UNIVERSITÀ DEGLI STUDI DI MILANO-BICOCCA

SYLLABUS DEL CORSO

Medicine and Society

2526-2-H4102D013

Aims

The aim of the integrated course is to provide the student with information related to the bio-psycho-social aspects of health and disease; they are framed in an historical and economical perspective which contributes to a deeper understanding of the roots and core principles of caring and of the doctor-patients relationship helping the students to understand the structural complexity of caring.

This integrated course is the second element of the "medical humanities" pillar that include: first year "Humanities" integrated course, some electives from years 3-6, the "Clinical Psychology" module " of Neuroscience 2 integrated course.

More in detail:
the Society and Health module introduces participants to health systems, the main determinants of population health and the main disease risk factors, the main public health promotion and prevention strategies

the Society and Health II module provides students with the tools for understanding the cultural and social aspects of modern medicine, through the analysis of its historical and epistemological evolution. The knowledge provided is the basis for knowing how to properly place the activity of the physician in the current socio-cultural context

Modules Behavioral Sciences Communication Skills I-II-III help students to acquire the appropriate communication skills for communicating, with patients, following the recognized guidelines, with humanity and sensitivity, in the different situations and with different types of patients; students will learn how to manage patients' reactions to the disease and to regulate their own behavior and their emotional reactions in the professional interactions with patients and colleagues and to understand psychological and relational elements in the patient-doctor relationship; disease-centred medicine and patient-centred medicine.

Skills acquired: managing non-verbal communication, gestures and attitudes in interpersonal relationships; being able to regulate the emotions of the patient, of his relatives and of the clinician in the treatment process; formulating possible training and communication strategies to improve treatment compliance; communicating with patients and their relatives in respect with the socio-cultural background elements; explaining the patient (real or simulated)

preventive health contents effectively (smoking, alcohol, psychotropic substances, nutrition)

Learning outcomes according to Dublin Descriptors

1. Knowledge and understanding
   The student will acquire broad and specific knowledge on the models that describe the relationship, the cultural, social and interpersonal dimension of the medical profession, deepening the epidemiological aspects and the impact of diseases on the population, with a particular focus on 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, placing them within the historical, social and contextual changes of the doctor-patient relationship

2. Applied knowledge and understanding;
   the student will be able to implement in concrete situations the guidelines learned regarding linear, complex and critical communication (e.g. conflict) in different contexts, even at the macro level of communication of epidemiological data to the population and public agencies

3. Making judgements;
   the student will be able to evaluate and discriminate the different situations in which the social dimension of medicine is involved, from difficult communication situations in dyadic or group interactions, both in situations of evaluation of health determinants and in the need to communicate medical content to the population, as well as to 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 their expertise in the field of communication in different professional contexts

5. Learning skills.
   the student will develop their awareness of the interactions between the social, cultural and historical context and professional clinical actions, from the evaluation of risk factors for individual and collective health, to the awareness of their own communication style and the social, cultural and historical factors that influence it, as well as their strengths and areas for improvement, identifying sources and methods for constant personal evolution in this area

Contents

Understanding the cultural, social and relational aspects of medicine, taking into account its history, evolution, sanitary structure, the main determinants of population health and risk factors of disease and patient-doctor relationship and the psychological variables affecting patient-doctor relationship. This knowledge is the basis for understanding and adequately placing individual medical practice in the contemporary and international social context

Detailed program

Society and Health I:

Introduction to the concept of health and the systems created to provide health care to the population.

Introduction to determinants of and inequalities in population health and risk factors of disease;

Epidemiological basis for assessing the determinants of and inequalities in population health and risk factors of disease.

Promotion and prevention of public health, using examples from health behavior change, screening, vaccination

Society and Health II:

the following themes will be dealt with, starting from the history up to the modernity: The concept of health - The understanding of the human body - Hospitals and surgery - Vaccines: controversies and challenges - Fear of Pandemics and the rise of pharmacology – The birth of Public Health - Mental disease -Quackery

Behavioral Sciences Communication Skills I

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The module addresses both general aspects related to patient-centered medicine (trans
ition from "to cure" to "to care" and from Doctor centered vrs Patient Centered Medic
ine ); the psychological factors affecting the doctor-patient relationship, psycholog
ical response to illness and treatment, including the concept of "therapeutic allianc
e"; theoretical models and specific communication techniques (verbal and non-verbal)
are presented an discussed: the most common and well known existing protocols for com
munication in the medical field (e.g.the Calgary Cambridge Interview model, the Bukma
n model for breaking bad news, error disclosure, managing conflict and escalation , c
ommunication with children and the family, communication breakdowns and recovery stra
tegies. The role of emotions in communication and in the doctor / patient relationshi
p  and strategies and techniques of emotion regulation and self-regulation are presen
ted; a key point is the focus on the doctor emotional for a better clinical efficacy
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Behavioral Sciences Communication Skills II

Definitions of placebo and nocebo effect both in relation to treatments and in relational terms; implications in the use of placebo for the relationship with the patient; different mechanisms through which the placebo and nocebo effect act.

The perception of illness.

Basic principles of motivational interview; the five phases of the model of change (precontemplation, contemplation, preparation, action, maintenance).

Behavioral Sciences Communication Skills III

To conduct a motivational interview,

to conduct a clinical interview according to the principles of the Calgary Cambridge model;

Prerequisites

first year courses : humanities

Teaching form

Society and Health I: Lectures and combined individual/group work will be conduct to address the aim of the course

Society and Health II: Frontal teaching, group work on ancient and modern texts with tutored reflexive activity

Behavioral Sciences Communication Skills I: Lectures, reflective activities in small groups, clinical cases., clinical conversations simulations, role-playing

Behavioral Sciences Communication Skills II: Lectures, reflective activities in small groups, exercise on case report

Behavioral Sciences Communication Skills III: Simulated interview; role play

Teaching methods: see details in individual teaching modules

Textbook and teaching resource

Society and Health I:

Handouts and selected paper from international peer-reviewed journal

Society and Health II

Porter R. The Cambridge History of Medicine. Cambridge: University Press, 2006

Behavioral Sciences Communication Skills I

Communication Skills for Medicine, 4e Lloyd et al., Elsevier, 2018 (UK)

Skills for Communicating with Patients, 3rd Edition Jonathan Silverman, Suzanne Kurtz, Juliet Draper, CPD press, 2013 (ITA e UK)

R. Buckmann, Difficult Conversations in Medicine: Strategies That Work in Breaking Bad News, 2010, SAGE (UK)

R. Buckmann, How to Break Bad News: A Guide for Health Care Professionals (UK)

J. Groopman, How Doctors Think, 2008 (ITA e UK)

L. Sanders 2010; Every patient tells a story, Penguin (ITA e UK)

Behavioral Sciences Communication Skills II

Communication Skills for Medicine, 4e Lloyd et al., Elsevier, 2018

The patient's brain: the neuroscience behind the doctor patient relationship, Oxford Press, 2011

Behavioral Sciences Communication Skills III

Semester

I and II term

Assessment method

Final assessment is aimed at measuring:knowledge, inductive and deductive reasoning abilities,problem solving ability.

Society and Health I: multiple choice questions

Society and Health II: Written exam: multiple choice knowledge based questions to assess also interpretative skills

Behavioral Sciences Communication Skills I-II-III: The final test measures the level of knowledge, the level of inductive and deductive reasoning, and problem solving ability. It includes discussion of problems, analysis of clinical cases and open conceptual questions

Office hours

on appointment , see each unit

Sustainable Development Goals

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