



UČNI NAČRT PREDMETA / SUBJECT SPECIFICATION						
<b>Predmet:</b>	Komuniciranje v medicini					
<b>Subject Title:</b>	Communication in Medicine					
<b>Študijski program / Study programme</b>	<b>Študijska smer / Study field</b>			<b>Letnik /Year</b>	<b>Semester / Semester</b>	
EMŠP Splošna medicina				2., 3., 4., 5., 6.	4., 6., 8., 10., 11	
<b>Univerzitetna koda predmeta / University subject code:</b>						
<b>Predavanja Lectures</b>	<b>Seminar Seminar</b>	<b>Sem. vaje Tutorial</b>	<b>Lab. vaje Labor. Work</b>	<b>Teren. Vaje Field work</b>	<b>Samost. Delo Individ. Work</b>	<b>ECTS</b>
5	40				45	3

Nosilec predmeta / Lecturer:

Prof. dr. Jana Goriup

<b>Jeziki / Languages:</b>	<b>Predavanja / Lecture:</b>	Slovene
	<b>Vaje / Tutorial:</b>	Slovene
<b>Pogoji za vključitev v delo oz. za opravljanje študijskih obveznosti:</b>		<b>Prerequisites:</b>
<p><b>Vsebina:</b> Predmet, mesto in različni teoretično-metodološki pristopi v obravnavanju komunikacije zdravnika s ciljem prepoznavanja koristi komunikacijskih znanj in spretnosti zdravnika v razmerah post-moderne družbe, ki jo v vsakokratni družbeni pogojenosti različnih razumevanj zdravja in bolezni določata kot specifično razmerje (so)odvisnosti in pogojenosti (mikro- in makrostruktur) moči in znanja v preseganju bolezni in iskanju zdravja zdravnik in bolnik, nemalokrat pa (tudi) svojci, množični mediji idr. Komuniciranje v medicini je globoko socialno skonstruirana disciplina, ki je pogojeno tako z interesi družbe in države ter (predvsem) posameznika, ki je v razmerah naraščajoče socialnih in zdravstvenih problemov od medicinskih znanosti vedno bolj odvisen. To pa predpostavlja obravnavo vsebin kot:</p> <ul style="list-style-type: none"> <li>- Medicinski diskurz o zdravju, bolezni in telesu v javnem in zasebnem govoru.</li> <li>- Vloga komuniciranja zdravnika; namen, cilji in strategija komuniciranja, dejavniki učinkovitega in uspešnega komuniciranja zdravnika.</li> <li>- Vrste komuniciranja zdravnika (interno, eksterno, konfliktno, medijsko, verbalno – neverbalno, paraverbalno, osebno, dirigirano (vodeno, nevodeno) idr.</li> <li>- Struktura zdravnikove komunikacije (simetrična, asimetrična, ignoranca, spreminjanje teme</li> </ul>		<p><b>Content (Syllabus outline):</b> Subject, place and various theoretical and methodological approaches in dealing with doctor communication with the objective of recognizing the benefits of communication knowledge and skills in the circumstances of post-modern society, which is in every social conditionality of different understanding of health and illness determined as a specific relation of (co)dependency and conditionality (micro- and macrostructures) of power and knowledge in overcoming illness and in search of health doctors and patients and many times their families, mass media etc. Communication in medicine is a deeply socially constructed discipline which is conditioned with interests of society, state and (mostly) individuals, who find themselves in the circumstance of growing social and health problems more and more dependent on medical sciences. All this presumes discussing of content such as:</p> <ul style="list-style-type: none"> <li>- Medical discourse about health, illness and body in public and private address.</li> <li>- The role of doctor communication; aim, objective and strategy of communication, factors of efficient and successful doctor communication.</li> <li>- The variety of doctor communication (internal, external, conflict, media, verbal – non-verbal, paraverbal, personal, conducted (guided – non-guided) etc.</li> <li>- The structure of doctor communication (symmetrical, asymmetrical, ignorance, changing the conversation topic, metacommunication,</li> </ul>

<p>pogovora, metakomunikacija, izogibanje podajanju zelenih informacij, negotovost).</p> <ul style="list-style-type: none"> <li>- Potek (ne)uspešnega komuniciranja zdravnika (razsežnosti, smeri, kakovost, vplivi in posledice); komunikacija in interakcija.</li> <li>- Pomen komunikacije v procesu soodločanja zdravnika in bolnika; vloga zdravnika v bolnikovem zavračanju sodelovanja v procesu zdravljenja.</li> <li>- Modeli komuniciranja zdravnika z bolnikom (paternalistični, potrošniški, managerski, kot interaktivni proces, empatija, ocenjevanje, sprejemanje, kongruenca, transparentnost, pogodbenost).</li> <li>- Koristi posredovanih izkušenj bolnika za uspešno komunikacijo (pozitivne, negativne, ambivalentnost, soočenje; vpliv socio-kulturnih dejavnikov na uspešnost zdravnikove komunikacije; aktivni oz. pasivni pacient, avtonomni oz. heteronomni pacient.</li> <li>- Nevarnosti compliance (vrste, vpliv bolezni na obnašanje) in ne-compliance (samovoljno obnašanje bolnika) v komunikaciji za zdravnika.</li> <li>- Pomen prepričljivosti zdravnika v komuniciranju (prepričevalna sredstva, oblike ravnanja, profesionalne pravice in dolžnosti zdravnika, pravice bolnika).</li> <li>- Asertivnost zdravnika v komuniciranju kot dejavnik osebne odgovornosti (koristi, tehnike, jezik asertivnosti).</li> <li>- Zdravnik in sporočanje pozitivnih, nevtralnih in negativnih novic (ustrezen prostor in čas, glas, izbira zvrsti in ravni jezika, pogovor razjasnitve z enopomenskim jezikom, prepoznavanje realnosti bolnikove želje po »resnici«, prilagajanje količine in ritma informacij, preverjanje informiranosti bolnika, izoblikovanje časovnega prostora za prognozo, motivacija in vzbujanje upanja, upoštevanje emocionalnih vidikov bolnikovega doživljanja in potrebo po času za obdelavo posredovanih informacij, kritika in kritizerstvo).</li> <li>- Komunikacija zdravnika in bolnika ob prvem srečanju (pregledu): pomen kvalitetne komunikacije za vzpostavitev terapevtskega odnosa, definicije problema, izbire in odločitve, posvetovanje o diagnozi, prognozi in obravnavi; problem (pre)velikega pričakovanja bolnika, pritiski na zdravnika, zdravnik in somatizacija, problem stereotipov glede na spol, raso, nacionalnost, bolezni, družbeno skupino idr.), eksploracija in anamneza (lastna, tuja, socialna, bolezni, družinska, razvojna, zdravil, obnašanja idr.); pomen prepoznavanja (horizontalne in vertikalne) analize značilnosti bolnikovega obnašanja v komunikaciji z zdravnikom.</li> <li>- Priprave zdravnika na razgovor(intervju/jemanje anamneze, sistematični intervju, individualno vodeni intervju, potreba po empatiji): pričetek,</li> </ul>	<p>avoiding giving wanted information, uncertainty).</p> <ul style="list-style-type: none"> <li>- The course of (un)successful doctor communication (range, direction, quality, influence and consequence); communication and interaction.</li> <li>- The meaning of communication in the process of doctor and patient decision-making; doctor's role in patient's refusal in cooperation in the healing process.</li> <li>- The models of doctor communication with patients (paternalistic, consumer, manager, as an interactive process, empathy, assessment, acceptance, congruency, transparency, contracting).</li> <li>- The benefits of patient experience for successful communication (positive, negative, ambivalence, confrontation; influence of socio-cultural factors in doctor communication efficiency; active or passive patient, autonomous or heteronomous patient.</li> <li>- The dangers of compliance (types, influence of illness on behaviour) and non-compliance (self-willed patient behaviour) in communication for doctors.</li> <li>- The meaning of persuasion in doctor communication (persuasion means, forms of conduct, professional rights and duties of doctors, patient rights).</li> <li>- The assertiveness of doctor communication as a factor of personal responsibility (benefits, techniques, assertive language).</li> <li>- Doctors and giving positive, neutral and negative news (adequate space and time, voice, choice of type and level of language, explanatory talk with simple language, recognizing the reality of patient's desire for 'truth', adjusting the quantity and rhythm of information, checking how informed the patient is, shaping a time space for prognosis, motivating and encouraging hope, considering the emotional views of patient's experience and the need for time to process the given information, criticism and critical remarks).</li> <li>- The communication of doctor and patient at first meeting (examination): the meaning of quality communication to establish a therapeutic relationship, definition of the problem, choice and decision, consulting about the diagnosis, prognosis and proceedings; problem of (too) high patient expectations, pressure on doctors, doctor and somatisation, problem of gender, race, nationality, illness, social group etc. stereotypes, exploration and anamnesis (own, second, social, of illness, family, developmental, of medication, behaviour etc.); the meaning of recognizing (horizontal and vertical) the analysis of characteristics of patient behaviour in communication with a doctor.</li> <li>- The doctor's preparation for conversation (interview/taking anamnesis, systematic interview, individually guided interview, need for empathy): starting a conversation, active listening, structured</li> </ul>
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<p>aktivno poslušanje, strukturirane faze pogovora, postavljanje vprašanj (odprto, zaprto, alternativno, kataloško in sugestivno vprašanje); problem zdravnikovega osredotočenja na patofiziološka vprašanja o bolniku.</p> <ul style="list-style-type: none"> <li>- Zdravnikova komunikacija pri telesnem pregledu (problem polja intimnosti, sramu, tabujev, socio-kulturnih ovir) in afektivna nevtralnost.</li> <li>- Zdravnikova komunikacija v procesu odločanja (status zdravnika pogojuje odločanje; stili vodenja, konflikt odločitve; napaka v odločitvi, sindrom heurističnega prilagajanja, slepo prilagajanje).</li> <li>- Komunikacija zdravnika v posebej zahtevnih medicinskih situacijah:</li> </ul> <p>--intenzivne medicine (izjemnost situacije bolnikove izoliranosti izgube intimnosti, pomanjkanje informacij), obremenitve osebja (visoka umrljivost, časovna stiska, stres, čustveno napeta/obremenilna situacija, delo v turnusih, relativnost plačila idr.);</p> <p>-- urgentne medicine (psihosocialne značilnosti, problem komunikacije, verbalna krizna intervencija, pritisk odločanja in aktivnosti, skupinska supervizija, soočanje z umiranjem in s smrtjo);</p> <p>-- medicine transplantacije (pravni in etični vidiki transplantacije različnih organov, ki terjajo različne pristope v komunikaciji; psihosocialna posebnost v pripravi na in po uresničeni transplantaciji, problemu v odnosu darovalec – prejemnik, komunikacija v času čakanja na ustreznega darovalca.);</p> <p>-- onkološke medicine (šok, stres, zmanjšana delovna sposobnost, izguba telesne integritete, komunikacijski tabuji, emocionalna preobremenitev, depresija, telesne bolečine); pomen psihoonkološke intervencije (podporno-ekspresivne, kognitivno-behavioralne in , psiho-edukativne intervencije v komunikaciji);</p> <p>-- komunikacija v humano-genetskem svetovanju zdravnika (genske informacije sprožajo psiho-socialne probleme na ravni posameznika, družine, sorodstva; prednosti in slabosti testa pri visoko rizičnih populacijah, komunikacija v prenatalni diagnostiki; pomen interdisciplinarnega svetovanja);</p> <p>-- komunikacija zdravnika v reproduktivni medicini (demografski trendi, vzroki zmanjšane fertiliteti, transparentnost, vloga zdravnikove komunikacije pri prevalenci, idiopatski infertiliteti, intrauterusni inseminaciji, in-vitro-fertilizaciji, intracitoplazmičnem inekciranju, posledice reprodukcijskih tehnik, metod in ukrepov na ženi in možu, vpliv svetovnega nazora in problematika več plodnosti), prednosti in učinki zdravnikove psihosocialne komunikacijske intervencije);</p> <ul style="list-style-type: none"> <li>- komunikacija zdravnika v paliativni medicini (zdravnikova komuniciranje v procesih umiranja, ob smrti in v žalovanju (kultura umiranja, zdravnik in rituali); vloga zdravnikove komunikacije v procesu umiranja bolnika (v zanikanju realnosti, jezi, pogajanju, depresiji, sprijaznjenjem, strahu), zdravnik in umirajoči starostnik, mladostnik, otrok;</li> </ul>	<p>conversation phases, asking questions (open, closed, alternative, catalogue and suggestive questions); the problem of doctor's focus on pathophysiologic questions about a patient.</p> <ul style="list-style-type: none"> <li>- Doctor communication at a physical exam (the problem intimate space, shame, taboos, socio-cultural obstacles) and affective neutrality.</li> <li>- Doctor communication in the process of decision-making (doctor's status conditions decision-making; leadership styles, decision conflict; error in deciding, syndrome of heuristic adjustment, blind conformation).</li> <li>- Doctor communication in especially difficult medical situations:</li> </ul> <p>--of intensive medicine (exceptionality of patient isolation, loss of intimacy, lack of information), overworked staff (high mortality rate, time distress, stress, emotionally tense/aggravating situation, work in turns, relative payment etc.);</p> <p>--of urgent medicine (psychosocial characteristics, communication problems, verbal crisis intervention, pressure of decision-making and acting, group supervision, confronting dying and death);</p> <p>--of medicine of transplantation (legal and ethical views of transplantation of different organs which demand various approaches in communication; psychosocial peculiarity in preparation for transplantation and after it, problems in donor – receiver relationship, communication in the time of waiting for the adequate donor);</p> <p>--of oncological medicine (shock, stress, reduced working capability, the loss of body integrity, communication taboos, emotional overburdening, depression, body pain); meaning of psycho-oncologic intervention (support-expressive, cognitive-behavioural and psycho-educational intervention in communication);</p> <p>--of communication in human-genetic doctor counselling (genetic information trigger psycho-social problems on the level of an individual, family and kin; advantages and disadvantages of testing of high risk population, communication in prenatal diagnostic; meaning of interdisciplinary counselling);</p> <p>--of doctor communication in reproductive medicine (demographic trends, reasons for decrease in fertility, transparency, the role of doctor communication in prevalence, idiopathic infertility, intrauterus insemination, in-vitro fertilization, intracytoplasmic injection, the consequences of reproductive techniques, methods and steps on wife and husband, the influence of world view and the problem of multiple fertility), advantages and effects of doctor psychosocial communication intervention);</p> <p>--doctor communication in palliative medicine, (doctor communication in the process of dying, at death and mourning (culture of dying, doctor and rituals); the role of doctor communication in the process of a patient dying (denying reality, anger, negotiation, depression,</p>
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<p>zdravnik, bolnik in problem evtanazije.</p> <ul style="list-style-type: none"> <li>- Zdravnik in terapevtska iluzija.</li> <li>- Motnje in nesporazumi v komunikaciji (organizacijsko-pravni dejavniki, napaka in zmota (ocene, bolnikovo zavračanje vsebine sporočila, razočaranje bolnika, kriza zaupanja kot komunikacijska kriza, halo-efekt, efekt kontrasta, milde-efekt, efekt centralne tendence, Rosenthal efekt, placebo efekt, projekcija komunikacijske obrambe).</li> <li>- Sociološki vidiki patogenih oblik medicinske komunikacije (spirala odsotnega komuniciranja, molk v medicini, iatrogeneza, Nemezesin obrat;) in sociološke refleksije etike komuniciranja v medicini.</li> <li>- Koncept »govoreče« medicine ( v odnosu zdravnik-bolnik poudariti bolnika kot človeka, ki je prizadet in ranljiv, prestrašen in negotov, zato se v komuniciranju z njim zdravnik lahko približa, mu zmanjšati strahove, zbudi zaupanje v zdravljenje in medicino).</li> <li>- -Konvencija Sveta Evrope o varstvu človekovih pravic v 4biomedicini4 v luči uspešnega komuniciranja.</li> <li>- Zdravnik in posredovanje resnice (na kakšen način in koliko povedati bolniku, svojcem, pomembnost načina izrekanja prognoze); obrambni način zdravnika, ko bolnik pri pogovoru ne izrazi težkih, nezaželenih vprašanj in močnih čustev: zdravnik informator, zdravnik, ki bolnika ignorira. Deontološki razlogi (moralno načelo poštenosti, profesionalna dolžnost resnicoljubnosti, spoštovanje bolnikove neodvisnosti, ohranjanje bolnikovega in zdravnikovega dostojanstva, pomen socialne enakosti).</li> <li>- Zdravnik in laž (dilema: ali resnico zamolčati, jo olepšati ali bolnika zavajati z lažnim upanjem).</li> </ul>	<p>reconciliation, fear), doctor and dying elderly, dying young, and dying child; doctor, patient and problem of euthanasia.</p> <ul style="list-style-type: none"> <li>- Doctor and therapeutic illusion.</li> <li>- The disorders and misunderstandings in communication (organisational and legal factors, mistake and error (assessment, patients rejection of message content, patient's disappointment, trust crisis as a communication crisis, halo effect, contrast effect, milde-effect, central tendency effect, Rosenthal effect, placebo effect, projection of communication protection).</li> <li>- The sociological views of pathogen forms of medical communication (spiral of absent communication, silence in medicine, iatrogenesis, Nemesis turn) and sociological communication ethics reflection in medicine.</li> <li>- The concept of 'talking' medicine (in doctor-patient relationship the emphasis is on the patient as a human being who is hurt and vulnerable, scared and insecure and a doctor can approach him in communication, and helps to reduce fear, awakes confidence in treatment and medicine).</li> <li>- The convention of Council of Europe about guarding human rights in biomedicine in the light of successful communication.</li> <li>- Doctor and telling the truth (how and how much to tell a patient and kin, the importance of the manner of stating the prognosis); protection of a doctor when a patient in a conversation does not express difficult unwanted questions and strong emotion: doctor-informant, doctor who ignores a patient. Deontological reasons (moral principle of integrity, professional duty of truthfulness, respecting patient independence, keeping patient and doctor dignity, the meaning of social equality).</li> <li>- Doctor and lying (dilemma: to conceal the truth, to embellish it or give a patient false hope).</li> </ul>
<ul style="list-style-type: none"> <li>- Zdravnik in komuniciranje ob upoštevanju Zakona o zdravstveni dejavnosti v R Sloveniji (Uradni list RS 9/92) (enaki pogoji in v skladu z zakonom pravica do:</li> <li>- proste izbire zdravnika in zdravstvenega zavoda;</li> <li>- posvetovanja z ustreznimi specialisti po samoizbiri oz. da zahteva konziliarni pregled;</li> <li>- izvedeti diagnozo svoje bolezni za obseg, način, kakovost ter predvideno trajanje zdravljenja;</li> <li>- dati soglasje za kakršenkoli medicinski poseg in da je predhodno obveščen o vseh možnih metodah diagnosticiranja in zdravljenja ter njihovih posledicah in učinkih;</li> <li>- odkloniti predlagane medicinske posege;</li> <li>- do vpogleda v zdravstveno dokumentacijo, ki se nanaša na njegovo zdravstveno stanje, razen če zdravnik oceni, da bi to škodljivo vplivalo na</li> </ul>	<ul style="list-style-type: none"> <li>- Doctor and communication in considering the Health Services Act of Republic of Slovenia (Uradni list RS 9/92), same conditions and in accordance with the act the right to:</li> <li>- Free choice of a doctor and health institution;</li> <li>- Consult with specialists of own choice or to demand a conciliar examination;</li> <li>- Get the diagnosis of one's illness for the extent, manner, quality and the anticipated duration of treatment;</li> <li>- Give consent for any kind of medical procedure and be previously informed of all possible methods of diagnosing and treatment, and their consequences and effects;</li> <li>- Decline suggested medical procedures;</li> <li>- Have an insight into medical documentation which relates to a patient's state of health unless the</li> </ul>

<p>bolnikovo zdravstveno stanje;</p> <ul style="list-style-type: none"> <li>- zahtevati, da zdravstveni delavci in njihovi sodelavci brez njegove izrecne privolitve nikomur ne posredujejo podatkov o njegovem zdravstvenem stanju;</li> <li>- zahtevati premestitev v drug zdravstveni zavod;</li> <li>- do ugovora na pristojni organ nadzora, če bolnik meni, da niso bila uporabljena dovolj učinkovita sredstva za njegovo zdravljenje, ali da so bila kršena etična načela;</li> <li>- seznanitev s stroški zdravljenja in zahteva za obrazložitev računa za zdravstvene storitve.</li> <li>- Komuniciranje zdravnika z ZZZRS; zavarovalnico in v interesnih združenjih.</li> </ul>	<p>doctor assesses that it would be damaging for the patient;</p> <ul style="list-style-type: none"> <li>- Demand that health workers and their co-workers do not forward data about patients' state of health without their explicit consent;</li> <li>- Demand transfer to another health institution;</li> <li>- Object to the competent agency of control if a patient thinks that not the most effective means for their treatment were used or that ethical principles were violated;</li> <li>- Be acquainted with health expenses and demand an explanation of the bill for health services</li> <li>- Doctor communicating with Health Insurance Institute of Slovenia, the insurance company and in interest groups.</li> </ul>
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**Temeljna literatura in viri / Textbooks:**

<ul style="list-style-type: none"> <li>- Adler, RH, Herrmann, JM, Koehle, K., Langewitz, W., Schonecke, OW., Uexkuell, Tv, Wesiack, W. (Hrsg) (2003):</li> <li>- Psychosomatische Medizin, 6. Auflage, Urban &amp; Fischer, Muenchen.</li> <li>- Barnett, V. (2003): Assertive Communication. <a href="http://www.uiowa.edu/usc/asetcom/html">http://www.uiowa.edu/usc/asetcom/html</a>.</li> <li>- Bezenšek, J.; Barle, A. (2007): Poglavlja iz sociologije medicine; Medicinska fakulteta Maribor.</li> <li>- Faller, H. (2003): Shared Decision Making. Rehabilitation 42: 129-135.</li> <li>- Faller, H., Lang, H. (2006): Medizinische Psychologie und Soziologie, Springer Medizin Verlag, Heidelberg.</li> <li>- Fritzsche, K.; Wirsching, M. (Hrsg.) (2005): Psychosomatische Medizin und Psychotherapie. Springer, Berlin.</li> <li>- Koch, U., Lang, K., Mehnert, A., Schmeling-Kludas, C. (2006): Die Begleitung schwer kranker und sterbender Menschen. Schattauer, Stuttgart.</li> <li>- Koehle, K.-H., Raspe, H.-H. (Hg.) (1982): das Gespräch während der ärztlichen Visite.</li> <li>- Urban &amp; Schwarzenberg, Muenchen.</li> <li>- Možina, S. (et al.) (2004): Poslovno komuniciranje: evropske razsežnosti, Obzorja, Maribor.</li> <li>- Petermann, F. (2003): Compliance. V Jerusalem, M., Weber, H. (Hrsg): Psychologische Gesundheitsförderung, Hogrefe, Goettingen.</li> <li>- Schulz von Thun, F. (1989): Miteinander reden. Störungen und Klärungen. Rowohlt, Hamburg.</li> <li>- Taylor, J. (2001). Communication at Work. Kogan Page, London.</li> <li>- Ule, M.: Sprejeda razmerja. O družbenih vidikih sodobne medicine, Aristej, Maribor, 2003.</li> </ul>
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**Cilji:**

Cilj predmeta je študente seznaniti z različnimi taksonomijami tvorbe vprašanj, nalog in dejavnosti poučevanja naravoslovja in tehnike ter jih naučiti ob upoštevanju zakonodaje pravilno spremljati in vrednotiti delo učencev pri naravoslovnih in tehničnih vsebinah razredne stopnje.

**Predvideni študijski rezultati:**

**Objectives:**

The objective of the subject is to introduce students to various taxonomies of question forming, task forming and activity forming in teaching natural science and technics and to teach considering the legislation to correctly follow and assess work of pupils at natural science and technical contents of class level.

**Intended learning outcomes:**

**Znanje in razumevanje:**

Po zaključku predmeta bo študent sposoben :

- izkazati znanje in razumevanje pomena komunikacije zdravnika z različnimi subjekti za njegovo uspešno delo;
- izkazati znanje in razumevanje dejavnikov procesnega in učno ciljnega pristopa poučevanja relacije: »Učenje – znanje – komuniciranje – razumevanje« znotraj odnosa zdravnik, pacient, zdravnik – zdravnik, zdravnik – medicinska sestra, zdravnik – svojci, zdravnik – množični mediji;
- identificirati in rešiti probleme povezane z uporabo različnih taksonomij za tvorbo vprašanj, nalog in dejavnosti v procesih komuniciranja zdravnika na primarni, sekundarni in terciarni ravni;
- pokazati sposobnost načrtovanja procesov komunikacije, opisnih kriterijev in opisnikov v našem zdravstvenem sistemu.

**Prenosljive/ključne spretnosti in drugi atributi:**

- Spretnosti komuniciranja: ustni in pisno izražanje, vodenje razgovora, sposobnost poslušanja in razumevanja posredovane informacije;
- uporaba informacijske tehnologije: uporaba programskih orodij za ustrezno komuniciranje;
- reševanje problemov: sposobnost reševanja problemov, ki nastanejo v procesu komuniciranja: pri oblikovanju vprašanj, sprejemanju odgovorov, pojasnil in drugih informacij; v sporazumevanju, opravičevanju, napakah in zmotah, v sporočanju pozitivnih, negativnih in nevtralnih s poudarkom na njihovi pripravi, izvedbi in analizi.

**Metode poučevanja in učenja:**

- opravljen seminar s portfoliom,
- ustni izpit.

**Načini ocenjevanja:**

Način:  
ustni izpit,  
seminarska naloga

Delež (v %) /  
Weight (in %)

70 %  
30 %

**Assessment:**

Type:  
oral examination,  
coursework

**Reference nosilca / Lecturer's references:****JANA GORIUP:**

GORIUP, Jana. Zdravstvena nega v primežu spremenjenih vrednot slovenske postmoderne družbe = Nursing care in the grip of changed values of Slovene post-modern society. Revija za zdravstvene vede, ISSN 2350-3610, 2013, vol. 1, no. 1, str. 3-22. [COBISS.SI-ID 513730935]

3. GORIUP, Jana. Education and precarious labour in Slovene science : (some sociological views on women in science between career and family). International journal on new trends in education and their implications, Oct. 2012, vol. 3, iss. 4, str. 1-18, ilustr. <http://ijonte.org/FileUpload/ks63207/File/01.goriup.pdf>. [COBISS.SI-ID 19693064]

GORIUP, Jana. Pravica bolnika do (samo)izbire v soočanju z boleznijo = The patient's right to a (self-)choice decision in the face of disease. V: FILEJ, Bojana (ur.). Celostna obravnava pacienta - kako daleč smo še do cilja? : pomen

**Knowledge and Understanding:**

After completing the subject students will have skills to:

- demonstrate doctors' knowledge and understanding of the meaning of communication with different subjects for their successful work;
- demonstrate knowledge and understanding of the factors of the process and target learning approach of teaching in the relation 'learning – knowledge – communication – understanding' inside the relationships doctor – patient, doctor – doctor, doctor – nurse, doctor – kin, doctor – mass media;
- identify and solve problems connected with the use of different taxonomies for question forming, task forming and activity forming in processes of doctor communication on primary, secondary and tertiary level;
- show skills in planning communication processes, descriptive criteria and descriptives in our health system.

**Transferable/Key Skills and other attributes:**

- Communication skills: oral and writing expression, discussion leading, listening skills and comprehension of received information;
- Using information technology: use of software tools for adequate communication;
- Problem solving: being able to solve problems which occur in the process of communication: in forming questions, receiving answers, explanations and other information; in communication, apologizing, mistakes and errors, in informing of positive, negative and neutral with accent on their preparation, execution and analysis.

**Learning and teaching methods:**

- Completed coursework with a portfolio
- Oral exam

integralne nege in integrativne medicine za paciente : znanstveni simpozij z mednarodno udeležbo, 20. in 21. oktober 2011, Novo mesto, Slovenija : zbornik prispevkov z recenzijo = Holistic treatment of patients - how close are we to achieving our goal? : the significance of integrated care and integrative medicine for patients : scientific symposium with international participation, 20 and 21 October 2011, Novo mesto, Slovenia : proceedings book with peer review. Novo mesto: Visokošolsko središče, Visoka šola za zdravstvo: = Higher Education Centre, School of Health Sciences, 2012, str. 103-115. [COBISS.SI-ID 19032072]

GORIUP, Jana. Some sociological views of women's role on the quality of management of universities and institutions of science : (between career and family). V: VOJTEKOVÁ, Miriama (ur.), TAMÁŠOVÁ, Viola. Quality in the context of adult education and lifelong education. 1st ed. In Dubnica nad Váhom: Dubnica Institute of Technology, 2013, str. 125-143, ilustr. [COBISS.SI-ID 19779592]

GORIUP, Jana. Nekateri sociološki vidiki spremenjene vloge moškega kot moškega in očeta v post-moderni slovenski družbi. V: GŁOWACKA-SOBIECH, Edyta (ur.), GULCZYŃSKA, Justyna (ur.). Mężczyzna w rodzinie i społeczeństwie - ewolucja ról w kulturze polskiej i europejskiej. Tom II, Wiek XX. Poznań: Wydawnictwo Poznańskie, 2010, str. 121-125. [COBISS.SI-ID 19020296]

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