

: Medical Sociology

Type of class: Seminar, 30 hours → [more information](#)

Coordinators: [Beata Tobiasz-Adamczyk](#)

Group instructors: [Tomasz Ocetkiewicz](#), [Anna Prokop-Dorner](#), [Katarzyna Salamon](#), [Beata Tobiasz-Adamczyk](#), [Barbara Woźniak](#)

Course homepage: http://www.epi.wl.cm.uj.edu.pl/en_GB/start-en

Students list: (inaccessible to you)

Examination: Grading

ECTS estimate: 2

Aims: In the Field of Knowledge Student:

- K1. Knows the current state of knowledge on the topic of the influence of social environment (family, local community, social networks) on the state of health
- K2. Knows the current state of knowledge on the topic of the influence of social stress on self-damage behavior (suicide, attempted suicide, abuse of alcohol and narcotics) and the influence of socio-cultural conditions on lifestyle and unhealthy behaviors
- K3. Knows the current state of knowledge on the topic of the influence of structural factors tied to social inequality on the state of health
- K4. Knows the current state of knowledge on the topic of socio-cultural differences in behavior tied to gender-related differences in health status
- K5. Knows the forms of violence and the explanatory models for violence in the family (against women, children, and older persons) and institutional violence, so that they understand the form of violence varies with the social condition. Understands the role of the physician in identifying violence
- K6. Understands what it means/the implications of the statement that health, illness, disability and old age are social constructs
- K7. Understands the symbolic meaning of health, illness, disability and old age as regards social attitudes relating to the ill persons, the disabled, and the elderly
- K8. Knows the current state of knowledge on the subject of the social consequences of illness and medical intervention, and the socio-cultural barriers that make it difficult for the ill, the disabled and the elderly to integrate into the social environment
- K9. Understands what signifies the entry into the sick role for the ill person
- K10. Understands the meaning of verbal and nonverbal communications in the process of communicating with the patient
- K11. Understands the symbolic meaning of informal directives given to the patient
- K12. Understands that the professional role of physician is a sociocultural construct
- K13. Understands the role of trust as a key element to interaction with patients
- K14. Understands the functioning of medical institutions as social institutions and understands the functioning of total institution
- K15. Knows the concept of health-related quality of life (HRQoL)

The practical knowledge of the Student:

- K16. Is able to take advantage of knowledge of the social situation of the patient in the process of diagnosing and proposing medical treatment
- K17. Is able to take advantage of scholarship of the cultural meaning of illness in the process regarding the proposition of medical care
- K18. Is able to recognize violence on the basis of indicators and risk factors of incidents of violence
- K19. Is able to use the data on health-related quality of life from the patient in the clinical assessment
- K20. Is able to effectively communicate with the patient in the therapeutic process, utilizing knowledge of verbal and nonverbal means of communications
- K21. Can take into account during the diagnostic process indications of the patients' tendencies towards unhealthy and self-damage behaviors (suicide, suicide attempts, abuse of alcohol and narcotics)

Skills of the Student:

Sk1. Is able to react in the event of recognizing violence

Sk2. Is able to effectively communicate with patients taking into account – during both the communication process and conducting of treatment – the patients subjective needs and concerns

Sk3. Is able to use various techniques of communication to properly understand the needs and concerns of the patient

Sk4. Is able to arrange such treatment (medical intervention) that minimizes the social consequences for the patient

Sk5. Is able to build and atmosphere of full trust during the whole treatment process

Sk6. Is able to minimize the stress of the patient during prolonged stays in a medical institution

Sk7. Is able to attempt to undertake activities to improve health-related quality of life of the patient and prevent their worsening in the future

Included in the yes
average rate:

Conditions of The student is responsible for independent preparation for and presentation at seminar one
gaining credit: presentation based on literature related to the subject, as chosen by the student her/himself. A list of topics available and list of literature are to be given to students at the first seminar. Admission to the written exam is contingent upon regular attendance at all seminars – a student may miss one seminar during the semester without any consequences; every further absence requires the oral permission of the person leading the lecture. The program concludes with a written exam, which will take the form of 10 example and example scenarios to analyze in context of the scholarship introduced and learned in the seminars and introduced in the course materials. Every question will be awarded points on a scale of 0-5. A student will be able to earn a maximum of 50 points. Credit for completion of the subject will be awarded provided a minimum of 70 percent have been earned on the exam.

Group of learning (in Polish) Grupa treści podstawowych
contents:

Learning activities (in Polish) Metody podające - prezentacja multimedialna
and teaching (in Polish) Metody praktyczne - seminarium
methods - (in Polish) Metody problemowe - metody aktywizujące - metoda przypadków
thesaurus:

Assessment Student's knowledge, practical knowledge and skills are evaluated in the course of group
methods and discussions and case analyses during seminars. Additionally effects are assessed by the written
criteria for this exam at the end of the course, when students are asked to analyse 10 real-life cases applying
course: their sociological knowledge acquired at the course.

Learning activities Course seminars are to be held in a manner that utilizes active methods, such as discussions,
and teaching PBL (problem based learning), student presentations on relevant thematic issues (based on
methods: reference materials indicated), that makes it possible for them to clarify their own opinions and
are the basis for changing outlooks and discussions, as well as preparing to take advantage of
the presented scholarship for use in future medical practice (mini-questionnaire studies, creating
scales that measure various dimensions of health). During seminars cases are presented to
students for individual analysis. The course includes 15 weeks of instruction, with 2 hours of
seminars per week.

Work placement(s): -

Requirements: -

Full description: I. The role of Medical Sociology in medicine. Sociological concepts of health and illness. Psychosocial dimensions of subjective health. Illness and sickness role. Symbolic meaning of illness. Psychosocial indicators of health (well-being).
II. Sociology of the body. Cultural and social determinants of health and health-related behaviors. Social network, social ties, social capital. Social inequalities in health. Relations between social network and health.
III. Psychosocial dimensions of subjective health. Psychosocial indicators of health. Scales measuring different dimensions of health. IV. Lifestyle and health-damaging behaviors (poor diet, obesity, smoking, alcohol consumption, drug abuse, lack of physical activity). Lay self-care in health. Socialization of health attitudes and behaviors. Health education (genetic risk and future health status).
V. Social inequalities in health; (gender, age, socio-economic status, ethnic minorities). Role of social network (ties) in health status (scales measuring social support and ties).
VI. Social stress and health outcome. Cultural and social determinants of suicide and attempted suicide. Role of social capital. Social attitudes towards suicide.
VII. Family and health. The role of the family in creation of health lifestyle. Functions of the family (social support). Early experience during family life and health outcomes in adulthood. Pathological role of the family environment. Physical and psychological abuse.
VIII. Domestic violence. The impact of domestic abuse on health. Domestic violence and children. Domestic violence and the elderly. Female victims of violence.

IX. Responses to illness. Patients' perception and interpretation of symptoms. Illness as a stressful life event.

X. Patient's perception and interpretation of symptoms. Socio-cultural factors affecting self-care strategies and patient's response to symptoms.

XI. Psychosocial consequences of chronic disease (changes in family, work activity, social participation). Disability as a social construct. Stigma. Social determinants of adaptation to new health conditions (psychological and social barriers).

XII. Health related quality of life (concept, psychosocial indicators). Functional status and health-related quality of life in patients with chronic conditions (cardiovascular patients, oncological patients, older people). Scales measuring different dimensions of quality of life.

XIII. Communication between physician and patient (types of questions, language). Patient satisfaction with the medical interview and medical care. Patient in the hospital. Internal environment of the hospital. Formal roles and interpersonal relations. Hospital as a social system. Hospitalization as a stressful life event. Decision-making process in seeking professional help. Professional role of the physician. Feminization of medical profession. Job stress in medical profession.

XIV. Patient-physician interactions. Parson's model of sick role and physician's role. Types of patient-physician relationships. Paternalistic approach vs mutual cooperation. Process of communication (the role of verbal and nonverbal communication). Patient satisfaction.

XV. Death and dying as a social phenomena. Medical care system – new challenges (organ transplantation; people's attitudes toward receiving and donating organs). Social attitudes towards euthanasia. Organ transplantation – donors – social attitudes to organ transplantation.

Bibliography: Sociology as Applied to Medicine, Scambler Graham (the most recent edition).

Notes: -

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