

UNIVERSITY OF HEALTH SCIENCES LAHORE



BEHAVIOURAL SCIENCES IN UNDERGRADUATE MEDICAL/DENTAL EDUCATION



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Preface

The modern medicine is committed to train the future doctors in the BIO-PSYCHO-SOCIAL MODEL of health care. This model expects the doctor to be an effective communicator and an ethical practitioner of the art and science of medicine who trains himself, in the study of the psychosocial aspects alongside the biological determinants of health and disease. He is able to extend health care beyond the patient to include the family and community and emphasizes as much on the prevention of illness and promotion of health as on the treatment of disease. To achieve an adequate training of an undergraduate training in this model, it is pertinent to teach Behavioural Sciences alongside the subjects of Physiology, Anatomy and Biochemistry as basic to the clinical subjects in later years. Behavioural Sciences is a high profile subject in all the major medical/dental schools in U.K., USA, Europe, Japan, Malaysia, Thailand and Singapore. The step I and II examinations for certification for entry into residency training in USA have a major component of questions based on Behavioural Sciences. The same is the case for similar entry level examinations in UK and Far East.

University of Health Sciences has taken a lead by including the subject of Behavioural Sciences for organized teaching and training at the undergraduate level in all its affiliated medical/dental colleges. The University will hold the first ever examination in Behavioural Sciences in 2007 as part of the University's Second Professional Examinations of MBBS (Third Year) & BDS (Second Year). This historical step will bring the graduates of UHS at par with their counterparts around the world.

In addition to the training needs of medical/dental students this step will integrate the teachings of biological and medical/dental sciences with the knowledge of psychology, sociology and anthropology and thus help the future doctors in having a holistic and a humanistic approach towards their patients.

Then is community's ever increasing demand to augment the training of medical/dental students in the areas of medical/dental ethics and character building.

In the personal sphere a typical medical/dental student continues to use the learning skills acquired in his pre medical/dental school years largely built around rote-learning. He is unaware of the modern theories of learning, memory and cognition that can potentially enhance his learning technique, style and thus rid him from the difficulties that are bound to surface on account of the use of conventional learning methods. The knowledge of Behavioural Sciences can be of great personal advantage to a medical/dental student.

The core curriculum of Behavioural Sciences must therefore cater for all the above mentioned needs of the medical/dental student and the community that he aims to serve.

This handbook has outlined the core contents of the curriculum, teaching methodologies and methods of evaluation for benefit of faculty and students of affiliated institutions.

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What are Behavioural Sciences?

The undergraduate medical curriculum is extremely full and so some justification is necessary for introducing another subject, Behavioural Sciences, to add to the enormous amount that has to be learned. Because of the wholly appropriate emphasis in medical education on scientific and technological advances in diagnosis and in treatment, it has become necessary to redress the balance and to teach more about human behaviour, its variability and how it manifests itself in social groupings. The intention of this book is to reinforce the idea in a number of different ways that human beings, patients, are whole people and need to be treated as such. They are also members of families, citizens, and representatives of other distinctive groupings. It is important not to lose sight of the fact that human illness occurs in a wider context than just the doctor's surgery.

Behavioural Sciences are concerned with the scientific study of human behaviour. They provide a useful framework of the appreciation of how a sick person behaves in a medical setting, in a similar way to the application of biochemistry and physiology in pathology. The difficulty for human behaviour is that its scientific study is less advanced than for example, physics, although we intuitively 'know' more about behaviour before we begin scientific investigation. In physics, we are satisfied, if for example, we can predict what all the atoms of a particular kind are likely to do; we are not concerned with the behaviour of individual atoms. With human beings, however, individual variation is all important, and science has to progress to a more refined level than simply predicting the behaviour that is common to all.

Behavioural Sciences are concerned with the observation and explanation of human behaviour, either in single individuals or in groups. The academic subjects of psychology and sociology are the most important Behavioural Sciences for consideration in medical training. **Psychology** is the study of the nature, functions and phenomena of human behaviour.

Sociology and **social anthropology** are the study of the origins, history, mechanisms and constitution of human cultures. Behavioural sciences are also significantly linked with **human ecology**, that is, the branch of knowledge which deals with the relations of human beings to their environment and the quantification of this relationship; and to a lesser extent **epidemiology**, which is the study of illnesses in defined populations.

Relevance to Health Care

The relevance of Behavioural Sciences to medicine is demonstrated in aetiology; in the presentation of illnesses; in the delivery of health care; and in aspects of psychological and social treatment. Both psychological and social factors are relevant in causing illness. As examples of such causation, emotional disturbances and problems with personal relationships can cause both overeating and also, on occasions, a refusal to eat (anorexia nervosa). Whatever the psychological causes that may or may not be important, cigarette smoking is undoubtedly human behaviour, and it is a form of behaviour that is associated with morbidity and mortality. Links between occupation, social class or race and certain illnesses may be seen as social factors aetiology. There is here an obvious overlap with Community Medicine.

Illnesses manifest as specific behaviours occurring in individual patients. Disease is not like a universal chemical reaction occurring in a test-tube. Changes in behaviour are important in different illnesses and also in different conditions of the organism, for example, with ageing. Behaviour may be altered to a very marked extent in association with psychiatric illness, or with severe pain, or with various types of neurological impairment, for example multiple sclerosis. The patient's response to his illness and its treatment is a highly individual matter where both psychological and social factors are relevant; for

instance, it is very important to consider behavioural and human aspects of a man aged 43 with three children at school, a wife and a mortgage, who learns that he has cancer. It is important to consider not only the reaction of the patient but also of the whole family when a sick member requires dialysis at home for renal failure.

Behavioural and social aspects are very important in the way health care is given to a community. Psychology and sociology are both relevant in making health education effective, for example, using the information that less than 50% of doctors smoke in persuading others to change their smoking behaviour. Behavioural and emotional aspects should be taken into consideration when decisions are made as to whether treatment should be in hospital or at home for various conditions such as coronary thrombosis, terminal malignant disease or mild dementia.

It is valuable for the doctor to improve his interviewing skills, and also to establish a relationship in which his patients trust him. It is also useful for him to gain some knowledge of how the relationship with a patient may be therapeutic in reducing unhelpful illness behaviour and encouraging healthy attitudes. Behavioural modifications sometimes far removed from their original applications in psychiatry. Changing the patient's environment may be valuable for the improvement of both mental and physical symptoms. The doctor may be in a position to facilitate social change if he is sufficiently interested and knowledgeable about the social factors relevant to his patient to help in this way. The importance of considering cultural and ethnic factors in both the presentation of disease and its treatment should be stressed.

Diagnosis

Every profession must conceptualize the problems it is called upon to solve in such a way that the skills of that profession may be made most effective.

Diagnosis is just that; the patient's problem described in terms which allow the doctor to carry out appropriate action. Diagnosis is therefore dependent on accurate observation, and it carries important implications for both management and prognosis.

When diagnosis is put in its social and psychological context it should not be a single word, for example, 'tuberculosis', but much more a diagnostic formulation that describes a problem in biochemical, pathological, psychological and social terms, for example: 'bacteriologically-proven tuberculosis in a man with cirrhosis of the liver secondary to chronic alcoholism associated with destitution, and living in lodging houses over the last several years'.

Diagnosis is equally essential as an element of medical practice whether it be in acute medicine or surgery, general practice or psychiatry. Rational treatment with the expectation of benefit to the patient is quite impossible without rational diagnosis.

Concepts of Illness and Health

Health and disease, being healthy or having an illness, affects the psychological state of the individual and his social status and role. Illness is not seen as being a neutral event but it is given the value judgment of being definitely bad. Loss of function, the presence of pain and other symptoms, the presence of deformity

are usually considered by the person himself and those around him to be of negative value and to detract from him as a person.

Illness can be used to explain circumstances. For a person to be described as 'ill' denotes a lack of personal responsibility, and may be used as an excuse for

defaulting in areas of life which are in fact unconnected: "How could I be expected to have written that essay, I had 'flu.'"

Illness also denotes a social role. An ill person takes a dependent position in society and this is legitimized by the presence of illness. In a sociological sense, the whole paraphernalia of medicine and its ancillary professions may be seen as a means of establishing those who are ill in such a role of sickness.

Health has proved extremely difficult to define. Many doctors have a working definition that it is the absence of disease. Disease is either seen as the presence of organic, histological, morbid pathological or biochemical disorder or, alternatively, the presence of biological disadvantage as shown by increased mortality or decreased fertility. At a more elevated level, is the definition given by the World Health Organization that 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

Scope of Behavioural Sciences

Information has accumulated over the last few years about how the individual develops psychosocially; that is, how people learn to behave the way they do. Human learning and development can be studied both from the individual and from the cultural standpoint.

The single most fundamental difference between Behavioural Sciences, and the basic or natural sciences like chemistry or physics is the element of individual variation. As long as the vast majority of atoms behave in a certain way in a chemical reaction we do not usually enquire whether there are any deviants among the atomic population. However, in the Behavioural Sciences, the very opposite is true; it is often study of the deviant which gives us most useful information about the confirming majority. Human beings differ in the

functioning of their brains as much as in the shape of their faces, perception, intelligence, memory, consciousness, emotion, and personality, all show marked individual variation which require study. It is almost inconceivable that a doctor in training, who receives detailed information about the structure, composition and functioning of the human body, should not also be taught about these aspects of mankind; however, until quite recently this was the situation in fact.

Implicit within the differences between individuals is the effect human beings have upon each other and the way other's expectations affect the individual. Social differences, in terms of manifestation of social behaviour, are clearly important. These differences reveal themselves especially in the way different families function, and also in sex and gender role.

It is the aim of study of Behavioural Sciences to demonstrate how this emphasis upon the study of the individual and his interaction with society is relevant in medicine. The individual and social background to illness covers the effects of stress and personality and the presentation of illness; how behaviour and social circumstances may result in illness, what is meant by illness and illness behaviour; the special circumstances of old age, the relationship between work and ill health, and the variation of individual response to pain.

Knowledge of Behavioural Sciences has implications for health care. This is true both in considering study of the relationships between the individual patient and doctor, and also in looking at institutions, such as hospitals and the National Health Service, to see how they can most efficiently and humanely be therapeutic. For health education to be effective, a grasp of psychological and social principles is essential. The psychological sequelae of physical illness are important for the doctor to take into account, and this is particularly so for the special circumstances of chronic illness and handicap, for acute loss and for bereavement.

Aims of Introducing Behavioural Sciences in the Course

- To ensure the training of medical/dental students in BIO-PSYCHO-SOCIAL MODEL of health care
- To equip the medical/dental student in the use of behavioral sciences principles to enhance his learning skills and help him become an active learner
- To train the medical/dental student in the art and science of effective communication with patients and their families
- To create a sensitivity and understanding of the psychosocial aspects of health
- To inculcate highest standards of medical/dental ethics and character building drawing from the rich medical/dental, cultural and religious heritage

General Learning Objectives

At the end of training in Behavioural Sciences the medical/dental student is able to:

1. Use BIO-PSYCHO-SOCIAL MODEL in his clinical work
2. Integrate knowledge of behavioural sciences with medical/dental sciences in his clinical training and future practice
3. Use principles of behavioural sciences in his own learning and in his/her communication with the patients and their families

4. Use principles of behavioural sciences to enhance his own learning skills
5. Exhibit highest standards of medical/dental ethics and character in his interaction with teachers, colleagues, patients, their families and society at large

Specific Learning Objectives:

(A) Cognitive Domain

At the end of the training in Behavioural Sciences a medical/dental student will be able to:

1. Identify the disciplines that constitute Behavioural Sciences
2. Define the evolution and scope of the bio-psycho-social model of health care
3. Enlist the attributes/characteristics of a good doctor
4. Identify the essential tenets of medical/dental ethics
5. Enlist the rights of patients and doctors envisaged in law, constitution and religion
6. Use cognitive and behavioural theories of learning in identification of learning styles and strategies

7. Link the cognitive and behavioural models of perception, learning, memory, motivation etc to enhance his/her own learning and clinical skills
8. Compare the various types of intelligence and their application in enhancing his own functioning and those of his fellows
9. Enlist the influence of socio-cultural factors such as gender, race, social class, family and occupations on health and disease
10. Identify the stages of normal personality development (cognitive, psychomotor, psychodynamic)
11. Identify the normal psychological needs of human beings
12. Correlate the interaction of psychological and social factors with the biological factors in common physiological states (Sleep, Consciousness, Sex, Appetite, Pain etc)
13. Enlist the life events/stressors influencing human physiology
14. Identify the psycho-physiological mechanism by which stressors lead to psychosomatic diseases
15. Identify the psychosocial correlates of common clinical conditions (Diabetes mellitus, Coronary Artery Disease, Depression, Malignancies, Endocrine conditions, Reproductive Health conditions, AIDS etc)
16. Identify the psychosocial correlates of important clinical settings (Hospitalization, Emergency, ICU, Cancer Wards, Operating theatres etc.)

17. Identify the social and anthropological factors that influence detection, management, compliance and clinical outcome (stigma, myths and misconceptions, cultural taboos, sick-role, Somatization etc)
18. Define the common psychological defence mechanisms employed by human beings to cope with stresses (loss, grief, bad news, death and dying, physical and psychological trauma, behaviour of difficult patients etc)
19. Choose the appropriate stress coping strategies in various personal, professional and clinical challenges
20. Enlist the Do's and Don'ts of counseling, communication, crisis intervention and informational care

(B) Psychomotor Domain

By the end of training the medical/dental student should be able to:

1. Carry out different types of interviews (diagnostic, informative etc) with a patient or his/her relative using principles of Bio-psycho-social model.
2. Assimilate the information gathered in the interview in a scientific format.
3. Take a comprehensive medical/dental history using bio-psycho-social model, principles of active listening and interviewing skills.
4. Demonstrate communication skills in different clinical scenarios like breaking bad news, handling death and terminally ill patients, carry out

effective crisis intervention and resolve conflicts using principles of bio-psycho-social model.

5. Demonstrate provision of Informational care to the patients and their relatives regarding disease, its prognosis, treatment options, preventive measures and life style changes.
6. Demonstrate use of stress management skills towards self, patients and colleagues.

(C) Affective Domain

During and after completion of training the medical/dental student should be able to:

1. Demonstrate confidentiality and privacy of their patients' information in their clinical practice, interaction with colleagues and medical/dental and other authorities.
2. Undertake an informed consent from the patient.
3. Demonstrate honesty with his colleagues, benevolence towards all patients and colleagues so as to maintain the honorable tradition by

which the physician is regarded as the friend of all persons, without respect to race, creed or social position.

4. Demonstrate a clear understanding of the meaning of Illegal gratification, abuse of professional knowledge, skills and privileges, abuse of doctor-patient relationship, professional negligence of responsibilities towards

patients, abuse of financial opportunities afforded by the medical/dental practice, advertising for the sake of enhancing private practice,

5. professional immoralities like false pretences, forgery, fraud, theft and indecent behavior.
5. Demonstrate principles of these medical/dental ethics in their interaction with patients, their relatives, colleagues, pharmaceutical industry and medical/dental and other authorities.

Learning Activities And Experiences/ Modes Of Teaching

Cognitive Domain:

- Handouts
- Interactive lectures, integrated lectures, small group discussions, tutorials, debates, presentations, assignments

Psychomotor Domain:

- Demonstrations
- Videos
- Role play
- Case scenarios
- Hands on training

Affective Domain:

- Demonstrations
- Supervised bed side teaching

- Interactive sessions, lectures by professionals with outstanding human and ethical values,
- electives in social sciences, creative arts, philosophy
- Lectures by role models, icons, scholars, senior teachers from the medical/dental profession.
- Role plays, assignments.
- Exposure to clinical situations.
- Integrated lectures.
Film shows, videos.

Modules Of Learning For Behavioural Sciences

First Year:

Module 1:

- INTRODUCTORY MODULE
- What constitutes Behavioural Sciences, its relevance, scope and utility for a medical/dental student?
- What is Bio-psycho-social model, its background, evolution and application in health and disease?

Module 2:

- Use of Behavioural Sciences principles in enhancing a medical/dental students learning, memory and motivation

Module 3:

- Ethics

Second Year & Third Year

Module 4:

- Psychological, Social and Anthropological factors influencing human behaviour in health and disease

Module 5:

- Use of Behavioural Sciences in clinical situations and settings

MODULE 6:

- BEHAVIOURAL SCIENCES INTERVENTIONS : Non-pharmacological Interventions, Preventive, Promotive, Therapeutic
- CLINICAL ROTATION for TWO WEEKS: Department of Behavioural Sciences and Psychiatry
- LIAISON TRAINING during rotations in Medicine, Surgery, Gynae & Obs, Paediatrics and all other relevant subjects

Syllabus

S.No.	Topic	Contents
1.	Introduction to behavioral sciences and its importance in health.	<p>Bio-Psycho-Social Model of Health Care and the Systems Approach</p> <p>Normality vs Abnormality</p> <p>Link of Health with Behavioural Sciences (Psychology, Sociology, Anthropology)</p> <p>Importance of behavioral sciences in health</p> <p>Correlation of brain, mind and Behavioural Sciences</p> <p>Roles of a doctor</p> <p>Desirable Attitudes in Health Professionals</p>
2.	<p>Understanding Behavior</p> <ul style="list-style-type: none"> ● Sensation and sense organs ● Perception ● Attention and concentration ● Memory ● Thinking ● Communication 	<p>Describe sensation, sense organs/special organs</p> <p>Define perception, what factors affecting perception</p> <p>Define attention and concentration. What factors affecting them</p> <p>Define memory and describe its stages, types and methods to improving it</p> <p>Define thinking; describe its types and theories</p> <p>What is cognition and levels of cognition?</p> <p>Discuss problem solving and decision making strategies</p> <p>Define communication. What are types, modes and factors affecting it. Describe ways to recognize non-verbal cues. Characteristics of a good communicator</p>
3.	<p>Individual differences</p> <ul style="list-style-type: none"> ● Personality ● Intelligence. 	<p>What are the stages and characteristics of psychological growth and development?</p> <p>Define personality. What are cognitive and psychodynamic theories of personality?</p> <p>What factors affect personality development?</p> <p>How personality can be assessed? Influence of personality in determining reactions during health, disease, hospitalization, stress</p> <p>Define intelligence and the various types of intelligence. Relevance of IQ and EQ in the life of a doctor. Methods of enhancing EQ and effectively using IQ</p> <p>What factors affect it and how it can be assessed?</p>

S.No.	Topic	Contents
4.	<ul style="list-style-type: none"> ● Emotions ● Motivation/need/drive 	<p>Define emotions. What are the various types of emotions?</p> <p>Emotional Quotient (EQ) - concept & utility, Emotional Literacy</p> <p>Define motivation and what are the types of motivation?</p> <p>Use of motivational theory in improving learning, treatment adherence</p>
5.	Learning	<p>Define learning, Principles of learning, modern methods and styles of learning, types of learners, cognitive theory of learning and its use in enhancing learning</p> <p>Strategies to improve learning skills</p>
6.	Stress and stressors Stress management	<p>Define and classify stress and stressors</p> <p>Relationship of stress and stressors with illness</p>
7.	Life events	<p>Concept of life events and their relationship with stress and illness</p>
8.	Stress management	<p>What are coping skills?</p> <p>What is psychological defense mechanism?</p> <p>What is conflict and frustration?</p> <p>What is concept of adjustment and maladjustment?</p>
9.	Interviewing / Psychosocial History Taking	<p>Collecting data on psychosocial factors in Medicine/Surgery/Reproductive Health / Paediatrics and other general health conditions</p> <p>Define, types of interview and listening</p> <p>Skills of interviewing and listening</p>
10	Doctor-Patient relationship	<p>Discuss the doctor-patient relationship.</p> <p>What is the concept of boundaries and psychological reactions in doctor patient relationship (such as transference and counter transference)</p>
11.	Medical/dental Ethics	<p>Hippocratic oath- Do's and Don'ts</p> <p>What is the concept of medical/dental ethics?</p> <p>Common ethical dilemmas in doctor-patient relations, interaction with families, teachers, colleagues, pharmaceutical industry</p> <p>Rights of patients and doctors (in international law, constitution of Pakistan, PM&DC, Islam)</p>

S.No.	Topic	Contents
12.	Culture and medical/dental practice	Concept of group, its dynamics Attitude, value, belief, myths, social class, stigma, sick role and illness, health belief models
13.	Psychological reactions	Grief and bereavement, Family and illness, Dealing with difficult patients Symptoms presentation and culture. Illness and Behavior (sick-roles, stigma, Somatization), Treatment Adherence (Compliance) What are the psychosocial aspects of illness, hospitalization, rape, torture, terminal illness, death and dying?
14.	Breaking bad news	Introduction, Models, Methods, Death of the patient, abnormal baby, intractable illness
15.	Psychosocial aspects of Health and Diseases	Psychosocial correlates of hospitalization, illness behaviour, sick-roles Psychosocial issues in Emergency Departments, Intensive Care and Coronary Care Units, Operating Theatres, Cancer wards, Transplant Units, Anaesthesia
16.	Pain, Sleep, Consciousness	Concept of pain. Physiology of pain, Psychosocial assessment and management of chronic/intractable pain. Stages of Sleep, Physiology of consciousness, Altered states of consciousness. Psychological influences on sleep and consciousness, Non-pharmacological methods of inducing sleep, changes in consciousness
17.	Communication skills, Counseling, Crisis Intervention, Conflict Resolution Informational Care	Principles of effective communication, active listening, the art of questioning, the art of listening. Good and bad listener. Counseling: Scope, Indications and Contraindications, Steps, Do's and Don'ts, How to deal with real life crisis and conflict situations in health settings Informational Care: A practical method of communication between the doctor and patient on about diseases, drugs, prognosis etc

Table Of Specifications

CONTENTS	C1	C2	C3	P	A	% AGE
BioPsychoSocial model: application of behavioral sciences in medical/dental Practice	1	1	1		2	5
Psychological growth and development of personality, functions of learning, perception, memory, thinking, emotions	1	1	3			5
Communication skills:			3	1	1	5
Counseling: Breaking bad news Dealing with death and dying in clinical Settings Crisis Intervention/Conflict Resolution			1	3	1	5
Provision of Informational care and Improving compliance			2	2	1	5
Psychological Reactions in Health Settings	1		2	2		5

CONTENTS	C1	C2	C3	P	A	% AGE
Role of psychosocial factors in health care	1	1	3			5
How to make psychosocial assessment?			2	1	2	5
Effects of Psychosocial factors and stress while dealing with Common Medical/dental, Paediatric, Surgical and Reproductive Health Conditions, Chronic Pain	2	3	15	5		25
Stress coping techniques: non pharmacological interventions			2	3		5
Ethics and character building	1		5		9	15
Role of mental health in clinical Practice	1	1	3			5
Enhancing Learning Skills			5	2	3	10
						100%

Evaluation Strategies

Cognitive Domain:

- MCQs
- OSCE
- ASSIGNMENTS
- QUIZ

Psychomotor Skills:

- Summative assessment at the end of term/ year
- 3 OSCE Stations

Affective Domain:

- Formative and internal assessment by the HOD
- MCQs of Clinical Case Scenarios highlighting the ethical dilemmas, conflicts and problem situations requiring decision making.

Examination:

Second Professional MBBS	- 2007
Second Professional BDS	- 2007

Marks Distribution:

Total Marks	=	100
MCQ	=	45 Marks
Objective Structured Examination	=	45 Marks
Internal Assessment	=	10 Marks

Poster

IMPORTANT INFORMATION



University of Health Sciences, Lahore

BEHAVIOURAL SCIENCES
2nd Professional MBBS - 2007
2nd Professional BDS - 2007



Why BS

- ★ To help you become a well rounded health professional enhancing quality of health care delivery
- ★ To become an Effective Communicator
- ★ To become Ethical Health Professional
- ★ Responsive to the needs & demands of the community you serve
- ★ Focus on preventive & promotive aspects in addition to the curative aspects of practice of medicine &

What BS

- ★ Study of the factors influencing and shaping human behaviour
- ★ Why are some people happy and healthy?
- ★ How to stay Happy and Healthy?
- ★ How to be successful personally & professionally?

How BS

- ★ Free for All by UHS
Hand book of Behavioural Sciences
- ★ Skill enhancement at the department of Psychiatry and Behavioural Sciences
- Learn
 - Stress management memory enhancement
 - Anger management
 - Compliance enhancement counselling & Informational care
 - Non Pharmacological management of pain, sleep, disturbances etc
- ★ Through Role Play, Video Demonstration and Case Work

For Details Visit : www.uhs.edu.pk

Reading List Behavioural Sciences

1. A New Intellectual Framework for Psychiatry – group of 12 A >>
2. ER Kandell – AMERICAN JOURNAL OF PSYCHIATRY, 1998 –
ajp.psychiatryonline.org
3. The Hierarchy of the Sciences? – group of 3 A >>
4. S Cole – The American Journal of Sociology, 1983 – JSTOR
5. Comprehensive textbook of suicidology
6. RW Maris, Al Berman, MM Silverman – 2000
7. Textbook of Biological Psychiatry
8. J Panksepp – 2003
9. Challenging “Resistance to Change” – group of 2 A >>
EB Dent, SG Goldberg - JOURNAL OF APPLIED BEHAVIOURAL
SCIENCES, 1999 – anomaly.
10. Challenging “Resistance to Change” – group of 2 A >>
11. History of psychology and behaviour sciences, Watson, Robert Irving,
1978, Smathers Library
12. Behavioural sciences in clinical medicine, Wolf, Stewart, 1976
13. Development Psychology for the Health Care Professions
(Behavioural sciences for health care professionals)
by Katherine A. Billingham
14. A Companion to the Life Sciences
by Stacey Day (Editor) (Hardcover – July 1980)
15. Dynamic Modeling in the Health Sciences (Modeling Dynamic Systems)
by James L. Hargrove (Hardcover – June 2, 1998)
16. Clinical Vignettes for the USMLE Step 1 : PreTest
Self – Assessment and Review (Pretest Series)
17. Careers in Medicine
by Terence J. Sacks (Hardcover – November 11, 1996)
18. Rationalizing Medical Work: Decision Support Techniques
and Medical Practices (Inside Technology)
by Marc Berg (Hardcover – April 4, 1997)



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