

The "Carol Davila" University of Medicine and Pharmacy Bucharest The Quality Assurance Commission

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

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2.1.	Name of the subject/compulsory subject/elective subject within the discipline: Psychosomatics (English)							
2.2.	Location of the discipline: Faculty of Medicine							
2.3.	Course tenured coordinator: Ovidiu Popa-Velea							
2.4.	l. Practicals tenured coordinator: n/a							
2.5. Year of study 1		2.6. Semester	2	2.7. Type of assessment	Written exam	2.8. Subject classification	Optional	

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

5. Total estillated tille	(Hours/sellies	ter of didactic activity) - tea	acining infounte		
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	14				Hours
time	weeks				110015
Study from textbooks, cou	rses, bibliogra	aphy, 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 s	tudy				
Number of credit points			1		

4. Prerequisites (where applicable)

4.1. of curriculum	Acquirement of the notions taught in the first year of study at the course of Health			
	Psychology and Medical Communication			
4.2. of competencies	Acquirement of the communication skills with the somatic / psychosomatic patient, of			
	the abilities to evaluate the weight of psychological factors in the etiology of somatic			
	diseases and of the addressability criteria to the clinical psychologist / psychiatrist			
	(taught in the first year at the course of Health Psychology and Medical Communication)			

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

	At the end of the course the student must be able to:
Professional	1. Describe the main theories, concepts and clinical manifestations characteristic to psychosomatic disorders
competencies	and diseases.
(expressed	2. Know the risk factors and ethiopathogenic mechanisms responsible for the onset of psychosomatic diseases
through	and disorders.
knowledge and	3. Be familiar with the most important psychotherapeutic orientations in the treatment of psychosomatic
skills)	disease and with their eligibility criteria.
	4. Have the ability to apply psychometric instruments, in order to establish the positive diagnosis, the
	differential diagnosis and the prognosis in psychosomatic disorders and diseases.
Transversal	1. The cultivation of the abilities to collaborate in a multidisciplinary team dedicated to the assistance of
competencies	patients suffering from psychosomatic diseases
(of role, of	2. The deepening of the need of continuous formation, with the inclusion of the theoretical contents pertaining
professional	to Psychosomatics and of the related practical abilities.



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and personal	3. The efficient use of the resources and techniques of learning for personal and professional development.
development)	4. The increase of the problem-solving ability in those situations when the patients need interdisciplinary
	therapeutic assistance.

7. Subject learning objectives (based on the scale of acquired specific competencies)

7.1. General	Making the students familiar with the basic notions regarding the involvement of the psychological factor in
learning	the etiopathogenesis of somatic diseases, as well as with the possibilities of their prevention and therapeutic
objectives	intervention.
	Knowledge of the practical modalities in which somatic diseases can be generated and maintained by
7.2. Specific	psychogenic factors. Understanding of the role of the clinical psychologist in a better management of the
learning	psychosomatic patients. Knowledge of the most important psychometric instruments used in assessing the
objectives	gravity of psychosomatic diseases and their evolution (in connection with quality of life). Knowledge of the
_	main types of efficient psychotherapeutic interventions in psychosomatic diseases.

8. Content

8.1. Course	Teaching methods	Observations	
1. Introduction in Psychosomatics			
History. Theoretical models.			
Connection Neurobiology (neuromediators, hormones) – Psychology (dysfunctional emotions		2 hours	
and cognitive styles) in the genesis of psychosomatic diseases			
Recent theoretical developments in Psychosomatics and their importance in clinical practice.	_		
2. Cardiovascular diseases (1)			
Psychopathogenic variables involved in the onset and evolution of cardiovascular diseases.		2 hours	
Description of the most prevalent PS cardiovascular diseases (high blood pressure,	2 nours		
myocardial infarction, pectoral angina, cardiac failure, arrhythmias).			
3. Cardiovascular diseases (2)			
Psychological correlates of cardiovascular surgery (including transplantation).		2 1	
Quality of life in cardiovascular diseases.		2 hours	
The positive role of social support in cardiovascular diseases. Cardiac rehabilitation.			
4. Respiratory diseases (1)	-		
Psychopathogenic mechanisms in respiratory diseases (examples: COPD, bronchial asthma,		2 hours	
tuberculosis). Psychological reactions in respiratory diseases (example: bronchial asthma).	Interactive	2 Hours	
5. Respiratory diseases (2)	teaching,		
The issue of adherence in respiratory diseases. Psychological intervention in respiratory	according to	2 hours	
diseases (opportunities and challenges). Pulmonary rehabilitation.	the syllabus,	2 nours	
6. Digestive diseases (1)	using		
Psychopathogenic mechanisms in digestive disease.	literature data,		
Functional gastrointestinal disorders (FGID). Behavior in chronic digestive diseases	examples of	2 hours	
(examples).	clinical cases,		
7. Digestive diseases (2)	multimedia		
Food disorders.	software	2 hours	
The psychotherapeutic approach of patients with FGID and chronic PS digestive diseases.	(Prezi®,		
8. Renal diseases	Powerpoint®).		
Kidney stones. Urinary tract infection. Chronic renal disease. The psychological impact of		2 hours	
end-stage renal disease (ESRD). Behavior in chronic renal disorders (examples). Behavioral		2 nours	
modeling in renal diseases.			
9. Cancer (1)			
The psychological impact of cancer diagnosis. Coping with cancer.		2 hours	
The psychological impact of cancer treatment.		2 110415	
Quality of life in cancer.	=		
10. Cancer (2)		2 hours	
The psychological assistance of cancer patients.	4		
11. Dermatological diseases		2.1	
Atopic dermatitis. Urticaria. Psoriasis.		2 hours	
Behavioral changes in dermatological diseases.	4		
12. Rheumatic diseases Phaymataid authoritie, S.F. Lovy healt pain		2 h	
Rheumatoid arthritis, SLE, Low back pain.		2 hours	
Behavioral changes in rheumatic diseases. 13. The role of psychotheropy in psychotheropy i	1	2 harra	
13. The role of psychotherapy in psychosomatic diseases (1) The belonge counseling a psychotherapy. The role of the clinical psychologist in the		2 hours	
The balance counseling – psychotherapy. The role of the clinical psychologist in the	_		



Group therapy. Clinical examples.

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therapeutic team. Liaison psychiatry. Cognitive-behavioral therapy.		
14. The role of psychotherapy in psychosomatic diseases (2)		
Relaxation and hypnosis. Family therapy. Group therapy.		2 hours
8.2. Seminars	Teaching methods	Observations
1. Introduction		
Exemplification of psychosomatic cases illustrative for the connection Neurobiology		2 hours
(neuromediators, hormones) – Psychology (dysfunctional emotions and cognitive styles).		2 Hours
Examples of current tendencies in Psychosomatics (e.g., the role of the clinical psychologist).		
2. Cardiovascular diseases (1)		
Discussion of psychosomatic cases (high blood pressure, myocardial infarction, pectoral		2 hours
angina, cardiac failure, arrhythmias).		2 110 0115
Discussion of effective psychotherapeutic interventions.		
3. Cardiovascular diseases (2)		
Discussion of psychosomatic cases (cardiovascular surgery).		2 hours
Quality of life in cardiovascular diseases. Examples of cardiac rehabilitation.		
Discussion of effective psychotherapeutic interventions.		
4. Respiratory diseases (1)		2 1
Discussion of psychosomatic cases (COPD, bronchial asthma).		2 hours
Discussion of effective psychotherapeutic interventions. 5. Respiratory diseases (2)		
Discussion of psychosomatic cases (tuberculosis).		
Examples of low adherence. Pulmonary rehabilitation.		2 hours
Discussion of effective psychotherapeutic interventions.		
6. Digestive diseases (1)	Interactive	
Discussion of psychosomatic cases: functional gastrointestinal disorders (FGID). Behavior in	teaching,	
chronic digestive diseases (examples). Discussion of effective psychotherapeutic	according to	2 hours
interventions.	the syllabus,	
7. Digestive diseases (2)	using	
Discussion of psychosomatic cases: food disorders.	literature data,	2 hours
Discussion of effective psychotherapeutic interventions.	examples of	
8. Renal diseases	clinical cases,	
Discussion of psychosomatic cases: kidney stones, urinary tract infections, chronic renal	multimedia	2 1
disease, end-stage renal disease (ESRD). Discussion of effective psychotherapeutic	software	2 hours
interventions.	(Prezi [®] ,	
9. Cancer (1)	Powerpoint®).	
Discussion of psychosomatic cases.		2 hours
Pathogenesis of cancer. The psychological impact of cancer diagnosis (coping with cancer)		2 110013
(examples).		
10. Cancer (2)		
The psychological impact of cancer treatment (examples).		2 hours
Quality of life in cancer (examples).		
Discussion of effective psychotherapeutic interventions.		
11. Dermatological diseases		2 1
Discussion of psychosomatic cases (atopic dermatitis, urticaria, psoriasis).		2 hours
Discussion of effective psychotherapeutic interventions.		
12. Rheumatological diseases Discussion of psychosomatic cases (rheumatoid arthritis, SLE, low back pain).		2 hours
Discussion of effective psychotherapeutic interventions.		2 Hours
13. The role of psychotherapy in psychosomatic diseases (1)		
The balance counseling – psychotherapy.		2 hours
Cognitive-behavioral therapy. Clinical examples.		2 Hours
14. The role of psychotherapy in psychosomatic diseases (2)		
Relaxation and hypnosis. Clinical examples.		
Family therapy Clinical examples		2 hours



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Bibliography

A. Mandatory references:

- 1. Popa-Velea, O. (2015). *Behavioral Sciences in Medicine* (2nd Edition), Ed.Universitară Carol Davila, București (volume 2: pag.257-276, 277-287, 288-303, 304-319, 320-337).
- 2. Popa-Velea, O. (2023). Psychosomatics, Ed. Universitară Carol Davila, București.

B. Optional references:

- 3. Ginting, H., van de Ven, M., Becker, E.S., Näring, G. (2014). Type D personality is associated with health behaviors and perceived social support in individuals with coronary heart disease. *Journal of Health Psychology*, 21 (5): 727-737.
- 4. Chen, Q., Wu, C., Gao, Y., Chen, L., Liu, Y. (2015). A clinical study on the role of psychosomatic therapy in evaluation and treatment of patients with chronic obstructive pulmonary disease complicated with anxiety-depression disorder. *International Journal of Clinical and Experimental Medicine*, 8 (9): 16613–16619.
- 5. Keightley, P.C., Koloski, N.A., Talley, N.J. (2015). Pathways in gut-brain communication: Evidence for distinct gut-to-brain and brain-to-gut syndromes. *Australian and New Zealand Journal of Psychiatry*, 49 (3): 207-214.
- 6. Olagunju, A.T., Campbell, E.A., Adeyemi, J.D. (2015). Interplay of anxiety and depression with quality of life in endstage renal disease. *Psychosomatics*, *56* (*1*): 67-77.
- Malcarne, V. (2011). Coping with cancer, în Friedman, H.S. The Oxford Handbook of Health Psychology. New York: Oxford University Press, pag.394-416;
- 8. Tosato, S., Bonetto, C., Zanini, A., Bixio, R., Marchel, M., Pacenza, G., Galvagni, I., Cristofalo, D., Fracassi, E., Carletto, A. (2022). Clinical and psychological characteristics associated with negative beliefs and concerns about treatment necessity in rheumatic diseases. *Scientific Reports*, 12: 22603.
- Tuckman, A. (2017). The potential psychological impact of skin conditions. Dermatology and Therapy, 7(Suppl 1): 53– 57.
- 10. Fava, G.A., Cosci, F., Sonino, N. (2017). Current Psychosomatic Practice. Psychotherapy and Psychosomatics, 86: 13-30.
- 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 understanding of the origins of somatic symptoms with a psychogenic cause, as well as a more competent choice of a certain kind of psychotherapy or counseling, if this is necessary

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: 30 questions (one correct variant out of five)	80%		
Seminar Knowledge of notions taught at the seminar		Written exam: 15 questions (one correct variant out of five)	20%		
Minimum performance standard					
Correct answer at min. 30% of exam questions and passing the seminar exam					

Date of filing
Signature of the course tenured coordinator

04.10.2023

Assoc. Prof. Dr. Senior Lecturer Dr.
Ovidiu Popa-Velea
Liliana Veronica Diaconescu

Date of approval in the Signature of the Head of the Council of the Department: Department