Universitat de Lleida

DEGREE CURRICULUM

COMMUNICATION AND COMMUNITY MEDICINE

Coordination: FUENTES BOTARGUES, ARACELI

Academic year 2023-24

COMMUNICATION AND COMMUNITY MEDICINE 2023-24

Subject's general information

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<tr><td>Subject name</td><td>COMMUNICATION AND COMMUNITY MEDICINE</td></tr>
<tr><td>Code</td><td>100513</td></tr>
<tr><td>Semester</td><td>2D SEMESTER - DEGREE - JUN/SET</td></tr>
<tr><td>Typology</td><td>
<table>
<tr><th>Degree</th><th>Course</th><th>Character</th><th>Modality</th></tr>
<tr><td>Bachelor's Degree in Medicine</td><td>2</td><td>COMMON/CORE</td><td>Attendance-based</td></tr>
</table>
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<tr><td>Course number of credits (ECTS)</td><td>6</td></tr>
<tr><td>Type of activity, credits, and groups</td><td>
<table>
<tr><th>Activity type</th><th>PRALAB</th><th>PRAULA</th><th>TEORIA</th></tr>
<tr><td>Number of credits</td><td>0.8</td><td>2.2</td><td>3</td></tr>
<tr><td>Number of groups</td><td>6</td><td>5</td><td>1</td></tr>
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<tr><td>Coordination</td><td>FUENTES BOTARGUES, ARACELI</td></tr>
<tr><td>Department</td><td>MEDICINE AND SURGERY</td></tr>
<tr><td>Teaching load distribution between lectures and independent student work</td><td>Hours of student involvement : 150 hours</td></tr>
<tr><td>Important information on data processing</td><td>Consult this link for more information.</td></tr>
<tr><td>Language</td><td>Catalan and Spanish</td></tr>
<tr><td>Distribution of credits</td><td>40% master classes and 60% seminars</td></tr>
</table>

COMMUNICATION AND COMMUNITY MEDICINE 2023-24

Teaching staff	E-mail addresses	Credits taught by teacher	Office and hour of attention
ESPINO GARCIA, ANTONIO	antonio.espino@udl.cat	,2	
FUENTES BOTARGUES, ARACELI	araceli.fuentes@udl.cat	3,34	
LAFARGA GIRIBETS, MARIA ANTONIA	mlafarga@alumnes.udl.cat	3,94	
MONTSERRAT CAPDEVILA, JOSEP	josep.montserrat@udl.cat	1,6	
ORTEGA BRAVO, MARTA	marta.ortega@udl.cat	1,74	
PAREDES COSTA, EUGENI	eugeni.paredes@udl.cat	2,66	
PEÑASCAL PUJOL, EDUARDO JOSE	eduardo.penascal@udl.cat	3,05	
PLANA BLANCO, ANTONIO VALENTI	antoni.plana@udl.cat	,2	
PUJOL SALUD, JESUS	jesus.pujol@cirurgia.udl.cat	1,6	
SERNA ARNAIZ, CATALINA	catalina.serna@udl.cat	,47	

Subject's extra information

Since a part oft the practical evaluation is combined with Examen Clínic and Practiques Assistencials I. It,s advisable to register at three.

Competences

Communication within the framework of the doctor-patient-family relationship

Clinical relationship models. Verbal and non-verbal communication in the doctors office. Interferences.

Know the relevant aspects of communication with patients and their families in the social context.

Physician-patient relationship models: from paternalism to patient autonomy.

Empowerment of patients in their own health care and shared decision-making.

Communication in medical practice. The medical interview: semi-structured and narrative. Facilitating change: motivational interviews. Patient-centered interview.

Communication in complex situations: The patient with complex demands.

Scientific language and communication. Communication with other professionals.

Digital technology in the patient-doctor relationship

Training techniques: role-play, video recording, audiovisual review.

Ethics in medical communication: legislation and organizational framework

Structure and content of written presentations. The medical report.

Subject contents

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Ethics in medical communication: legislation and organizational framework

Structure and content of written presentations. The medical report.

Family and Community Medicine:

Family and Community Medicine and the Primary Care model. Historical development and conceptual framework. The biopsychosocial model in the approach to health problems. The Family Physician as a gateway and health manager: gatekeeper vs quarterback. Family Medicine and professional development.

Clinical reasoning and decision making. Theoretical bases and fundamentals of clinical reasoning. Evidence Based Medicine (EBM) and personalized medicine. Frequent errors in clinical diagnosis. Incorporation of the patient in

clinical decision making.

Preventive Activities: Lifestyles and their relation with health. Prevention and health promotion. The Program of Preventive Activities and Health Promotion (PAPPS). Integration of preventive activities in the health care model. Cardiovascular risk, concept and prevention.

Prevalent pathology in the community. Acute and chronic pathology.

clinical decision making.

Preventive Activities: Lifestyles and their relation with health. Prevention and health promotion. The Program of Preventive Activities and Health Promotion (PAPPS). Integration of preventive activities in the health care model. Cardiovascular risk, concept and prevention.

Prevalent pathology in the community. Acute and chronic pathology. Recording and diagnostic coding in acute pathology, triage systems. From clinical suspicion to diagnosis in chronic diseases. Heart failure and ischemic heart disease, COPD and asthma, diabetes, dementia and cognitive deficits.

Attention to chronicity. Care model for chronicity and clinical complexity (PCC-MACA). Frailty: concept and applicability. Home care.

Mental Health problems in the community. Emotional problems in the consultation. Approach to depression and anxiety.

Quality of care. Registration systems and quality indicators. Patient safety and its relationship with quality of care standards.

Research and Primary Care . Organization of research activities in Primary and Community Care. Qualitative and quantitative research: theoretical bases.

Translated with www.DeepL.com/Translator (free version)

Methodology

Year 2022-2023

25 MASTER CLASSES will be held in one group one time

Many of the masterclasses will carry out a series of interactive exercises in smaller groups, which will be then collected by the teacher. These exercises are voluntary, as well as the assistance to the masterclasses.

4 SEMINARS

Development plan

Year 2022-2023

The following MASTER CLASSES will be held in one group one time

BLOCK I: COMMUNICATION IN MEDICINE

COMMUNICATION AND COMMUNITY MEDICINE 2023-24

Topic 1: Presentation of the subject (A. Fuentes)

Topic 2: Neurophysiological bases of communication (A. Fuentes)

Topic 3: Profile of the interviewer. Clinical communication (A. Fuentes)

Topic 4: The clinical interview (C. Serna)

Topic 5: Narrative Medicine (E. Peñascal)

Topic 6: Patient cantered interview (A. Plana)

Topic 7: Non-verbal communication. Neuro-linguistic programming (E. Peñascal)

Topic 8: Empathy in the field of medicine (A. Fuentes)

Topic 9: Effective communication management: Assertiveness (E. Peñascal)

Topic 10: Shared Decisions Model and negotiation techniques (J. Montserrat)

Topic 11: Plain Languaje in Healthcare (A. Fuentes)

Topic 12:Inform Diagnosis communication and how to deliver bad news (A. Fuentes) Topic 13: Conflict resolution (C. Serna)

Topic 14: Information and communication technology (E. Paredes)

Topic 15: Application of technology in day to day medical practice: online consultations, telephone visits and video consultations (E. Paredes)

Topic 16: How to learn to be a good communicator (M. Ortega)

BLOC II: COMMUNITY MEDICINE

Topic 17: Primary and Community Care (E. Paredes)

Topic 18: Clinical reasoning and decision making (E. Paredes)

Topic 19: Preventive activities (I). Community framework (A. Plana)

Topic 20: Preventive activities (II). Cardiovascular risk and preventive management (A. Plana)

Topic 21: Pathologies prevalent in the Community (I). (A. Espino)

Topic 22: Pathologies prevalent in the Community (II). (E. Paredes)

Topic 22: Attention to chronicity. Patients with Fragility. (A. Espino)

Topic 23: Mental Health problems in the Community. (C.Serna)

Topic 24: Quality of care. Patient safety. Systems for registry. (M. Ortega)

Topic 26: Introduction to research in Primary Care. (M. Ortega)

Many of the masterclasses will carry out a series of interactive exercises in smaller groups, which will be then collected by the teacher. These exercises are voluntary, as well as the assistance to the masterclasses.

Regarding the practical aspects of the course, the following SEMINARS will be taught

1st: ROLE PLAYING (CLINICAL INTERVIEW AND NON-VERBAL LANGUAGE) which will be recorded.

2nd: NEGOTIATION AND CONFLICT RESOLUTION (DIFFICULT RELATIONSHIPS)

3rd: HOW TO GIVE BAD NEWS

Each seminar will consist of:

- An introductory session (2h) in each of the 3 seminars: where the concepts will be discussed and the indications of the work to be carried out will be given.

- A session in small groups (total 5 groups) for each of the 3 seminars: with work and more interactive contact where the concepts will be worked on using role-play and videos

4th: SPEAKING: Presentation activity simulating a public presentation, where the student shows his oratory skills. They will be given the instructions and dates of 'delivery. The correction will be made with feedback from the rest of the students.

Evaluation

Learning Assessment:

A.- Continuous Assessment: up to a maximum of 2 points that will be added to the exam grade as long as the minimum grade required to pass has been exceeded.

The works carried out during the master classes, which the professor will collect and which are voluntary and non-recoverable, may add up to 2 positive points to the exam grade, as long as the minimum grade to pass the exam is exceeded. In the partial exam, the minimum mark to pass will be a 6 and at the end of June or a 5 on the re-sit in September. Once these marks are passed, the points obtained will be added according to the completion of the Continuous Assessment exercises, which will weight up to a maximum of 2 points.

B.- Knowledge test:

Partial Exam: At the end of the lectures with the theoretical content of the subject. It is a voluntary test that allows the release of material in case of passing the 6th grade. The exam format will be multiple choice with 40 questions and negative points for failed questions. Minimum note to release 6. In case of releasing material, this weighs 40% on the final grade. The student who has released material does not need to take the June test.

June Exam: Multiple choice with 40 questions and negative points. Minimum mark 5. Below 5, the average will not be made with the other evaluations and it will be necessary to recover with another exam in September. The student who, having cleared the partial exam, shows up for the June test, will be considered to have renounced the partial grade.

September Exam: The format of the exam will be decided by the professors. It can be a multiple choice, oral or written exam.

The points obtained in the Continuous Assessment will be added to the theoretical exam grade and will be 40% of the final grade

C.- Skills and aptitudes: 30% of the final grade

Each seminar will have its score and the following will be valued:

- Attendance

- Attitude and involvement in seminars

- Analysis of the work done and skills acquired

If the student obtains a total final score of less than 30% of the total in this section, it will be necessary to recover it (to determine the type of evaluation)

D.- ACOE: 30% of the final grade

Practical exercise using Role-Playing, where the student will show the skills acquired in communication.

In the event that the ACOE cannot be carried out in case of going through a pandemic, this 30% will be weighted in point B, which would go from 30% to 60%.

Bibliography

BOOKS:

1. semFYC. Tratado de Medicina de Familia y Comunitaria. Barcelona: semFYC; 2007.
2. Martín Zurro A, Cano Pérez JF. Atención Primaria. Concepto, Organización y Práctica Clínica. 7ª ed. Madrid: Elsevier; 2014.:

3. SemFYC. Guía de Actuación en Atención Primaria. 3ª ed. Barcelona: semFYC; 2006.

4. Borrell, F. *Entrevista Clínica: manual de estrategias prácticas*. Barcelona: semFYC, Sociedad Española de Medicina de Familia y Comunitaria, 2004.

5. Taylor R. Medicina de Familia. Principios y práctica. 6ª ed. Barcelona: Masson; 2006

6. Pritchard, P. Manual de Atención Primaria de Salud. Su naturaleza y organización. Madrid: Díaz de Santos,1990.

7. Goroll, A. H. Primary Care Medicine. Philadelphia: Lippincott company, 2006.

8. Becoming a good doctor . James F. Drane. Sheed & Ward. Kansas. 1995

WEB :
Associacions de Metges de Família
Societat Catalana de Medicina Familiar i Comunitària
Sociedad Española de Medicina Familiar y Comunitaria
Word Organisation of Family Doctors

Programa d'Activitats Comunitàries en Atenció Primària
Internacionals
Word Health Organisation
Food and Drug Administration (EUA)
The International Network of Agencies for Health Technology Assessment
National Health Service (Regne Unit)
3clics: guies cliniques breus i revisió d'articles.
ClinicalEvidenceCentroCochraneIberoamericano.
Informació mèdica. Medicina Basada en l'Evidència. Guies de Pràctica Clínica.

PRIMARY CARE MAGAZINE:

AMF(Actualización en Medicina de Familia)
Atención Primaria
FMC(Formación Médica Continuada)
AFP(American Family Physician)
British Journal of General Practice
European Journal of General Practice
Family Practice
Canadian Family Physician