

THE IMPLEMENTATION OF SPECIFIC DIDACTIC STRATEGIES CONCERNING THE EDUCATIONAL COMMUNICATION AS A TECHNOLOGY OF TRAINING THE STUDENT FROM THE MEDICAL SCHOOL

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Abstract: *Hypothesis: We started from the point that, in training a medical school student, who takes in consideration the use of the instrument of training technology, then, by applying the teaching strategies concerning the educational communication, we obtain the anticipated results. Purpose: In achieving the purpose we kept in mind the implementation of some elements of educational communication concerning the professional training of the student in medical school. Objectives: To validate the stated hypothesis we followed: developing the abilities of communication and interrelation between doctor-patient versus patient- doctor; decoding the specific didactic strategies of educational communication. Methods: In this case were instrumented and materialized by application: the conversation, the observation and the explanation. Target group: It was constituted from the 6th years' students from the medical school. Interpretation: The data pursued a change in the optics of acceptance and awareness in the relationship of communication, for the future, between physician (doctor) and patient; a new concept in the didactical strategy implemented to the students from the medical school. Conclusions: Those pointed out the necessity of: awareness of the student from the medical school and the improving through educational communication, of the relationship physician (doctor) - patient; the importance of the existence of a conception in trans-disciplinary educational training; the achievement of a genuine professional profile of the future physician (doctor).*

Keywords: *student, educational communication, relationship physician (doctor) - patient, didactical strategies, the technology of instruction.*

1. INTRODUCTION

Communication [1] represents the fundamental way of individuals' psychological interaction, realized through symbols and significations social- generalized of the reality, in order to obtain stability or some individual behavior changes or at group level. Human communication is realized in systems and complex languages through:

- a. verbal symbols, oral or written;
- b. body language, gesture, mimics, posture;
- c. standardized affective expressions;
- d. action realizing;
- e. attitudes;
- f. multiple artificial created languages logical - mathematical, artistically - suggestive.

Thus, through human communication, significance changes are operated, changes found in a complementary and reciprocity report with the economical- material changes, running in time, behavioral attitudes bounded to accentuate the necessity of human relationship.

We can also appreciate the fact that, a special place in communication, take attitudes and behavior. We can distinguish here, [2] the attitudes which are a certain position assumed towards an individual or an object. In the sequel, through them, the individual always expresses directly under certain forms: the word, tone, gesture, actions, such as the absence of actions may be another form of manifestation.

Giving an importance to the attitudes [3], includes in this series, which manifest cognitive, evaluation and adjustment, help and counseling, integrative and comprehension functions. Through these modalities it is proposed to the interlocutor, non-dramatizing any situation, canalizing him through other own resources; conscious and unconscious manipulation, reformulating to understand, but not to judge with cessation over thoroughgoing the themes, situations.

Attitudes become in this case, important in the process of communication, influencing behavior and causes or not of its distortion, being remarked the way in which, the former mentioned, influence the quality of the relations in efficient human communication.

2. THE ROLE OF INTERPERSONAL COMMUNICATION IN EDUCATION

In process, the human activity of communication consists in transmitting information and messages between individuals, in impressions and commands circulation, in sharing some affective states, rational decisions and valuable judgments, with an express finality in obtaining effects in individual representations and opinions, in social practice that they make. That's why, optimum human communication, takes into consideration conditions like:

- a. message's consistency contents, given by the quantity of main information included in the message and significant for both speakers;
- b. message's consistency contents, given by the quantity of main information included in the message and significant for both speakers;
- c. communication's expressivity, social elaborated and assured by para-verbal and non-verbal;
- d. the comprehensibility of communication, dependent not only by the organization of information but also of the level of access of the speakers to them, of the communicational compatibility of the partners.

Therewith, human communication [3], means the courage **to offer yourself** to the

others without being afraid of exhaustion. Who communicate, communicates itself because he comes at the meeting with the partner not as an information bearer, but as a bearer of multiple and decipherable messages.

To communicate is a transitive and intransitive verb, to fulfill everyone's needs and expectations. Any form it takes, direct or indirect, intermediated by written or other techniques, **human communication means the science of using the means of expressing** (words, gesture, techniques) because they are oriented one to the other, with a wry precise purpose.

Communication is **the trial of self existence** given by rhetoric. Is the **ability of receiving, deciphering and fructifying** the feed-back, **the answer?** Therefore, communication also means: **the will and capacity of orienting the message** towards the other understanding the ones needs; searching the understanding and **the need to be understood**.

Starting from the minimum theoretical exploration of the phenomenon of human communication is the time to particularize the action, the segment of educational communication making possible the understating of some attitudinal manifestations in a certain human structure.

In the context, if we start from the elements that involve in educational communication:

- a. fundamental concepts regarding the process of communication;
- b. exercising some specific behaviors;
- c. and forming and developing some efficient skills.

We manage to decode the moment in which, the accumulated experience, implies attitude, as we already mentioned.

Still, don't forget that, for a fruitful communication [1], it is good to know and to apply the ten rules, coded as follows:

- a. clarify your ideas before expressing them;
- b. examine the real objective of each communication;
- c. take into consideration the whole physical and human ambiance;
- d. consult others if possible;
- e. communicate only useful and valuable things;

- f. pay attention on your voice tone;
- g. follow the efficiency of your communication;
- h. try not only to be understood but also to understand;
- i. communicate for tomorrow also;
- j. personal example to support your communication.

3. EDUCATIONAL COMMUNICATION IN THE MEDICAL SCHOOL

Thus, the student in medicine, participant to the “Educational Communication” course, manages to accumulate the attended knowledge, in his future relation doctor-patient, making from education of communication a certainty of success.

The implementation of some educational guidance in the relation, make not only from psycho-linguistic point of view, the words to codify a manner, attitude and/ or behavior, but also to represent a strategy of trans-disciplinarily concerning the necessity of qualifying with responsibility the future profession.

As a practical expression of those former mentioned, come, by co-participating at the act of communication doctor-patient, seven key words which, taken mostly from the educational domain, find here and now the place, through personalized notification that was given to them.

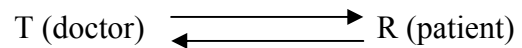
Thus, not in an accidental order, the seven key words are:

- 1) - **acceptance**;
- 2) - **patience**;
- 3) - **listening**;
- 4) - **understanding**;
- 5) - **collaboration**;
- 6) - **appreciation**;
- 7) - **responsibility**;

will close the circle making a viable relation, and certifying the resultant which represents the coefficient of efficient communication, measurable through a new attitude towards the human.

Passed through the view of the two affective participation and co-participation: **doctor - patient - relation of transmitter (T) and receiver (R)**, the key words former

mentioned, are governed by the feedback phenomenon:



Thus:

1) - **acceptance** = is identified starting from “Primo non nocere” being needed both in an attitudinal relation: doctor - patient versus patient- doctor, giving value to the act itself, of reciprocal relation, being the first step to success;

2) - **patience** = certifies the way of approaching the person for whom, the experience of a state of hospitalizing in general, bring modifications in patient’s reference to a new social role. Patience is necessary to manifest from the doctor but also from the patient, giving to communication the accuracy that is needed.

The doctor “educates” its patience, and the patient finally conforms to the situation created between the two;

3) - **listening** = comes as a consequence of being aware of the disease etiology and symptomatology, thing that denotes moments of maximum professional gravity, in the correct diagnosis of the pathogen state.

Listening manifests as a successful condition in our case. That’s why, from the multitude of its qualities, for the future doctor, it is necessary to practice the efficient listening and also the active one. Efficient and also active listening uses the following:

a) - **efficiency**:

- stopping your own verbal flow;
- facilitating emitter’s situation;
- expressing the wish of listening;
- avoiding distractive elements;
- hypothetically placing in the place of emitter:
- the use of patience and calm;
- temper control;
- avoiding arguments and critical attitude;
- limited number of questions;
- use of silence;

b) - **active**:

- manifesting interest by non- verbal behavior;
- the use of neutral word for encouragement;
- sustaining by repeating the last sequence;
- periodical summarizing;

- paraphrasing usage;
 - auxiliary question use;
 - understanding verifying and certification;
- 4) - **understanding** = it takes to fruitful results implementation of acquisitions of “ego” sphere, where self esteem and trust, can start an evaluation, from other positions of knowledge, giving credibility to the dialogue between the two parties: doctor and patient vs. patient and doctor;

5) - **collaboration** = it is based on the partnership of the two, giving value the medical act itself not- giving and not- bringing damage of his personality;

6) - **appreciation** = it consists in the number of affective- volitional investments and strictly professional in realizing an efficient communication between emitter (doctor) and transmitter (patient) through feedback, positive result being brought to the credibility element, the success in the realized investigation;

7) - **responsibility** = getters the elements of ethics and professional deontology, intended to mark the success in the act of communication realized in such created conditions, being in the same time the “identity card” of the one who assumes “the health burden” of the one submitted to medical diagnosis.

Decoded under the form of some “inputs” with educational signals value, the word become “workable”, bringing a new technology of positive - attitudinal approach of the relation doctor - patient.

Only through implementing such didactical strategies, specific to the medical academic environment, will create the moment in which identifying the relation of communication, will replace “the syncope” of inadaptability and human impersonality.

4. CONCLUSIONS

Under these grievances, the student in medical school learns to give credibility to the interactive relation intended to deepen the tasks of an efficient communication in a domain in which the human factor is essential.

In this moment “**time has its own clock**” and between people “**winter itself is colder**” when, the relation of communication suffers a minor “**accident**”, transferring human through mechanization.

And I give myself the right to ask the rhetorical question: “**Where are man and communication?**”, meaning that we forget to report to the elements that shape new technologies of instructing expression, still considering, above all, our quality of human beings and not objects.

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