UNIVERSITÀ
DEGLI STUDI DI MILANO-BICOCCA

COURSE SYLLABUS

Psychology in Primary Health Care

2627-2-F5111P015

Learning area

Models and techniques of psychological functioning

Learning objectives

Knowledge and understanding (DdD1)

Understand the regulatory and professional framework of the Primary Care Psychologist, also in relation to national and international health policies.
Know the WHO guidelines and the provisions of the Essential Levels of Care (LEA).
Analyse actions for the promotion of psychological well-being and the early identification of psychological distress in the general population.

Applying knowledge and understanding (DdD2)

Apply techniques of psychological assessment of the patient and analysis of the request through the clinical interview and psychodiagnostic assessment.
Design and adapt preventive and supportive interventions according to the specific needs of adults, adolescents and minors.
Collaborate effectively within multidisciplinary teams, contributing to the construction of integrated care pathways in the primary care setting.

Making judgements (DdD3)

Critically evaluate complex clinical and organisational situations in the primary care context, taking into account psychological, relational and institutional factors.
Formulate intervention hypotheses consistent with scientific evidence, patient needs and the operational context.

The activities contributing to the development of these skills include in-class discussion of clinical cases, the analysis of vignettes and, throughout the course, the development of a group project in which intervention strategies for a specific population are elaborated.

Communication skills (DdD4)

Communicate effectively with patients, family members, other health professionals and fellow psychologists, adapting the communicative register to the clinical and institutional context.
Report the results of the assessment and the intervention hypotheses clearly and competently.
These skills are developed through exercises, oral discussion in class, simulated interviews and the periodic presentation of the group project's progress.

Learning skills (DdD5)

Develop the capacity for autonomous updating through the critical consultation of scientific sources, guidelines and regulatory documentation.
Acquire methodological tools to navigate the scientific literature and the operational materials for professional practice.
The course involves the guided use of scientific articles, WHO documents and materials shared on Moodle, in order to promote learning oriented towards the critical use of clinical reasoning.

Contents

The course will provide:

- Regulatory and theoretical elements on the integration of psychology into primary care, including national and international legislation and guidelines.
- Basic competences in prevention, diagnosis and psychological intervention, with a focus on managing the demand for well-being and on psychodiagnostic assessment in primary care.
- Elements of the design of preventive interventions for different age groups and support for caregivers in primary care.
- Practical knowledge for working in multidisciplinary teams through the collaborative care model.
- References to best practices and to the professional boundaries of the psychologist in primary care, with an evidence-based approach.

These contents are taken up and applied in a group project that runs throughout the whole course.

Detailed program

Regulatory framework:

- National and international legislation on primary care psychology.
- WHO guidelines and Essential Levels of Care (LEA).

Design of preventive interventions:

- Principles of supportive interventions and counselling.
- Design of interventions for adults, adolescents and developmental age.
- Support for caregivers and rehabilitative/individual treatment plan.

Patient assessment and analysis of the request:

- Theory and technique of the clinical interview.
- Psychodiagnostic assessment.
- Principles of psychopathology, clinical psychology and rehabilitation psychology.

Supportive interventions:

- Principles of supportive interventions and counselling.
- Involvement of the patient and the family.
- Referral to specialist services.

Management of the clinical team:

- Integration with other health professions.
- The collaborative care model: multidisciplinary teams in action.

Specific knowledge:

- Professional boundaries of the psychologist.
- Physical and psychological health.
- Diagnostic challenges and differential diagnosis.
- Best practices in clinical prevention projects.
- Evidence-based approaches in primary care.
- Education and training in primary care.

Across the whole programme, students develop a primary-care psychology service project in small groups, progressively applying the contents of the different areas to a specific population.

Prerequisites

There are no specific prerequisites. Basic competences in clinical psychology and clinical psychodiagnostics are recommended (but not required). The lecturer will be available during office hours to provide clarifications and in-depth materials to students who need further support.

Teaching methods

The course is taught entirely in presence and in Italian.

About 60% of the hours are delivered as teacher-led lectures, in presence. The remaining 40% is carried out through interactive activities, in presence: presentation and discussion of clinical cases and vignettes drawn from prevention, diagnosis and intervention settings; role playing of the clinical interview; small-group work on intervention models (including moments in which groups present the model they have studied to the class); guided analysis of scientific articles. These methods aim to make the course contents more accessible and to facilitate the acquisition of specific competences in psychological work in primary care, by understanding its features, processes and clinical applications with different users.

Throughout the course, students develop a formative group project: each group progressively designs a primary-care psychology service for a specific population, presenting its progress in class at regular intervals. The project

does not carry an autonomous grade but provides the basis for the applied discussion during the oral examination.

In-depth materials (scientific articles, literature reviews) will be provided during the course. Most of the material used in class (films excluded) will be made available on the course e-learning site.

Assessment methods

The examination consists of a written test and a compulsory individual oral examination, both covering the entire syllabus. No intermediate (in itinere) tests are scheduled.

Written test. Multiple-choice test: 30 questions with four options each, only one correct, with no penalty for wrong answers, to be completed in 30 minutes. The test assesses knowledge and understanding of the theoretical contents of the course (DdD1). Passing the written test is a prerequisite for admission to the oral examination.

Oral examination. Individual interview structured around two questions:

- the first concerns the discussion of an intervention project: attending students argue one or more choices of the service they designed during the course (intervention model, assessment plan, intervention); for non-attending students, the lecturer proposes an equivalent clinical vignette. This part assesses the ability to apply knowledge and techniques, to formulate intervention hypotheses consistent with evidence and context, and to communicate them competently (DdD2, DdD3, DdD4);
- the second concerns a topic chosen by the lecturer from the whole syllabus and assesses mastery of the contents and the capacity for critical reasoning and autonomous study (DdD1, DdD5).

Final grade. The grade is expressed out of thirty and results from the weighted average of the written test (40%) and the oral examination (60%).

Assessment criteria. Each part is evaluated for the accuracy and completeness of knowledge, the ability to apply models and techniques to the concrete case, the consistency of intervention hypotheses with scientific evidence and the operational context, and clarity of presentation. Grading reflects an increasing degree of autonomy: a pass (18-23) corresponds to basic knowledge and guided application; a good grade (24-27) to solid knowledge and autonomous application; an excellent grade (28-30 cum laude) to full mastery, with critical integration of contents and autonomous design of the intervention.

The group project carried out during the course has a formative purpose and does not contribute an autonomous grade; however, it forms the basis of the first oral question for attending students.

Textbooks and Reading Materials

- M. Liuzzi (2016), "La psicologia nelle cure primarie. Clinica, modelli di intervento e buone pratiche", Il Mulino.
- Clerici, C. A., & Veneroni, L. (2014). La psicologia clinica in ospedale. Consulenza e modelli d'intervento. Milano: FrancoAngeli.
- In-depth materials provided during the lectures (slides, scientific articles), available on the course e-learning site.

Although this course is held in Italian, for Erasmus students course material can also be available in English, and students can take the exam in English if they wish to do so.

Sustainable Development Goals

GOOD HEALTH AND WELL-BEING | REDUCED INEQUALITIES