



**CD8.5.1 DISCIPLINE SYLLABUS FOR  
UNIVERSITY STUDIES**

**Edition: 09**

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**Page 1/10**

**FACULTY MEDICINE**

**STUDY PROGRAM 0912.1 MEDICINE**

**CHAIR PHILOSOPHY AND BIOETHICS**

APPROVED

at the meeting of the Commission for  
Quality Assurance and Evaluation of the  
Curriculum in Medicine  
Minutes No. 1 of 16.09.21  
Chairman, PhD., associate prof.  
Suman Serghei \_\_\_\_\_

APPROVED

at the Council meeting of the Faculty Medicine 2  
Minutes No. 1 of 21.09.21  
Dean of Faculty PhD., associate prof.  
Bețiu Mircea \_\_\_\_\_

APPROVED

at the meeting of the Chair philosophy and bioethics  
Minutes No. 02 of 16.09.2021  
Head of chair, PhD., associate prof.  
Ojovanu Vitalie \_\_\_\_\_

**SYLLABUS**

**DISCIPLINE: BEHAVIORAL SCIENCES. MEDICAL SOCIOLOGY**

**Integrated studies**

Type of course: **Compulsory discipline**

**Curriculum developed by the team of authors:**

Ojovanu Vitalie, PhD, Associate professor  
Eșanu Anatolie, PhD, Associate professor  
Rubanovici Ludmila, PhD, Associate professor  
Banari Ion, PhD, Lecturer.

Chisinau, 2021



## CD8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

<b>Edition:</b>	<b>09</b>
<b>Date:</b>	<b>08.09.2021</b>
<b>Page2/10</b>	

### I. INTRODUCTION

The value and necessity of the discipline Behavioral sciences. Medical sociology for medical practitioners are determined by the various situations that are unclear and lack in precision with which the medical worker is facing in his activity. This difficulty usually oscillates between what is good and what is bad, what is right and wrong, what is normal and abnormal. The intense pace imposed on the practitioner in practice makes it unrealistic to face multiple difficulties involving behavioral control. One thing is certain that a professional behavioral style and the formation of moral qualities generates a calm (generally normal) behavior in difficult situations in your activity and results in an increase of patient satisfaction and quality of the medical act. In the context of the new professional training requirements of the future physician, the course Behavioral sciences. Medical sociology is recommended for all specialties in the health care system. To create an effective behavioral atmosphere and balanced behavior, specialized medical knowledge is not sufficient, but also for knowledge about the complexity of the relations between the doctor and the patient. The physician's relationship with the patient presupposes firstly effective behavioral skills based on human nature, moral behavior between the physician and the patient based on the essence of the human being, and not on the accidental appearances that often occur in the medical act. The Course in Behavioral sciences. Medical sociology aims to streamline the practice of the medical profession, to form the sense of responsibility as a human and as a medical specialist. To create their behavioral style following the noble profession of physician.

- **The mission of the curriculum (aim) in professional training**

To provide to the practitioner's knowledge and techniques of behavior following professional moral standards, as well as acquiring skills to understand the specific conditions in which the medical behavioral act is carried out, ensuring communication for the change of the behavior of the parties involved in the medical relations.

- **Language (s) of the discipline:** Romanian, English, French, Russian.
- **Beneficiaries:** students of the first year, faculty Medicine 1 and 2.

### II. MANAGEMENT OF THE DISCIPLINE

Code of discipline	<b>U.01.O.002</b>		
Name of the discipline	<b>Behavioral sciences. Medical sociology</b>		
Person(s) in charge of the discipline	<b>Ojovanu Vitalie, PhD., associate prof. Eșanu Anatolie, PhD., associate prof. Rubanovici Ludmila, PhD., associate prof. Banari Ion, PhD., lecturer.</b>		
Year	<b>I</b>	Semester/Semesters	<b>1</b>
A total number of hours, including:			<b>120</b>
Lectures	<b>15</b>	Practical/laboratory hours	<b>-</b>
Seminars	<b>30</b>	Self-training	<b>75</b>
Form of assessment	<b>E</b>	Number of credits	<b>4</b>

### III. TRAINING AIMS WITHIN THE DISCIPLINE

*By the end of this course, the student will be able to know:*

- **at the level of knowledge and understanding:**



**CD8.5.1DISCIPLINE SYLLABUS FOR  
UNIVERSITY STUDIES**

<b>Edition:</b>	<b>09</b>
<b>Date:</b>	<b>08.09.2021</b>
<b>Page3/10</b>	

- the behavioral process and its functions;
  - ways of behaving in creating functional doctor-patient relationships;
  - the behavioral criteria of the qualitative medical fact;
  - various situations of manifestation of behavioral barriers in the doctor-patient relationship;
  - the main sources of medical errors and ways to prevent them;
  - the rights and obligations of the doctor and the patient;
  - the definition and essence of sociology and medical sociology;
  - the theoretical-applied possibilities of medical sociology and their importance for contemporary medicine.
- **at the application level:**
    - intra- and inter-organizational behavioral skills, to optimally integrate into the medical team;
    - adequate images of a medical worker by avoiding situations of malpractice;
    - specific techniques for overcoming behavioral barriers;
    - behavior in the doctor-patient relationship;
    - intercultural behavioral ways in the doctor-patient relationship;
    - behavioral reactions of patients depending on personality;
    - moral qualities in clarifying the problems regarding the life and health of patients and/or people in their entourage;
    - the possibility of conducting elementary sociological investigations in certain subjects of medical activity.
- **at the integration level:**
    - behavioral ways in the conditions of medical activity;
    - knowledge to organize or reorganize one's style of behavior in medicine;
    - professional image by status and social role of the doctor;
    - knowledge and skills to detect the sources of behavioral nonconformities in medical practice;
    - skills to overcome behavioral difficulties in medicine;
    - knowledge of medical sociology for successful professional conduct in dialogue with patients from different ethnicities and cultural-geographical areas of the world;
    - to apply appropriate techniques in elementary sociological studies;
    - knowledge of the diversity of medication and organization of medical systems in the history of medicine, as well as current ones.

**IV. PROVISIONAL TERMS AND CONDITIONS**

Essential knowledge in the field of behavior, eloquence, etiquette, communication applied in medical practice to streamline the individual implications and quality of the medical act, as well as the evidence of behavioral risk factors for health.

**V. THEMES AND ESTIMATE ALLOCATION OF HOURS**

*Lectures, practical hours/ laboratory hours/seminars and self-training*

No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self-training
1.	Human Behavior – as a Bio-Psycho-Socio complex.	2	4	9



**CD8.5.1DISCIPLINE SYLLABUS FOR  
UNIVERSITY STUDIES**

<b>Edition:</b>	<b>09</b>
<b>Date:</b>	<b>08.09.2021</b>
<b>Page4/10</b>	

No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self-training
2.	Behavior and Personality.	2	4	9
3.	Basic Concepts in Medical Sociology.	2	4	9
4.	Behavior and Society. Elements of Medical Sociology.	2	4	9
5.	Medical Systems: Exclusive, Tolerant, Integrative.	2	4	9
6.	Behavior in an Intercultural Context	1	2	9
7.	Etiquette and Image: Essential Elements in Contemporary Society	2	4	9
8.	Health Risk Behaviors.	2	4	12
		<b>15</b>	<b>30</b>	<b>75</b>
<b>Total</b>		<b>120</b>		

**VI. PRACTICAL TOOLS PURCHASED AT THE END OF THE COURSE**

Mandatory essential practical tools are:

- Knowledge and application in practice of medical professional behavior.
- Implemented the study capacities with the help of sociological methods of complicated situations in the relations with the patient, his relatives, colleagues, the local community.

**VII. OBJECTIVES AND CONTENT UNITS**

Objectives	Content units
<b>Theme 1. Human Behavior – as a Bio-Psycho-Socio Complex</b>	
<ul style="list-style-type: none"> <li>• To define the notion of human behavior, the complex formula of building and consolidating behavior;</li> <li>• to know the criteria of normality;</li> <li>• to demonstrate the involvement of internal and external factors in determining behavior;</li> <li>• to apply the knowledge gained in determining the types of behaviors;</li> <li>• to integrate the moral character of the man that determines professional conduct.</li> </ul>	<ol style="list-style-type: none"> <li>1. The concept of human behavior. Peculiarities of human behavior. Sources for investigating human behavior.</li> <li>2. Behavioral Sciences. Behavioral sciences and social sciences applied in health.</li> <li>3. Behavioral medicine. Health psychology.</li> <li>4. Factors influencing human behavior: biological, psychological, and socio-cultural.</li> <li>5. Typologies of human behavior.</li> <li>6. The concept of normality. Normality as a process. Criteria of normality. The medical norm.</li> <li>7. Specific behavioral disorders in some conditions: split-brain syndrome (Divided Brain), schizophrenia,</li> </ol>



**CD8.5.1DISCIPLINE SYLLABUS FOR  
UNIVERSITY STUDIES**

<b>Edition:</b>	<b>09</b>
<b>Date:</b>	<b>08.09.2021</b>
<b>Page5/10</b>	

Alzheimer's disease, autism, phobia.

**Theme 2. Behavior and Personality**

- To define what is personality and its structural elements;
- to know the impact of human character on professional success;
- to apply the behavioral responses of different types of personality;
- to integrate effective decisions that shape different types of particular behaviors.

1. The concept of personality. Characteristics and personality structure. '
2. Behavior and temperament. Types of temperament: choleric, sanguine, phlegmatic, and melancholic.
3. Behavior and human somatic. Morphological typologies.
4. Behavior and „human psychic”. Psychophysiological and psychological typologies.

**Theme 3. Basic Concepts in Medical Sociology.**

- To define the essence and structure of the field of sociology;
- to know various theories and methods of general and medical sociology;
- to demonstrate the particularities and applicative possibilities of medical sociology;
- to apply some elementary techniques of sociological studies in medicine;
- to integrate into the perspective the knowledge to be able to apply some own sociological studies.

1. Definition of sociology. Functions and branches of contemporary sociology. Theories of the object of study of society.
2. Medicine - special field of sociological study.
3. Particularities of medical sociology.
4. The basic directions of medical sociology. Topics of sociological interest in medicine.
5. Ways and methods of applying sociological studies in contemporary medicine.

**Theme 4. Behavior and Society. Elements of Medical Sociology.**

- To define the concept of medical sociology, status, and social role, bioethics, medical deontology;
- to know the types of the doctor-patient relationship;
- to be aware of the rights and obligations of the doctor and the patient;
- apply appropriate images to a medical worker by avoiding situations of malpractice;
- to integrate the professional image following the status and social role of the doctor.

1. The notion of sociology and medical sociology.
2. The characteristic of the notions of status and social role and role conflict.
3. The status and social role of the doctor. The social role of the patient. The doctor-patient relationship as a role relationship.
4. Types, models, and strategies of the doctor-patient relationship. The stages of the medical act: anamnesis and exploration of the symptoms by the doctor; specifying the diagnosis and the decision regarding the treatment; treatment compliance, treatment process, and post-treatment stage. Informed agreement.
5. Malpractice and non-compliance with treatment as deviations from the role obligation. Self-medication.
6. Elements of bioethics and medical deontology.

**Theme 5. Medical Systems: Exclusive, Tolerant, Integrative.**



**CD8.5.1DISCIPLINE SYLLABUS FOR  
UNIVERSITY STUDIES**

<b>Edition:</b>	<b>09</b>
<b>Date:</b>	<b>08.09.2021</b>
<b>Page6/10</b>	

<ul style="list-style-type: none"> <li>• To define the positions of medical sociology of the notions of health and disease;</li> <li>• to know at a theoretical level the medical systems that have evolved in the history of medicine and contemporary medical systems;</li> <li>• to demonstrate the identification of various situations of behavioral manifestation in the doctor-patient relationship, effective communication models, active listening techniques, etc. depending on the patient's origin from certain medical systems;</li> <li>• to integrate skills to identify the cultural aspect of the disease with the implementation of a system of cultural remedies.</li> </ul>	<ol style="list-style-type: none"> <li>1. Sociology and its concepts about health and disease, the medical system, medical pluralism, biomedicine, medicalization, and medical hegemony, syndemic.</li> <li>2. Medical systems of pre-industrial societies: ethnomedicine, ethnopsychiatry, ethnopharmacology.</li> <li>3. Types of medical systems. Exclusive medical systems: Soviet, French, American model.</li> <li>4. Tolerant medical systems: British, German model.</li> <li>5. Integrated medical systems: the Indian model. Chinese model. Medical models of third world countries.</li> <li>6. Externalist and internalist medical systems. Personalistic and naturalistic medical systems. Local, regional, cosmopolitan medical systems.</li> </ol>
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**Theme 6.** Behavior in an Intercultural Context

<ul style="list-style-type: none"> <li>• To define the intercultural behavioral process, different types of intercultural behavior;</li> <li>• to know sources of intercultural blunders in the behavior of the medical worker;</li> <li>• to demonstrate intercultural behavioral components in the doctor-patient relationship;</li> <li>• to structurally apply intercultural dialogue;</li> <li>• to integrate intercultural communication theory in the dialogue with patients from different ethnicities.</li> </ul>	<ol style="list-style-type: none"> <li>1. The concept of culture and intercultural communication. Multiculturalism, interculturality, transculturality.</li> <li>2. Ethnocentrism and intercultural communication. Ethnocentrism as a problem of intercultural communication.</li> <li>3. The structural characteristics of intercultural communication. Sources of blunders in intercultural communication.</li> <li>4. Intercultural doctor-patient communication.</li> </ol>
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**Theme 7.** Etiquette and Image: Essential Elements in Contemporary Society

<ul style="list-style-type: none"> <li>• To define the notions of etiquette and image;</li> <li>• to know the basic theoretical components of the etiquette and the Image for the possibility of their application in the daily and professional conduct;</li> <li>• to demonstrate successes or behavioral gaps in the social micro-environment;</li> <li>• apply in practice skills to know the elements of etiquette and personal image;</li> <li>• to integrate the theoretical-practical abilities of image and medical etiquette with other basic components of the medical activity.</li> </ul>	<ol style="list-style-type: none"> <li>1. Label. From the history of the label. Elements of the code of good manners.</li> <li>2. Behavior in professional life.</li> <li>3. The image is an essential element in contemporary society. The concept of image. Personal image.</li> <li>4. The language of clothing and accessories. The language of colors. Women's and men's wardrobes.</li> <li>5. Image: general features.</li> <li>6. The image of the doctor.</li> <li>7. Elements of neurolinguistic programming: the meta-model, the art of asking questions, fingers and critical words, sensory representation, the keys to visual access, and how we hold the objectives.</li> </ol>
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**Theme 8.** Health Risk Behavior.

<ul style="list-style-type: none"> <li>• To define the forms (varieties) and content of health-risk behaviors;</li> <li>• to understand the knowledge needed to detect deviant and harmful behaviors in the</li> </ul>	<ol style="list-style-type: none"> <li>1. Concept of deviant behavior. The importance of its annihilation in society and medicine.</li> <li>2. Classification of deviant behaviors.</li> <li>3. Personality disorders. Behavioral syndromes in</li> </ol>
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## CD8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

**Edition:** 09

**Date:** 08.09.2021

**Page**7/10

communication process;

- to know the classification of deviant behaviors;
- to demonstrate communicative - behavioral capacities to maintain a physician-patient dialogue in case of detecting deviant or harmful behaviors, aiming the annihilation or diminution of the respective skills;
- to apply bioethics in clarification of issues related to the life and health of patients and/or their entourage;
- to integrate the design, support, and evaluation of a speech adapted to the criteria for the prevention of deviant or harmful behaviors;
- to integrate communication strategies and techniques for changing health risk behaviors.

mental illness.

4. Domestic violence. Sexual Deviations.
5. Persistent conflict situations.
6. Harmful behavior: general characteristic.
7. Delimitation of the main problems of harmful behavior.
8. Physical and nervous strain. Unbalanced eating.
9. Smoking, alcohol, and drug use.
10. Behavior towards medicines: repulsion, indifference, habits, abuse. Effect of Placebo.
11. General Aspects of the Behavioral Change Process: Principles and Steps in Assessing Change of Behavior.
12. Essential conditions for changing behavior.

### VIII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCIES AND STUDY FINALITIES

#### ✓ Professional (specific) (SC) competences

- PC1. Responsible execution of professional tasks with the application of the values and norms of professional ethics, as well as the provisions of the legislation in force.
- PC2. Adequate knowledge of the sciences about the structure of the body, physiological functions and behavior of the human body in various physiological and pathological conditions, as well as the relationships between health, physical and social environment.
- PC5. Interdisciplinary integration of the doctor's activity in a team with efficient use of all resources.

#### ✓ Transversal competencies (TC)

- TC1. Autonomy and responsibility in the activity.
- TC3. Achieving interaction skills and social responsibility.
- TC4. Personal and professional development.

#### ✓ Study finalities

By the end of this course, the student will be able:

- to distinguish the components of an effective behavioral act;
- to identify the vertical moral character of the man to successfully practice medicine;
- maintain emotional and moral balance in difficult professional situations;
- to establish the sources of mistakes encountered during the doctor-patient relationship;
- make constructive decisions in conflict situations with either patients or co-workers;
- to perfect the techniques and strategies, types and models of behavior in the professional activity in the daily life;
- to appreciate the value and necessity of moral behavior in performing the medical act;
- characterize deviant and harmful behaviors to promote healthy living behavior.



**CD8.5.1DISCIPLINE SYLLABUS FOR  
UNIVERSITY STUDIES**

<b>Edition:</b>	<b>09</b>
<b>Date:</b>	<b>08.09.2021</b>
<b>Page8/10</b>	

**IX. STUDENT'S SELF-TRAINING**

No.	Expected product	Implementation strategies	Assessment criteria	Implementation terms
1.	Working with books and ICT.	Work systematically in the library and audiovisual services. Exploring the current electronic sources on the topic under discussion.	1. Quality of formed judgments, logical thinking, flexibility. 2. The quality of the systematization of the informational material obtained through its activity.	During the semester
2.	Essays	Analysis of relevant sources on the topic of the paper. Analysis, systematization, and synthesis of information on the proposed theme. Compilation of the paper by the requirements in force and presentation to the chair.	1. The quality of systematization and analysis of the informational material obtained through its activity. 2. Concordance of information with the proposed theme.	During the semester
3.	Case study analysis.	Choice and description of the case study Analysis of the causes of the issues raised in the case study. Prognosis of the case investigated. Deduction of the expected outcome of the case.	1. Analysis, synthesis, generalization of data obtained through own investigation. 2. Formation of an algorithm of knowledge based on the obtained conclusions.	During the semester

**X. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT**

• **Teaching and learning methods used**

The lecture consists of an interactive exposition of the course's basic content.

The student's seminar and extra-curricular activity involve the application of a variety of methods as follows: heuristic conversation, problem-solving, brainstorming, group work, individual study, debate, problem-solving, role play, case study.

• **Applied (specific to the discipline) teaching strategies/technologies**

Study of document texts; the role-play or case study; computer-assisted training.

• **Methods of assessment(including the method of final mark calculation)**

**Current:** frontal and/or individual control by:

- ✓ Evaluation of the level of involvement of students and their quality in the accomplishment of the current tasks;





## CD8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

**Edition:** 09  
**Date:** 08.09.2021  
**Page**9/10

- ✓ Evaluating answers (students' arguments and decisions) to questions of problem situations or case studies;
- ✓ Evaluation of the control work.

**Final:** Exam.

Final test – written test (SIMU): with simple and multiple compliments.

Answers are scored in grades 0 to 10 following national knowledge and competence assessment regulations. The annual average is formed from the sum of all grades divided by the number of accumulated notes.

The final grade will be calculated from the annual average score (coefficient 0.5) and the final grade score (coefficient 0.5).

### Method of mark rounding at different assessment stages

Intermediate marks scale (annual average, marks from the examination stages)	National Assessment System	ECTS Equivalent
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,0	6	
6,01-6,50	6,5	D
6,51-7,00	7	
7,01-7,50	7,5	C
7,51-8,00	8	
8,01-8,50	8,5	B
8,51-9,00	9	
9,01-9,50	9,5	A
9,51-10,0	10	

The average annual mark and the marks of all stages of the final examination (computer-assisted, test, oral) - are expressed in numbers according to the marking scale (according to the table), and the final mark obtained is expressed in number with two decimals, which is transferred to student's record-book.

*Absence on examination without good reason is recorded as "absent" and is equivalent to 0 (zero). The student has the right to have two re-examinations in the failed exam.*

## XI. RECOMMENDED LITERATURE:

### A. Compulsory

1. Ojovanu V. (coord.). Comunicare și comportament în medicină (cu elemente de bioetică). Suport de curs. Chișinău: CEP Medicina, 2016.
2. Spinei Angela. Comunicare și comportament. Chișinău: CEP Medicina, 2005.
3. Fica Simona, Minea Liudmila. Ghid de comunicare și comportament în relația cu pacientul. București: Editura Universitară „Carol Davila”, 2008.
4. Miu Nicolae. Științele comportamentului. Cluj-Napoca: Editura Medicală Universitară „Iuliu Hațieganu”, 2004.



**CD8.5.1DISCIPLINE SYLLABUS FOR  
UNIVERSITY STUDIES**

<b>Edition:</b>	<b>09</b>
<b>Date:</b>	<b>08.09.2021</b>
<b>Page10/10</b>	

*B. Additional*

1. Dicționar de Filosofie și Bioetică. Chișinău: Medicina, 2004.
2. Birkenbihl Vera F. Semnalele corpului. Cum să înțelegem limbajul corporal. București: Gemma Pres, 1999.
3. Campbell Alastair, Gillett Grant, Jones Gareth. Medical ethics. Oxford: Oxford University Press, 2006.
4. Codul cadru de etică (deontologic) al lucrătorului medical și farmaceutic. Chișinău: Min. Săn. al R.Mold., 2008.
5. Cole Thomas R., Carlin Nathan S., Carson Ronald A. Medical humanities. An introduction. Cambridge: Cambridge University Press, 2015.
6. Cornelius Helena. Știința rezolvării conflictelor. București: Ed. Știința și Tehnica, 1996.
7. Gramma Rodica, Paladi Adriana. Behavioral sciences: compendium. Didactic material for medical students. Chisinau: Medicina, 2011.
8. Guillemont A., Laxenaire M. Anorexie mentale et boulimie. Le poids des facteurs socioculturels. Ed. Masson, 1994.
9. Jung C. G. Descrierea tipurilor psihologice. București: Ed. Anima, 1994.
10. Legea cu privire la exercitarea profesiei de medic (Nr. 264 din 27.10.2005).  
În: <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313062>.
11. Marinescu A. Codul bunelor maniere astăzi. București: Ed. Humanitas, 2002.
12. Munteanu D. Politețe și bună cuviință. București: Ed. Ramida, 1992.
13. O'Neill Onora. Autonomy and trust in bioethics. Cambridge: Cambridge University Press, 2012.
14. Pascu Rodica. Comunicare interculturală. Sibiu: Editura Universității "Lucian Blaga", 2007.
15. Pasecnic V. Psihologia imaginii. Chișinău: Știința, 2006.
16. Popa-Velea O. Științele comportamentului uman. Aplicații în medicină. București: Ed. Trei, 2010.
17. Râmbu Nicolae. Comunicare interculturală. Suport de curs universitar. În: Comunicare socială și relații publice. Iași: Editura Universității "Al. I. Cuza", 2007, p.167–218.
18. Rogozea L. Etică și Deontologie medicală. Brașov: Editura Universității TRANSILVANIA, 2006.
19. Smith Stephen W. End-of-life decisions in medical care: principles and policies for regulating the dying process. Cambridge: Cambridge University Press, 2012.
20. Мягков И.Ф., Воков С.Н., Чаев С.И. Медицинская психология. Москва: Логос. 2003.