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: Psychosomatics *(English)***				
2.2.	**Code of the discipline: DO I 14 S2M**				
2.3.	**Subject type (DF/DS/DC): DC**				
2.4.	**Subject regime (DOB/DOP/DFA): DOP**				
2.5.	**Course tenured coordinator: Ovidiu Popa-Velea**				
2.6.	**Practicals tenured coordinator: Liliana Veronica Diaconescu**				
2.7. Year of study	1	**2.8. Semester**	2	**2.9. Type of assessment (E/C)**	**C**

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

I. University preparation (teaching, practical application, evaluation)					
Number of hours per week	**4**	**Out of which: 3.2. course**	**2**	**3.3.Practicals**	**2**
Total number of hours from curriculum	**28**	**Out of which: 3.4.course**	**14 hours**	**3.5.Practicals**	**14 hours**
Assessment (hours)	**2**				
II. Preparation / individual study					
Distribution of allotted time					**7 weeks**
Study of course materials, textbooks, books, study of the minimum recommended bibliography					10 hours
Additional documentation in the library, documentation via the internet					5 hours
Carrying out specific preparation activities for the project, laboratory, preparation of assignments, reports					5 hours
Preparation for presentations or checks, preparation for the final examination					8 hours
Consultations					3 hours
Other activities					1 hour
3.7. Total hours of individual study					32 hours
3.8. Total hours per semester (3.4. + 3.7.)					**60 hours**
3.9. Number of credit points		**2**			

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

Knowledge	At the end of the course the student must be able to: 1. Know the main theories, concepts and clinical manifestations characteristic to psychosomatic disorders and diseases. 2. Know the risk factors and ethiopathogenic mechanisms responsible for the onset of psychosomatic diseases and disorders. 3. Be familiar with the most important psychotherapeutic orientations in the treatment of psychosomatic disease and with their eligibility criteria.

Abilities	At the end of the course the student must be able to: 1. 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. 2. Efficiently use the main criteria for identification of psychosomatic disorders and diseases and their referral to the clinical psychologist.
Responsibility and autonomy	1. The cultivation of the abilities to collaborate in a multidisciplinary team dedicated to the assistance of patients suffering from psychosomatic diseases 2. The deepening of the need of continuous formation, with the inclusion of the theoretical contents pertaining to Psychosomatics and of the related practical abilities. 3. The efficient use of the resources and techniques of learning for personal and professional 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 learning objectives	Making the students familiar with the basic notions regarding the involvement of the psychological factor in the etiopathogenesis of somatic diseases, as well as with the possibilities of their prevention and therapeutic intervention.
7.2. Specific learning objectives	Knowledge of the practical modalities in which somatic diseases can be generated and maintained by psychogenic factors. Understanding of the role of the clinical psychologist in a better management of the psychosomatic patients. Knowledge of the most important psychometric instruments used in assessing the 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. Contents

8.1. Course	Teaching methods	Observations
1. Introduction in Psychosomatics History. Theoretical models. Connection Neurobiology (neuromediators, hormones) – Psychology (dysfunctional emotions and cognitive styles) in the genesis of psychosomatic diseases Recent theoretical developments in Psychosomatics and their importance in clinical practice.	Interactive teaching, according to the syllabus, using literature data, examples of clinical cases, multimedia software (Prezi®, Powerpoint®).	2 hours
2. Cardiovascular diseases Psychopathogenic variables involved in the onset and evolution of cardiovascular diseases. Description of the most prevalent PS cardiovascular diseases (high blood pressure, myocardial infarction, pectoral angina, cardiac failure, arrhythmias). Psychological correlates of cardiovascular surgery (including transplantation). Quality of life in cardiovascular diseases. The positive role of social support in cardiovascular diseases. Cardiac rehabilitation.		2 hours
3. Respiratory diseases Psychopathogenic mechanisms in respiratory diseases (examples: COPD, bronchial asthma, tuberculosis). Psychological reactions in respiratory diseases (example: bronchial asthma). The issue of adherence in respiratory diseases. Psychological intervention in respiratory diseases (opportunities and challenges). Pulmonary rehabilitation.		2 hours
4. Digestive diseases Psychopathogenic mechanisms in digestive disease. Functional gastrointestinal disorders (FGID). Behavior in chronic digestive diseases (examples). Food disorders. The psychotherapeutic approach of patients with FGID and chronic PS digestive diseases.		2 hours
5. Renal diseases Kidney stones. Urinary tract infection. Chronic renal disease. The psychological impact of end-stage renal disease (ESRD). Behavior in chronic renal disorders (examples). Behavioral modeling in renal diseases.		2 hours
6. Cancer (1) The psychological impact of cancer diagnosis. Coping with cancer. The psychological impact of cancer treatment. Quality of life in cancer. The psychological assistance of cancer patients.		2 hours
7. The role of psychotherapy in psychosomatic diseases The balance counseling – psychotherapy. The role of the clinical psychologist in the therapeutic team. Liaison psychiatry. Cognitive-behavioral therapy. Relaxation and hypnosis. Family therapy. Group therapy.		2 hours

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

Bibliography

A. Mandatory references:

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

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.
7. 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. Fava, G.A., Cosci, F., Sonino, N. (2017). Current Psychosomatic Practice. *Psychotherapy and Psychosomatics, 86:* 13-30.

9. Assessment

Type of activity	9.1.Assessment criteria	9.2.Assessment methods	9.3.Assessment weighting within the final grade
9.4.Course	Knowledge of theoretical notions taught at the course	Written exam: 30 questions (one correct variant out of five)	90%
9.5.Practical	Knowledge of notions taught at the seminar	Written exam: 15 questions (one correct variant out of five)	10%
9.6.Minimum performance standard			
Correct answer at min. 50% of exam questions and passing the practical exam			

Date of filing

18.09.2025

Signature of the course tenured coordinator

Professor Dr.
Ovidiu Popa-Velea

Signature of the seminar tenured coordinator

Associate Professor Dr.
Liliana Veronica Diaconescu

Date of approval in the Council of the Department:

Signature of the Head of the Department
Prof dr Daniela Galieta Mincă