



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

**Edition: 09**

**Date: 08.09.2021**

**Page1/10**

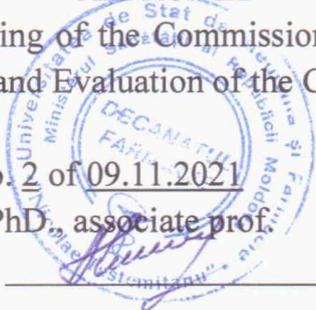
**FACULTY PHARMACY**

**STUDY PROGRAM 0916.1 PHARMACY**

**CHAIR PHILOSOPHY AND BIOETHICS**

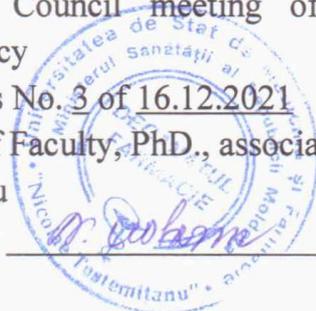
APPROVED

at the meeting of the Commission for Quality Assurance and Evaluation of the Curriculum in Pharmacy  
Pharmacy  
Minutes No. 2 of 09.11.2021  
Chairman PhD, associate prof.  
Uncu Livia \_\_\_\_\_



APPROVED

at the Council meeting of the Faculty  
Minutes No. 3 of 16.12.2021  
Dean of Faculty, PhD., associate prof.  
Ciobanu  
Nicolae \_\_\_\_\_



APPROVED

at the meeting of the Chair philosophy and bioethics  
Minutes No. 2 of 16.09.2021  
Head of chair, PhD., associate prof.  
Ojovanu Vitalie \_\_\_\_\_

**SYLLABUS**

**DISCIPLINE: BEHAVIORAL SCIENCES**

**Integrated studies**

Type of course: **Compulsory discipline**

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

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

Chisinau, 2021



## CD8.5.1DISCIPLINE 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 for pharmaceutical practitioners are determined by the various situations that are unclear and lack in precision with which the pharmaceutical 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 pharmacist, the course Behavioral sciences 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 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 pharmacist.

- **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 pharmaceutical behavioral act is carried out, ensuring communication for the change of the behavior of the parties involved in the pharmaceutical relations.

- **Language (s) of the discipline:** Romanian, English, Russian;
- **Beneficiaries:** First-year students, Faculty of Pharmacy.

### II. MANAGEMENT OF THE DISCIPLINE

Code of discipline	<b>U.01.O.007</b>		
Name of the discipline	<b>Behavioral sciences</b>		
Person(s) in charge of the discipline	Vitalie Ojovanu, PhD., Associate professor Anatolie Eșanu, PhD., Associate professor Rubanovici Ludmila, PhD., Associate professor Ion Banari, PhD., Lecturer		
Year	<b>I</b>	Semester/Semesters	<b>1</b>
A total number of hours, including:			<b>60</b>
Lectures	<b>15</b>	Practical/laboratory hours	<b>-</b>
Seminars	<b>15</b>	Self-training	<b>30</b>
Form of assessment	<b>E</b>	Number of credits	<b>2</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:**
  - the behavioral process and its functions;



## CD8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

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

- ways of behaving in creating functional pharmacist-patient relationships;
  - behavioral criteria of qualitative pharmaceutical service;
  - various situations of manifestation of behavioral barriers in the pharmacist-patient/ client relationship;
  - the main sources of mistakes in the pharmaceutical activity and possibilities to prevent them;
  - the rights and obligations of the pharmacist.
- **At the application level:**
    - intra- and inter-organizational behavioral skills, to optimally integrate into the curative team;
    - adequate images of a pharmacy worker by avoiding situations of malpractice;
    - specific techniques for overcoming behavioral barriers;
    - behavior in the pharmacist-patient relationship;
    - intercultural behavioral ways in the pharmacist-patient relationship;
    - behavioral reactions of patients/clients depending on personality;
    - moral qualities in clarifying the problems regarding the life and health of patients and/or people in their entourage.
  - **At the integration level:**
    - behavioral ways in the conditions of medical activity;
    - knowledge to organize or reorganize one's style of behavior in the pharmaceutical field;
    - professional image by the status and social role of the pharmacist;
    - knowledge and skills to detect sources of behavioral nonconformities in pharmaceutical practice;
    - skills to overcome behavioral difficulties in the pharmacy.

### IV. PROVISIONAL TERMS AND CONDITIONS

Essential knowledge in the field of behavior, eloquence, etiquette, communication applied in pharmaceutical practice to streamline the implications for the 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	3	3	6
2.	Behavior and Personality.	2	2	5
3.	Behavior and Society.	2	2	4
4.	Behavior in an Intercultural Context	2	2	4
5.	Etiquette and Image: Essential Elements in Contemporary Society	3	3	6
6.	Health Risk Behaviors.	3	3	5
...		<b>15</b>	<b>15</b>	<b>30</b>
<b>Total</b>		<b>60</b>		



## CD8.5.1DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

**Edition:** 09  
**Date:** 08.09.2021  
**Page**4/10

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

- Knowledge and application in practice of the pharmaceutical 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, Alzheimer's disease, autism, phobia.</li></ol>
<b>Theme 2. Behavior and Personality</b>	
<ul style="list-style-type: none"><li>• to define what is personality and its structural elements;</li><li>• to know the impact of human character on professional success;</li><li>• to apply the behavioral responses of different types of personality;</li><li>• to integrate effective decisions that shape different types of particular behaviors.</li></ul>	<ol style="list-style-type: none"><li>1. The concept of personality. Characteristics and personality structure.</li><li>2. Behavior and temperament. Types of temperament: choleric, sanguine, phlegmatic and melancholic.</li><li>3. Behavior and human somatic. Morphological typologies.</li><li>4. Behavior and „human psychic“. Psychophysiology and psychological typologies.</li></ol>
<b>Theme 3. Behavior and Society.</b>	
<ul style="list-style-type: none"><li>• To define the concept status and social role, bioethics, medical deontology;</li><li>• to know the types of the pharmacist-patient relationship;</li><li>• to be aware of the rights and obligations of the pharmacist and the patient;</li><li>• to apply appropriate images to a medical worker by avoiding situations of malpractice;</li><li>• to integrate the professional image by the status and social role of the pharmacist.</li></ul>	<ol style="list-style-type: none"><li>1. The characteristic of the notions of status and social role and role conflict.</li><li>2. The status and social role of the pharmacist. The social role of the patient. The pharmacist-patient relationship as a role relationship.</li><li>3. Types, models, and strategies of the pharmacist-patient relationship.</li><li>4. Malpractice and non-compliance with treatment as deviations from the role obligation. Self-medication.</li></ol>



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

**Edition:** 09  
**Date:** 08.09.2021  
**Page5/10**

5. Elements of bioethics and medical deontology in pharmaceutical activity.

**Theme 4. Behavior in an Intercultural Context**

- To define the intercultural behavioral process, different types of intercultural behavior;
- to know sources of intercultural blunders in pharmacist behavior;
- to demonstrate intercultural behavioral components in the doctor-patient relationship;
- to structurally apply intercultural dialogue;
- to integrate intercultural communication theory in the dialogue with patients from different ethnicities.

1. The concept of culture and intercultural communication. Multiculturalism, interculturality, transculturality.
2. Ethnocentrism and intercultural communication. Ethnocentrism as a problem of intercultural communication.
3. The structural characteristics of intercultural communication. Sources of blunders in intercultural communication.
4. Intercultural doctor-patient communication.

**Theme 5. Etiquette and Image: Essential Elements in a Contemporary Society**

- To define the notions of etiquette and image;
- to know the basic theoretical components of the etiquette and the image for the possibility of their application in the daily and professional conduct;
- to demonstrate successes or behavioral gaps in the social micro-environment;
- to apply in practice skills to know the elements of etiquette and personal image;
- to integrate the theoretical-practical abilities of image and medical etiquette with other basic components of the medical activity.

1. Label. From the history of the label. Elements of the code of good manners.
2. Behavior in professional life.
3. The image is an essential element in contemporary society. The concept of image. Personal image.
4. The language of clothing and accessories. The language of colors. Women's and men's wardrobes.
5. Image: general features.
6. The image of the doctor.
7. Elements of neuro-linguistic 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.

**Theme 6. Health Risk Behavior.**



## CD8.5.1DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

**Edition:** 09

**Date:** 08.09.2021

**Page**6/10

<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 communication process;</li><li>• to know the classification of deviant behaviors;</li><li>•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;</li><li>• to apply bioethics in clarification of issues related to the life and health of patients and/or their entourage;</li><li>•to integrate the design, support, and evaluation of a speech adapted to the criteria for the prevention of deviant or harmful behaviors;</li><li>• to integrate communication strategies and techniques for changing health risk behaviors.</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 mental illness.</li><li>4. Domestic violence. Sexual deviations.</li><li>5. Persistent conflict situations.</li><li>6. Harmful behavior: general characteristic.</li><li>7. Delimitation of the main problems of harmful behavior.</li><li>8. Physical and nervous strain. Unbalanced eating.</li><li>9. Smoking, alcohol, and drug use.</li><li>10. Behavior towards medicines: repulsion, indifference, habits, abuse. Effect of Placebo.</li><li>11. General aspects of the behavioral change process: principles and steps in assessing change of behavior.</li><li>12. Essential conditions for changing behavior.</li></ol>
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### **VIII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCIES AND STUDY FINALITIES**

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

- PC1. Knowledge of the theoretical bases of the disciplines included in the faculty curriculum, of the general principles in the elaboration, analysis and registration of pharmaceutical and parapharmaceutical products; knowledge of the general principles of organization and operation of pharmaceutical institutions with different legal forms of activity; knowledge of the legislative framework in the field of pharmacy; knowledge of the rights and obligations of the pharmacist.
- PC4. Diagnosing the features and organizational culture of the institution in the pharmaceutical system, where the specialist carries out his activity; design and coordination of the pharmaceutical activity in various institutions: open state or private pharmacies; hospital pharmacies; pharmaceutical warehouses; medicine factories, laboratories for quality control and certification of medicines, etc.; the active involvement of the specialist in the process of accomplishing the mission of the pharmaceutical institution; demonstrating the ability to make decisions aimed at improving the pharmaceutical system.
- PC5. Determining the criteria for the assessment of effectiveness of the pharmaceutical system and personal activity according to the real conditions and in a concrete social context; determining the modalities of directing the pharmaceutical activity based on the evaluation results; identifying research problems in the field of pharmacy; knowledge of the methodology of scientific research in the practical activity of pharmacist or head of the pharmaceutical unit.
- PC6. Adjustment of messages to various socio-cultural backgrounds, including by communicating in several foreign languages; use of problem-solving skills in the pharmaceutical activity through collaboration with doctors; promoting the principles of tolerance and compassion towards patients; the use of information technology (and computer) in the pharmaceutical business.

#### **✓ Transversal competencies (TC)**



## CD8.5.1DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

<b>Edition:</b>	<b>09</b>
<b>Date:</b>	<b>08.09.2021</b>
<b>Page7/10</b>	

- TC1. Promotion of logical reasoning, practical applicability, evaluation and self-evaluation in decision making; compliance with the rules of ethics and pharmaceutical ethics in the preparation, analysis, transport and release of medicinal remedies to the population and medical institutions.
- TC2. Identifying the training needs according to the evolution of the pharmaceutical system; determining the priorities in the continuous professional training of the pharmacist; appreciation of changes in the pharmaceutical system as a condition of its functionality.
- TC3. Carrying out activities and exercising the specific roles of teamwork. Promoting the spirit of initiative, dialogue, cooperation, positive attitude and respect for others, empathy, altruism and continuous improvement of one's activity.

### ✓ **Study finalities**

Upon completion of the study unit the student will be able to:

- 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.

## 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.	1. Analysis, synthesis, generalization of data obtained through own investigation.	During the semester



**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>	

	Prognosis of the case investigated. Deduction of the expected outcome of the case.	2. Formation of an algorithm of knowledge based on the obtained conclusions.	
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**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; role-plays; 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;
- ✓ 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 by 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
3,01-4,00	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	C
7,01-7,50	7,5	



## CD8.5.1DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

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

Intermediate marks scale (annual average, marks from the examination stages)	National Assessment System	ECTS Equivalent
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. Fica Simona, Minea Liudmila. Ghid de comunicare și comportament în relația cu pacientul. București: Editura Universitară „Carol Davila”, 2008.
3. Miu Nicolae. Științele comportamentului. Cluj-Napoca: Editura Medicală Universitară „Iuliu Hațieganu”, 2004.
4. Spinei Angela. Comunicare și comportament. Chișinău: Medicina, 2005.
5. Cole Thomas R., Carlin Nathan S., Carson Ronald A. Medical humanities. An introduction. Cambridge: Cambridge University Press, 2015.
6. Gramma Rodica, Paladi Adriana. Behavioral sciences: a compendium. Didactic material for medical students. Chisinau: Medicine, 2011.
7. Smith Stephen W. End-of-life decisions in medical care: principles and policies for regulating the dying process. Cambridge: Cambridge University Press, 2012.

#### *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. Corneliu 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.
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**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>	

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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. Pasencic 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. Rogoza 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.