



COURSE DATA

Data Subject

Code	44189
Name	Learning the basic skills of a general health psychologist
Cycle	Master's degree
ECTS Credits	6.0
Academic year	2024 - 2025

Study (s)

Degree	Center	Acad. year	Period
2244 - Master's Degree in General Psychology Health	Faculty of Psychology and Speech Therapy	1	Annual
2255 - Master's Degree in General Psychology Health (Ontinyent)	Faculty of Psychology and Speech Therapy	1	Annual

Subject-matter

Degree	Subject-matter	Character
2244 - Master's Degree in General Psychology Health	4 - Learning the basic skills of a general health psychologist	Obligatory
2255 - Master's Degree in General Psychology Health (Ontinyent)	4 - Learning the basic skills of a general health psychologist	Obligatory

Coordination

Name	Department
ATIENZA GONZALEZ, FRANCISCO L.	295 - Personality, Evaluation and Psychological Treatment
PINAZO HERNANDIS, SACRAMENTO	306 - Social Psychology

SUMMARY

"You can not not communicate," said Paul Watzlawick, referring to continually talk with others, hear or observe. But it also is a basic communication tool and whose domain is necessary for the professional psychologist. On this subject the foundations of human communication in general, basic social interaction skills, adequate and accurate feedback, dialogue and support, and also the main skills that must be trained in the therapeutic relationship are explained. A health psychologist should be able to transmit information in various situations, especially bad news, knowing the positive attitudes for efficient and effective



therapeutic relationship with patients, families and caregivers and identifying emotions for use in identifying the problem, evaluation, communication, diagnosis, and intervention and psychological follow-ups.

In the age of information and communication, health generally psychologist should know and be able to use information technologies and communication with different career goals (relationships with other professionals, obtaining information, dissemination of knowledge and research results ...) as well as the obligations and responsibilities relating to the confidentiality of information and protection of personal data of patients.

Knowing how to communicate results and reports and communicate with other professionals (in writing or orally) in different formats - group discussion, debates, conference-and for different purposes to inform, persuade, argue, teach master the necessary skills required for the job in teams and in multidisciplinary groups. In addition, being able to play leadership behaviors in team work effectively applying the leadership model based on the characteristics of the equipment and the situation is important to achieve effective results in teams. This requires acquire teamwork skills as work planning, coordination, monitoring work, communication, conflict management, group decision making, coordination and management.

PREVIOUS KNOWLEDGE

Relationship to other subjects of the same degree

There are no specified enrollment restrictions with other subjects of the curriculum.

Other requirements

No prerequisites

COMPETENCES (RD 1393/2007) // LEARNING OUTCOMES (RD 822/2021)

2191 - Master's Degree in General Psychology Health

- Know how to use information and communication technology with different objectives for improving professional skills (relationships with other professionals, gathering of information, dissemination of knowledge, etc.)
- Know how to spread knowledge among professionals in the same discipline or related disciplines.
- Have a concern for achieving quality work.
- Students should communicate conclusions and underlying knowledge clearly and unambiguously to both specialized and non-specialized audiences.
- Students should demonstrate self-directed learning skills for continued academic growth.
- Students should possess and understand foundational knowledge that enables original thinking and research in the field.



- Have a good command of effective oral communication skills in multiple formats (e.g., group discussion, debate, conference, etc.) and for multiple purposes (e.g., inform, defend, explain, persuade, argue, teach, etc.).
- Know the duties and responsibilities of health professionals as regards confidentiality of information and protection of personal data of patients.
- Capacidad de comunicación, de diálogo, de apoyo, de trabajo en grupo y de respeto a los principios de igualdad entre hombres y mujeres.
- Show skills in interpersonal communication and in controlling emotions, which are suitable for the effective interaction with patients, families and caregivers in the process of problem identification, evaluation, communication of the diagnosis and psychological intervention and monitoring.
- Use information and communication technology in professional practice.
- Know how to inform and to communicate with other professionals, and master the skills needed for working in teams and in multidisciplinary groups.

LEARNING OUTCOMES (RD 1393/2007) // NO CONTENT (RD 822/2021)

- Knowing the main models on the functioning of the different teams (including multidisciplinary) and be able to use them in the design and establishment of an effective team.
- Have the relevant scientific knowledge about the processes of teamwork being able to observe, analyze and properly register them and take action to effectively improve
- Being able to play leadership behaviors in team work effectively applying the leadership model based on the characteristics of the equipment and the situation in order to achieve effective results on the computer.
- Acquire the main skills of teamwork such as work planning, coordination, monitoring work, communication, conflict management, group decision making, coordination and management of interdependence, generating shared vision and mission and performance evaluation and other relevant processes.
- Acquire theoretical knowledge and action strategies necessary to intervene in the primary prevention dela framework to detect problems of interpersonal violence in different contexts.
- Acquire a comprehensive understanding of the models and techniques of mediation to intervene in the context of secondary prevention in relation to the problems of interpersonal violence in different contexts.
- Learn the basics of the basic skills of human communication.
- Identify emotions for use in the therapeutic relationship with the patient.
- To know the main skills that must be trained in the therapeutic relationship.
- Know and practice positive and special attitudes for effective therapeutic relationship.
- Being able to transmit information in various situations, especially sensitive information and bad news.
- Knowing provide feedback appropriately and accurately.



DESCRIPTION OF CONTENTS

1. Relational communication skills

between the overall health psychologist, the patient and family: the host and referral process

1-concept reception, reception, referral and discharge. What are the needs of the patient and the next?

a. "Relational" change in the current health system

b. Definition reception, reception, referral

2-Emotions patient (family, caregiver). Sensitive information.

a. Instrumental and affective communication: the "what" and "how"

b. Definitions of therapeutic privilege, and informed consent.

3-relational and communication skills at the reception. Admission interview, reception, referral and discharge.

a. Effective relational strategies: Active listening. "I" messages. Validation and empathy.

b. Communicating care information: counseling interview.

c. Differential nuances of the interview in the reception, referral and discharge.

4-protocols in devices: examples of NHS and private centers.

5- difficult patient. Answer difficult questions and give bad news.

2. Group work skills and multidisciplinary teams

1.Teamwork skills.

2.Interpersonal skills General Health Psychologist: Communication techniques for improving efficiency equipment.

3. Prevention of interpersonal violence

1. Develop strategies and capabilities for transcultural health evaluation in-patient and family for the prevention of interpersonal violence relationship.

1.1 Development of strategies to improve intercultural communication in the doctor-patient relationship.

2. Strategies for cross-multidisciplinary work taking into account the approach to people of different cultural backgrounds for the prevention of interpersonal violence.

2.1 Intercultural Communication: Problems of intercultural communication; Theories of intercultural communication.

2.2 Temporary residents: Adaptation of temporary resident; Intercultural personality.

2.3 Intercultural competence: Effectiveness temporary resident; intercultural training

4. Skills and attitudes in the effective therapeutic relationship

1. Therapeutic Alliance.

2. Styles of the therapist.

3. Attitudes and aptitudes in the effective therapeutic relationship.

4. Handling difficult situations.



5. Interpersonal communication skills

1. Communication techniques and writing. Writing reports and documents

1.1. Características oral and written communication

1.2. Types of written communications

1.2.1. Proceedings

1.2.2. Reports

1.2.3. Curriculum vitae

1.2.4. Carta presentation

2. Técnicas communication and oral expression. Public speaking.

2.1. Conceptual aproximación. Speaker, audience and message.

2.2. Características speech

2.3. Phases of speech

2.4. Types of interventions in public

2.5. Objections public

WORKLOAD

ACTIVITY	Hours	% To be attended
Theoretical and practical classes	60,00	100
Development of group work	10,00	0
Development of individual work	10,00	0
Study and independent work	20,00	0
Readings supplementary material	5,00	0
Preparation of evaluation activities	10,00	0
Preparing lectures	10,00	0
Preparation of practical classes and problem	10,00	0
Resolution of case studies	15,00	0
TOTAL	150,00	

TEACHING METHODOLOGY

Group learning with the teacher. In the face-to-face class, the master class model will be used, since this model offers



the possibility of offering a global vision of the subject matter and influencing those key concepts for its understanding.

Likewise, the students will be indicated the most recommended resources for the subsequent preparation of the subject in depth.

Teaching is complemented by individual and group work, where autonomous and group work is encouraged.

Assistance to regulated tutorials. In the tutorials, the teachers guide the student in the construction of their knowledge;

they guide him in the elaboration of the works, solve doubts or difficulties related to the matter. They will be done in groups

to solve problems, direct work, etc.

Virtual classroom (<http://pizarra.uv.es>). In this virtual space, students can find documents, information or news relevant to

the subjects. Teachers deposit all the information they consider appropriate for the development of the subject.

More innovative teaching activities such as case studies, solving exercises and problems, problem-based learning,

project-oriented learning and cooperative learning through the use of interdisciplinary groups, in practical sessions, and

in carrying out the group works.

The practice for health professionals in real clinical/health situations through simulation, have become in recent years

the central axis of the training of future health professionals. In this subject, the student will learn to carry out simulated

interventions in a hospital environment and will learn coordination skills with other health professionals in order to increase

practical skills in the development of their duties. The interdisciplinary health simulation center of the University of Valencia

offers a privileged environment for practical training in the functions of the general health psychologist.

EVALUATION



EVALUATION SYSTEM

Assessment of theoretical and practical contents by written test of response alternatives.
Attendance at seminars/conferences. Activities.

WEIGHING

Assessment of theoretical and practical content through written test of response alternatives (50% of the final score, recoverable). Attendance at seminars/conferences (5% of the final score, not recoverable). Activities (45% of the final score). On second call, the activities that consist of tasks to be carried out outside the classroom will be recoverable. On second call, the activities that consist of tasks to be carried out in the classroom will be recoverable if their characteristics allow it.

MINIMUM REQUIREMENTS

To pass the subject in 1st or 2nd call, it will be necessary to achieve a minimum mastery of 50% in the valuation of theoretical and practical contents by means of written test of response alternatives (50% of the final score, recoverable).

RATING SYSTEM

The qualification of the subject will be subject to the provisions of the Evaluation and Qualification Regulations of the Universitat de València for degrees and master degrees (ACGUV 108/2017). Only the different sections included in the evaluation will be added when the minimum requirements established.

The granting of an Honor Qualification will be based on the regulations regarding the University of Valencia, which takes into account the number of Honor Qualification per group. The evaluation of theoretical and practical contents by means of a written test of response alternatives will also include a development question that can be considered for the Honors Qualification (QH) award. In this regard, we will start with the number of MH that can be granted in each of the groups. Based on this, the possibility of granting the MH to the students will be assessed based on the total score obtained by the student on 10 points, and only in those cases in which the grade is 9 points or higher. In order to qualify for Honor Qualification, students must have completed the development question whose assessment will serve to determine the Honor Qualification assignment in those cases in which the students that can accede to it are superior to the ones of qualifications of honor that can be awarded and / or in case of a tie in the grade obtained by the student about 10 points.

The grade of the subject will incorporate the grade obtained in first call according to the following rules:

- If there is no qualification in the assessment section of theoretical and practical contents, by means of a written test of response alternatives, the grade will be **NOT PRESENTED**, regardless of attendance at seminars/conferences and of activities carried out.
- If there is a qualification in the assessment section of theoretical and practical contents by means of a written test of response alternatives, and this does not meet the minimum requirements, a **SUSPENSIVE** and numerical note will be recorded on base 10 of the qualification of this section.



In the second call, proceed according to the following rules:

- If there is no qualification in the assessment section of theoretical and practical contents, by means of a written test of response alternatives, the grade will be NOT PRESENTED, regardless of attendance at seminars/conferences and of activities carried out.
- If there is a qualification in the assessment section of theoretical and practical contents by means of a written test of response alternatives, and this does not meet the minimum requirements, a SUSPENSIVE and numerical note will be recorded on base 10 of the qualification of this section.
- If there is a qualification in the assessment section of theoretical and practical contents by means of a written test of response alternatives, and this meets the minimum requirements, the assessment for attendance at seminars/conferences and/or assessment of activities.

The consultation and challenge of the qualification obtained in evaluation tasks, will be subject to the provisions of the Rules of Challenging Qualifications (ACGUV of april 29, 2008).

<http://www.uv.es/=sgeneral/Reglamentacio/Doc/Estudis/C9.pdf>

REFERENCES

Basic

- Referènciab1: Perpiñá, C., Montoya-Castilla, I., y Valero-Moreno, S. (2022). Manual de la entrevista psicológica: saber escuchar, saber preguntar. Madrid: Pirámide.
- Referènciab2: Sanz, P., Jurado, C., Fernández, M. (2009). Claves de la satisfacción asistencial: hacia el plan de acogida y acompañamiento. Escuela Universitaria de Enfermería Santa Madrona de la Fundación La Caixa.
- Referènciab3: Vega, L. y Olmos, P. (ed.) (2011), Compendio de Lógica, Argumentación y Retórica. Editorial Trotta.
- Referènciab4: Pinazo, S. (2001). La comunicación no verbal. En: Berjano, E. y Pinazo, S., Interacción social y comunicación. Valencia: Tirant lo Blanc.
- Referènciab5: García-Merita, M. (2005). Tratando esquizofrenia. Ese desconocido mal. Madrid: Pirámide.
- Referènciab6: Hays, P.A. (2001). Addressing cultural complexities in practice: A framework for clinicians and counsellors. Washington, DC: American Psychological Association.
- Referènciab7: Pinazo, S. (2006). Habilidades sociales en la interacción social. Aspectos teóricos y aplicados. (pp. 121-159). Psicología social de la comunicación. Aspectos teóricos y aplicados. Madrid: Pirámide.
- Referènciab8: Pinazo, S. (2013). La comunicación como hecho social. La psicología social de la comunicación. Nuñez, T. (coor), Competencias psicosociales para profesionales de los medios. Madrid: Pirámide.



- Referènciab9: Angel, R.J. y Williams, K.(2000). Cultural models of health and illness. En Cuéllar, I. y Paniagua F.R.(ed.) Handbook of multicultural mental health. San Diego: Academic Press.
- Referènciab10: Valenzuela, A.J y Cámara (2014). Recepción, acogida y clasificación. <http://www.enferurg.com/anexos/anexos.htm>
- Referènciab11: Cruzado, J. (2010). La toma de decisiones de los participantes en Consejo Genético Oncológico. *Psico-Oncología*, 7(2-3), 341-362.
- Referènciab12: Pearson, J. C., Nelson, P. E., Titsworth, S., & Harter, L. (2017). Human communication (p. 416). McGraw-Hill Education.
- Referènciab13: Sommers-Flanagan, J., & Sommers-Flanagan, R. (2015). Clinical interviewing (5th ed.). John Wiley & Sons, Inc
- Referènciab14: Bados, A. y García-Grau, E. (2011). Habilidades terapéuticas. Disponible en <http://diposit.ub.edu/dspace/bitstream/2445/18382/1/Habilidades%20terap%c3%a9uticas.pdf>
- Referènciab15: Bárez-Palomo, N.B. (2020) Habilidades básicas del psicólogo sanitario (2ª edición). Ediciones CEF

Additional

- Referènciac1: Gavino, A.(2000). Guía de ayuda terapéutica cognitivo-conductual. Madrid: Pirámide
- Referènciac2: Saldaña (2008). Habilidades y competencias terapéuticas. En F.J. Labrador (Coor.), Técnicas de modificación de conducta. Madrid
- Referènciac3: Berry, J. W., Poortinga, Y. H., Breugelmans, S. M., Chasiotis (2002). Cultural psychology: research and applications. New York. Cambridge University Press. (Capítulo 17 salud y Capítulo 15 familia)
- Referènciac4: Sam, D.L. y Berry, J.W (2006): Acculturation Psychology. New York. Cambridge University Press.
- Referènciac5: FEAPS (2009). Modelo de servicio de apoyo a familias. Madrid. FEAPS. Confederación Española de Organizaciones en favor de las Personas con Discapacidad Intelectual. www.feaps.org
- Referènciac6: Grupo de Trabajo de la GPC sobre Trastorno de la Conducta Alimentaria (2009) (cap. 9) Actuaciones en los diferentes niveles de atención en los TCA. Madrid: Plan de Calidad para el Sistema Nacional de Salud del Ministerio de Sanidad y Consumo. Agencia de Evaluación de Tecnología e Investigación Médica de Catalunya. Guías de Práctica Clínica en el SNS. AATRM. Num 2006/05-01.
- Referènciac7: Okun, B (2001). Ayudar de forma efectiva. Counselling. Técnicas de terapia y entrevista. Barcelona: Paidós.
- Referènciac8: Rancano-García, I; Cobo-Barquín, J; Cachero-Fernández, C. R; Noya-Mejuto, J.A; Delgado-González J.M. y Hernández-Mejía, R. (2013). Triage en los servicios de urgencia de atención primaria (sistema de triaje en atención primaria). *Semergen*, 39(2): 70-76



- Referènciac9: Piñuel y Zabala, Iñaki (2013). Por si acaso te acosan. 100 cosas que necesitas para salir del acoso psicológico en el trabajo. Ediciones Códice

