safety control of medical care within the scope of job responsibilities</p>							

## 2. Competencies mastery (indicators of their mastery) level assessment

Competencies mastery (their indicators) indices	Criteria and grading system of competencies mastery (indicators of their mastery) assessment			
	<b>Insufficient</b> <i>(«unsatisfactory»)</i>	<b>Sufficient</b> <i>(«satisfactory»)</i>	<b>Above average</b> <i>(«good»)</i>	<b>Advance</b> <i>(«excellent»)</i>
<b>Extent of knowledge</b>	Knowledge level is below the required. Major mistakes occurred.	Minimally allowed knowledge level. Minor mistakes occurred.	Knowledge level corresponds well to the educational programme. Minor errors occurred.	Knowledge level corresponds well to the educational programme.
<b>Ability mastery</b>	Basic abilities were not demonstrated during standard tasks completion. Major mistakes occurred.	Basic abilities were demonstrated. All tasks were completed in full, yet with few errors. All tasks were completed, yet not in full (clarifications are absent, conclusions are incomplete).	Basic abilities were demonstrated. All tasks were completed in full, yet with few errors. All tasks were completed in full, yet with few errors.	Basic abilities were demonstrated. All main and additional tasks were completed without mistakes or errors. All tasks were completed in full without errors.
<b>Skill mastery (having experience)</b>	Basic abilities were not demonstrated during standard tasks completion. Major mistakes occurred.	Minimum set of skills for standard tasks completion, with minor error, is acquired.	Basic skills were demonstrated in completing standard tasks, yet with few errors.	Basic abilities were demonstrated. All main and additional tasks were completed without mistakes or errors. A creative approach to solving non-standard tasks is demonstrated.
<b>Competence mastery characteristics</b>	Competencies have not been acquired. The acquired knowledge, skills, and abilities are not enough to solve practical (professional) tasks. or Insufficient number of credit points as per the established range.	Competencies mastery is adequate. The acquired knowledge, skills, and abilities are mostly sufficient to solve practical (professional) tasks. or Sufficient number of credit points is earned as per the established range	Competencies mastery mainly satisfies the requirements. The acquired knowledge, skills, and abilities are mainly sufficient to solve practical (professional) tasks. or Sufficient number of credit points is earned as per the established range	Competencies mastery satisfies the requirements to the full extent. The acquired knowledge, abilities, and skills are fully sufficient to complete difficult professional tasks, including non-standard. or Sufficient number of credit points is earned as per the established range

### 3. Criteria and grading system of the formative assessment tasks

#### 3.1 Criteria and grading system of practical tasks

The list of practical tasks, task completion and presentation recommendations, requirements for results, structure, and contents of practical task report, etc., are presented in methodological guidelines on mastering the discipline as well as in MAU LMS Moodle.

Grade/points	Assessment criteria
<i>Excellent</i>	The task is completed correctly and in full. The report on laboratory/practical work has been prepared in accordance with the requirements. Answers to the teacher's questions (during the presentation) are full.
<i>Good</i>	The task is completed in full, yet without sufficient justification or a minor error, which does not impact the argumentation sequence, occurred. All task completion requirements are satisfied.
<i>Satisfactory</i>	The task is completed partially, with mistakes. The task within laboratory/practical work has been completed at the average level. Most of the requirements have been fulfilled.
<i>Unsatisfactory</i>	The task is completed with a significant number of mistakes and at a low level. Many requirements for the assignment have not been satisfied. or The task has not been completed.

#### 3.2 Criteria and grading system of report

The topics of reports on the discipline (module), requirements for structure, content and design are presented in methodological guidelines on mastering the discipline as well as in MAU LMS Moodle.

Assessment materials include the following topics of reports:

1. Emotional and personal changes in patients with coronary heart disease.
2. Changes in the patient's character with hypertension according to the anxiety-hypochondriac personality type.
3. Neurosis-like syndromes: autonomic disturbances (psychovegetative), asthenic (neurasthenic), obsessional, phobic syndromes, hypochondria and depression.
4. Psychological characteristics of patients with cardiovascular diseases.
5. Psychological characteristics of patients with hypertension.
6. Features of psychological patient care in a surgical clinic.
7. Communication with children.
8. The main stresses in elderly patients.
9. Psychology of pre- and postoperative anxiety.
10. Factitious disorder imposed on self, or Munchausen syndrome
11. Features of psychological communication with children and elderly patients.

Grade/points	Assessment criteria
<i>Excellent</i>	All the requirements for report writing and presenting have been fulfilled: the problem has been identified, and its relevance justified, a brief analysis of various points of view on the problem under consideration has been made, and personal position has been logically stated, conclusions have been formulated, the topic has been fully disclosed, the volume has been maintained, the requirements for structure have been met, correct answers to additional questions have been given.
<i>Good</i>	The basic requirements for the report and its presentation are fulfilled, but there are few mistakes. In particular, there are inaccuracies in the presentation of the material; there is no logical consistency in judgments; the volume of the report is not

	maintained; there are omissions in the structure; incomplete answers are given to additional questions during the presentation.
<i>Satisfactory</i>	There are significant deviations from the report requirements. In particular, the topic is only partially covered; factual errors were made in the report's content or in answering additional questions; there is no conclusion during the presentation.
<i>Unsatisfactory</i>	The topic of the report has not been disclosed, and there is a significant misunderstanding of the problem.

### 3.3 Criteria and grading system of class attendance

Student attendance is determined in percentage correlation

Points	Assessment criteria
10	attendance 75-100%
5	attendance 50-74%
0	attendance is less than 50%

## **4. Criteria and grading system of the discipline (module) results during the interim assessment**

### 4.1. Criteria and grading system for the discipline results (credit)

Students receiving the sufficient number of credit points within the course get a “pass”.

Grade	Points	Assessment criteria
<i>Pass</i>	60-100	Sufficient number of credit points is earned as per the established range
<i>Fail</i>	less than 60	Sufficient number of credit points is not earned as per the established range

## **5. Diagnostic tasks for the assessment of the educational results in the discipline (module) within the framework of internal and external independent assessment of the quality of education**

Assessment materials contain tasks for assessing knowledge, skills, and abilities that demonstrate the level of competence mastery and indicators of their mastery.

The set of tasks is designed to assess each competence in written form.

The set of tasks includes: test.

### **Set of diagnostic tasks**

<b>YK-3: Can manage and lead teamwork and design strategies for achieving team goal</b>
<p>1. Active patient's participation in the consultation</p> <ol style="list-style-type: none"> <li>1) interferes with doctor's work;</li> <li>2) doesn't make sense;</li> <li>3) leads to increased compliance of doctor's recommendations;</li> <li>4) increases the duration of the consultation.</li> </ol> <p>2. Through the communicative competence, a doctor can</p> <ol style="list-style-type: none"> <li>1) understand better how the patient feels during the consultation;</li> <li>2) reduce the time spent with the patient to a minimum;</li> <li>3) persuade a patient to do something that is not necessary for them;</li> <li>4) persuade a patient not to write a complaint against him.</li> </ol>

3. A doctor can build effective communication with patients

- 1) through involving the patient's relatives;
- 2) independently;
- 3) only in cooperation with a medical psychologist;
- 4) through the hospital's administration.

4. For professional communication with patients, it is necessary to

- 1) be a good doctor, having worked in medicine for many years;
- 2) be a good person;
- 3) undergo special training;
- 4) observe the generally accepted rules of politeness.

5. In order to comply with the principle of acting in the best interests of the patient, it is necessary to

- 1) choose available examination and treatment options based on your own experience;
- 2) choose the methods of examination and treatment regardless of the values of the patient;
- 3) choose the most cost-effective options for examination or treatment;
- 4) find, analyse and apply relevant data from clinical trials, meta-analyses, and systematic reviews.

6. The patient's trust in the doctor

- 1) does not affect the quality of medical care;
- 2) is beyond the control of a doctor;
- 3) is formed before the visit;
- 4) is an important condition for compliance of the doctor's recommendations.

7. If the doctor speaks 90% of the consultation time

- 1) then the patient will definitely receive all the necessary information;
- 2) then the patient does not have the opportunity to ask questions and share important information with the doctor;
- 3) then the patient has no questions and doubts;
- 4) then this proves their competence.

8. If a patient has the opportunity to receive full information from the doctor about the course of treatment, then

- 1) they start to trust the doctor more;
- 2) it is highly likely that they misinterpret the information received;
- 3) it takes an unjustifiably long time for the doctor;
- 4) this leads to increased patient anxiety.

9. If a patient insists on conducting research or treatment that, in the opinion of the doctor, may cause harm, the doctor

- 1) must involve the patient's relatives in making a decision;
- 2) has the right to refuse and not comply with the patient's wishes;
- 3) is obliged to fulfil the will of the patient;
- 4) is obliged to convene a consultation.

10. The principle of justice includes

- 1) protection of the doctor from unreasonable patient's claims;
- 2) the right of doctors to holidays and a decent salary;
- 3) the right of patients to be examined through the booked on appointment or queue as part of the provision of medical care;
- 4) reasonable allocation of limited resources in the struggle for equal access to medical care for citizens.

**YK-4: Can use modern communication technologies (including those available in the foreign languages) for academic and professional interactions**

11. Clinical ethics is a field of knowledge about

- 1) the rules and regulations of medical care provision;
- 2) the norms and rules of the doctor's behaviour towards the patient;

- 3) the regulation of the biomedical technologies;
- 4) the regulation of the telemedicine technologies development.

12. The doctor's communicative competence

- 1) can be successfully replaced by clinical thinking;
- 2) does not represent real value for patients;
- 3) allows them to use knowledge more effectively to help the patient;
- 4) can be improved through the experience.

12. The doctor's communicative competence is

- 1) willingness to meet any patient's requirements;
- 2) the skill to conduct consultations in the telemedicine format;
- 3) the skill to respond competently to official complaints;
- 4) the skill to use communication tools in solving professional tasks.

14. The model of the four principles according to BEUCHAMP and CHILDRESS is

- 1) standards of doctor's conduct in the public media scene;
- 2) a list of rules for building relationships between doctors, in the community;
- 3) a list of rules that ensure patient confidentiality;
- 4) a list of ethical principles that a doctor should focus on when making decisions.

15. The doctor's communication skills in medicine contribute to

- 1) greater satisfaction of both the doctor and the patient based on the results of the consultation;
- 2) greater satisfaction only of the doctor based on the results of the consultation;
- 1) greater satisfaction of only the patient based on the results of the consultation;
- 4) greater consideration of the interests of the insurance company.

16. The doctor's professional communication skills allow

- 1) avoiding difficult conversations with the patient's relatives;
- 2) increasing the efficiency of information exchange between the patient and the doctor;
- 3) hiding the incompetence of the doctor from the patient;
- 4) receiving gratitude from patients more often.

17. A doctor's professional communication skills present

- 1) the algorithm for conducting the most typical consultations;
- 2) communicative actions that help the doctor to solve professional problems;
- 3) a set of polite phrases;
- 4) a manifestation of his personal communication style.

18. Which type of doctor need the professional communication skills?

- 1) Doctors of all specialities;
- 2) General practitioners;
- 3) Palliative care specialists;
- 4) Psychiatrists.

19. What is the most effective form of consultation?

- 1) Patient's interview, followed by the written note from the doctor;
- 2) Doctor-patient dialogue;
- 3) Doctor's monologue;
- 4) Patient's monologue.

6. The patient's distrust in the doctor

- 1) as a rule, happens due to the personal characteristics of the patient that enable them to trust people;
- 2) as a rule, it is a consequence of the patient's distrust of medicine in general;
- 3) often indicates the presence of a mental illness in the patient;
- 4) is often the result of ineffective communication between the doctor and the patient.

**IIK-6: Can keep medical records and organize the work of paramedical personnel**



21. The quality of communication between the doctor and the patient influences

- 1) the quality of medical care;
- 2) the amount of medical documentation that the doctor needs to fill out;
- 3) the patient's mood;
- 4) the reputation of the institution.

22. Patient's passivity during the consultation

- 1) allows the doctor to better manage the course of the consultation;
- 2) allows the doctor to make the most effective use of the consultation time;
- 3) leads to a decrease in diagnostic accuracy and a decrease in compliance;
- 4) is a manifestation of the patient's trust in the doctor.

23. Paternalism as a model of the relationship between a doctor and a patient ceases to meet the modern needs of medicine, because

- 1) states can no longer protect doctors from patient dissatisfaction;
- 2) patients, being representatives of a modern individualistic society, want to understand more and participate more in the process of providing medical care;
- 3) with the modern availability of medical information, doctors can no longer hide that they don't know much;
- 4) modern patients who have paid for services (regardless of the form of payment) want to fully manage the medical process.

24. Paternalism is

- 1) caring, fatherly attitude of the doctor to the patient;
- 2) a model of doctor-patient relationship in which the doctor takes a leading position, and the patient is expected to obey and perform;
- 3) science that studies hierarchical relationships (children-parents, students-teachers, citizens-the state, and so on);
- 4) the theory that men are better suited to work in medicine than women.

25. The patient is allowed to participate in medical decision-making

- 1) in cases of paid medical care or medical care with different costs of medical services;
- 2) in cases with several equivalent examination or treatment options without a doctor's preference for one of them;
- 3) in all cases and in any scope of medical care in the presence of an immediate threat to life;
- 4) in all cases and to any extent in the absence of an immediate threat to life.

26. The term "futile treatment" (meaningless treatment) is understood as treatment that

- 1) takes away too many resources from the health care system;
- 2) doesn't have a proved efficacy and safety;
- 3) doesn't benefit the patient due to the severity of his disease or condition;
- 4) is not beneficial to society.

27. An indicator of a doctor's communicative competence is

- 1) the high frequency of visits for advice from the same patient;
- 2) a significant reduction in the time spent on consultation;
- 3) the patient's agreement with all the doctor's recommendations;
- 4) the satisfaction of both the patient and the doctor based on the results of the consultation.

28. When informing the patient about effective treatment methods, the doctor must inform them

- 1) about all currently available treatment methods;
- 2) only about those methods that the doctor can independently carry out;
- 3) only about those methods that are available to a person with an average level of income;
- 4) only about those methods that are registered in the country.

29. If a doctor discovers an error or incorrect actions by another doctor, it is necessary to

- 1) try to discuss the situation with a colleague in order to jointly inform the patient about the error;

- 2) keep silent and leave the situation without comment;
- 3) tell the patient about the incompetence of another doctor;
- 4) tell the patient that every doctor has his own opinion and there is really no objective truth in medicine.

30. The principle of patient autonomy includes

- 1) the need to comply with all the wishes and requirements of the patient;
- 2) the need to standardize the patient identification process using electronic medical record data;
- 3) respect for the patient's right to refuse medical intervention;
- 4) respect for the patient's right to self-determination, information and participation in decision-making.

### Answers

<b>1</b>	3	<b>11</b>	2	<b>21</b>	1
<b>2</b>	1	<b>12</b>	4	<b>22</b>	3
<b>3</b>	2	<b>13</b>	4	<b>23</b>	2
<b>4</b>	3	<b>14</b>	4	<b>24</b>	2
<b>5</b>	4	<b>15</b>	2	<b>25</b>	4
<b>6</b>	4	<b>16</b>	2	<b>26</b>	3
<b>7</b>	2	<b>17</b>	2	<b>27</b>	4
<b>8</b>	1	<b>18</b>	1	<b>28</b>	1
<b>9</b>	2	<b>19</b>	2	<b>29</b>	1
<b>10</b>	4	<b>20</b>	4	<b>30</b>	4