BORDER|NET work

2010-2012 CROSSING BORDERS, BUILDING BRIDGES

Guide

for medical instructors on raising communication competence of prospective doctors in interviewing and counselling patients about sexually-transmissible infections

Bordernet Work Package 4

Funded by the Health Programme of the European Union

Bundesministerium für Gesundheit

SPI FORSCHU

MAT Mobiles Aufklärungs-Team zu Sexualität und AIDS in M-V

Kompetenzzentrum für sexuelle Bildung

Mecklenburg Vorpommern
Ministerium für Arbeit, Gleichstellung und Soziales

co-funding by the Ministry of Labour, Social Affairs and Equality of the Federal State of Mecklenburg-Vorpommern / Germany

ISBN:

BORDERNET*work* 2010-2012

Highly active prevention: scale up HIV/AIDS/STI prevention, diagnostic and therapy across sectors and borders in CEE and SEE

Author: Dr. Ottmar Herchenröder, Rostock University Medical School

Review, editing: Mobile reconnaissance team to sexuality and AIDS

Translation: Kommunikationsbüro Polen

Publisher: MAT-LAKOST

This publication arises from the project BORDERNETwork which has received funding from the European Union, in the framework of the Health Programme and a co-funding by the Ministry of Labour, Social Affairs and Equality of the Federal State of Mecklenburg-Vorpommern / Germany

Introduction

Kathrin Bever, MAT Rostock, Publisher

In the frame of the Project BORDERNET I an assessment survey was conducted that revealed an increased need for trainings on HIV-counselling for medical doctors working in the outpatient and inpatient sector and professionals of the health services.

Bilateral and interdisciplinary conferences on HIV-counselling and testing and inter-professional (pedagogues, counselors, medicals) expert groups in Poland and in the region of Mecklenburg-Western Pomerania came to the conclusion, that a focus of the following two subjects is needed:

1. Trainings for qualified professionals
2. Offer of inter-professional courses for students

Soon it became evident, that the teams of model region I have all prerequisites to work together inter-professionally. To the teams belong Malgorzata Klys-Rachwalska, Anna Boron-Kaczmarska, the members of their staff in Szczecin, Kathrin Bever and the members of the staff of the MAT in Mecklenburg-Western Pomerania.

Through a joint declaration of intent between the Polish West Pomeranian Voijevodeship and the Ministry of Social Affairs and Health in Mecklenburg-Western Pomerania (December 2008) the identified main subjects were recorded (health goal “Improvement of the quality of the HIV-testing and counselling”). Hence, one foundation-stone for the further work was built up.

Since then, the topic HIV-prevention was extended to the prevention of sexual transmitted infections and the aim became more broadly “sexual health”. The inter-professional group of experts demanded specific trainings on conversational skills on this topic for an active learning of medical students.

Besides the teaching of specialised medical knowledge, which is already part of the medical curriculum, the aim of the training was to improve the conversational skills of the students on talking with patients on intimate and uncomfortable topics of sexual health. Because practical training is hardly part of the regular curriculum at the university, it became a focus of the BORDERNET activities.

A contact to the University of Rostock and to the German prevention project “*Safely* in love” - A project on prevention by medical students for schoolchildren already existed, therefore MAT pedagogues offered at first this students external seminars on communication skills in sexual health. Target group of the described trainings were advanced medical students because they already accumulated practical experiences with patients.

Those seminars set a pedagogical emphasis. But its final evaluation of the seminars revealed the necessity to recruit a teacher of the University of Rostock who has a medical background and would be able to combine medical and pedagogical topics in the trainings. Dr. Herchenröder of the University of Rostock took already actively part in former bilateral conferences and expressed a quite open attitude towards the idea of seminars on communication skills. He already used methods of the "Problem-based learning" in his seminars and knew about its deficits in communication training in medical education.

The pursued common objective was to test an interdisciplinary concept towards "Communication about sexual health". The focus was the establishment of a special curriculum to develop communication and counseling competence in the case of sexual health for the universities' medical education to be integrated into routine teaching. In cooperation between Dr. Herchenröder and the pedagogues of the MAT, medical and pedagogical contents had to be combined.

Apart from those trainings for Polish and German students another objective was to work out an educational concept for lecturers to teach competences on communication and counselling in the field of sexual health. It was also interesting to find out about the results of the collaboration with the clinic in Szczecin. Therefore, pedagogues of the MAT and the author met several times with the Polish cooperation partners in Szczecin.

Table of contents

Introduction

Basics

Introductory notes

Medical education is undergoing transitions for years. Besides clinical and scientific knowledge, the students are increasingly and more profoundly confronted with the problems of how to work on the patient, and with the patient. This results in a necessity to introduce new teaching methods. These are charactersitics of already existing curricula:

- limiting the forms of teaching involving large audience
- more activities carried out in small groups of students
- more cross-sectional studies, along and across areas
- problem-oriented learning (POL)
- earlier contact with the patient
- early enhancement of communication competence
- inclusion of *Standardized Patients* into teaching

Extension of the coursework towards enhancement of communication skills has been warmly welcomed by the students (1). The document on the stance of the (*German*) Society of Medical Education can be understood as the basis for the inclusion of social and communication skills into the curricula (2). The concept presented here is to contribute to the development of the students' communicative abilities for prospective interations with patients suffering from sexually transmitted deseases (STDs) or disorders of genital organs.

This curriculum is designed to support and guide medical instructors on how to teach students to communicate with the patient. Taking sexual history of the patient during the interview helps to improve the health care in the long term and facilitates counseling on prevention and post-treatment as far as sexually transmitted diseases are concerned. Proposals are given on the objectives and contents of teaching, and useful forms of teaching are described.

Outline

- **Target groups**

The curriculum is directed to medical education teachers. Ideas will be provided on how to teach communication skills to medical students. The topics and teaching methods are meant to add to the medical school coursework. The best timing to place this course is the graduate level, preferably the fourth or fifth year of medical training. In the first place lecturers of general medicine, gynecology, urology, dermatology, or medical psychology are addressed. The basic idea of teaching good communication skills, described topics, and teaching forms might as well draw the attention of others who teach medical subjects.

- **Demarcation**

The teaching contents described here do not interfere with the theoretical or practical teaching within the areas of urology, gynecology, dermatology, microbiology, virology, or infection science. Also the professional training of students in neoplastic disorders of genitals or in sexual disorders is not a subject of this compilation.

- **Gender-specific language**

Below, nouns such as *physician*, *student*, *lecturer*, are always meant for either gender. The adjectives or the pronouns *he* and *she* are used whenever the recognition of the patient's sex is of importance to understand the context.

- **For university lecturers**

The knowledge on communication rules can be aquired. It is not the matter of this publication to present the basics of these rules, since there is extensive literature on the subject. One might suggest here works by Paul Watzlawik (3) and Friedemann Schulz von Thun (4). These guidelines offer inspiration and help in teaching the knowledge and skills of successful communication between the practitioner and the patient, with particular emphasis on the topics concerning sexually-transmitted diseases and conditions involving genital organs. The presented work is composed to assist teachers in instructing students about how to deal with a patient suffering from an embarrassing illness. The teaching materials should be considered as examples or blue prints to inspire lecturers to adapt their own materials using casuistry of their own practice and personal experience adjusted to fit into the regional and cultural situations.

- **German-Polish co-operation**

As extensively and frequently as possible, the expertise of and collaboration with colleagues from the University Clinic in Szczecin (Poland) have been incorporated into the preparation of both, this curriculum and seminar plans. There have been several meetings of the partners. A joint workshop of Polish and German students took place in Rostock, for which a glossary of professional medical terms had been prepared together with Professor Boroń-Kaczmarska (see annex). The event was an occasion to try the content and teaching methods of the curriculum, with regard to the situation in either country. Nevertheless, the described forms of teaching are essentially more adequate to the conditions of studying in Germany, as for example, the so-called *Standardized Patient* is still rarely used in Poland.

- **BORDERNETwork Evaluation Conference**

The curriculum was presented in its basic outline during the Evaluation Conference in Berlin, in October 2012. The participants also addressed the intercultural aspects of doctor-to-patient communication. With the Polish colleagues, conversations with patients based on specific scenarios were jointly presented and evaluated. The results were then included in this publication.

Problem formulation

Initial state

According to the practitioner approval regulation in force, the aim of medical training is to scientifically and practically teach the students to be able to perform the profession with responsibility and independence, as well as to prepare the future doctors for continued training (5). Medical students receive in-depth theoretical, scientific, and practical training which qualifies them to work as a physician and to run a prctice.

Naturally, clinical practitioners, especially general practitioners, are aware of the importance of empathetic patient interviewing and the way the communication impacts the patient. Every physician has developed his or her own strategies to efficiently and in a targetted way acquire necessary informations from the patient on their health condition, diagnose health problems in their entirety, and eventually treat and guide the patient through a successful therapy. Many doctors complain there is not enough time in each individual case left to deal with the patient in great detail, to talk about their life conditions essential for health and, consequently, to explore the overriding causes of a particular condition. Also detailed instructions on prevention measures, other than those the patient actively asks for, can fall prey by the pressure of time.

Consequently, many students complain that the training on patient interviewing they obtain during their medical studies does not suffice. Thus, at the very start of their career, beginner physicians are left to their personal abilities and individual creativity in leading the conversation with the patient.Some young doctors experience during the practices or the internship year an opportunity to see how an experienced doctor communicates with the patient, and only during the practical training do they learn from an proficient colleague the appropriate verbal means of communication and individual forms of conversation.

Patients suffering from sexually-transmitted diseases represent a particular challenge for the practitioner. Urologists and gynecologists experience such problems to a much lesser extent, since sexual organs and their disorders are in the center of their medical activity. These specialists are used to examination of the patients' body areas which generally are viewed by very few other people.

On the other hand, also the patient, by a mere fact of visiting a respective specialist, is ready for both, an interview and medical examination of the genitals. In such circumstances it is easier for the doctor to ask all necessary questions and carry out the required examinations. After all, due to the process of diagnosis, the doctor is already in the center of the problem and has the opportunity to not only discuss the treatment with the patient, but also to address the questions of post-treatment actions and prevention.

In the first place, however, the patient must be able to find a specialist. Most often, the patient is referred to by the family doctor. For a general practitioner it may be difficult at first to get all and full information from the patient about which body parts indeed make the suffering.

Once it comes to genital organs, the patient will not always reveal the embarassing details to the family doctor spontaneously. If the examination of the body ends at the navel, the disease may be further distributed on other people. In order to talk to the patient in a natural way, the physician must have empathy so that the patient can open and become able to fully trust the doctor and to talk about this particular health problem. The principles of doctor-patient conversation can be learned – best through exercise.

Necessary changes in medical training

The first (*German*) ordinance on the ammendments to the regulations on physician licencing of 17 July 2012 (6) takes into account the knowledge that a doctor-patient conversation can dramatically improve anamnesis, diagnosis, and – eventually – the treatment. Therefore, in relation to the regulation of physician approbation of 27 June 2002, statement 5 in § 1, point 1, was ammended as follows: "*The training should include elements of medical conversation...*". With regard to the oral practical examination (new § 30), it was established that the examined candidate "*... has the necessary basic knowledge, necessary abilities and skills needed to conduct the medical interview*." Thus, medical education providers will in the future be required to offer appropriate classes and verify the acquired skills through an exam.

Some faculties already improved their curricula in the past years in order to designedly train future doctors in communication skills. The task was attained particularly in the so called Reformed Curricula. Existing training programs in communication skills, as a component of doctor's activity, contain a range of new teaching forms. These most often consist of classes carried out in small groups of students with participation of Standardized Patients. This way, many students are able to acquire tools for conversation with the patients early during their medical education.

Eye-level communication and acceptance of the patient as a partner create an atmosphere of mutual trust. The satisfaction of the patient is fundamental for a long-lasting relationship with the doctor. Under such conditions, the patient is able to verbally disclose himself in front of the doctor, also when embarrasing questions are being asked and, especially, if the patient suffers from a sexually-transmitted disease, and is looking for help.

Questions on teaching

When it comes to sexually-transmissible infections, interviewing the patient represents a particular challenge for the practitioner. But how well are doctors prepared to do the job in dealing with the patient in the case of urogenital diseases and infections transmitted through sexual contacts? How does the doctor start a converation with the patient on his or her sexuality? How does the doctor cope with situation when his/her own embarrassment limit is being exceeded? How to combine empathy with sobriety while interviewing the patient? When students and young doctors are asked these questions, their answers reveal substantial needs to be caught up for during education.

Class topics

The disease between shame and guilt

“Good” and “bad” illnesses

Each disease has its “fame”. A heart attack affecting a manager in his mid-fifties is by his entourage attributed to overworking resulting from many years of successful, 16-hours per day toil rather than an unwise way of life including fatty diet and addiction to nicotine. A stroke hitting a worker of the same age, working short-time on a construction site, is perceived biased and the other way round – definitely negatively. Even if we’d swap the illnesses between the patients, still, a heart attack looks much “better” than a stroke. A number of bypasses and stents can be discussed freely both at the bar in a Hilton, as well as in the pub around the corner. However, both the manager and the construction worker carefully keep a secret on the number of weeks of rehabilitation after stroke.

Similar subjectively contradicting ratings are attached to osteoarthrosis and rheumatoid arthritis. While premature degradation of joints is often attributed to an active sports lifestyle, a case of rheumatoid arthritis brings only silent commiseration, and even the information that the mother and the uncle also suffered from acute rheumatoid condition does not compensate for its miserable reputation. The opinions about inevitable fate and alleged guilt sharply differ in the case of cancer. Appropriate antitheses are represented by oppositions: prostate cancer vs. bronchial cancer and breast cancer vs. cervical cancer.

Considering all of the above it becomes clear what is the position of patients afflicted by sexually transmitted diseases: the key words include shame, guilt, and the desire to conceal information the disease. On the background ot these considerations, the doctor must represent an attitude of trust that excludes any prejudice, in particular in relation to sexuality of the patients. The doctor must be able to take the sexual history of the patient in the same unprejudiced ways as in the case of the anamnesis of any other disease.

Men’s health

Social and economic equality of women has not become a reality yet, even in the Western countries. On the other hand, women's health is cared for almost continuosuls throughout their lifes – but with men, the situation is different. Newborns, infants, and school children – irrespective of the gender – have an equal access to health care and prevention. During adolescence, the histories of boys and girls start to diverge: while otherwise *healthy* girls and women regularly consult a gynecologistand get examined, boys and men, once the vaccinations program is complete rarely see a doctor, unless they experience an injuring accident. After abolition of enforced conscription (*in Germany*), even the mandatory medical examination by draft commissions were eliminated. In a pessimistic scenario, men do not see the doctor until they reach an age when serious, often internal medical conditions inevitably drive them into the physicians practice. Contrary to women, men must *learn* anew how to interact with a doctor. For the doctor, on the other hand, dealing with the male patient may represent a greater challenge in terms of communication compared to woman. The students should be informed about theses issues and sensitized for such problems already during the medical training.

Embarrassing illnesses

Considering all the aforementioned circumstances, it becomes clear that the doctor does not need too sophisticated listening and speaking skills to make the right diagnosis and prescribe appropriate therapy if he or she is to deal with patients presenting themselves with acute bronchitis or a sprained leg.The other extreme of empathy is needed when the doctor's interlocutor is ashamed to talk about the illness or – possibly – feels guilty of his/her present health condition, or perceives that he or she is the only one to be blamed. The compilation of materials and reflections on the pilot seminars will help to teach the students how to take care of the patient having a shameful disease in an unprejudiced way. Here, too, the aim of the doctor's activity is to conduct extensive interview, accurate diagnosis, optimal treatment, and adequate counseling on prevention.

Objectives of teaching and learning

Cognitive objectives of learning

General knowledge on embarrassing diseases and sexually transmitted diseases

Not only sexually-transmitted diseases are embarrassing to patients. Skin fungal infections make some patients avoid seeing the doctor; they rather try to cure the disease using medicaments bought at a drugstore. The pharmacist's advice and the cure may work successfully; however, there is still no accurate advice on prevention.

The list given below describes the diseases diagnosis and treatment of which should be taught to the students. Moreover, it is reasonable that they learn about prevention, too in order to assure conveyence of preventive measures to their patients.

In order to extend the communication competence in the area of embarrassing and sexually-transmitted diseases, it is possible – using the following set of disorders – to prepare model cases, seminar topics, and interaction scenarios between students and Standardized Patient (POL, Problem-Oriented Learning).

- Athlet's foot (Tinea pedis)
- Phthiriasis
- Cystitis
- Chlamydiosis and trichomoniasis
- Bacterial vaginosis
- Chancroid (Ulcus molle)
- Gonorrhea
- Syphilis
- Genital warts (Condylomata acuminata) and Bowenoid’s papulosis
- Molluscum contagiosum
- Herpes genitalis
- Hepatitis A, B, and C
- HIV

With regard to the health of men, typical disorders such as phimosis or hydrocele / spermatocele can be included in the teaching objectives and discussion.

Affective and social learning objectives

Particularly during the interview when an embarrassing illness is suspected or obvious, generally greater empathy is required from the doctor than in the case of other diseases. This is especially true for diseases sexually transmitted diseases. In order to prepare for such special circumstances of conversations, the following learning objectives can be formulated:

- knowledge of the principles of medical interviewing;
- awareness of body language, facial expressions, and gestures;
- readiness to accept the patient as a partner;
- ability to recognize own ways of behavior in communication;
- knowledge of different sexual lifestyles;
- lack of prejudice against different sexual lifestyles;
- doctor's self-awareness of shame boundaries;
- development of the ability to explain to the patient, according to their intellectual capacity, the nature of the disease, its routes of transmission, and measures of prevention;
- development of sufficient sovereignty in advising the patient, even without their express wish and without a mentoring tone, in how to avoid infecting the patient's partners

As a basic textbook for communication and medical conversation, the book by Axel Schweickhardt and Kurt Fritzsche (7) is recommended. Peer dialogue between doctor and patient is particularly important when it comes to the advice on the transmission routes and prevention – for both the patients and their partners. The doctor and the patient should understand and accept each other as partners. Finally, the physician should be aware that for patients with a disease prone with shame the doctor is often the only person to talk to. Otherwise, instead of equal-level exchange, the patient has only contact with the Internet, where incorrect information might occur; therefore a conversation with the patient is of particular importance for the patient and his or her sexual partners.

Forms of teaching

Lecture

While introducing the area of interviewing patients suffering form embarrassing illnesses and feeling guilty, lectures are only useful to outline the basic rules of communication. To prepare a lecture, it is worth to use standard books by Watzlawick, Schulz von Thun, and in particular Schweickhardt and Fritzsche. The lecture should also emphasize the differences between the “good” and “bad” diseases. The final part of the lecture may specify and describe examples of embarrassing illnesses, including veneral diseases. In this respect, the debate on the dissimilarities concerning mens' health may be addressed in a lecture.

Seminar, Workshop, Problem-Oriented Learning (POL)

It is best to teach and try communication competences by means of interactive teaching forms. A medical history presented as a POL case may be included as an introduction to a communication seminar or a workshop. The ready-to-use case history would be presented by the intructor or better, elaborated together with the students. Next, two students may play a fictional physician-to-patient conversation. Other participants take notes on their impressions to discuss them with the presenting students, review the performance, and suggest improvements. At the end, another conversation would take place, taking into account the previously agreed remarks and suggestions.

Incorporation of professional actors for roleplaying a patient interview

During the preparation and practical testing of this Curriculum it appeared that a conversation with the patient by course participants seldom comes off a successfully. Explanations are given in the appendix. In general, the participation of professional actors in physician-to-patient conversation is always preferable over assigning actors from the group of students.

Classes with actors

Basics

At present, many faculties invite so called standardized patients or professional actors, drama schools students, amateur actors, or appropriately trained former patients. The concepts of such universities as Heidelberg, Berlin, Dresden, or Münster can be named here. Although all these concepts differ from one another, students are taught basic skills to carry out convincing and confidence-building conversations with the patient. Also in these guidelines, the main emphasis of the classes is on role playing. In this purpose, two scenarios have been prepared: one, as an example of unsuccessful conversation, and another one as an example of a satisfactory dialogue with the patient (see below). While preparing this compentium, both scenarios have repeatedly been rehearsed with students and successively improved.

Presentation of doctor-patient dialogue

This curriculum includes concepts developed and tested for use when lecturing smaller groups of students. Two drama school students represent the protagonists of the doctor and the patient based on established scenarios.
As a scenario, case for a dialogue was developed between a patient and his physician. The patient, a young man in his early twenties is suffering from shingles. The disease is marked by affection of the patient's left side of the back to the chest, going through two nervous segments and has been diagnosed clinically positively based on the following laboratory parameters: anti-VZV-IgG >12.000 units and anti VZV-IgM *positive*. The week before, the patient had received acyclovir tablets a prescription. The conversation takes place during the follow-up examination.

The doctor's task is to communicate to the patient that shingles at his young age is relatively unusual and may indicate a condition of immunosuppression. The doctor should explain to the patient that an HIV-test should be performed as diagnostic measure of exclusion. For this purpose, the doctor is supposed to inform the patient in a proper way and, in the end, ask for his written concent to allow the performance of the HIV-test. (*In Germany, HIV-testing underlies certain legal restrictions including the written consent of the testee after counselling*)

Contrary to some teaching theories, the scenario of the first exemplary dialogue contains a number of deliberately included communicational deficiencies, however, without colportage. When exercising this scene, it should be ensured that no exagerrations take place so as not to presented the doctor as a hideous grotesque individual in a white coat. The doctor "manhandles" the patient. A lack of empathy and low communication competence should not only can become obvious in the speech of the doctor, but also in body posture, rare eye contact, inadequate gestures, and an attitude of pushing the patient. The patient initially shows indifference though openess towards the doctor. As the interview develops, however, he takes an increasingly defensive posture, closes his arms, becomes silent, and leaves the office obviously frustrated when the doctor sends him to the waiting room.

As soon as this role playing is finished, the students are asked to report in detail, what went wrong in the dialogue. Topics to be addressed should concern to capture the player's body posture, gestures, hands keeping, and the facial espressions of the doctor and his patient. Only then the students should discuss the details of the spoken words between the role players. It is a good to allow the players to participate in the discussion allowing them to reflect on their emotions during their performance.

The second scenario has been designed as an example of a successful dialogue, satisfying both partners of the conversation. Instead of two (semi-)professional actors, one of the participants can substitute an actor to play the role of the doctor and alternatively, the scene can be played by two students strict adherence to the script provided.

Course materials

General subject literature

- Watzlawick P. Menschliche Kommunikation. Hans Huber Verlag, Bern, 2007
- Schulz von Thun F. Miteinander reden: 1 – Allgemeine Psychologie der Kommunikation. Rowohlt Verlag, Reinbek, 2011

Script

- Schweickhardt A und Fritzsche K: Kursbuch ärztliche Kommunikation – Grundlagen und Fallbeispiele aus Klinik und Praxis. Deutscher Ärzteverlag Köln, 2. Aufl. 2007 ISBN 978-3-7691-3412-4

Own materials

- exemplary laboratory test report
- stage directions for medical communication roleplays:
- - doctor-patient dialogue script no. 1
- - doctor-patient dialogue script no. 2
- compendium of specialist medical terms (German, English, Polish)
- exemplary medical report
- a POL case (English)

Biotechnology Seminar - Profession: diagnostitian

Diagnostic Test Panel*

Diagnostic services in your area

Adele W. Smith, MD
Alfred S. Jones, PhD
Pussy Lane 925

12345 Cummings

Family Practice
Gretchen I.S. Gesundhaid, MD
Cock Rd. 69

12346 Venusbergh

Jan, 21st, 2012

We report on your patient: **Rolando T. Rider, Feb. 29th, 1989**

Parameter	**Result**	**Unit**
Anti-VZV IgG	>12.000	IU
Anti-VZV IgM	positive	-/-
Hepatitis A		
IgG	positive	-/-
IgM	negative	-/-
Hepatitis B		
Antigen HBs	negative	-/-
Anti-HBs	586	IU
Anti-HBc IgG/IgM	negative	-/-
Anti-HBc IgM	negative	-/-
Antigen Hbe	not performed	
Anti-Hbe total	not performed	
Hepatitis C		
Anti-HCV total	negative	-/-
HIV-1 / HIV-2		
ELISA test	negative	-/-
Western blot	not performed	

Jeff M.Y. Dickinu, Biotechnologist **Cynthia A. Grandbosom**, MD

** Names and addresses may be adjusted.*

Stage directions no. 1 for seminar: Communicating in medicine

“Epilogue“ – the doctor's role

You are a practitioner doctor

Ronny Reiter, age 23, is a worker in docks and is revisiting your consulting room. A week before your treated him against shingles and prescribed acyclovir. Today he comes in for his follow-up. The visible symptoms covered two parts on the left side of the body. Generally, shingles occur very seldom in such a young man, hence the condition may be a hint for an underlying immunodeficiency, e. g. as a result of an HIV infection.

In the meantime you had received the following laboratory test results:

- anti-VZV-IgG > 12.000 units
- anti-VZV-IgM positive

Your patient also says he will go on holidays soon. Shingles may go worse if exposed to intensive solar radiation.

Since the patient visibly lost weight and you have a general impression he is weaker than last year, you would like him to do an HIV-test. To do so, you need the patient's written consent.

Your task:

- try to learn more on the patient's lifestyle and personal conditions
- explain the patient that you want him to do an HIV-test and why it must be done
- note that you should not exceed the patient's intellectual abilities
- do not scare your patient

Stage directions no. 2 for seminar: Communicating in medicine

“Epilogue“ – the patient's role

You are 23 years old, working with cargo clearance

Since the separation from your girl-friend you are alone single for a year already. Nevertheless, you remain cheerful as usual, and you were engaged in a few short, but intense relationships. For a couple of months now you have been working hard in the docks; before that time – as a result of a recession – you are only employed half-time. Now, the situation promises overtime even, and you are always coming home in the evening exhausted, and yet you've been sleeping badly for months. So you are eagerly looking foreward to your vacation; two weeks more and you and your friend Pjotr will leave for Mallorca.

For two weeks you can not sleep on your left side. Small blisters had formed on the ribs and a week ago you went to a doctor. The physician had diagnosed shingles, had drawn blood and prescribed medicine. Although the pain has decreased, today you're comming to the previously appointed follow-up.

As soon as the examination was over and you had put your shirt on again, the doctor started to talk in a strange way:

Your task:

- Do not allow the doctor to talk into something!
- You have not really understood the lab test anyway
- There is no reason for another blood test
- You have already learned on the Internet that when having shingles, one should not sunbathe without a good sunblocker
- On the one hand you know that the doctor wants best for you; on the other, however, you are well aware that doctors nowadays easily sell all kinds of “extra tests”.

Script: Physician-to-patient communication 1

The setting: At a physician's office. The doctor (**D**) sits at the right side of the desk. There are some papers on his desk. The patient (**P**) enters from the left side. The illustrational photo was taken at a hotel conference room during a pilot seminar

The physician is sitting at the table while the patient enters the room. The doctor raises briefly from his chair and shakes hands with the patient over the desk.

D: Good morning, Mr. Lewandowski, how are things today?

The doctor points with his right hand towards the chair on the patient's side of the desk to indicate him to sit down. The patient sits down and keeps his hands on his thighs.

P: Hello. Better.

While talking, the doctor grabs some papers from the table and checks their content.

D: How are your shingles today? Does your back still hurt?

P: Yes, but not as much as before.

D: That means the medication works. It is important to continue taking the pills! Actually, you are too young to develop shingles. This is why I think that we should examine you more closely.

P: Draw blood again?

The doctor is leaning back in his chair with his hands at the edge of the desk.

D: Yep! Since your blood panel is otherwise fine, we should in fact do an HIV-test. Just in case!

P: An HIV-test? What is that?

D: Well, with the HIV-test we can find out, whether you ever came in contact with the AIDS virus.

The patient with a somewhat disgusted and uneasy voice:

P: What? I am not gay!

D: Don't worry, I don't mean that. A person gets shingles, whenever the immune system does not work properly any more.

The patient is leaning back in his chair. He crosses his legs and folds his arms.

P: Hmmm …

D: In most cases, things are fine. According to the law you need to give me your written consent before I can do the test. Then we draw blood and next week you will anyway come by for another check-up.

With the tips of his fingers, the doctor pushes a piece of paper over the table and follows this movement with his eyes – he keeps looking at the paper.

D: As I said, in most cases everything is alright. Please take a seat in the waiting room and read these informations thoroughly.

The doctor looks at the patient, and points towards the door with his right hand to indicate the preliminary end of the conversation.

P: Can I ask something?

D: The most frequent questions are adressed in the information leaflet. Talk to you later.

The patient reluctantly picks up the leaflet and leaves the room.
The doctor continues to inspect the remaining paperwork on his desk.

Script: Physician-to-patient communication 2

The identical setting as described in script 1.

The physician is sitting at the table while the patient enters the room. The doctor stands up, walks around the table and shakes hands with the patient.

D: Good morning, Mr. Lewandowski, have a seat.

Both take their seats.

P: Hello.

The doctor and the patient are sitting upright facing each other. The doctor has a stack of papers in front of him. His hands are placed on the table. He looks into the patient's face.

D: How are you today?

P: Better.

D: Does your back still hurt a lot? The shingles can hurt for quite a while.

P: Yes, but it isn't this bad any more.

D: Let me see your back, please.

The doctor and the patient get up. The patient lifts his T-shirt and the doctor examines the patient's back. The doctor sits down again. He is leaning slightly over the edge of the table while focussing his patient.

D: Fine, the medication works. But it is important, that you continue to take the pills.

A brief moment of silence

D: Mr. Lewandowski, you are actually a bit too young to develop shingles. This is why I think that we should examine you more thoroughly.

The patient leans forward and „mirrors" the doctor's posture.

P: Draw blood again?

D: Yes, one gets shingles, if the body's defence systems do not work properly. This can have a number of reasons. Since your blood panel is otherwise fine, and not to miss anything, I would like to ask you to accept an HIV-test.

P: An HIV-test? What is that?

D: The HIV-test is an examination of the blood. This test shows me, whether you carry the AIDS virus in your body.

The patient with a somewhat disgusted and uneasy voice:

P: What? I am not gay!

The doctor is calming the situation with an appeasing gesture.

D: I do not intend to hurt your feelings. By the way, if you were gay, we could also talk about that. As your physician, the more I know about your living conditions, the better I can help and treat you in the future.

The patient is leaning over the edge of the table and places one hand over the other.

P: Hmmm …

D: At first I would like to explain you, how one gets infected with the virus and also, which consequences the HIV-infection can have. Therefore, I also got some written information.

With the palm of his hand up, the doctor hands the patient a piece of paper. He keeps looking into the patients eyes. The patient grabs the paper.

D: Also, for legal reasons I have to ask you for your written consent before I can do the test. Taking the blood sample is not so urgent. We can draw blood when you come by for the check-up next week.

P: I have a question.

D: Please.

P: Well, maybe I read this information first.

D: Please don't worry too much today – for the moment it is important, that you completely get rid of your back pain.

Both get up from their chairs, the doctor stretches out his hand and they shake hands.

D: See you next week.

P: Yes, bye.

German-Polish-Seminar:
Compendium of relevant vocabulary

geman	english	polish
Arzt / Doktor	physician / doctor	Lekarz
Patient	patient	Pacjent
Schauspieler	actor	Aktor
Befund	medical report	Wynik badania
Blutbild	Blood panel	Morfologia krwi
HIV Infektion	HIV-Infection	Zakażenie HIV
Kandidose	Candidiasis	Drożdżyca
Gonorrhoe	gonorrhea	Rzeżączka
Syphillis	syphillis	Kiła
Weicher Schanker - Ulcus molle	Chancroid	Wrzód weneryczny
Chlamydiose	Chlamydia infection	Chlamydioza
Condylomata acuminata	Genital wart	Kłykciny kończyste
Blasenentzündung - Zystitits	bladder inflammation cystitis	Zapalenie pęcherza moczowego
Herpesinfektion	herpes infection	Zakażenia opryszczkowe
Virushepatitis	viral hepatitis	Wirusowe zapalenie wątroby
Gürtelrose	shingles	Półpasiec
Urologie	urology	urologia
Gynäkologie	gynaecology	ginekologia
Hausarzt	general practitioner	lekarz podstawowej opieki medycznej
Filzlaus	Crab louse	Wesz łonowa

German-Polish-Seminar: A case history in problem-oriented learning

A case history

In December of 2011 the 41-year-old native of Pomerania Małgorzata Skłodowska disembarked in Gdynia from the cruseship "*Bella di Mare*" to return home for a prolonged holiday. Three years ago Małgorzata had started to work as a fitness trainer on the cruiseliner. She wanted to tell her family and friends about her new fiancee Guiseppe Accidenti, who was the second officer on the ship that belonged to the Italian Company *Costa Pericolosa*. In Szczecin the year should quietly come to an end. Guiseppe was scheduled to change ships in January and the number of friends on his facebook-account increased daily. But that was not the only reason why Małgorzata felt unwell for some time already.
Even at mom's home, her persistent cough did not want to disappear. Moreover, a few days before, she had developed some ugly painful blister on her back and her left thigh. Her mothers proven "Oryginalny Szczecin Krem Do Skóry" did not help against those blisters. Finally, her former classmate Marian advised his first love - who he felt had became even slimmer than before - to see a dermatologist. Dr. Domińczyk, an experienced specialist, said at once: "Shingles"! In order to back up the diagnosis by laboratory parameters, blood was drawn and a swab was taken from Ms Skłodowska and the doctor explained to her the necessary treatment. As the waiting room had emptied, the doctor contemplated again about her patient.

Some medical and therapeutical questions to be answered

What anti-viral therapy did the dermatologist prescribe? Had Dr. Domińczyk missed something? Should she have examined the patient more thoroughly? Does Ms Skłodowska perhaps suffer from other diseases? What further diagnostic procedures are required? What study materials are needed?

Conversational measures to be taken by the physician

Define the preventive measures the patient should follow. Define a conversational scenario to advise the patient.

Conclusions

The first ordinance on amendments to licensing regulations for physicians (*in Germany*) (6) requires that medical training be supplemented with teaching social and communication skills as a part of professional preparation to conduct medical interviewing. This handbook contributes to implementation of these legal requirements. Traditionally, medical faculties set their own regulations of study and rarely adopt a different faculty's reformed regulations unchanged. Uncertainty with respect to changes in the offerred teaching program also stems from the fact that some institutions offer both, traditional and reformed education courses.

On this ground, the presented concept should be understood as a guide and resource compilation of ideas and particular modules to be included into an altered teaching plan. The learning content and teaching forms are ready to be integrated either into the particular clinical courses and or as an independent facultative (compulsory) course assigned as “Patient Interviewing”. Integration of the recommended teaching of communication and counseling competence – in the case of sexually transmitted diseases – into an independent course has evident advantages. The general communication rules can be first trained with examples of frequently occurring non-embarrasing illnesses. When the students acquire more confidence on how to approach the patient in general, dealing with those patients who present a particular communication challenge due suffering from STD's is then less difficult.

In conclusion, a good doctor-patient communication, in which the practitioner accepts the induviduality of the patient, improves the patient's satisfaction and, as a consequence, ensures their acceptance of both the treatment and prevention measures. Finally, by a trustful interaction with the individual patient, the doctor contributes to the limitation of STD incidence and, as a result, to a reduction in health care costs.

Epilogue

Kathrin Bever, MAT Rostock, Publisher

As mentioned in the introduction, objective of this pilot testing was to improve the communication skills of medical students for doctor-patient consultations about sexual health, i.e. to use a clear, direct language, to reduce fear of intimate and uncomfortable topics and prejudice. This objective was reached by the practical orientated training events towards "Conveyance of communication and councelling competences in patient interviews with the focus on sexually transmissible infections" held by Dr. Herchenröder in Rostock. The students unanimously expressed a high demand on such trainings, to become more self-confident and to offer solution focused counselling that is orientated on individual situations and needs of the patients in order to ensure their holistic treatment.

Although the pilot seminars were evaluated positively, the difficulties shall be mentioned to motivate students as well as docents from the different areas in medicine. This was particularly evident for the partner university in model region I. Moreover, during the preparation of the curriculum discrepancies between pedagogic and medicine occurred which made it more difficult for both disciplines to work together directly. The process of cooperation is an appropriate challenge for the future.

For these reasons, instead of developing a curriculum a template of a recommendation was created, that allows its flexible usage corresponding to the structures of each institution and makes specific approaches possible. The recommendation can be seen as a "pool of ideas" to be customized for its use in the EU-countries corresponding to the existing local conditions and present characteristics. Hence, it takes into account different socializations, cultures and structures.

According to the created recommendation, pedagogues of the MAT will go on with their work with the students and because of the gained experience offer extern communication skills training on sexual health. Another bilateral training for Polish and German students is planned. For it the results and the cooperation of BORDERNET will be used.

On the basis of the declaration of intent of the model region I the described health goals will be developed further and pursued. That is also reflected in the work plan 2013 of the MAT. The partners of the model region I agreed to continue with the exchange also after BORDERNET and want to organise annual binational meetings. The ministry of Mecklenburg-Western Pomerania and the Marshal's Office Szczecin support the purpose.

Bibliography

1. Simmenroth-Nayda A, Chenot JF, Fischer T, Scherer M, Stanske B, Kochen MM. Mit Laienschauspielern das ärztliche Gespräch trainieren. Dtsch Arztebl 2007; 104(13):A 847-52
2. Kiessling C, Dieterich A, Fabry G, Hölzer H, Langewitz W, Mühlinghaus I, Pruskil S, Scheffer S, Schubert S. Basler Consensus Statement "Kommunikative und soziale Kompetenzen im Medizinstudium": Ein Positionspapier des GMA-Ausschusses Kommunikative und sozialeKompetenzen. GMS Z Med Ausbild. 2008;25(2):Doc83
3. Watzlawick P. Menschliche Kommunikation. Hans Huber Verlag, Bern, 2007
4. Schulz von Thun F. Miteinander reden: 1 – Allgemeine Psychologie der Kommunikation. Rowolt Verlag, Reinbek, 2011
5. Approbationsordnung für Ärzte vom 27. Juni 2002
   Bundesgesetzblatt Jg. 2002 Teil 1 Nr. 44, Bonn 2002
6. Erste Verordnung zur Änderung der Approbationsordnung für Ärzte
   Bundesgesetzblatt Jg. 2012 Teil 1 Nr. 34, Bonn 2012
7. Schweickhardt A. und Fritzsche K: Kursbuch ärztliche Kommunikation – Grundlagen und Fallbeispiele aus Klinik und Praxis. Deutscher Ärzteverlag Köln, 2. Aufl. 2007
   ISBN 978-3-7691-3412-4

Annexe

Parallel seminars and workshops

During the pilot seminars, classes of communication skills and counseling for patients with sexually transmitted diseases were excercised. Students addressed problems in groups of various composition. The resulting feedback was integrated in the main concept.

The following seminars took place:

1. Pedagogical Seminar on Communication
2. Biotechnology – Profession: Diagnostician
3. Communication and Miscommunication in Physician-Patient Conversation
4. Intercultural Aspects of Physician-to-Patient Communication
5. Communication on Sexual Health with Young People in Physician-Patient Conversation
6. German-Polish Seminar on Sexually Transmissible Infections and Physician-to-Patient-Communication

Train-the-Trainer Seminar

In order to verify the described teaching and learning objectives and to test the teaching materials in the dialogue with the lecturers, train-the-trainer seminars have been proposed:

1. Teaching and practice – conversations with patients as experienced by young practicioners
2. Training in physician-patient communication corresponding to the new physician-licencing regulation – what is suited for practice?*

* This seminar was repeatedly planned and participants were invited to join it repeatedly anew. Due to many commitments of the lecturers in clinical practice and teaching, it had to be given eventually. Therefor, one can draw from the knowledge obtained from seminar 1.

1. Seminar: Pedagogical seminar on communication

Training seminar in brief:

Venue: Premises of MAT-LAKOST in Rostock

Organiser and host: MAT-LAKOST

Trainer: Kathrin Bever, Andrea Bentzien

Participants: 12 medical students from Germany

Language: German

Report: MAT-LAKOST and medicine on the University of Rostock

The seminar was to develop an intelligible communication and awareness of the consequences of behaviour in the relationship between doctor and patient, especially in the case of sexually transmissible infections and other diseases of genital organs.

Training seminar in detail:

7 / 8. October 2011

12 students of all semesters. All the participants had experience in interaction with patients resulting from previous studies and internships.

Objectives of the training seminar:

Communication always needs two persons and communication is something more than the spoken word. Each person has his or her own way of communicating with others. The forms and mechanisms of communication are based on a person's experience, on grasping the gist. By exercises, we grasp the knowledge which is developed constructively and concretely in the practical part of the seminar. It was to recognize that basic rules of communication can be acquired. In the physician-to-patient relationship, especially as sexually-transmitted diseases and other genital organs disorders are concerned, doctor's own boundaries of shame become particularly important. Therefore, the seminar was designed to allow regognition of individual shame boundaries, delimiting, and thinking them over. In a forced way, own borders of shame are also of importance when dealing with the patient. After all both – the patient and the doctor – must be able to handle their shame boundaries also in the medical interview.

- Sexuality and language: self-recognition that all the words from various languages are known to sexuality and the use of words is deliberate – own shame borders should be defined and accepted.
- Successful communication also means explanations of certain terms, especially medical terms, and adjusting to the particular dialogue partner, so as understanding is possible for both sides.
- At this point, it is often difficult to explain it to medical school students, who often are unaware of how medical terms spoil the conversation and the frequently lack substitutes for difficult words.

- Working on Watzlawick's axioms facilitates clear-cut and solid work with case examples and competences.
- “Communicative traps” could be determined and presented.
- On the basis of own conduct, self-reflection has become very critical, so that each participant was able to increase the competence.

Participants' feedback

The feedback from the participants revealed that the study lacks applied forms of exercise in communication. The experience gained in this seminar will support their future competence as a physician, allow him or her to develop own "tools", and give confidence in dealing with patients with uncommon diseases, especially sexually transmitted infections. Linking education and medicine was enriching. Repeatedly, the participants expressed the desire to integrate this kind of seminars to the training program.

Conclusions from the seminar and experience of seminar leaders

- Working in small groups is a good way of teaching communication competence to medical students
- Interviewing patients suffering from sexually transmitted diseases poses a particular challenge for the physician communication skills
- Learning one’s own privacy boundaries is important for empathic yet demarked doctor-patient interview

2. Seminar: Biotechnology – profession diagnostician

Training seminar in brief:

Venue: Biomedical Research Centre, Rostock University Medical School

Organiser and host: Rostock University Medical School

Trainer: Dr. Ottmar Herchenröder, Rostock

Participants: 15 students from Rostock University Medical School

Language: German

Report: Rostock University Medical School

In the framework of *Practical Series*, two subsequent seminars took place. The seminars were designed to try the mixed concept of lecture, group work, POL, and communication knowledge and skills teaching. The class concerned to the communication within the triangle: patient – doctor – diagnostician.

Training seminar in detail:

21 February 2012

15 beginner students, without the knowledge on sexually-transmitted diseases.

Objectives of the training seminar:

Basic outlines of viral diseases transmission, especially by sexuall routes, were presented and virological diagnostics methods were discussed. An interactive discussion allowed dwelling on a short POL case, which required the students to diagnose appropriately and apply suitable means for differencial diagnostics and further diagnosis of exclusion.

The students received the *Form of referral to viral diagnostics* of the local Medical School and were to order the necessary and sufficing tests. On the completion of the task, the prior prepared blood panel was handed to the students (see above).

Another task consisted in telephoning the diagnostic laboratory, pretending to be an intern, and to asking the lab to explain the test results. The students designated the 'intern' to carry out the telephone conversation. In order to make the situation resemble as much as possible the real one, the connection was received by a colleague doctor. The conversation was led in the hand-free mode, so that all participants could listen to it. Next, the students elaborated a conversation strategy to explain the test results to the patient in a proper way, and clarify the process of recovery.

Particiants' feedback

The seminar was not evaluated in a written form; the students however, unanimously stated that they had a received a realistic insight into the profession.

Conclusions from the seminar and seminar leader's findings

- The POL method is well suitable to elaborate on differencial diagnoses.
- The telephone consultation allowed the students to exercise professional information exchange with colleagues they did not know personally.
- Reviewing test results and subsequent counseling the patient requires from the student reflection on individually adjusted language, especially in order to avoid medical terms.

3. Seminar: Misunderstandings in physician-to-patient conversation

Training seminar in brief:

Venue: Biomedical Research Centre, Rostock University Medical School

Organiser and host: Rostock University Medical School

Trainer: Dr. Ottmar Herchenröder, Rostock

Participants: 14 students of Rostock University Medical School

Language: German

Report: Universitätsmedizin Rostock

Second seminar in the *Practical series*.

Training seminar in detail:

22 February 2012

14 students in the early stages and with preliminary clinical knowledge on sexually transmitted diseases

Objectives of the training seminar:

Basic rules of dealing with patients were covered, and the students were prepared to conduct a physician-to-patient converation. The diagnostic case from the previous seminar and the laboratory report form served as the basis of the seminar. The students decided independently who would play the doctor's role and who would be the patient. During a break, both participants were separately prepared for their roles.

The “doctor“ obtained – as expected – director's instructions to convince the patient, due to an acute form of shingles for which the patient is too young, about the necessity to agree on an HIV-test and to give his written consent to do the test in order to exclude immunosuppression.

The “patient” got deviating instructions that did not fit to the doctor’s directions and the other seminar participant’s expectations. The student was told that during the check-up, the doctor will try to impose on him a chargable individual medical service. The patient's task was to waive at all costs the doctor's persuading bid for the costly service. He was supposed to carefully and politely listening to the doctor, but to reject any further tests.

Basically, the aim of the exercise was to show how people, even in a medical interview, can diverge in conversation due to different expectations. The viewers had to carefully observe the roleplaying, and then to describe it and present an evaluation on what went wrong.

After the roleplaying, it became clear that the doctor, due to (citation) “stubborn and illogical behaviour of the patient” was confused and did not succeed to (citation) “force his intents”.

Participants' feedback

The participants stated that they had experienced an interesting example of unsuccessful communication.

Conclusions from the seminar and seminar leader's findings

- The selected scenario to illustrate physician-to-patient communication with deviating instructions was not the best example suitable to illustrate communication gaps.
- The question remained whether it would be better for the participants to be informed prior to the dialogue that the "actors" had been given mismatching instructions; using this method, it could be considered in the future, so that the misunderstandings between the role-players whould be more apparent for the viewers.
- People from outside the group of participants should be taken to play the roles in the seminar. Due to the fact that the students knew each other well, the "gravity of the situation" was many times breached, since the actors repeatedly used phrases which were meant to entertain the audience. Moreover, as leyperson, they exagerrated with the roles they played. It affected the entire performance. As a result of this experience, a conclusion is that – whenever possible – the performers should always be from outside the group, e.g. students of another semester, or – even better – (semi)professionals.

4. Seminar: Intercultural Aspects of Physician-to-Patient Communication

Training seminar in brief:

Venue: Local students' club

Organiser and host: Rostock University Medical School

Trainer: Dr. Ottmar Herchenröder, Rostock

Participants: young co-workers of various units of the Rostock University Medical School

Language: English

Report: Rostock University Medical School

The seminar served to discuss intercultural similarities and differences in the doctor-patient relationships.

Training seminar in detail:

30 August 2012

16 participants were students of medicine, biologists, PhD students, and young scientists, who in part were from other European or from countries outside Europe.

Seminar objective:

The seminar was aimed to exchange information on similarities and differences in the contacts between doctors and their patients in various cultures.

Feedback

No written feedback was taken.

Conclusions from the seminar and leader's experience

- Health care in the Federal Republic of Germany is different from that in other European countries. The differences are more evident when compared to countires in Eastern Europe and the Middle East. They differ strongly from health care practices in Asia.
- The physician-patient relationship in many countries is fundamentally different from that in Germany.
- It is not possible to establish common rules of interviewing patients coming from immigration groups.

5. Seminar: Communication on sexual health in the doctor-to-patient conversation

Training seminar in brief:

Venue: Radisson Blu Hotel Rostock

Organiser and host: MAT-LAKOST and Rostock University Medical School

Trainer: Kathrin Bever, Andrea Bentzien, Katharina Zillmer,
Dr. Ottmar Herchenröder, Rostock

Participants: 20 medical students from Germany

Language: German

Report: MAT-LAKOST and Rostock University Medical School

Training seminar in detail:

1 / 2 June 2012

20 students of higher semesters and former students shortly after graduation. All participants were had experiences with patient contacts.

Objectives of the training seminar:

The objectives of the two-day seminar included preparing elements of clear and understandable communication, introducing consequences of dealing with main target groups, removing stigmata from certain lifestyles and levels of language, and the practice and application of interview techniques. The objectives should be achieved by connecting medical knowledge with pedagogical tools.

Seminar part 1: good and bad diseases

The interactive seminar enabled discussion with the participants on various perceptions of diseases. Word pairings on "*good*" versus "*bad*" diseases were contrasted. It was determined why a heart attack in some cases can inspire admiration, whereas a stroke only deserves pitty. In this aspect, contagious diseases were addressed. The participants agreed that contagious diseases are generally considered as without any stigma. A patient is considered "guilty" of his or her disease at best when vaccination was available.

Diseases afflicting genitals are treated differently by patients. Besides embarrasment, the patients are afraid they will be blamed for it. In addition to verbal aspects, the seminar participants developed the way the physician can avoid the impression of disrespect or blame, also in his gestures and facial expressions.

Seminar part 2: Presentation of physician-patient conversation by drama school students

Two students of the Rostock University of Music and Drama performed two variants of physician-patient interaction bases on the attached scripts (see above). The patient in the first presentationof the patient couselling is left definitely frustrated. The participants discussed the performance and suggested improvements. Basing on the second script, and taking into acount the audience suggestions, the actors played the same situation once again and showed a satisfactory dialogue with the patient. After another round of dialogues, one of the participants played the role of the doctor to rehearse an optimal patient interview as close to desirable as possible.

Participants' Evaluation

The seminar was subject to written evaluation. Nearly all participants confirmed that medical training lacks introductory communication techniques based on pedagogical knowledge. The students wished to have teaching modules in communication skills, permanently integrated into the main curriculum.

Conclusions from the seminar and findings of the seminar leaders

- Medical students are very interested in learning and practicing physician-to-patient converation strategies.
- Practicing dialogues with the patient with a participation of actors or Standard Patients is a useful method in the learning of the profession.
- Basically, for educational purposes, recruitment of qualified actors instead of amateurs and/or students, in performing the physician-patient conversations is preferable.
- The participant unanimously confirmed that this type of classes can only be carried out in smaller groups.

6. Seminar: German-Polish Seminar on Sexually Transmissible Infections and Physician-to-Patient Communication

Training seminar in brief:

Venue: Radisson Blu Hotel Rostock

Organiser and host: Rostock University Medical School

Trainers and facilitators:

Prof. Dr. Anna Borón-Kaczmarska, Szczecin, Poland

Dr. Ottmar Herchenröder, Rostock, Germany

Andrea Bentzien, Rostock, Germany

Participants: 21 Medical Students from Szczecin, Poland and Rostock, Germany.

Language: English. A compendium in English, Polish and German with medical termini and other relevant keywords was provided upfront.

Report: Medical School Rostock

This binational seminar was the concluding event within the series of seminars held and placed around the generation of the compilation presented here.

Training seminar in detail:

June 23, 2012

Eight Polish and twelve German participants attended the seminar. All particiants were medical students at either the Szczecin or Rostock Medical School.

The participants of the German-Polish seminar. Photo: O. Herchenröder

Objectives of the training seminar:

The seminar focused around the advancement of communications skills within the physician-to-patient communication with special emphasis on sexual health issues. The objective of the seminar was to strengthen the students' confidence for both, to respect intimacy and to act adequately when communicating with and treating patients who suffer from STIs.

Session I: Opening, introduction of the participants, programme outlook

Dr. Herchenröder welcomed the participants and his cotrainers and outlined the program of the day. In order to enable all participants to introduce themselves and get familiar with each other, an introductory game was organized. Pairwise cards bearing corresponding catch words related to both countries in the respective language were distributed. Finding and interviewing the person who drew the reciprocal catch word card and introducing him or her to the group created a pleasant athmosphere right from the beginning.

To freshen up the participants' knowledge about sexually transmitted bacterial and viral diseases and their epidemics, Prof. Boroń-Kaczmarska held a powerpoint-assisted lecture. Thereafter, the students discussed commons and differences in medical education in Poland and Germany.

Session II: The principles of physician-to-patient communication

Dr. Herchenröder initiated a teaming session on the basics and general principles of communication, the consequences of "successful" versus "failed" communication with special emphasis on the physician-to-patient relationship. All participants debated the special aspects of communication when dealing with patients suffering from STIs. General aspects of body language, facial expression, choice of language and intonations were reviewed.

Rehearsal of a physician-to-patient situation. Photo: O. Herchenröder

Session III: Communication training and rehearsal assisted by professional actors

Two actors from the Academy for Music and Theatre in Rostock presented two versions of physician-to-patient interactions (see attached scripts). After the first presentation which was directed in a way to intentionally leave behind a frustrated patient, the students discussed the performance and gave their recommendations to do better. On the basis of a second script and with the student's feedback, the actors performed the situation accordingly to deliver a satisfying example of communication. After another inquest, one of the students slipped into the role of the physician and freely extended the dialogue with the patient.

Session IV: Workshop to name future requirements in medical education

Within group works, the participants reiterated and analysed the following themes: What are the lacks in communication skills conveyed in medical education? What should be taught in which manner to acquaint students with good practice in physician-to-patient communication? Which form(s) of teaching are adequate to mediate communication skills: lectures, seminars, problem-based-earning, rehearsal with real patients, model patients older students? As take-home-assignment, the participants were animated to contemplate on their personal strenghts and deficits in communication.

The evaluation

A written evaluation was done after the eminar. The participants were able to fill in a form to pin down their opinions about the lectures, the role-play and the workshop. Most students stated that their expectations were overfulfilled and some expressed their regrets that the contents of the seminar are not part of their curricular studies. Due to the anonymous nature of the survey, the author of these pages can not say wether the latter statement is considered true for both countries.

The conclusions of the trainer

The seminar was limited to maximal 12 students of each country and held on a saturday outside the walls of the university. Having chosen a hotel conference room certainly created a more open athmosphere that allowed to also debate about intimate themes. The slots for German participants were given in a first-come mode after an invitational email from the dean's office. The Polish students were elected by the partners from Szczecin.

Before the seminar, the Polish trainer prepared the author of these pages to be aware of the fact, that students from Poland may be less familiar with the planned kind of seminar/workshop than the German students. However, right from the beginning, there was no difference whatsoever on either side, the Polish or the German, concerning active participation. This observation proved that the methods applied in the seminar are applicable in both countries.

The selection of seminar subjects was somehow lopsided. In future, one would create more parity between the trainers in order to include more insight into the study situation in Poland.

Binational seminars are for both, participants and trainers, educational and fun!

1. Train-the-Trainer Seminar: Teaching and practice - talking with the patient in the experience of young doctors

Training seminar in brief:

Venue: private conference room

Organiser and host: MAT-LAKOST and Rostock University Medical School

Trainer: Kathrin Bever, Andrea Bentzien, Katharina Zillmer and Dr. Ottmar Hercheröder

Participants: Four young doctors in their first year of practicing

Language: German

Report: MAT-LAKOST and Rostock University Medical School

The seminar was a presentation towards a common assessment and verification of the concept of this handbook.

Training seminar in detail:

7. May 2012

Four young physicians within their first year of clinical practice.

Objectives of the training seminar:

In the dialogue with the colleagues who have been in the profession for some time already, the teaching materials were presented and the forms and contents were assessed. Due to the short time that has elapsed since graduation, the four participants who still had fresh experience from both, practice and training, and the trainers learnt from each other.

Participants' evaluation

The seminar did not receive written evaluation. The participants confirmed the need of improvements in medical education, particularly in relation to their skills in their "spoken profession". The doctors assessed critically some parts of the materials, while others – especially presentations of various types of physician-patient communication exercises by professional actors – were evaluated as very useful for teaching students.

Conclusions from seminar and experience of the medical seminar leader

The seminar facilitated the trainer in selection of the materials for pilot seminars no. 5 (Communication on sexual health in the doctor-to-patient conversation) and 6 (German-Polish Seminar on Sexually Transmissible Infections and Physician-to-Patient Communication).

Presentation of the curricular concept during the BORDERNETwork Evaluation Conference

Workshop in brief:

Venue: BORDERNETwork Evaluation Conference, Berlin

Presenter: Dr. Ottmar Herchenröder, Rostock, Germany

Cooperation Kathrin Bever, MAT-Lakost, Rostock, Germany

Participants: Over 20 participants from about eight European countries

Language: English

During the workshop carried out on the occasion of the Evaluation Conference, parts of the handbook were presentd and two exemplary physician-to-patient conversations were performed on the basis of the scripts above. A first . Observations and critical remarks of participants were included in statements made above.

An important outcome of the workshop was the fact that, during medical studies, only in very few countries role plays with professional actors or the concept of Standardized Patients are applied in physician-patient communication training. It was unanimously concluded that the proposed model after some changes is also suitable for use in the countries of Eastern Europe. Because of national differences, the scenarios described and presented in the workshop should be adapted to the specificity of individual countries.

Two doctors – participants of the workshop – roleplaying doctor-to-patient conversation as indicated in scenario 1 in the English version.

Between the doctor and the patient no eye contact established. The doctor's interest appears to remain with the paperwork. The patient reciprocates and keeps his focus on the document handed to him earlier by the doctor.

At the end of the conversation, the skeptical patient remains in clearly dismissive gesture and posture.

Afterwards, the participants of the workshop evaluated the "*performances*" of their fellow participants.

Next, a doctor from amongst the participants plays the role of a doctor. She manages to maintain with her patient a sensitive and caring conversation.

The posture of the patient is relaxed, since the doctor addresses the patient with attentive verbal speech, body posture, gestures, and facial expressions ,She allows the patient to ask questions and answers them adequately.

Photos: K. Bever

Acknowledgments

Kathrin Bever, Andrea Bentzien, and Dr. Micha Löbermann, Rostock

Dr. Niko Forow and Dagmar Mißfeldt, Hamburg

Benjamin Braun and Emanuel Jessel, Rostock

Prof. Dr. Anna Borón-Kaczmarska, Dr. Miłosz Parczewski, Artur Reginia, and Małgorzata Kłys-Rachwalska, Szczecin (Stettin), Poland

Marianne Rademacher, Berlin

"Mit Sicherheit verliebt", Rostock

About the Author

Born in 1960. 1979: Baccalaureate in Upper Hesse. One year stay in "Youth Work" in Israel. 1980-1986: Human Biology studies at the Philipp University of Marburg Medical School. 1985: dissertation in the Department of Chemical Immunology, Weizmann Institute of Science in Rehovot, Israel. 1986-1990: PhD in German Primate Centre in Göttingen. 1990-1993: postdoc at the Department of Medical Pathology, University of California, Davis, USA. Research and teaching in virological institutes at the Universities of Freiburg and Dresden and Heinrich Pette Institute in Hamburg. 2000: teaching as a tutor in the reform program DIPOL® at the Dresden University of Technology, Carl Gustav Carus Faculty of Medicine. Since 2003: University of Rostock, Faculty of Medicine, virological diagnostics in the studies on cancer and teaching medical biotechnology and biology for medical students.

BORDER|NET work

CROSSING BORDERS, BUILDING BRIDGES

bordernet.eu / spi-research.eu

Coordinator:

SPI FORSCHUNG

SPI-Forschung gGmbH
Kottbusser Strasse 9, 10999 Berlin

Partners:

AIDS HILFE
AHW (Austria)

HESED (Bulgaria)

Tervise Arengu Instituut
National Institute for Health Development
NIHD (Estonia)

AIDS-I Tugikeskus
AISC (Estonia)

ROBERT KOCH INSTITUT
RKI (Germany)

MAT
Kompetenzzentrum für sexuelle Bildung
MAT-LAKOST (Germany)

AIDS-Hilfe Potsdam e.V.
Wir fördern Gesundheit.
AHP (Germany)

PAPARDES ZIEDS
Papardes Zieds (Latvia)

SPWSZ SZCZECIN
SPWSZ (Poland)

POMOST
POMOST (Poland)

ASOCIATIA ROMANA ANTI-SIDA
ARAS (Romania)

Prima
PRIMA (Slovak Republic)