

GENERAL INFORMATION		
Course	Medical Sociology	
Course coordinator	Asst. Prof. Ivan Miškulin, PhD	
Assistant/Associate	Nika Pavlović, PhD	
Study Programme	Integrated undergraduate and graduate university study of Medicine in German language	
Status of the course	Mandatory	
Year of study, semester	2 nd year; 4 th semester	
Grading scale and workload	ECTS	1.0
	Hours (L+S+E)	15 (5+10+0)
COURSE DESCRIPTION		
Course objectives		
To introduce students to the definition and tasks of the medical sociology and its development.		
Enrolment requirements and entry competencies		
There are no special requirements for this course except those defined by the curriculum of the entire study program.		
Learning outcomes at the Programme level		
1.1., 2.2., 2.3., 3.4., 3.5., 4.2.		
Learning outcomes (5-10)		
After the passed exam students will be able:		
<ol style="list-style-type: none"> 1. To interpret individual social factors of disease and social inequalities in health and health care. 2. To interpret the relationship between stress and health, stress and social support, gender and health, medicine and the media, and religiosity and health. 3. To show the peculiarities of the basic models of mental illnesses or disorders and the specifics of communication in the healthcare system. 4. To interpret the peculiarities of domestic violence and workplace abuse. 5. To interpret the sociological aspect of addiction and risky sexual behavior. 		
Course content		

Medical Sociology: Introduction and Definition. Subject of study, origin and development of the medical sociology. Medical and sociological concepts of normal and pathological. Health: Health as an ideal and/or as a norm. Biomedical, sociomedical, laic, professional, static and dynamic definitions of health. Health promotion movement. Illness: Pre-scientific, medical and sociological concepts of illness. Sociological concepts of illness - illness as deviance, functionalist approach to the analysis of illness as deviance, labeling theory, illness as maladjustment, illness and breakdown theory. Mental illnesses and/or mental disorders. Conceptual definition. Basic models of mental disorders - medical, psychoanalytic, sociodynamic, behavioristic, sociological. Stress and social support. Concept and forms of social support. Methods of measuring social support. The relationship between stress and social support. Stress and illness. Physiological processes and stress. Social factors and stress. Post-traumatic stress disorder. Social inequalities in health and health care. Social differentiation. Social stratification. Social differences and inequalities. Determining health inequalities and explaining their origin. Social determination of health. Health inequalities and principles of equity in health. Emergent forms of health inequalities. Health indicators. Conceptual definition. Types of health indicators. Use of health indicators. Health behavior. Definitions of basic forms of health behavior. A general theory of behavior. Theories about health behavior. Andersen's model of health care utilization. Gender and health. Differences in health between the sexes. Patterns of observed differences in individual countries. The influence of marital status and gender on health. Sociological aspects of risky sexual behavior.

Theoretical modeling of risky sexual behavior. Adolescents as a risk group. Sexual risk factors in the adolescent and adult population. Models of health systems. Definition and basic goals of the health care system. Organizational models of health systems. Value systems and organization of healthcare. Stress and health. Exposure to stress in everyday life. The impact of stress on health. Social environment and stress. The importance of cooperation and teamwork in providing health care. Definition of teamwork. Team leader. Team interactions. Cooperation of doctors and other health professionals. Stigma and mental health. Definition of mental health and stigma. Mental disorder and stigma. Self-stigmatization. Stigma and human rights. Stigma within the healthcare system. Communication in the healthcare system. Communication between healthcare professional and patient. Communication between healthcare professionals. Communication barriers. Communication errors in the relationship with the patient. Communication with the group. Domestic violence: Definition. Types. Frequency of occurrence in the world, Europe and the Republic of Croatia. Risk factors for incidence. Approach of health professionals. Prevention measures. Harassment in the workplace (Mobbing): Definition. Types. Victims of mobbing. Reactions of victims of mobbing. Consequences of mobbing on health. An abuser. Prevention of mobbing. Legislation and situation in the Republic of Croatia. Patients' rights. The patient's right to truth and decision. Patient rights and partner relations in the healthcare system. Patients' rights and clinical trials European Declaration on the Advancement of Patients' Rights. The position of patients in the Republic of Croatia - legislation and practice. Sociological aspects of addiction. Nicotine addiction. Addiction to psychoactive drugs. Addiction to alcohol. Medicine and the media: The relationship between journalists and health workers. The role of the media in crisis situations. Media as a source of health information. The role of the media in preventive campaigns. Social factors of the disease. Amount of income. Education. Employment. Social position. Way of life and lifestyle. Religiosity and health: The relationship between religion and physical health. The relationship between religion and mental health. Sociology of the relationship between religion and health.

Mode of teaching	<input checked="" type="checkbox"/> lectures <input checked="" type="checkbox"/> seminars and workshops <input type="checkbox"/> exercises	<input type="checkbox"/> independent tasks <input type="checkbox"/> multimedia and network <input type="checkbox"/> laboratory <input type="checkbox"/> mentoring work
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<input type="checkbox"/> distance education	<input type="checkbox"/> other
<input type="checkbox"/> field teaching	

Student obligations

Attending all types of classes is mandatory and the student is required to participate in all types of knowledge assessment. The student can be justifiably absent from 30% of each type of classes.

Monitoring student work

Attending classes	X	Class activity		Seminar work	X	Experimental work	
Written exam	X	Oral exam		Essay		Research	
Project		Continuous knowledge verification		Paper		Practical work	
Portfolio							

Grading and evaluation of student work during classes and of the final examination

Teaching activity	ECTS	Learning outcome	Student activity	Assessment methods	Grade points	
					Min.	Max.
Attending classes	0.1	1-5	Attendance at classes	Record	2	4
Seminar work	0.4	4-5	Attendance and active participation in seminar work	Assessment of the quality of the seminar work presentation	12	24
Final exam	0.5	1-3	Learning for the written exam	Written exam	36	72
Total	1.0				50	100

Evaluation of the final exam

Percentage of accurate answers provided (%)	Grade points
60.00-64.99	36
65.00-69.99	42
70.00-74.99	47
75.00-79.99	52
80.00-84.99	57
85.00-89.99	62
90.00-94.99	67
95.00-100.00	72

Calculation of final grade:

Based on the total sum of the points awarded during the course and the final exam, the final grade is determined according to the following distribution:

A – excellent (5): 90-100 grade points; B – very good (4): 80-89.99 grade points; C – good (3): 65-79.99 grade points; D – sufficient (2): 50-64.99 grade points

Required reading

1. Siegrist J. Medizinische Soziologie, Urban & Fischer Verlag/Elsevier GmbH; 6 edition, Deutschland, 2005.

Additional reading

1. Mathe T. Medizinische Soziologie und Sozialmedizin (Basiswissen Therapie), Schulz-Kirchner; 2., vollst. überarb. edition, 2005.

Number of copies of required literature in relation to the number of students currently attending classes in the course

Title	Number of copies	Number of students
Siegrist J. Medizinische Soziologie, Urban & Fischer Verlag/Elsevier GmbH; 6 edition, Deutschland, 2005.	The purchased license for online textbooks will be used. All students enrolled in the study program will have access.	

Course evaluation procedures

Anonymous, quantitative, standardized student survey providing feedback on the course as well as on the work of course coordinators and their assistants/associates is being conducted by the QA Office of the Faculty of Medicine Osijek and a unique university survey conducted by the Quality Center of the University of J.J. Strossmayer in Osijek. The usefulness of the lectures from the students' perspective, the teaching content, the teacher's preparation, the clarity of the presentation, the amount of new content and the quality of the presentation are evaluated. Administratively, the curriculum and its execution are compared. Student participation in lectures and exercises and the reasons for absences are controlled and analyzed.