



UNIVERSITÀ  
DEGLI STUDI DI MILANO-BICOCCA

## COURSE SYLLABUS

### Medicine in The Society

2526-2-H4101D254

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#### Aims

The primary goal of the course is to provide students with the tools for understanding the cultural, social and relational aspects of medicine, taking into account its history, evolution, sanitary structure, and patient- doctor relationship. The students will also be introduced to the international and specialized language of the biomedical research. This whole set of knowledge represents the basis for the understanding of individual medical praxis in order to adequately locate the physician activity in the general and more complex social environment

The integrated course is an element of the "Medical Humanities" pillar, aimed at increasing student awareness of social and human aspects involved in the medical profession. The other part of this pillar are some elective courses, and the "Clinical psychology" module (frontal teaching and practical exercises) carried out in the 5th year within the course "Psychiatry and Clinical Psychology".

Biomedical english aims are understanding, writing and commenting reports on biomedical subjects, using the correct rules of grammar and syntax and specialized language

#### Learning outcomes according to Dublin Descriptors

1. Knowledge and understanding

The student will acquire broad and specific knowledge on the models that describe interpersonal relationships and effective communication techniques, including the most well-known guidelines (e.g. error disclosure), will know the mechanisms underlying conflict situations in groups and the indications for conflict management, as well as the instructions for conducting adequate negotiation processes, understanding the historical and contextual perspective of changes in the doctor-patient relationship

2. Applied knowledge and understanding;

The student will be able to implement the guidelines learned in relation to linear, complex and critical communication (e.g. conflict) in concrete situations, in the different contexts of the medical profession

3. Making judgements;

The student will be able to evaluate and discriminate the different situations of difficult communication, both

dyadic and in groups, and identify the most appropriate techniques to best regulate interactions between group members, also taking into account environmental and contextual differences

4. Communication skills;

the student will develop his/her expertise in the field of communication, in different professional contexts

5. Learning skills.

the student will develop his/her awareness of the interactions between social, cultural and historical context and professional clinical actions, including the ability to have constant awareness of his/her own communication style and of the social, cultural and historical factors that influence it, as well as of his/her own strengths and areas for improvement, identifying sources and methods for constant personal development in this area

## Contents

**HYSTORY:** Overview of the history of western medicine from Hippocrates to experimental and modern medicine; patients and their bodies from Renaissance to bio-imaging; technology in medicine, the evolution of clinical diagnosis and investigation; cultural and ethical aspects of health; public health development; the differences between unconventional medicine and evidence-based medicine; biomedicine and biotechnology, applications and problems.

**COMMUNICATION SKILLS:** psychological and relational elements in the patient-doctor relationship; therapeutic alliance; communication skills; verbal and non verbal communication; counselling techniques; motivational interview; illness and emotions; how to manage relational skills. disease-centred medicine and patient-centred medicine; subjective elements in medical education; interpersonal sensitivity and caring relationship.

**PATIENT- DOCTOR IN PRIMARY CARE:** differences between disease, illness, sickness, and subjective and objective aspects of medicine; biopsychosocial model of illness and care; individual, social and economic aspects in medicine and health behaviours; media and medicine; frail patients: elderly people, the chronically ill.

## Detailed program

**Hystory:** The birth of Western medicine, from Hippocrates to the experimental Method, the discovery of the human body from the Renaissance to bioimaging. the advent of technology in medicine and the therapeutic revolution, history of clinical methodology, biomedicine and biotechnology, the concept of health, cultural and ethical implications, the evolution of public health, the concept of Evidence Based Medicine (EBM), some open questions in medicine (e.g., tumors and palliative care, emerging infectious diseases, medical genetics, substances for abuse, end-of-life care). **Communication skills:** General aspects: Doctor centered vrs Patient Centered Medicine, from "curing" to "caring", psychological and relational components in the doctor-patient relationship; "therapeutic alliance", compliance and concordance. Psychological complexity of medical interview. The placebo and the nocebo effect. **Communication techniques:** language and gestures , verbal and not verbal communication. **Communication guidelines and protocols:** the Calgary Cambridge Interview, breaking bad news (the SPIKES protocol), error disclosure (the CONES protocol), managing conflict and escalation (the HARD protocol); The role of emotions in communication and in the doctor / patient relationship, emotion regulation and self-regulation . The subjective dimension of illness perception and experience: patient's emotional reaction, psychological response to illness and treatment. Cognitive and affective bias that condition clinical reasoning

**Biomedical english**The on line course presents dialogues on biomedical subjects, with specialized language. The

student should know the English language in order to write, read, understand and edit scientific articles correctly. The on-line course presents dialogues on biomedical subjects, with specialized language. The student should know the English language in order to write, read, understand and edit scientific articles correctly.

**PATIENT-DOCTOR IN PRIMARY CARE:** the internship experience on the territory will be carried out if possible and in any case compatibly with the safety decrees and will be supported by a part of teaching related to the differences between illness, disease, illness and subjective and objective aspects of medicine; biopsychosocial model of disease and treatment; individual, social and economic aspects in medicine and health behaviors; media and medicine; fragile patients: elderly, chronically ill.

## **Prerequisites**

Knowledge of English language at B2 level or higher. To be admitted to the exam of communication skills, history and patient-doctor in primary care, students must have received a positive score at the on-line English examination.

## **Teaching form**

Face-to-face lessons (55%), exercises in small groups on communication techniques, role-playing and recorded videos; videos produced by students as the subject of debriefing and interactive discussion (30%); internships with family doctors, acquisition of skills (15%)

## **Textbook and teaching resource**

SEE EACH UNIT

## **Semester**

I term

## **Assessment method**

Written exam, with questions aimed at assessing both the acquisition of knowledge, the capacity for inductive and deductive reasoning and argumentative skills; open questions and multiple choice questions. Inglese biomedico: Test online; the possible results are: passed or not passed

## **Office hours**

To make an appointment, please contact the teachers by e-mail:

mariagrazia.streparava@unimib.it - - office: U38, villa Serena (Monza), room number 5-24, V floor, monday 12:30-14:00; wednesday 12:30-14:00

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## **Sustainable Development Goals**

GOOD HEALTH AND WELL-BEING | GENDER EQUALITY | REDUCED INEQUALITIES

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