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DOCTOR-PATIENT INTERPERSONAL COMMUNICATION
COMPETENCE FORMATION IN MEDICAL STUDENTS

SUMMARY

533. 01 – University Pedagogy

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CONCEPTUAL REFERENCES OF THE RESEARCH

Actuality and importance of the approached problem. Due to the reform of the medical university teaching system, reflected in “Development Strategy of *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova for 2011-2020”, there are some innovative components able to guarantee an increased efficiency of medical educational policies. In order to gain access to a viable, modern, and performing teaching process, some action principles that involve enhancement of the competitiveness of human resources in the health field, centered on the formation and development of human personality, abilities, skills and behaviors, needed to be approved. Our research meets the provisions of the *Educational Code of the Republic of Moldova*, art. 75, which stipulates the mission of higher education as being an essential element in the cultural, economic and social development of the society, having the following functions: “a) creation, preservation, and dissemination of knowledge at the highest level of excellence; b) training of highly qualified specialists competitive on the national and international labor market”. Thus, “the modernization of the educational curriculum, the establishment of a system of assessment of the quality of didactic activity, the development of the academic potential, the promotion of the scientific research and of international collaboration” (p.7) are the basic components of the medical educational reform that have been identified and included in the “Strategy of *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova for 2011-2020”. In the Actions Plan (2018) for the implementation of this strategy, approved by the decision of the Senate of *Nicolae Testemitanu* SUMPh no.2/11 of 22.02.2018, one of the main objectives is to align the educational process to the international requirements through “accomplishing the curriculum reform centered on student and postgraduate student, focused on acquiring the necessary skills in the professional activity, in accordance with the national and international standards; implementation of modern teaching methods and techniques”. Thus, from this, comes the necessity for the key beneficiary of the medical educational act – the medical practitioner to be able to take and apply independent decisions regarding the development of the medical act itself (professional skills), but also to relate and communicate efficiently with the dialogue partners – patient, physician, society, etc.

In this context, the need for research regarding the formation of the doctor-patient interpersonal communication competence within the university medical education system was noted. The formation and development of linguistic skills, of professional relationship on the basis of ethical and deontological principles, but also of doctor-patient interpersonal communication become an indisputable desideratum in the harmonious professional training of the future doctor.

Situation Analysis in the Research Field. For our investigation there were relevant the works of the researchers regarding the *historical concept of the study of communication*: W. Schramm (1953/1996) makes the first attempt to order the historical contributions to the communication analysis; R.E. Park formulated, being the first one, many key-notions in the field of media research, initiating researches, applicative investigations on published works in this field. Personalities from various fields – philosophy, sociology, psychology, political sciences, etc., such as M. Weber, G. Simmel, G. Tarde, J. Dewey or W. James, etc. have analyzed the communication act, leaving comments, valuable explanations and suggested hypotheses and have initiated fundamental researches. *The formation of the communicative competence* is a field relatively well studied from various perspectives. Very important for our research were studies of Romanian authors from the Republic of Moldova and Romania: V. Goraş-Postică, Vl. Guţu, M. Şevciuc, O. Dandara, V. Pâslaru, T. Cartaleanu, O. Cosovan, R. Dumbrăveanu, V. Cabac, O. Răileanu-Ciobanu, Şt. Toma, D. Potolea, M. Călin, N. Mitrofan, R. Şchiopu, I. Jinga, E. Istrate, O. Tanase, as well as those of foreign authors: Canale M., Swain M., Townsend R., McKay M., F. M. Gerard, Ş. Pacearca, etc. A special role in the description of *communicative competence vs. the competence of glotodidactic* have the studies performed by N. Vicol, I. Vlădescu, A. Afanas, D. Eşanu-Dumnazev, M. I. Vicol, Sv. Guţu, L. Sadovei, M. Ianioglo, Ec. Țărnă, etc. *The issue of linguistic competence* was studied by well known scholars in the field - N. Chomsky, F. Saussure, C. Simmard, C. Noica, E. Coşeriu, but also by - L. Ionescu-Ruxăndoiu, D. Butiurca, T. Callo, N. Vicol, E. Mincu etc., the *concept of didactic/educational/pedagogical communication* was researched by C. Cucuș, I. Iacob, S. Cristea, I. Jinga, Ş. Săucan, I. Ezechil, L. Sadovei, etc. The didactic literature in English gives thorough studies on the praxiological aspect of content for the *formation of communication competence*, but also on its implementation both from the student and the teacher perspective. Suggestive names include D. Hymes, H. G. Widdowson, L. F. Bachman etc. Reference names in the field of *communication* are: K. Floyd, G. Gerbner, G. R. Miller, A. C. Baird and F. H. Knowler, K. Krippendorf, C. Cherry, C. D. Mortensen, M. Kunczik, R. Ross, T. Gamble, M. Gamble, M. F. Agnoletti, B. D. Ruben etc. The issue of *doctor-patient interpersonal communication competence* is multidisciplinary, being approached from pedagogical, medical, psychological, philosophical/sociological and linguistic perspective by the following scholars: V. Ojovanu et al., C. Eţco, A. Spinei, N. Miu, D. L. Dumitraşcu, C. A. Popescu, O. Popa-Velea, O. Istrătoaie, D. V. Moşoiu, D. A. Munteanu, M. Niţu, M. Aluaş, S. Fica, L. Minea, E. Skolka, D. V. Moşoiu, D. A. Munteanu, M. Niţu, etc. From the Russian researchers who study the *problem of moral/ethical values in medicine* and that of *doctor-patient interpersonal communication* can be mentioned: Т. С. Серов, Л. А. Гаспарян; В. А. Манулик, Ю. В. Михайлюк; И. В. Герасимова, А. М. Болomoжнов, В. А. Трубников, А. Н. Варламов

etc. From the foreign researchers who studied the *field of medical communication* should be mentioned: G. L. Kreps, N. Simpson, B. Ashraf, W. F. Baile, R. Buckman, M. Bouman , R. F. Brown, A. N. Escalera, K. Jankowska, T. Pasierski, A. Hamui-Sutton et al. etc.

The above assertions have led to the **identification of the scientific problem**: What are the theoretical and applicative foundations of interpersonal communication competence, which create prerequisites for capitalizing and optimizing the medical communication competence as a key–element of the formation/development methodology of interpersonal communication competence doctor-patient in medical students.

The aim of the research is to develop and exploit experimentally the Pedagogical Pattern for formation of doctor-patient interpersonal communication competence in medical students, centered on patient’s problems.

Research Objectives:

1. Theoretical analysis of competence and communication concepts, of interpersonal communication competence and of doctor-patient communication competence; of specific aspects from the history of communication studies;
2. Stating the specifics of medical communication through conditioning the ethical aspects in the doctor-patient relationship;
3. Establishing the optimal methodology for the formation of the doctor-patient interpersonal communication competence in medical students;
4. Developing and capitalizing a Pedagogical Pattern for formation of doctor-patient interpersonal communication competence in medical students centered on patient’s problems through the implementation of the Program of development of doctor-patient interpersonal communication competence in medical students.

The Research Hypotheses have been validated, coherently and argued, at each stage of our investigative approach, operationally confirmed by the Performance Indicators of the doctor-patient interpersonal communication: the doctor-patient intercultural communication competence is an indissoluble element of the professional development of medical students; the formation of the doctor-patient interpersonal communication competence on the basis of the Pedagogical Pattern for formation of doctor-patient communication centered on the patient’s problems inevitably leads to the increase of the professional performance of the public health specialists, the diminishing and solving of the conflicting situations within the medical institutions, but also to the well-being of the patient as a determining factor in the healing/recovery process; the culture of an efficient communication promoted within medical educational institutions and medical institutions providing medical services, having as a basis the Pedagogical Pattern of formation the doctor-patient communication competence centered on patient’s problems,

contributes to the instauration of a favorable professional climate, thus diminishing dissatisfaction of the beneficiary about medical services.

Methodology of Scientific Research: theoretical methods: scientific documentation, description, analysis, comparison, systematization, generalization; praxiological methods: observation, questioning, testing, criteria assessment in complex situations; pedagogical experiment (of stating, formation, control); statistical methods: data collection, statistical methods used in SPSS Program; comparison of averages of two samples; methods of analysis: qualitative and quantitative interpretation of the experiment's results.

Scientific Novelty and Originality: contextualized specific redefinition of the concept of medical communication and of doctor-patient interpersonal communication competence to facilitate the professional communicative interaction and to maintain a balanced relationship between doctor-patient, doctor-doctor, and doctor-society; capitalization of the methodology of forming the doctor-patient interpersonal communication competence in medical students; elaboration and implementation of the Pedagogical Pattern for the formation of doctor-patient interpersonal communication competence in medical students centered on the patient's problems; methodological contribution to the modernization of the forming and assessment of the doctor-patient interpersonal communication competence in medical students based on The Program of formation of doctor-patient interpersonal communication competence in medical students, in the context of medical pedagogy, including the performance indicators in the doctor-patient interpersonal communication.

The important scientific problem solved in the research consists in the analysis and scientific argumentation of the theoretical and applicative fundamentals of the interpersonal communication competence, formed from knowledge, attitudes and values, abilities and behaviors which determined the knowledge and profound understanding of the communication concepts, competence, interpersonal communication, medical communication, which allows the capitalization and optimization of doctor-patient interpersonal communication to be achieved, creating in such a way the basis of the theoretical and applicative methodology of formation of doctor-patient interpersonal communication competence in medical students.

Main scientific results approved for defense:

1. The pedagogical grounding of the process of formation of the doctor-patient interpersonal communication in medical students based on the patient's needs, on the basis of ensuring the efficient integration of the interactive methodology, as a component of the Program of formation and, implicitly, of the Pedagogical Pattern, which has theoretical and applicative - praxiologic value, because it highlights the necessity to update and optimize the medical pedagogy from this perspective.

2. The theoretical analysis of the concepts of competence and communication, of the interpersonal communication competence and of doctor-patient communication competence; of aspects from the history of communication study have contributed to the conceptualization of the doctor-patient interpersonal communication competence which lies in the identification of the epistemic and methodological levels of this competence, conceived as an educational finality.
3. The efficient application of the methodology of formation of the doctor-patient interpersonal communication competence in medical students has an action relevance in the creation and insurance of appropriate institutional conditions, starting by including a specific subject in the study plans and finishing with the creative-contextualized and functional approach of it from the part of teachers, based on the specifics of the doctor-patient relation and conditioning the ethical aspects in this relation.
4. The elaboration and capitalization of the Pedagogical Pattern for the formation of doctor-patient interpersonal communication competence in medical students centered on the patient's problems through the implementation of the Program of formation of doctor-patient interpersonal communication competence in medical students demonstrated the efficiency of the functional-interactive didactics applied by us, opening realistic perspectives of optimization of the initial formation of medical students, as well as extending the pedagogical training of university teachers from this perspective.

The approval of scientific results is supported by the theoretical and experimental investigations on the topic of research. The investigative consequences were published in: Scientific Magazine *Studia Universitatis Moldaviae*, Education Sciences, B category (2017, 2018) - two articles; two articles in international magazines - International Academy Journal *World Science*, indexed DOI (2018) and International Academy Journal *Web of Scholar*, Multidisciplinary Scientific Journal, indexed DOI (2018); an article in the anthology *Limbajul științelor. Știința limbajului* (Philology collection), C.N.C.S.: DOI (2019); eight articles in manual anthologies of scientific national and international forums (2017-2019). In scientific-methodical and didactical works: a textbook, co-author (2012) and a monographic study (2019).

Summary of the Thesis's Contents. The content of the doctoral thesis contains annotations in Romanian, Russian, and English languages, introduction, 3 chapters, general conclusions and recommendations, basic text – 158 pages, 198 bibliographic sources, 34 tables, 15 figures, and 15 annexes.

Key-words: formation, interpersonal communication competence, medical students, doctor-patient, doctor-patient relationship, medical communication, medical pedagogy, attitudes, abilities, behaviors.

CONTENTS OF THE THESIS

The **introduction** highlights: the theoretical topicality and the practical importance of the research problem; the subject of the research; aim and objectives of the investigation; the methodology of the scientific research; the conceptual-theoretical description of the research; the formulation of the main scientific results; the novelty and scientific originality; the important scientific problem solved; the theoretical importance and the applicative value; the approval of the results.

Chapter 1 – Theoretical Framework of Psychopedagogical Approach to the Interpersonal Communication Competence – presents the theoretical study focused towards the *history of research into the communication phenomenon*, revealing the main concepts regarding the historical cycles that marked the evolution of communication. The first logical narratives about the phenomenon of communication, which informed about the science of right thinking and the foundation of the discourse, are confirmed from ancient times. The first attempt to synthesize different approaches to communication was conducted by W. Schramm in the study *The Nature of Communication between Humans* (1975) by ordering the historical contributions to the analysis of communication. The first essential notions in the field of media investigations were formulated by R. E. Park in his work *The Immigrant Press and Its Control*, in which he predicts applied research on publications in this field. The Chicago School is accepted as the first American logical and well systemized attempt in the field of communication. Other two representatives of the golden generation in the American communication studies, the one from 1940 and 1950, K. Lewin and P. Lazarsfeld, initiated valuable investigations. The profound judgments in the works of Habermas (*The Theory of Communicative Action*, 1997) and G. Trey (*Solidarity and Difference: the Politics of Enlightenment in the Aftermath of Modernity*, 1998), which mention the conditions of well theoretical functioning of specialized intervention, gains an invaluable connotation in this field. In the framework of the chapter there were elucidated aspects related to the *origins of the medical communication*, a phenomenon that marked profoundly the professional ethics and the ethics of the medical profession, and also the medical pedagogy in general. In the USA, after the Second World War, the health was accepted as a value of humanity, becoming an important problem of the American society, and the researchers began to examine the aspects of communication with predilection in health care (Zola 1966, Feldman 1966, Bandura 1969, McGuire 1969, Kosa, Antonovsky și Zola 1969, 1984, Tichenor, Donohue și Olien, 1970 etc.) who subsequently encouraged other communication researchers to follow their example. The medical sociological literature (Freeman 1963, Mechanic 1968, Jaco, 1972) had an influential importance in the development of communication in the field of health. The work *Patient*

Communication, written by Korsch și Negrete (1972), which was published in the prestigious magazine *Internațional Scientific American*, led to the fact that the communication in the field of health became an important academic problem, and the researchers of communication did not hesitate to approach it more frequently. Every communication act is framed in a structure characteristic to any relational type: the transmitter, the message, and the receiver. Thus, the simplest structures of the communication act are those proposed by researches Tran et al. (2003) in the work *Theory of Communication* adapted by K. Buler, and respectively R. Jacobson and taken over by us in conceptual *Approaches to Communication: Definition and Identity* (2018) – after K. Buler: transmitter – message – receiver – feedback, and R. Jacobson also includes the referent, the channel, and the code. For our research, we considered the communication approach to be also relevant to the number of participants which can then be divided into social: group, public, mass; intrapersonal, interpersonal.

In this chapter we have also analyzed the following: types of interpersonal communication – verbal or language – written and oral, capitalizing the importance of the word, of thinking, enumerating the styles of the oral communication: cold, formal, professional, informal, non-protocol; paraverbal communication/paralanguage; the functions of interpersonal communication: disclosure and self-disclosure; regulating the behavior of others, therapeutic, productive-effective; facilitating group cohesion, valorizing the group, resolving the problems of the group (apud Teodorescu et al., 2012, p. 16); the objectives of interpersonal communication being: persuasion, self-knowledge, discovering the outer world, establishing and maintaining meaningful relationships with other human beings.

Thus, the process, involving an understanding of the content and the relationship, being irreversible and continuous, symmetrical and complementary, representing the totality of the verbal, nonverbal and context factors, which conveys ideas and verifies how they were received, the message received and its awareness, but also the image we make about ourselves and the others, all of these fall generically into the integrating concept of *communication*.

Researchers Gerard et al. (2012) in the work *Assessment of Competencies* explain the existent differences in the specialty literature between the terms “competence – the ability to achieve a particular task and competency – fundamental characteristics that allow a person to perform well in a variety of situations, identified by: emphasis on occupation requirements; emphasis on what the person brings/accomplishes in the occupation; psychological focus; holistic approach” (Gerard et al., 2012, p. 13). Competence, in our understanding, refers not only to cognitive elements – the use of theory, concepts or knowledge, but also comprises functional aspects that require technical abilities, interpersonal peculiarities – social or organizational abilities and ethical values. Competence is how a human being gets the skills, abilities, or the

capability to deal with certain situations; it is an individual feature that is inextricably linked to performance efficiency.

In this connection, the notion of *competence* is understood as a combination of knowledge, skills, and appropriate to the context attitudes, which designates the ability to apply the learning outcomes appropriately in an established context.

The *interpersonal communication competence* is a primal desideratum in the postmodern educational act. Chomsky (1965) in his work *Aspects of the Theory of Syntax* drew a classic distinction between competence – language competence and performance – using language in real situations, where he defined the concepts of *competence* and *performance*. Hymes (1972) defines communicative competence not only as an inherent grammatical competence in a variety of communication situations, bringing the sociolinguistic perspective into the linguistic perspective of Chomsky's competence, designating the importance of knowledge in social communication, which can be studied only on the basis of the effects produced in people's minds.

In 1979, after Habermas, the communicative competence incorporated Chomsky's syntactical dimension (generative grammar) and pragmatic semantics. Subsequently, the concept was extended by the researchers Piepho (1974) Canale and Swain (1980), Canale (1983), Savignon (1983), Taylor (1988), Bachman (1990), Bachman and Palmer (1996), etc. For our investigation, it is important to elucidate the most important patterns of communication competence, from which we highlight: Canale and Swain Pattern (1980) – in communication predominate the norms of using the language, according to grammar rules, it includes the linguistic competence in the fully accepted meaning of the communicative competence; Widdowson Pattern – develops Canale and Swain intervention in this field and makes a difference between knowledge concepts, knowledge of linguistic and sociolinguistic conventions and capacity, the capacity of using the knowledge. Specialized interpersonal communication is produced through the language/terminology specific to a distinct professional training. Taking into account the Coşeriu's theory about *things*, which make up the specialized language, we can distinguish between common language (respectively ordinary communication) and specialized language (respectively specialized communication). So, it is necessary to make the difference between *knowledge of things* and *idiomatic knowledge*.

Thus, the *interpersonal communication competence* is a set of knowledge, abilities and attitudes manifested in an act of human relation in order to solve various problems in various life contexts.

The medical communication, as a type of social relation, is part of the specific types of verbal, nonverbal and paraverbal relationships, in which are engaged specialists with persons

who face health problems. Prof. Dumitraşcu (2013, p. 11) speaks about the medical communication as *a part of the communication in the field of health*, which represents, as well, the preventive messages in the field of health. Thus, *the medical communication* represents the communicational act between two subjects (doctor-patient, doctor-nurse, doctor-doctor), which is based on the exchange of information, opinions and actions and which play a decisive role in the prevention and successful treatment of the persons who face health problems.

The second chapter, Methodological Configurations in the Psychopedagogical Approach of the Doctor-Patient Interpersonal Communication, is centered on the analysis of the medical pedagogical methodology from the perspective of the doctor-patient relationship; the communication models in the doctor-patient relationship; ethical/deontological aspects in the doctor-patient relationship, revealing the structural elements in the doctor-patient interpersonal communication; barriers in the doctor-patient interpersonal communication; methodological peculiarities of the formation of doctor-patient interpersonal communication competence in medical practitioners, as well as the essential elements of communicating a serious diagnosis; it contains the foundation of the Pedagogical Pattern for formation of doctor-patient interpersonal communication competence in medical students centered on the patient's problems; includes the description of the methodology of formation of doctor-patient interpersonal communication competence in medical students; presents the theoretical framework for achieving the formative approach of forming the doctor-patient interpersonal communication competence in medical students.

In the process of relational development, some attitudes and behaviors are predominantly imposed on the doctor which are dictated by his social status – that of professional in the field of health, in the therapeutic relationship doctor-patient it is very important for the doctor to adopt certain essential *skills* in performing his profession: understanding, compassion, self-control abilities, of a good listener, ability to influence and negotiate, assertiveness, etc.

The doctor-patient relationship is a relationship between roles, asymmetrical – the doctor has a position of superiority and is the active element, and the patient is the passive element, consensual – the patient acknowledges the power of the doctor.

In this chapter we highlighted the existence of several patterns of doctor-patient relationships, pointing out that the selection of these patterns were based on the methodological principle of three general approaches of communication patterns: centered on person; centered on mutual interaction, focused on relationships. Each of these approaches allows us to highlight the distinct dimensions of the doctor-patient relationship: mood, the exchange of information (messages) between them and the relationship they can form. Depending on the medical specialty or the nature and severity of the manifestations of disease, Szasz & Holender,

Diaconescu & Popa-Velea (2016) highlight three doctor-patient relationships types: the pattern based on activity – passivity (asymmetric), frequently used in emergencies or serious diseases; the pattern based on orientation-cooperation (semi symmetric), the patient has some autonomy, and the doctor expects it to be capitalized by active participation of the patient in the treatment and a prompt delivery of any information recently appeared; the pattern based on mutual participation (symmetric), which is increasingly used in modern practice in the case of non-urgent diseases (Szasz & Holender, 1956; Diaconescu & Popa-Velea, 2006; apud Popa-Velea, 2016, p. 102). It is obvious here the priority of the last pattern, which we have promoted in our research. Based on the above mentioned classifications, we distinguish, in the doctor-patient relationship, the following methodological methods of synthesis (our own classification):

- 1) *The Socio-Professional Pattern*. In relation to medicine, as a socio-biological science, a person can be either a doctor or a patient. The doctor is the person who chooses this professional status, mastering this profession by learning medical things. The patient is the person affected by a physical or mental illness. This delimitation does not exclude the joining of both positions: when the doctor becomes himself a patient. The profession of doctor is a social one, as demonstrated by the many circumstances in which the doctor is in the position to provide medical assistance (including various incidents he is witnessing), not just at his workplace. The pattern assumes certain responsibilities for the doctor (to treat) and rights for the patient (to be treated).
- 2) *The Pattern Centered on Feedback* is subordinated to the socio-professional pattern. The feedback is understood as the totality of verbal and nonverbal information received in response to what was received. This pattern can also be called *diagnosis feedback*, which implies *two stages*:
 - *The anamnetic feedback* refers to the stage of anamnesis: collecting the first information about the patient. The questions asked by the doctor are required to be formulated correctly, with accessible content, using words that the patient knows and are not ambiguous; questions that will help him understand his state of health.
 - *The clinical-objective feedback* refers to the clinical-objective stage of determining the diagnosis that includes methods: inspection, auscultation, palpation and percussion.

The diagnostic feedback ends with determining a preventive diagnosis which consequently will be confirmed by laboratory tests or other paraclinical investigations, followed by prescribing the treatment. In the pattern centered on feedback there can be delimited the following dimensions:

- a) The *informational dimension*, which includes the totality of information which a doctor needs to determine a diagnosis.
- b) *Supportive or counseling dimension* which refers to assisting and counseling the patient in the recovery phase.
- c) *Intellectual-cognitive dimension* involves cognitive processes: perception, thinking, memory, etc., here we delimit three inherent methods: probing; understanding; message – me transfers the focus of communication from you (doctor) to me (patient).
- d) *Affective dimension*. Affectivity is a differentiated experience, as a state towards situations, events, people, communication contents, evocations from the past which are exteriorized, can be seen, read, felt.
- e) *Behavioral dimension* implies the appropriation and development of knowledge and behavioral techniques that are relevant to understanding health and disease.

We consider our classification as being relevant because it highlights the communication relationship based on the professional status and duties of the doctor in the exercise of his profession, on the one hand, and the obligation to provide feedback and to react adequately and comprehensively to the patient's needs, focusing completely on them, on the other hand.

The *Deontological Code of the medical practitioner and pharmacist* from the Republic of Moldova was abrogated by the Government Decision no. 192 on 24.03.2017 and legislates the *values*, the *conduct* and *moral* which guide any specialist trained for health care in our country. This document highlights that the medical profession is not “compatible with stigma, hardness, arrogance, apathy, discrimination, ignorance, indifference, and corruption”. In his professional activity, the doctor will be guided by the following principles set forward in this Code (chapter II, p.7): “professionalism, professional independence, honesty, integrity, respect and acceptance, responsibility, benevolence and diligence, trust, confidentiality, and loyalty”. From the perspective of the stages of the medical act, some researchers (Ojovanu et al., 2016) distinguish three methodological types in medical communication: pre-clinical communication; clinical communication – it is focused on three phases of the medical act: the anamnesis and the investigation of the symptoms by the doctor. Four elements are grounded in this part of the medical act: the organization of the report; assisting the patient; providing information and advice; diagnostic methods and determining the diagnosis; determining the treatment through appropriate informed consent; post-clinical communication – characterized by two things: rehabilitation and assisting the patient during convalescence (after Ojovanu et al., 2016, pp. 65-69). There also has been useful in our study the analysis of communication in medicine in all its integrative aspects: verbal communication – language or words, explanation, listening (acceptance and confirmation), paraphrasing, silence, etc.; nonverbal communication – visual

contact, face expression, look, touching, etc.; paralanguage – body language, gestures, mimics, voice tone, rhythm, etc. and written communication comprises any information transmitted in written form or electronically – reports, medical letters, recipes, recommendations, certificates, etc. and which is increasingly necessary in medical practice. Communication in medicine is the main link between the whole medical team (doctor-doctor, doctor-nurse, and other professionals involved in medical care), but also with the patient – the beneficiary of the medical act, as well as with his/her family/relatives. Methodologically, a set of factors that impede the dialogue between the two are important, but the most important barriers in the communication between the doctor and the patient are: barriers created by the doctor: insufficiency of time, stress, fatigue, own problems, inability of the doctor to understand the patient, etc.; barriers created by the patient: the fear of doctor, the fear of a possible serious diagnosis, the attempt to keep the emotions away from the doctor, the impatience not to appear in an embarrassing hypostasis (after Luban-Plozza, Iamandescu, 2003, p. 139).

In the didactics of formation of doctor-patient communication competence various methodologies have been introduced in the curricula of universities of medicine in the whole world – the Comskil Pattern, the Calgary Guide, the Spikes Protocol, SEGUE Structure for Interview, LEARN Pattern. Communication of the bad news in the medical practice is based on two models: Faulkner Pattern (1998) and SPIKES Protocol, which are centered on acceptance and awareness of emotions.

Based on the analysis of the specialized literature and the conceptual and chronological investigation of the medical communication methodology, we have developed a Pedagogical Pattern for formation of doctor-patient interpersonal communication competence for medical students centered on the patient's problems (MPDCIMP) (Figure 2.1), which was applied/used through the Program of initial formation of doctor-patient interpersonal communication competence in medical students. At the base of the Pedagogical Pattern for formation of doctor-patient interpersonal communication competence lies the communication competence with its key components (knowledge, attitudes and values, abilities and behaviors). *The attitudes and motivations* of the doctor and the patient guide the act of communication and guarantee somehow the course of its success, being regulated by the Hippocrates Oath, as well as other normative regulatory acts which we have previously approached and capitalized. The formative aspect of the communicative competence is accomplished in the *abilities and behaviors* focused on the problems of the patient. We have placed the *knowledge* on the third place not because it is not as important as the other elements previously described, but to show their direct relation horizontally, but also the lack of usefulness of knowledge in the absence of attitudes, motivation, and appropriate behavior in any situation/problem.

The institutional context in which the doctor activates, on the one hand, and for whom the patient decided or had to choose, presents itself like a distinct structure in which the methodology described by us is materialized.

The social context, as a reference framework, we have characterized in the presentation and analysis of the methodology of doctor-patient medical communication.

The particular context is also two-dimensional, addressing the doctor's and patient's positions, starting with general culture of both, with assumed and manifested values and ending with the personal abilities to deal with professional problems in the case of the doctor, and the personal ones, which are vital, being about the state of health, in the case of the patient.

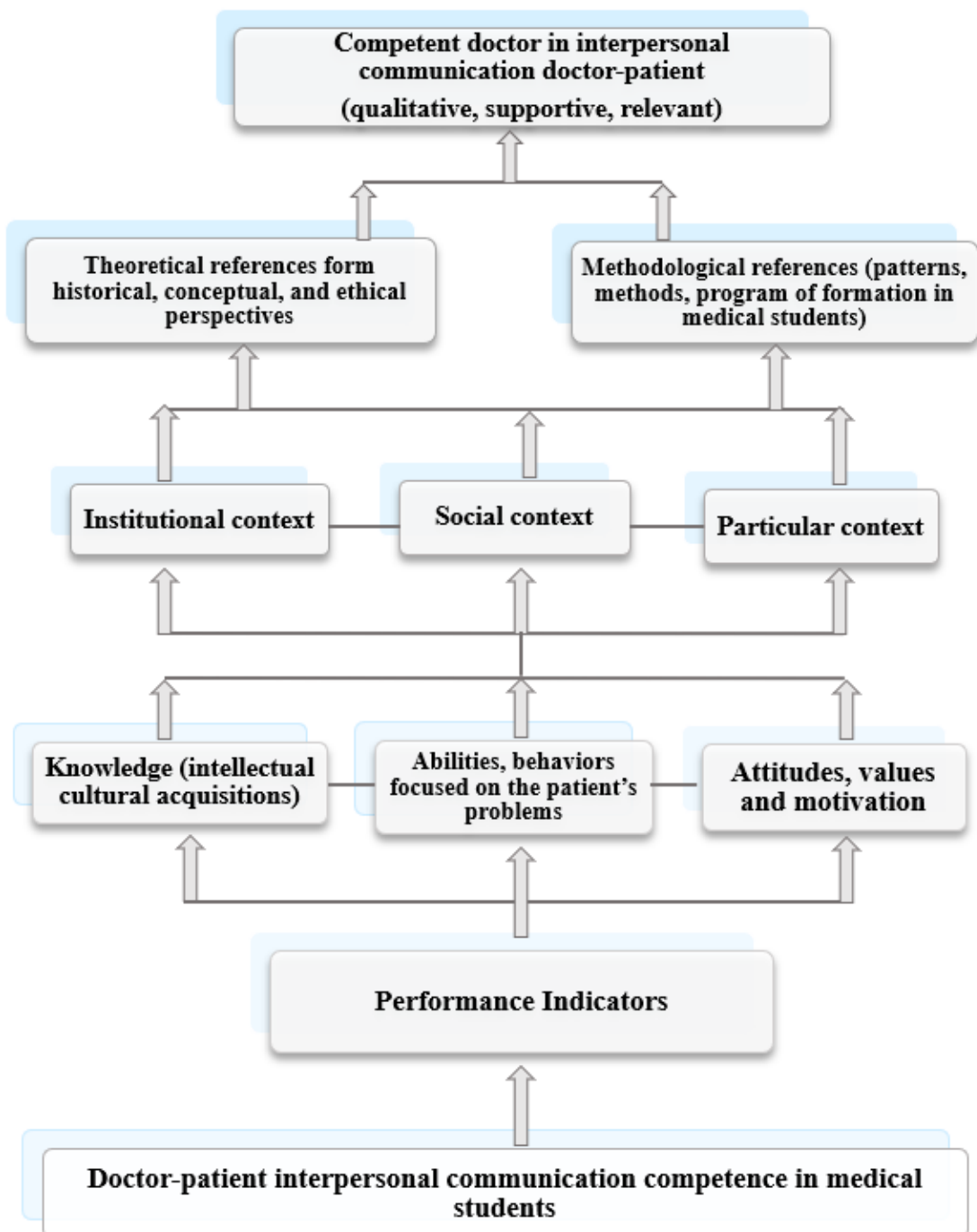


Figure 2.1. Pedagogical Pattern for formation of doctor-patient interpersonal communication competence in medical students centered on the patient's problems

The theoretical framework investigated by us allowed us to conceptualize the scientific approach and revealed specific features of doctor-patient interpersonal communication throughout history, but also created an integrating support for linguistic, psycho-pedagogical and

The methodological framework in our model is based on modern didactic methodology that guides us towards the active and conscious involvement of the medical practitioners in the process of their own training – stimulating creativity and collaborative learning, thus we form and develop competencies, in our case those of interpersonal communication. Finally, but not least, we have defined the professional profile of the competent doctor, with an advanced doctor-patient interpersonal communication, characterized as being qualitative, supportive and relevant.

The third chapter, The Experimental Framework for Using the Pedagogical Pattern for formation doctor-patient interpersonal communication competence in medical students centered on patient's problems evokes the experimental design of the research, highlighting the purpose and objectives of each stage, presenting in detail the actions and the investigative activities; the involved subjects are presented – the experimental group; includes the analysis, interpretation and the impact of the result obtained.

The experimental research was centered on the results of the conceptual investigation on various aspects of communication, on the competence of doctor-patient interpersonal communication, as well as on the methodology of forming the doctor-patient communication competence in medical students. The 11 items of the applied questionnaire revealed the need to develop the formation of the doctor-patient interpersonal communication competence, but also the knowledge, attitudes and behaviors of the subjects in relation to interpersonal communication, in general and the medical one, in particular.

The observing stage of the investigation was carried out in order to assess the initial level of the interpersonal communication competence between the doctor and the patient in medical students, at the first stage using the investigative intervention of observing nature and the data collected were necessary to initiate the strategies of activities exploited in the multilateral approach of the accomplished study, which focused on the initial assessment of the three coordinates established by the research problem which interact with one another: the *knowledge* (intellectual, professional / medical and cultural, pedagogical acquisitions), skills and behaviors that are on the patient's issues and attitudes expelled by values, interests, motivation, which we have capitalized on the elaboration of the Pedagogical Pattern for the formation of the doctor-patient interpersonal communication competence in the field of medicine.

Relevant are, for example, the answers of the block IV of items which constituted the premise to initiate and carry out the process of institutional and coherent formation of doctor-patient interpersonal communication competence in medical students.

Table 3.7. Quantitative Answers of Block IV of Items

Statement	Total agreement	Partial agreement	Neutral	Partial disagreement	Total disagreement
1. Knowledge of Romanian is important in various medical communication situations	35 20.23%	34 19.65%	44 25.43%	23 13.29%	37 21.39%
2. Doctor's professionalism depends on the competence of doctor-patient interpersonal communication	63 36.42%	35 20.23%	26 15.03%	10 5.78%	39 22.54%
3. The doctor-patient communication competence is a part of the Deontological Code of the doctor	45 26.01%	34 19.65%	38 21.97%	27 15.61%	29 16.76%
4. Consider the doctor-patient interpersonal communication to be essential in treating patients	65 37.57%	35 20.23%	42 24.28%	18 10.40%	13 7.51%
5. A course of formation of doctor-patient interpersonal communication competence is needed at SUMP "N. Testemițanu"	78 45.09%	77 44.51%	15 8.67%	0 0.00%	3 1.73%

From the qualitative answers, at the control stage, we highlight that the *interpersonal communication* refers, in the respondents' opinion to: communication between two or more people; exchange of ideas, information; establishing a conversation with other persons; sharing information; exchange of knowledge, emotions or visions; communication of people from the same social class in different environments; the ability to transform said words into written ones, etc., but the doctor-patient interpersonal communication refers to: *communication between doctor and patient*; professional communication; gathering information from the patient; a personal communication that gives data about the patient's state of health; maintaining a discussion with a patient; a discussion between the doctor and the patient; some advice given by the doctor to the patient, etc.

The investigation stage of formation the doctor-patient communication in medical students was the main experimental stage and included the verification and validation of the methodology of formation of the doctor-patient interpersonal communication competence on the basis of the Pedagogical Pattern for formation of the doctor-patient interpersonal communication competence in medical students centered on the patient's problems, through the formative intervention triggered in the process of training of the selected subjects for the sample of forming the doctor-patient interpersonal communication competence. The experiment of formation was focused towards the creative, innovative, and integral teaching of the course *Communication and*

Behavior in Medicine and of the course *Romanian Language and Medical Terminology* and followed the logic of the Pedagogical Pattern for formation of the doctor-patient interpersonal communication competence in medical students, in general and the Program of formation the doctor-patient interpersonal communication competence in medical students, in particular. The design and implementation of teaching/learning methods in higher medical education contains some specificities if we relate to higher education in general - the spirit of medical scientific research, practical and theoretical creativity, the development of pressure-making capacity, empathy, tolerance, assertiveness, respect of life, etc. Our contribution was mainly focused on teaching-learning-interactive assessment, in a novel framework, highlighting the role of the student as a subject and partner of the training process in which he/she is trained and where he/she is permanently asked to make the transfer to concrete contexts of current medical practice.

In accordance with the elements of competence – knowledge, attitudes and values, abilities and behaviors, from the Pedagogical Pattern for formation of the doctor-patient interpersonal communication competence in medical students centered on the patient’s problems, we elucidated their components, integrating them in the table below in the result of the assessment of the Communication Competence Level Observation Record, filled in by the medical students following the Role Play method:

Table 3. 10. Doctor-Patient Communication Competence Level Observation Record

Doctor-Patient Communication Competence Level Observation Record						
Date of filling in _____						
Name of observer _____						
Name, surname of student _____						
Group _____ year _____						
<i>Instructions:</i> Appreciate with <i>V</i> one of variants: <i>high, over average, average, minimal, subminimal</i>						
Nr.	Variables	high	over average	average	minimal	sub minimal
1.	Emotional Culture:					
	Recognition, perception and feeling the patient’s emotions	28 87, 50 %	1 3, 13 %	1 3, 13 %	2 6, 25 %	
	Understanding patient’s feelings at cognitive and emotional level	30 93, 75 %	1 3, 13 %	1 3, 13 %		
2.	Self-control:					
	Calm, relaxed attitude	29 90, 63 %	2 6, 25 %	1 3, 13 %		
	Availability to communicate	32 100%				
3.	Active Listening:					
	Agreement/disagreement of the	32				

message	100%				
Establishment of visual contact	30 93, 75 %	1 3, 13 %	1 3, 13%		
A little bent position of the body	26 81, 25 %	4 12, 50 %	2 6, 25 %		

Thus, the Pedagogical Pattern for formation of the doctor-patient interpersonal communication competence in medical students centered on the patient's problems, implemented by us, capitalized the indicators of performance of the doctor-patient interpersonal communication competence in an integrative and creative way, the innovation being namely in the set of indicators capitalized in every method and content unit, according to the following table:

Table 3. 13. Indicators of performance in doctor-patient interpersonal communication (integrative table)

Communication competencies, manifested through professional behaviors (operational details)	Performance Indicators
KNOWLEDGE	
<i>Knows the functions of communication, requirements and personal motivations for communication; knows the elements of meta communication</i>	Deciphers and applies the elements of communication and meta communication in professional communication –in relation with the patient and the medical team; congruence between verbal and nonverbal language
<i>Knows the communicational and behavioral criteria of a qualitative medical act</i>	Uses the knowledge about communication only to support the patient's treatment and well-being, as the Hippocrates Oath requires „ <i>Primum non nocere</i> ”
<i>Knows different methods of efficient communication and relationship models of doctor-patient</i>	Organizes his/her own style of communication and relation with the patient
ABILITIES /BEHAVIORS	
<i>Uses different useful communication techniques to create functional relationships</i>	Applies intra and inter organizational communication techniques for the best integration in the medical team and building a beneficial doctor-patient relation
<i>Selects appropriate communication methods</i>	Applies various methods of communication according to the particular peculiarities of the patients, the specifics and seriousness of illness respecting the horizon and the cultural diversity of the patients
<i>Shows emotional intelligence</i>	Recognizes, perceives the patient's emotions; understands patient's emotions at cognitive and emotional level
<i>Actively listens</i>	Agree/disagree the message; establishes visual contact; position of the body a little bent; identifies emotions, states of mind, the patient goes through; identifies origin and causes of these emotions; answers the patient in a way to be understood that the two above precepts were correlated
<i>Ability to influence, convince and negotiate</i>	Denotes credibility, sincerity; claims statements with logical arguments; avoids vague expressions; uses a positive language, calm and clear, but at the same time convincing
<i>Assertiveness</i>	Speaks in the first person; underlines the importance of personal beliefs; uses a non-committal language; is attentive to the congruence between verbal and nonverbal language
ATTITUDES AND VALUES	

<i>Self-control</i>	Calm, relaxed attitude; availability to communicate
<i>Shows dignity, responsibility and respect</i>	Communicates empathically with the patient – shows understanding and respect; the tone of the voice is calm, relaxing, but firm which shows safety, responsibility and confidence

The *control stage* of the investigation had the following objectives: to determine the progresses registered in the process of formation of the doctor-patient interpersonal communication competence in the subjects of the experimental sample; to verify and validate the experimental data resulted from the implementation of the methodology of formation of the doctor-patient interpersonal communication competence; to process, synthesize, compare and interpret the results registered in the experimental and control sample. In the framework of our study there have been formulated some problems (if the Program of formation of communication competencies have influenced opinion of the medical practitioners) and there have been verified a number of hypotheses (did or did not this Program influence the opinion of the medical practitioners) towards the formation of the doctor-patient interpersonal communication in students.

Example: the positive values show a benefic effect of the influence of the Program of formation of communication competence, which are represented in the following diagrams:

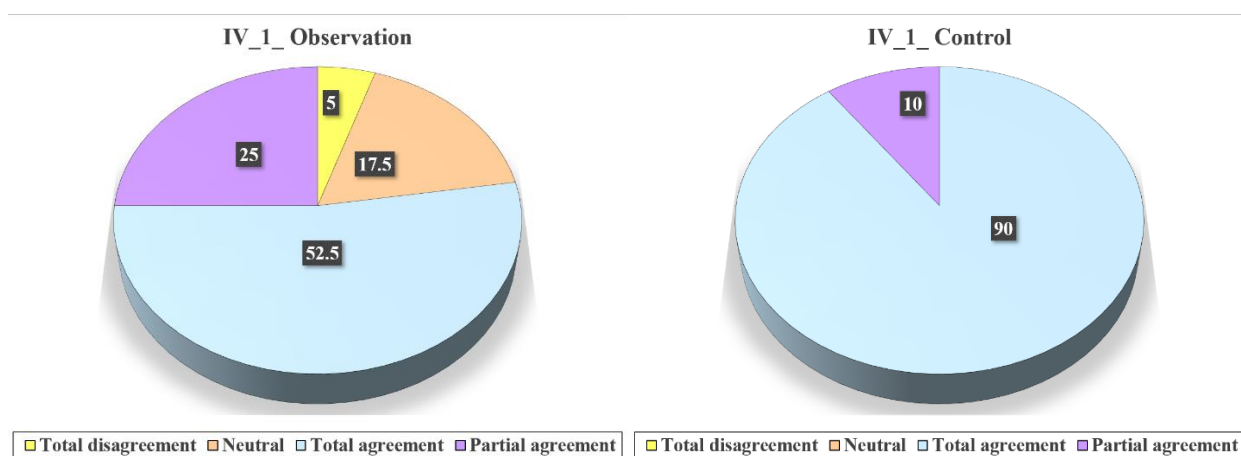


Fig. 3. 1. Data about the importance of the level of knowing the Romanian language in various situations of medical communication at the stage of observation and control

Examining the second table with results for differences IV_2_Control - IV_2_Observation: in the 47 cases there are no negative ranks, equal ranks are 11 (they do not influence the conclusion), and 36 ranks are positive, which we represent in the following table:

Table 3.17. Data about ranks for Problem 4.2.

Ranks				
		N	Mean Rank	Sum of Ranks
IV_2_Control - IV_2_Observation	Negative Ranks	0 ^a	.00	.00

	Positive Ranks	36 ^b	18.50	666.00
	Ties	11 ^c		
	Total	47		
a. IV_2_Control < IV_2_Observation				
b. IV_2_Control > IV_2_Observation				
c. IV_2_Control = IV_2_Observation				

Conclusion: scores registered at the stage of *Control* are higher than the scores registered at the stage of *Observation*. The positive values show a benefic effect of the impact of the formative step, so the hypothesis of nil is rejected and the hypothesis of research is accepted.

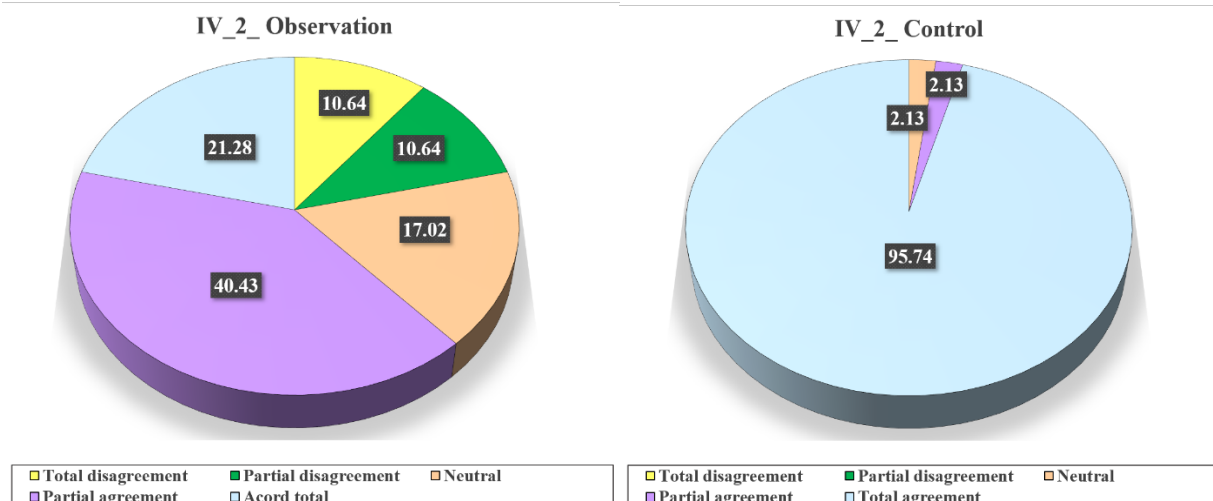


Fig. 3.2. Data about the dependence of the doctor's professionalism on the doctor-patient interpersonal communication competence at the stages of observation and control

Thus, the Pedagogical Pattern for formation of the doctor-patient interpersonal communication competence in medical students centered on the patient's problems, which integrates the indicators of performance consisting of knowledge, abilities, behaviors and attitudes, capitalized through specific performance indicators, proved their relevance in the medical academic context, and their transfer into the medical practice will be assured learnedly and with professionalism.

GENERAL CONCLUSIONS AND RECOMMENDATIONS

The results of the research, at the theoretical, practical, and experimental level, confirmed the aim of the investigation through achieving the expected objectives:

1. The problem investigated ensured the revealing and determination of the basic concepts: communication and competence, interpersonal communication competence, doctor-patient interpersonal communication competence, inclusively the data statement from the history of the study of communication and of medical communication. At the same time, these concepts have been synthesized by formulating the following definitions:

Communication is an irreversible and continuous process which implies a dimension of the content and relations; it represents a cumulation of verbal, nonverbal, context factors, being symmetrical and complementary; the transmission of an idea and the verification in which way it was received; reception of an idea and understanding of its meaning; voluntary and involuntary reactions we have in the framework of exchanging the messages; the image we create about ourselves and about the others.

Competence is the way in which the human being acquires certain knowledge, abilities and aptitudes to face certain situations; it is an individual characteristic which is indissolubly connected with the efficiency of performance.

Competence of interpersonal communication is a set of knowledge, capacities, abilities and attitudes manifested in an act of human relationship in order to solve various problems in various life contexts.

Medical communication, promoted by the medical pedagogy, includes the act of communication between two subjects (doctor-patient, doctor-nurse, and doctor-doctor), which is based on an exchange of information, opinions and actions and have a decisive role in the prevention and successful treatment of persons who face health problems (Nastasiu, 2017a, 2018a, 2018b, 2018c, 2018g, 2019a).

Explaining the manifestation of the complex connection between communication competence and linguistic competence based on specialized language, we outlined the need to know the linguistic perceptions regarding the competence of interpersonal communication between the doctor and patient (Nastasiu 2017b, 2017c, 2018d, 2019a, 2019c).

2. Following the specifics of the doctor-patient relationship, we used the analysis of the structural elements of medical communication, behaviors, ethical aspects in this relation, of the doctor-patient relationship models, which contributed to the elaboration of two Patterns of doctor-patient relationship centered on the patient's problems - The socio-professional Pattern and the Pattern centered on feedback and of the Performance Indicators focused on the main components of competence - knowledge, attitudes, abilities and behaviors (Nastasiu, 2018e, 2018f, 2018g, 2019a).
3. The research of the methodology of formation of the doctor-patient communication competence and the determination of the conceptual aspects determined the elaboration and capitalization of our own methodology synthesized in a Pedagogical Pattern for formation of the doctor-patient interpersonal communication competence in medical students centered on the patient's problems, which led to realization of the experimental approach on the basis of the Program of formation of doctor-patient intercultural communication competence in medical students. Our contribution, which is also an

original feature of this research, is directed towards the development of medical pedagogy, in general, and of medical communication didactics in particular (Nastasiu, 2012a, 2012b, 2019a).

4. Grounded on the theoretical study data, *the experimental research* went through those three classical phases of the experiment: *observation*, centered on determining the level acquaintance with the doctor-patient interpersonal communication in medical practitioners; *formation* which targeted the verification, application and validation of the Pedagogical Pattern for formation of the doctor-patient interpersonal communication competence in medical students centered on the patient's problems. The Program of formation, used in the experiment served as a Program of intervention whose methodological component was fully capitalized in our formative approach, based on the open and supportive, tolerant and empathic interaction with each student which served as an appropriate framework for maintaining/educating the doctor-patient interpersonal communication in medical students; *control*, through which there have been determined the progresses registered in the process of formation of doctor-patient interpersonal communication competence in the subjects of the experimental sample; the experimental data resulted from the implementation of the methodology of forming the doctor-patient interpersonal communication competence was verified and validated; the results of the experimental observation and control sample were processed, synthesized, compared and interpreted (Nastasiu, 2017d, 2017e).

The important scientific problem solved in the research consists in the theoretical and applicative grounding of the doctor-patient interpersonal communication competence in medical students through an initial qualitative formation focused towards the patient's problems and the appropriate interaction with the patient.

In line with the results of the investigation we propose the following pedagogical recommendations:

- *To the educational policy designers*: the competence of doctor-patient, doctor-doctor, and doctor-society interpersonal communication is an indisputable objective in the formation of professional competencies in medical students, that is why, it is essential to introduce in the curricula of „Nicolae Testemițanu” State University of Medicine and Pharmacy of the Republic of Moldova the formation and development of these competencies at all levels of professional-university training (initial, with the study of the interpersonal communication in general and with a gradual transition to medical communication at all stages of university courses; postgraduate training – in postgraduate studies (with specifics imposed by specialization) and long-life learning.

- *To teachers of all academic subjects taught at the university* – to focus on the need of permanent education of doctor-patient interpersonal relations, inclusively applying interactive didactic techniques. These patterns of interpersonal communication, based on values promoted by us, will be later more easily transferred into medical practice by students, future doctors.
- *To the managers of medical institutions:* to promote a culture of efficient communication with the beneficiary of medical services – the patient, in the framework of the medical team, through organizing trainings of permanent education for the development of doctor-patient, doctor-doctor, and doctor-society interpersonal communication competence, thus diminishing conflict situations in the medical team, as well as the patient's dissatisfaction, thus establishing in the medical institution a favorable professional climate, but also increasing patient's satisfaction and well-being, as determining factors in the healing process.
- *To the doctors:*
 - The Hippocrates Oath does not lose its timeline and relevance despite the salary you receive, the precarious working conditions and the difficult patient.
 - The interpersonal communication with the patient is based on responsibility, respect, empathy/understanding, dignity, confidentiality, honesty, trust, etc.

BIBLIOGRAPHY

1. ALBU, G. (2008). *Comunicarea interpersonală. Aspecte formative și valențe psihologice*. Iași: Institutul European. 306 p. ISBN 978-973- 611-512-7
2. ATHANASIU, A. (1983). *Elemente de psihologie medicală*. București: Editura Medicală. 324 p.
3. COSMAN, D. (2010). *Psihologie medicală*. Iași: Polirom. 462 p. ISBN 978-973-46-1735-7.
4. DINU, M. (2014). *Comunicarea. Repere fundamentale*. București: Orizonturi, 440 p. ISBN 978-973-736-071-7.
5. DOBRESU, P., et. al. (2007). *Istoria comunicării*. București: Comunicare. ro. 376 p. ISBN 978-973-711-140-1.
6. EȚCO, C., et. al. (2008). *Comunicarea pentru schimbarea comportamentală*. Chișinău: CEP Medicina USMF. 163 p. ISBN 978-9975-915-33-5.
7. FICA, S., MINEA, L. (2008). *Ghid de comunicare și comportament în relația cu pacientul*. București: Universitară „Carol Davila”, 94 p. ISBN 978-973-708-20-35.
8. FLOYD, K. (2013). *Comunicarea interpersonală*. Iași: Polirom, 502p. ISBN 978-973-463-34-18.
9. GERARD, F. -M., PACEARCA, Ș. (2012). *Evaluarea competențelor*. Ghid practic. București: Aramis Print. 208 p. ISBN 978-973-679-935-8.
10. GORAȘ-POSTICĂ, V. (2013). *Formarea de competențe profesionale în contextul actual al învățământului superior*. În: Revista Studia Universitatis, seria Științele Educației. Nr. 5 (65). pp. 31-35, ISSN 1857-2103.
11. LUBAN-PLOZZA, B., IAMANDESCU, I. B. (2003). *Dimensiunea psihologică a practicii medicale*. București: Infomedica. 408 p. ISBN-978-7912-07-1.
12. MATTELART, A., MATTELART, B. (2001). *Istoria teoriilor comunicării*. Iași: Ed. Polirom, 176 p. ISBN: 973-683-652-5.
13. MINCU, E. CHIRIAC, A., NASTASIU, S. (2012). *Limba română. Limbaj medical cu suport gramatical și de cultivare a limbii*. USMF „Nicolae Testemițanu”. Chișinău: CEP Medicina. 368 pag. ISBN 978-9975-113-31-1
14. NASTASIU, S. (2017a). *Manifestarea conexiunii complexe: tipuri de evaluare - competențe de comunicare*. In: Tehnici și strategii de specialitate în dinamica limbajelor de specialitate. Departamentul de limbi străine specializate al Universității Babeș-Bolyai, ed. E. Wohl, co-ed.: M. Ștefănescu, R. Mihele. Cluj-Napoca: Ed. Casa Cărții de Știință (ed. acreditată CNCS - B). pp. 176-185. ISBN: 978-606-17-1249-6.
15. NASTASIU, S. (2017b). *Monitorizarea competențelor de comunicare bazate pe limbaj specializat din perspectiva stilului autonom de învățare*. In: Tehnici și strategii de specialitate în dinamica limbajelor de specialitate. Departamentul de limbi străine specializate al Universității Babeș-Bolyai, ed. E. Wohl, co-ed.: M. Ștefănescu, R. Mihele. Cluj-Napoca: Ed. Casa Cărții de Știință (ed. acreditată CNCS - B), pp. 111-118. ISBN 978-606-17-1249-6.
16. NASTASIU, S. (2017c). *Secvențe metodologice de formare a competențelor comunicative la studenții mediciști*. In: Revista științifică Studia Universitatis Moldaviae, Științe ale Educației, categoria B. Chișinău: USM, nr. 9 (109), pp. 123-128. ISSN 1857-2103.
17. NASTASIU, S. (2018a). *Abordări conceptuale ale comunicării. Definiții și identitate*. In: Revista științifică Studia Universitatis Moldaviae, Științe ale Educației, categoria B. USM, nr. 9 (119), pp. 323-330. ISSN 1857-2103.
18. NASTASIU, S. (2018b). *Abordări teoretice ale competenței de comunicare interpersonală*. În: Materialele Conferinței Științifice Internaționale Preocupări contemporane ale științelor socioumane, ed. a VIII-a, 8-9 dec., 2017, ULIM. Chișinău: Tipografia Print-Caro. pp. 151-156. ISBN 978-9975-3168-9-7.

19. **NASTASIU, S.** (2018c). *Aspecte din istoria studiului comunicării*. În: International Academy Journal World Science, nr. 8 (36) aug., vol. 3. pp. 29-34. DOI: https://doi.org/10.31435/rsglobal_ws/30082018/6075. ISSN: 2413-1032.
 20. **NASTASIU, S., GORAȘ-POSTICĂ, V.** (2018d). *Perspective lingvistice de dezvoltare a competențelor de comunicare medic-pacient la studenții mediciști*. În: Materialele Simpozionului Internațional „KREATIKON. Creativitate-Formare-Performanță”. Ed. a XIV-a, 23-24 martie 2018, coord. Cr. Stoica, Sv. Rusnac. Iași-Chișinău: Tipografia Print-Caro. pp. 69-77. ISBN 978-9975-56-579-0.
 21. **NASTASIU, S.** (2018e). *Abordări teoretice ale competenței de comunicare interpersonală*. În: Materialele Conferinței Științifice Naționale cu participare internațională „Integrare prin cercetare și inovare”, 8-9 noiembrie, 2018. Chișinău: USM. ISBN 978-9975-142-47-2.
 22. **NASTASIU, S.** (2019). *Dezvoltarea competenței de comunicare medic-pacient: abordare psihopedagogică*. Studiu monografic. USMF „Nicolae Testemițanu” CEP: Medicina. 196 p. ISBN 978-9975-82-124-7
 23. **OJOVANU, V.** (coord). (2016). *Comunicare și comportament în medicină (cu elemente de bioetică)*. Chișinău: CEP Medicina, USMF, 220 p. ISBN 978-9975-82-025-7.
 24. **OPREA, L., GAVRILOVICI, Cr.** (2015). *Bazele comportamentului individual în sănătate*. București: Editura ProUniversitaria. 243 p. ISBN 978-606-26-0423-3.
 25. **PÂNIȘOARĂ, I. -O.** (2015). *Comunicarea eficientă*. Iași: Polirom, 478 p. ISBN 978-973-46-5479-6.
 26. **POPA-VELEA, O. et. al.** (2016). *Compendiu de psihologie medicală*. București: Ed. Universitară „Carol Davila”. 204 p. ISBN 978-973-708-926-7.
- ****
27. **TRAN, V., et. al.** (2003). *Teoria comunicării*. Ed. a 2-a, rev. București: Comunicare. ro, 193 p. ISBN 973-8376-41-6.
 28. **TUDOSE, F.** (2003). *Orizonturile psihologiei medicale*. București: InfoMedica. 406 p. ISBN 973-7912-02-0.
 29. **CANALE, M.** (1984). *A communicative approach to language proficiency assessment in a minority setting*. In: Rivera, C. (Ed.), *Communicative competence approaches to language proficiency assessment: Research and application*. Clevedon: Multilingual Matters. pp. 107-122. ISBN 090-502-82-28.
 30. **CHOMSKY, N.** (1965). *Aspects of the Theory of Syntax*. Cambridge, Massachusetts: The M. I. T. Press. pp. 36-38.
 31. **HABERMAS, J.** (1997). *The Theory of Communicative Action*. Translated by Thomas McCarthy, Vol. 1: Reason and the Rationalization of Society, Lifeworld and System: a Critique of Functionalist Reason. Cambridge: Polity Press. 703 p. ISBN 0-8070-1507-5.
 32. **NASTASIU, S.** (2017e). *Configuration Models of Augmentation Strategies Communication Skills for Medical Students*. În: Conference Proceedings. The Future of Education. 7th ed., Florence, Italy, 8-9 June 2017, Florence: Ed. PIXEL. pp. 441-445. ISBN 978-88-6292-868-7.
 33. **NASTASIU, S.** (2018g). *Teoretical aspects of interpersonal communication competence*. În: International Academy Journal Web of Scholar, Multidisciplinary Scientific Journal, nr. 7 (25) Jul., vol. 3. DOI: https://doi.org/10.31435/rsglobal_wos (pag. 14-19). ISSN: 2518 - 167.
 34. **NASTASIU, S.** (2018h). *Deontological aspects in training interpersonal doctor-patient communicative competencies to medical students*. În: Proceeding of CIEA 2018 The Fifth International Conference on Adult Education „Education for values - continuity and context”, Iași (România), April 25th-27th – Chișinău (Moldova), April 27th-28th 2018. Editura: Edlearning. pp. 565-572).

35. ALUAȘ, M. (2014). *Aspecte etice privind evoluția relației medic-pacient* [online]. [citată 12. 07. 2018]. Disponibil: https://www.researchgate.net/publication/319141814_aspecte_etice_privind_evolutia_relatiei_medic-pacient.
36. NIȚU, M., et. al. (2012). *Comunicarea veștilor proaste în practica medicală* [online] 2012 [citată 19. 03. 2018]. Disponibil: http://rmj.com.ro/articles/2012.3/RMR_Nr-3_2012_Art-6.pdf.

37. ASHRAF, B., et. al. (2014). *Qualitative study of Nocebo Phenomenon (NP) involved in doctor-patient communication*. In: *Int J Health Policy Manag.* Jun 2;3(1):23-7. DOI 10.15171 [online]. [citată 13. 07. 2018]. Disponibil: <https://www.ncbi.nlm.nih.gov/pubmed/24987718>.
38. BAILE, W. F., BUCKMAN, R., et. al. (2000). *SPIKES – A SixStep Protocol for Delivering Bad News: Application to the Patient with Cancer*. *Oncologist* [online]. [citată 17. 07. 2018]. Disponibil: http://www.cetl.org.uk/learning/feedback_opportunities/data/downloads/breaking_bad_news.pdf.

39. *Codul deontologic al lucrătorului medical și al farmacistului*. Hotărârea Guvernului Republicii Moldova nr. 192 din 24. 03. 2017 [online] [citată 18. 07. 2018]. Disponibil: <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=369644>.
40. *Codul educației al Republicii Moldova*. PARLAMENTUL R. Moldova, *Codul Nr. 152 din 17. 07. 2014* [online] [citată la 15. 05. 2019]. Disponibil: <http://lex.justice.md/md/355156/>
41. *Strategia de dezvoltare a Universității de Stat de Medicină și Farmacie „Nicolae Testemițanu” din Republica Moldova în perioada 2011-2020* [online] 2011 [citată 16. 07. 2018]. Disponibil: <https://ums.usmf.md>

ANNOTATION

Nastasiu Silvia

Doctor-Patient Interpersonal Communication Competence Formation in Medical Students

PhD thesis in Pedagogical Sciences, MCU, Chisinau, 2019

Thesis structure. The thesis includes: introduction, three chapters, general conclusions and recommendations, bibliography - 198 sources, and 15 annexes. In total, the thesis length is 158 pages - basic text, 15 figures and 34 tables. The obtained results were published in 16 scientific papers.

Key words: interpersonal communication, competence, medical students, doctor-patient, doctor-patient relationship, attitudes, abilities, behaviors, medical education.

Field of study: University pedagogy

Object of research: the process of formation of doctor-patient interpersonal communication competence in medical students.

The research purpose is to elaborate and capitalize the *Pedagogical Pattern for the formation of doctor-patient interpersonal communication competence in medical students, centered on the patient's problems*.

Objectives of the Research: to analyze the specific aspects of communication skills concepts, the interpersonal communication competence and doctor-patient interpersonal communication competence; to determine the best methodology of doctor-patient interpersonal communication competence formation; to establish doctor-patient relationship specificity and the ethical aspects of their relationship; to elaborate and capitalize the *Pedagogical Pattern of doctor-patient interpersonal communication competence formation*, through the implementation of the program of doctor-patient interpersonal communication competence formation.

Scientific novelty and originality of the research resides in the redefinition of the concept of medical communication and doctor-patient interpersonal communication competence for the facilitation of the professional communication interaction and maintenance of the balanced doctor-patient, doctor-doctor, and doctor-society relationship; methodology for the valorization of doctor-patient interpersonal communication competence formation; elaboration and implementation of the *Pedagogical Pattern of doctor-patient interpersonal communication competence*; methodological contribution to the modernization of training and assessment of the doctor-patient interpersonal communication competence based on the *Program of doctor-patient interpersonal communication competence formation*.

Important scientific problem solved in the research constitutes the theoretical and applied foundation of doctor-patient interpersonal communication competence in medical students through initial quality training, focused on the patient's problems and the proper interrelationship.

Theoretical significance of the research is emphasized by the results of the conceptual research on the multi-visual communication, of doctor-patient interpersonal communication competence, as well as the interactive methodology formation of doctor-patient communication competence in medical students.

Applicative value of the research is represented by the experimental elaboration and the capitalization of the *Pedagogical Pattern of doctor-patient interpersonal communication competence formation*; elaboration and application of *Performance Indicators of doctor-patient interpersonal communication competence*, based on the novelty of the given issue in the context of medical pedagogy.

Implementation of the scientific results was carried out within „Nicolae Testemițanu” State University of Medicine and Pharmacy of the Republic of Moldova, through the valorization of the theoretical and applied foundations elaborated and structured according to the *Pedagogical Pattern for doctor-patient interpersonal communication competence formation in medical students*, centered on the patient's problems, within the Course of *Communication and Behavior in Medicine* and *Romanian Language and Medical Terminology*, along with communication presentations at national and international scientific conferences and scientific publications.

ADNOTARE
Nastasiu Silvia

Formarea competenței de comunicare interpersonală medic-pacient la mediciiști

Teză de doctor în științe pedagogice, USM, Chișinău, 2019

Volumul și structura tezei. Teza include: introducere, trei capitole, concluzii generale și recomandări, bibliografie – 198 surse, 15 anexe. În total, teza conține 158 pagini text de bază, 15 figuri și 34 tabele. Rezultatele obținute sunt publicate în 16 lucrări științifice.

Cuvinte-cheie: competență de comunicare interpersonală, mediciiști, medic-pacient, relație medic-pacient, atitudini, abilități, comportamente, pedagogie medicală.

Domeniu de studiu: Pedagogia universitară.

Obiectul cercetării: procesul de formare a competenței de comunicare interpersonală medic-pacient la mediciiști.

Scopul cercetării constă în elaborarea și valorizarea experimentală a *Modelului pedagogic de formare a competenței de comunicare interpersonală medic-pacient la mediciiști centrat pe problemele pacientului*.

Obiectivele cercetării: analiza specificului conceptelor de competență și comunicare; a competenței de comunicare interpersonală și a competenței de comunicare interpersonală medic-pacient; determinarea metodologiei optime de formare a competenței de comunicare interpersonală medic-pacient la mediciiști; constatarea specificului relației medic-pacient prin condiționarea aspectelor etice în această relație; elaborarea și valorificarea *Modelului pedagogic de formare a competenței de comunicare interpersonală medic-pacient la mediciiști centrat pe problemele pacientului* prin implementarea *Programului de formare a competenței de comunicare interpersonală medic-pacient la mediciiști*.

Noutatea și originalitatea științifică rezidă în redefinirea conceptului de comunicare medicală și de competență de comunicare interpersonală medic-pacient pentru facilitarea interacțiunii comunicative profesionale și menținerea relației echilibrate medic-pacient, medic-medic, medic-societate; valorificarea metodologiei de formare a competenței de comunicare interpersonală medic-pacient la mediciiști; elaborarea și implementarea *Modelului pedagogic de formare a competenței de comunicare interpersonală medic-pacient la mediciiști centrat pe problemele pacientului*; contribuția metodologică la modernizarea formării și evaluării competenței de comunicare interpersonală medic-pacient la mediciiști în baza *Programului de formare a competenței de comunicare interpersonală medic-pacient la mediciiști*.

Problema științifică importantă soluționată în cercetare constă în fundamentarea teoretic-aplicativă a competenței de comunicare interpersonală medic-pacient la mediciiști prin formarea inițială de calitate, bazată pe centrarea pe problemele pacientului și interacțiunea adecvată cu acesta.

Semnificația teoretică a cercetării este reliefată de rezultatele cercetării conceptuale privind comunicarea pluriaspectuală a competenței de comunicare interpersonală medic-pacient, dar și a metodologiei interactive de formare a competenței de comunicare medic-pacient la mediciiști.

Valoarea aplicativă a lucrării este reprezentată de elaborarea și valorizarea experimentală a *Modelului pedagogic de formare a competenței de comunicare interpersonală medic-pacient la mediciiști centrat pe problemele pacientului*; elaborarea și aplicarea *Indicatorilor de performanță* cu privire la competența de comunicare interpersonală medic-pacient, pe abordarea în premieră a problemei date în contextul pedagogiei medicale.

Implementarea rezultatelor științifice s-a realizat în cadrul IP USMF „Nicolae Testemițanu” prin valorificarea fundamentelor teoretico-aplicative elaborate și structurate în *Modelul pedagogic de formare a competenței de comunicare interpersonală medic-pacient la mediciiști centrat pe problemele pacientului* în cadrul cursurilor *Comunicare și comportament în medicină și Limba română și terminologie medicală*, inclusiv prin intermediul comunicărilor la conferințele științifice naționale și internaționale și a publicațiilor științifice.

АННОТАЦИЯ Настасиу Сильвия

Формирование компетенции межличностного общения доктор-пациент в медицинской практике

Докторская диссертация в области педагогических наук, ГУМ, Кишинэу, 2019

Объем и структура диссертации. Диссертация состоит из: введения, трех глав, общих выводов и рекомендаций, библиографии, состоящей из 198 источников; 15 приложений. Диссертация содержит 158 страниц основного текста, 15 схемы и 34 таблиц. Полученные результаты опубликованы в 16 научных работах.

Ключевые слова: компетенция межличностного общения, медики, доктор-пациент, отношения доктор-пациент, отношения, возможности, поведение, медицинская педагогика.

Область изучения: педагогика высшего образования.

Задачи исследования: процесс формирования компетенции межличностного общения доктор-пациент в медицинской практике.

Цель исследования – разработка и экспериментальная оценка *Педагогической модели формирования компетенции межличностного общения доктор-пациент в медицинской практике, центрированной на проблемах пациента.*

Задачи исследования: анализ концепций компетенции и общения; компетенции межличностного общения и компетенции межличностного общения доктор-пациент; определение методологии формирования компетенции межличностного общения доктор-пациент в медицинской практике; выявление специфики отношений доктор-пациент и определение этических аспектов в этих отношениях; разработка и оценка *Педагогической модели формирования компетенции межличностного общения доктор-пациент в медицинской практике, центрированной на проблемах пациента* посредством реализации *Программы формирования компетенции межличностного общения доктор-пациент в медицинской практике.*

Новизна и научная оригинальность заключается в переосмыслении концепта медицинского общения и компетенции межличностного общения доктор-пациент для облегчения профессионального коммуникативного взаимодействия и поддержки гармоничных отношений доктор-пациент, медик-медик, медик-общество; оценка методологии формирования компетенции межличностного общения доктор-пациент в медицинской практике; разработка и внедрение *Педагогической модели формирования компетенции межличностного общения доктор-пациент в медицинской практике, центрированной на проблемах пациента*; совершенствование формирования методологии и определение уровня компетенции межличностного общения доктор-пациент в медицинской практике на базе *Программы формирования компетенции межличностного общения доктор-пациент в медицинской практике.*

Важной научной проблемой, которая решается в ходе исследования, является теоретико-прикладное обоснование компетенции межличностного общения «доктор-пациент» в медицинской практике путем начальной качественной подготовки, основанной на концентрации на проблемах пациента и результативном взаимодействии с ним.

Теоретическая значимость исследования конкретизирует результаты концептуального исследования в соответствии с многогранным общением компетенции межличностного общения доктор-пациент, а также интерактивную методологию формирования компетенции межличностного общения доктор-пациент в медицинской практике.

Прикладное значение работы представлено в экспериментальной разработке и оценке *Педагогической модели формирования компетенции межличностного общения доктор-пациент в медицинской практике*, концентрированной на проблемах пациента; разработке и применении *Показателей эффективности* компетенции межличностного общения доктор-пациент, в утверждении данной проблемы в контексте медицинской педагогики.

Реализация научных результатов была проведена в рамках ГУМиФ «Николае Тестимицану» путем использования теоретико-прикладных основ, разработанных и структурированных в *Педагогической модели формирования компетенции межличностного общения доктор-пациент в медицинской практике, центрированной на проблемах пациента* в рамках курсов «*Общение и поведение в медицине*» и «*Румынский язык и медицинская терминология*», в том числе и посредством выступлений на научных международных и национальных конференциях и научных публикаций.

NASTASIU Silvia

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