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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY
Head of the Department
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COLLECTION OF ASSESSMENT TOOLS
Б2.О.02(У) Introductory practical training (Psychology of Doctor-Patient communication)
of the basic educational program of Higher Education

Specialty	**31.05.01 General Medicine for international students (in English)** (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system)
Mode of study	**Full-time**
Period of mastering the BEP	**6 years** (nominal length of study)
Department	of General Psychology

Vladivostok, 2025

1. INTRODUCTION

1.1. Collection of Assessment Tools is a document that regulates the format, content, and types of assessment tools for continuous assessment, interim examination and final (state final) examination, and graded criteria for each type of assessment tools.

1.2. Assessment tools allows to evaluate the development of universal, general professional, and professional competencies (UCs, GPCs and PCs respectively) outlined in Federal State Educational Standard of Higher Education and defined in the basic educational program of higher education for the specialty 31.05.01 General Medicine for international students (in English), profile 02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system).

(BEP HE for the 31.05.01 General Medicine for international students (in English) specialty, section 3 Learning Outcomes Requirements of the Basic Educational Program of Higher Education)

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

No.	Types of assessment	Assessment Tools Format
1	**Continuous assessment**	**Tests**
		Role-playing scenario
		Practical training log
2	**Interim assessment**	**Based on the results on continuous assessment**

3. The contents of assessment tools for continuous and interim examination are prepared by the teacher of the course

Test questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine for international students (in English)
C	UC-4	Is able to use modern communication technologies for academic and professional interaction using native and foreign language(s)
C	UC-5	Is able to analyze and consider cultural diversity during intercultural interactions
C	UC-6	Is able to set and focus on priorities regarding own actions and ways to improve them based on self-reflection and lifelong education
C	GPC-3	Is capable of counteracting use of performance-enhancing drugs in sports
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		Example:

		The statement "Assessing the effectiveness of doctor-patient communication is possible only in light of mutually agreed-upon results, according to which solutions to emerging communication situations are selected" characterizes the _____ principle of effective communication 1. interaction 2. certainty +3. planning and evaluation of result achievement 4. dynamism 5. spiral model

Role-playing scenario

A patient presented with symptoms of food poisoning. A medical history revealed a history of moderate epigastric pain lasting 20-30 minutes after eating. The patient reported general weakness, decreased appetite for several months, and weight loss (3 kg). The patient was referred for an EGD with biopsy. Gastroscopy revealed little secretion in the stomach cavity, smoothed folds, and edematous sacs. The mucosa was pale brown in the body region, and lumpy and rigid along the lesser curvature, with ulcerative necrotic plaque in places. A biopsy was taken. The morphological examination of the gastric biopsy revealed signet ring cell carcinoma.

Task: Inform the patient of the morphological examination results; refer the patient to the oncology clinic.

Assessment criteria:

"Very good" grade is given to a student who, during the consultation, used 5-6 of the following patient support methods:

1. Gives the patient time to prepare for bad news by using a preemptive phrase;
2. Pauses to allow the patient to process the information;
3. Uses the words "tumor" and "neoplasm" when communicating the diagnosis;
4. Monitors the patient's reaction, interrupting explanations as necessary;
5. Asks the patient about their thoughts and feelings, asks clarifying questions about how the disease affects the patient's life;
6. Mentions the possibility of a cure and new medications;
7. Uses tactile contact to support the patient: touches the arm or shoulder;
8. Shows empathy/encouragement/support in other ways.

A "good" grade: the student used 3-4 patient support methods.

A "satisfactory" grade: the student used at least 2 patient support methods.

Individual assignment:

Write a review of your partner's performance while interacting with a simulated patient using one of the following checklists (assignment occurs randomly during the session).

INDIVIDUAL ASSIGNMENT ASSESSMENT CRITERIA
(TOPICS: 1 - BEGINNING THE CONSULTATION;
2 - COLLECTING INFORMATION)

Criteria	Max. points	Received points
Establishing contact		
Greeted the patient	**5**	
Ensured the patient is comfortable (informed where to sit down / where to place belongings / asked if the patient was comfortable)	**5**	
Introduced oneself, stated one's full name, and explained one's role	**5**	
Asked the patient to state their full name and age	**5**	
Collecting information		

Began collecting information with a general question: "What brings you here?" or "What's the reason for your visit?" or "I'm listening," or "Go ahead," instead of asking about specific complaints and problems.	**12**	
Listened to the patient's answers to the end, without interrupting with clarifying questions.	**12**	
Summarized what the patient had said (to demonstrate that the patient had been heard and to check for understanding).	**12**	
Demonstrated communication skills: facilitation (encouraging, repeating, paraphrasing, expressing one's thoughts), pauses, screening, and a question funnel.	**12**	
Checked if there were other problems or complaints by asking: "What else bothers you?" or "What other problems would you like to discuss?"	**12**	
Conduct during communication process		
Maintained eye contact (regularly, at least half the time)	**10**	
Posture (situated at the same level as the patient, open posture, no distractions, such as a phone or notes)	**5**	
Ending contact with the patient		
Indicated readiness to complete the patient interview and proceed to examination	**5**	
TOTAL	**100**	

"Very good" – over 90 points
"Good" – 80-89 points
"Satisfactory" – 70-79 points
"Unsatisfactory" – less than 70 points

INDIVIDUAL ASSIGNMENT ASSESSMENT CRITERIA
(TOPICS: 3 - EXPLANATION AND PLANNING;
4 - DELIVERING BAD NEWS)

Criteria	Max. points	Received points
Establishing contact		
Maintained eye contact (throughout the entire interaction with the patient)	**10**	
Posture (situated at the same level as the patient, open posture, no distractions, such as a phone or notes)	**10**	
Prepared the patient to deliver bad news (inquiring about the patient's condition and complaints, preamble - prepare, set the tone, but not announce)	**10**	
Assessed the level of awareness of each person involved in the conversation, assessed how much the patient wants to know	**10**	
Avoided false information, deceiving the patient with false hope (everything will be fine, you will definitely get better, etc.)	**10**	
Expressed empathy throughout the interaction with the patient (demonstrated understanding of the patient's feelings, concerns, and problems)	**10**	
Provided support throughout the interaction with the patient: expressed concern, understanding the complexity of the situation, and a desire to help	**10**	
Structured and complete communication of information to the patient, without complex terminology	**15**	

Used the "Warning - Pause - Check" method allocating time for silence throughout the interaction with the patient	**15**	
TOTAL	**100**	

"Very good" – over 90 points
"Good" – 80-89 points
"Satisfactory" – 70-79 points
"Unsatisfactory" – less than 70 points

INDIVIDUAL ASSIGNMENT ASSESSMENT CRITERIA
(TOPICS: 5 - CONFRONTING A HOSTILE PATIENT)

Criteria	Max. points	Received points
Used non-reflective and reflective listening techniques (clarification, reflection of feelings, paraphrasing, summarizing (generalizing))	**10**	
Maintained eye contact and posture that did not contribute to the aggravation of the conflict situation	**10**	
Expressed empathy throughout the entire communication with the patient (demonstrated understanding of the patient's feelings, concerns, and problems)	**15**	
Provided support throughout the communication with the patient: expressing concern, understanding the complexity of the situation, and a desire to help	**15**	
Used a collaborative strategy to achieve the set goal (acting as equals, jointly seeking a solution to the conflict situation)	**20**	
Followed the conflict behavior algorithm: listen, respond, identify the patient's needs (specific difficulties/requests, what they want to achieve), joining in the emotional part ("Well, I see the problem is serious, let's figure it out...", "I see that this is important to you..."), generalizing ("Did I understand you correctly?", "You wanted to say...?"), offering possible solutions (asking the interlocutor if they see any other solution to the problem that has arisen) problems?), joint selection of an acceptable solution to the problem (if agreement cannot be reached - reliance on an objective measure for agreement/regulations, facts, existing provisions, instructions, etc.).	**30**	
TOTAL	**100**	

"Very good" – over 90 points
"Good" – 80-89 points
"Satisfactory" – 70-79 points
"Unsatisfactory" – less than 70 points