



SUBJECT OUTLINE

1. Programme of study description

1.1.	THE "CAROL DAVILA" UNIVERSITY OF MEDICINE AND PHARMACY
1.2.	THE FACULTY OF MEDICINE / THE PRECLINICAL DEPARTMENT 3 (Complementary Sciences)
1.3.	DISCIPLINE Medical Psychology
1.4.	DOMAIN OF STUDY: Healthcare – regulated sector within the EU
1.5.	CYCLE OF STUDIES: BACHELOR'S DEGREE
1.6.	PROGRAMME OF STUDY: MEDICINE

2. Subject description

2.1.	Name of the subject/compulsory subject/elective subject within the discipline: Health Psychology and Medical Communication (<i>English</i>)						
2.2.	Location of the discipline: Faculty of Medicine						
2.3.	Course tenured coordinator: Ovidiu Popa-Velea						
2.4.	Practicals tenured coordinator: Liliana Diaconescu						
2.5. Year of study	1	2.6. Semester	1	2.7. Type of assessment	Written and practical exam	2.8. Subject classification	Complementary, obligatory

3. Total estimated time (hours/semester of didactic activity) – teaching module

Number of hours per week	4	Out of which: course	2	Practicals	2
Total number of hours from curriculum	56	Out of which: course	28	Practicals	28
Distribution of allotted time	14 weeks				Hours
Study from textbooks, courses, bibliography, and student notes					
Additional library study, study on specialized online platforms and field study					
Preparing seminars / laboratories, assignments, reports, portfolios and essays					
Tutoring					
Examinations					
Other activities					
Total hours of individual study					
Number of credit points		3			

4. Prerequisites (where applicable)

4.1. of curriculum	Fundamental notions of General Psychology
4.2. of competencies	

5. Requirements (where applicable)

5.1. for delivering the courses	Media projector, loudspeakers
5.2. for delivering the practicals / clinical rotations	Amphitheater at the Faculty of Medicine

6. Acquired specific competencies

Professional competencies (expressed through knowledge and skills)	At the end of the course the student must: 1.know / understand the pathogenic role of the psychological factors in the onset of psychosomatic diseases and disorders; 2.know theories and basic concepts about stress and its psychometric instruments of evaluation; 3.know the role of Health Psychology concepts in everyday life; 4.know the specific competencies of the clinical psychologist; 5.have the ability to identify the main psychopathogenic factors that claim the necessity of psychotherapy and counselling; 6.have the ability to identify the various psychological disorders and the main personality traits correlated with health and disease; 7.possess certain communication skills specific to the doctor role and to be aware about their importance in improving compliance to the recommendations regarding sanogenic behaviors; 8.master basic notions of General Communication and Medical Communication; 9.customize communication messages, according to the specifics of the disease and the patient; 10.have an adequate communication repertoire in the relationship with the patient's family/relatives; 11.evaluate the efficiency / inefficiency of therapeutic communication; 12.know the basic characteristics of several psychotherapeutic approaches and be able to make relevant recommendations in this regard.
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Transversal competencies (of role, of professional and personal development)	1. Knowledge regarding the main ethical values necessary for exerting the medical profession 2. Cultivation of the abilities for research and autonomous learning, including in the formal framework of research themes and projects 3. Cultivation of the abilities for communication, empathy and altruism
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7. Subject learning objectives (based on the scale of acquired specific competencies)

7.1. General learning objectives	Acquiring by the students of theoretical knowledge and practical abilities necessary for applying Psychology in health-related interventions
7.2. Specific learning objectives	Knowledge about the modalities through which various behaviors and cognitions influence health and disease. Understanding of the disease in its triple dimension: biological, psychological and social. Knowledge about the main types of psychotherapeutic interventions, their place and role in the general treatment plan, as well as about the distinct role of the clinical psychologist in the therapeutic team

8. Content

8.1. Course	Teaching methods	Observations
1. Medical Psychology: field of interference between Medicine and psychosocial sciences Health Psychology, Psychosomatics, Behavioral Medicine, Clinical Psychology: similarities and differences. The role of the clinical psychologist in the hospital environment. Behavioral traits (A,C,D) related to an increased susceptibility to the disease. Protective and risky cognitive styles. Orientation of the clinician confronting a behavioral disorder. The main research methods in Medical Psychology.	Interactive teaching, according to the syllabus, examples of clinical cases, including with the help of multimedia software (Prezi®, Powerpoint®).	2 hours
2. Mental stress (1) Definition. Stressors. Theoretical models of stress (classical vs. modern understandings). Stressors: types, particularities of psychological stressors compared to other stressors. Holmes and Rahe Major Life Events Scale. The relativity of perception and evaluation (appraisal) of stressors. Hormonal correlates of stress. The positive role of endorphins.		2 hours
3. Mental stress (2) Various perceptions of stress: the difference between "eustress" and "distress". The pathogenic impact of stress. The concept of allostatic load. The helplessness-hopelessness syndrome (Seligman). Functional and dysfunctional coping strategies. Antistress programs and strategies: effectiveness, cross-cultural validity.		2 hours
4. The multifaceted approach to the disease from the perspective of Health Psychology Conceptualization of the disease: models (biomedical, psychological, bio-psycho-social). Social and cultural aspects of the disease. The role of social support. Theoretical models regarding attitudes towards illness and treatment (the HBM, TRA, TPB, Leventhal models). The practical usefulness of knowing these models in the relationship with problematic / difficult patients. Individual variables that influence disease risk and disease behavior.		2 hours
5. Psychosomatic disorders and diseases Similarities and differences. Various explanatory models of the pathogenesis of psychosomatic diseases (classics: Alexander, Cannon, Pavlov; modern approaches). Clinical examples. The modern therapeutic approach to psychosomatic disorders and diseases.		2 hours
6. Pain, a psychologically critical symptom General aspects (types of pain, causes of pain). The role of psychological factors in the production and intensification of pain (e.g., depression, anxiety). The particularities of pain syndromes in chronic/incurable diseases. Psychological interventions to reduce pain (hypnosis, relaxation, guided imagery).		2 hours
7. Medical communication (1) Doctor-patient relationship. The presumed statuses and roles of the doctor and the patient. Ethical aspects. Communication: functions, principles, component elements, types of communication (verbal, non-verbal).		2 hours
8. Medical communication (2) Different types of anamnesis and their usefulness. Doctor's skills to increase the efficiency of communication (active listening, empathy, assertiveness). Ways to increase the communication skills of medical personnel.		2 hours
9. Medical communication (3) Communication according to age, gender, social status, cultural affiliation. Ways of communicating bad news to the patient.		2 hours
10. Medical communication (4)		



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Communication with problematic patients (e.g., anxious, depressed, aggressive, with personality disorders) - general principles. Specificity of communication with the patient's family. Ways of doctor-family cooperation (e.g., engagement of the family in the treatment plan, communication of bad news).		2 hours
11. Consequences of doctor-patient communication / lack of communication (1) Burnout syndrome in medical personnel. Iatrogenicity (e.g. psychiatric comorbidity induced by the doctor, mental drug addiction). Adherence vs. compliance. Psychological factors that influence them (e.g., in chronic diseases).		2 hours
12. Consequences of doctor-patient communication / lack of communication (2) Informational contagion. Information balance from authorized / unauthorized sources. The perceived quality of life of the patient and his family. The balance between gains and losses. The placebo, pseudoplacebo, and nocebo effects. Factors that influence their occurrence, importance in the clinical environment.		2 hours
13. Psychotherapy (1) Definitions, classification and indications of psychotherapy. Behavior modeling: from theoretical principles to counseling and psychotherapy. Psychoanalysis (definition, theoretical bases, indications, efficiency).		2 hours
14. Psychotherapy (2) Cognitive-behavioral psychotherapy (definition, theoretical bases, indications and efficiency). Relaxation and hypnosis techniques (definition, theoretical bases, indications and efficiency).		2 hours
8.2. Practicals	Teaching methods	Observations
Practical 1. Health Psychology: field of interference between Medicine and psychosocial sciences The role of Clinical and Health Psychology (case discussion where the role of the clinical psychologist is important). Example questionnaires and projective tests. Discussion of advantages and disadvantages, conditions of application. Cognitive traits with health implications. Immunogenic traits: self-efficacy, locus of control, robustness, coherence, self-esteem, optimism. Disimmunogenic features; anxiety, depression, neurosis. Behavioral traits (A,C,D) related to an increased susceptibility to the disease. Practical examples.	Interactive teaching using psychological tests, case presentations, literature data, including multimedia use (Powerpoint®)	2 hours
Practical 2. Mental stress (1) Stressors. Clinical case presentation illustrating the impact (cumulative, individual) of stressors. Presentation of experimental paradigms demonstrating stress reactivity. Ways of evaluating the stressful load of life events. Discussion of Holmes-Rahe Scale / other similar instruments. The concept of allostatic load – methods of testing.		2 hours
Practical 3. Mental stress (2) Defensive mechanisms - presentation, discussion, examples. Coping strategies - presentation, discussion, examples. Coping strategies in the academic environment - presentation, discussion, examples. Antistress programs and strategies - presentation, discussion, examples.		2 hours
Practical 4. The psychological impact of the disease Psychological reactions of the patient to the disease: regression, evasion, informational contagion, non-productive use of the disease - presentation, discussion, clinical examples. Individual and psycho-socio-cultural variables that influence the attitude towards the disease and treatment (age, sex, socio-economic status, social support, cultural factors). The role of social support. Discussion, clinical examples, practical applications.		2 hours
Practical 5. Psychological connotations of somatic illnesses The psychological-somatic-psychological vicious circle - discussion, examples. Psychosomatic disorders and diseases: similarities and differences. Clinical examples. Historically interesting models of the pathogenesis of psychosomatic diseases (Alexander, Cannon, Pavlov). Modern approaches - presentation, discussion.		2 hours
Practical 6. Psychological correlations of pain The role of psychological factors in the production and intensification of pain). Psychological interventions to reduce pain (hypnosis, relaxation, guided imagery) (clinical case example). Chronic/incurable disease and pain (1h). Practical recovery session (1h).		2 hours



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Practical 7. Medical communication (1) The presumed statuses and roles of the doctor and the patient. Examples, management of possible collisions or misunderstandings of status and role. Ethical aspects in the doctor-patient relationship. Discussions and examples. Types of communication (verbal, non-verbal). Discussions and examples.	2 hours
Practical 8. Medical communication (2) Doctor-patient communication: particularities, different types of anamnesis and their usefulness (discussion, clinical examples). General principles of effective communication: empathy, active listening, assertiveness. Exemplification of ineffective / effective verbal / non-verbal communication (role play, video materials).	2 hours
Practical 9. Medical communication (3) The HBM, TRA, TPB, Leventhal, Prohaska & DiClemente models regarding the attitude towards illness and treatment: examples, implications in medical practice. Communication according to age, gender, social status, cultural affiliation. Ways of communicating bad news to the patient.	2 hours
Practical 10. Medical communication (4) Communication with problematic patients (e.g., anxious, depressed, aggressive, with personality disorders). Identification of behavioral problems with the help of psychometric instruments. Clinical examples. Peculiarities of communication with the patient's family - discussions, clinical examples. Engaging the family in the treatment plan - discussions, clinical examples. Ways of communicating bad news to the family - discussions, clinical examples.	2 hours
Practical 11. Consequences of doctor-patient communication / lack of communication (1). Burnout syndrome in doctors. Description of symptoms, discussion of clinical implications, presentation of methods of diagnosis, prevention and treatment (individual and group – e.g., Balint group). Adherence vs. compliance. Psychological factors that influence them. Examples in certain chronic diseases (TB, asthma, hypertension). Iatrogenicity (e.g. psychiatric comorbidity induced by the doctor, mental drug addiction). Clinical case exemplification, discussion of implications.	2 hours
Practical 12. Consequences of doctor-patient communication / lack of communication (2). Informational contagion. Information balance from authorized / unauthorized sources. Presentation, discussion implications. The perceived quality of life of the patient and his family. The balance between gains and losses. Presentation of assessment and improvement methods. Placebo, pseudoplacebo, nocebo effects. Clinical case exemplification, discussion of implications.	2 hours
Practical 13. Differences in psychological help - counseling - psychotherapy. Clinical examples. Psychoanalysis (definition, theoretical bases, indications, efficiency). Practical applications, discussion of clinical cases.	2 hours
Practical 14. Psychotherapy (1) Cognitive-behavioral psychotherapy (definition, theoretical bases, indications and efficiency). Practical applications, discussion of clinical cases. Rogersian psychotherapy (definition, theoretical bases, indications and efficiency). Practical applications, discussion of clinical cases. Relaxation and hypnosis techniques (definition, theoretical bases, indications and efficiency). Practical applications, discussion of clinical cases. Seminar recovery session (1h).	2 hours

Bibliography for course and practicals

1. Popa-Velea, O., Diaconescu, L.V.

"Health Psychology and Medical Communication" (course handouts). 2019, Bucharest: Carol Davila Publishing Press

2. Popa-Velea, O. (Ed.). Diaconescu, L.V., Mihăilescu, A.I., Jidveian Popescu, M., Trușescu, C.I., Ionescu, C.G., Stan, S., Pană, M.

"Health Psychology and Medical Communication". 2020, Bucharest: Carol Davila Publishing Press.

3. Popa-Velea, O. - "Behavioral Sciences in Medicine", 2015, Bucharest: Carol Davila Publishing Press

- (volume 1) pp.11-35, 43-56, 145-154, 160-167, 170-184, 189-202, 206-213, 236-247;

- (volume 2) pp.422-471, 474-485, 487-499, 533-542, 544-562.

4. (OPTIONAL) French, D., Vedhara, K., Kaptein, A., Weinman, J. „Health Psychology” (2nd Edition). 2010, London: BPS Blackwell.



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- „Illness-related cognition and behavior” (pag.149-161);
- „Symptom perception and help seeking” (pag.162-174);
- „Adherence to advice and treatment” (pag.175-188);
- „Social support” (pag.283-293).

5. (OPTIONAL) Taylor, S., Stanton, A.L. „Health Psychology” (11th Edition), 2018, London: McGraw Hill.

- “Stress” (pag. 120-143)
- “Coping, resilience and social support” (pag.144-164);
- “The management of pain and discomfort” (pag.209-226).

6. (OPTIONAL) Du Pré, A., Overton, B.C. “Communicating about health: Current issues and perspectives” (6th Ed.), 2020, New York: Oxford Press.

- “Patient-caregiver communication” (pag.40-62);
- “Patient perspectives” (pag.63-78);
- “Care-provider perspectives” (pag.79-101).

7. (OPTIONAL) De la Torre-Luque, A., Gambara, H., López, E., Cruzado, J.A. (2016).

Psychological treatments to improve quality of life in cancer contexts: A meta-analysis, International Journal of Clinical and Health Psychology, 16: 211-219.

8. (OPTIONAL) Mishelovich, N., Arber, A., Odelius, A. (2016).

Breaking significant news: The experience of clinical nurse specialists in cancer and palliative care. European Journal of Oncology Nursing, 21: 153-159.

9. Corroboration of the subject content with the expectations of the representatives of the epistemic community, professional associations, and major employers in the field of the programme of study

The appropriate training in this course offers the premises for a better management of the clinical cases within the portfolio of somatic diseases in which a significant etiopathogenic contribution is played by the psychopathogenic factors, as well as a more fructuous collaboration in these circumstances with the clinical psychologist

10. Assessment

Type of activity	Assessment criteria	Assessment methods	Assessment weighting within the final grade
Course	Knowledge of theoretical notions taught at the course	Written exam: 45 questions (one correct variant out of five)	85%
Practical	Knowledge of the practical applications exemplified at the practicals	Written exam with the teaching assistant: 15 questions (one correct variant out of five)	15%
	Attendance at the seminar	Fulfilling the criterion of min.70% attendance	

Minimum performance standard

Correct answer at min.30% of exam questions and passing the seminar exam

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20.09.2023