



Nursing and Anthropology of Medicine

Code: 104115 ECTS Credits: 6

| Degree | Туре | Year | Semester |
|-----------------|------|------|----------|
| 2500891 Nursing | ОТ | 4 | 2 |

Contact

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Teachers

Sergio Martinez Morato

Prerequisites

None.

Use of Languages

Principal working language: catalan (cat)

Some groups entirely in English: No
Some groups entirely in Catalan: Yes
Some groups entirely in Spanish: No

Objectives and Contextualisation

The purpose of the subject is to develop a critical knowledge and an open attitude towards cultural diversity in the processes of health-illness-care. The central axis of the subject is based on the definition of illness understood as a cultural phenomenon in itself beyond its pure biological aspect. Disease is a multi-faceted cultural entity where we can distinguish three dimensions: disease (wrong functioning of the human organism) the illness (meanings and representations of the subject in relation to his/her illness or suffering) and sickness (social dimension of the disease).

Competences

- Acquire and use the necessary instruments for developing a critical and reflective attitude.
- Demonstrate that the interactive behaviour of the person is understood according to their gender, social group or community, within a social and multicultural context.
- Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
- Find, evaluate, organise and maintain information systems.
- Identify, analyse and choose the most suitable option to respond efficiently and effectively to problems in the professional context.
- Offer technical and professional health care and that this adequate for the health needs of the person being attended, in accordance with the current state of scientific knowledge at any time and levels of quality and safety established under the applicable legal and deontological rules.

Learning Outcomes

1. Acquire and use the necessary instruments for developing a critical and reflective attitude.

- 2. Arguing the universal health-disease-care concept.
- 3. Describe the characteristics of different explanatory models of the disease according to the social and cultural context of the person served.
- 4. Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
- 5. Find, evaluate, organise and maintain information systems.
- 6. Identify, analyze and make the right choice paragraphs to address problems professionally, efficiently and effectively.
- 7. Relate the three dimensions of the disease (disease, illness and sickness) with different models of care (biomedical vs junior).

Content

Medical Anthropology and different theoretical references. Universality of the health-illness binomial.

Explanatory models of the disease as concepts of analysis of the processes of health-illness-care.: biomedical model versus lay models. Hegemony of the biomedical model. Professional roles based on the size of the conflict: power, authority and prestige.

The medicalization process. Standardization vs. deviation.

Methodology

The different methodologies aim to guide the student in acquiring the necessary knowledge and skills that foster a critical attitude and a respectful professional vision against the disease as a process of cultural and social construction. Theory includes expert patient illness narratives (EPIN) in which expert patients on different days will explain their narrative. A fourth day of feedback to the storytellers will be used by the students. In the classroom practices, the students will do group work to explore the illness' explanatory model and will compare it with the corresponding biomedical model.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Activities

| Title | Hours | ECTS | Learning Outcomes | | |
|----------------------------|-------|------|-------------------|--|--|
| Type: Directed | | | | | |
| CLASSROOM PRACTICES (PAUL) | 15 | 0.6 | 1, 5, 3, 4, 6, 7 | | |
| THEORY (T) | 35 | 1.4 | 1, 2, 3, 4, 7 | | |
| Type: Supervised | | | | | |
| TUTORIALS | 14 | 0.56 | 1, 6 | | |
| Type: Autonomous | | | | | |
| SELF-STUDY | 84.5 | 3.38 | 1, 5 | | |

Assessment

The final grade of the subject is the weighted average of each of the assessment activities: written and oral assessments. The weighting will be carried out provided that the minimum mark in each of them assessment tests are equal to or greater than 4. If not presented, it will be rated as Non-Evaluable (NE) and will be quantified as zero (0).

Definition of NON EVALUABLE: It will be understood by Non-valuable that situation in which it has not been carried out 50% or more of the evaluation activities.

Review of tests: The review will consist of an individual tutorial where the student will be given the feedback relation to how it has been evaluated. They have the right to review all the students who have a previous appointment with the teacher.

The eventual treatment of particular cases: It will be carried out from a teaching committee (formed by the coordinator of the subject, and 1 department professor experts in the subject) who will evaluate the particular situation of the student and the most appropriate decisions will be taken.

Students who failed the subject through continuous assessment may submit to a retake exam as long as the student has been assessed for two thirds of the total grade of the subject. This retake exam will include all the matter of the subject.

Assessment Activities

| Title | Weighting | Hours | ECTS | Learning Outcomes |
|--|-----------|-------|------|-------------------|
| Objective tests: test of multiple choice questions. | 40% | 0.15 | 0.01 | 1, 2, 3, 6, 7 |
| Obtective tests: essay tests of restricted questions | 10% | 0.6 | 0.02 | 1, 4, 7 |
| Oral defense of written works | 50% | 0.75 | 0.03 | 1, 2, 5, 3, 4, 6 |

Bibliography

Selected References:

- 1. José M. Uribe Oyarbide y Enrique Perdiguero-Gil (eds.) (2015). Antropología médica en la Europa meridional. 30 años de debate sobre pluralismo asistencial. Publicacions URV, Tarragona. Disponible en http://llibres.urv.cat/index.php/purv/catalog/view/142/126/293-1
- 2. Rosa M Boixareu. (2009). De la antropología filosófica a la antropología de la salud. Ed Herder. 1ª ed. Barcelona.
- 3. Maria Antonia Martorell, Josep M Comelles, Mariola Bernal(eds.). (2009). Antropología y enfermería. Campos de encuentro. Un homenaje a Dina Garcés, II. Publicacions URV, Tarragona. Disponible en http://llibres.urv.cat/index.php/purv/catalog/view/34/34/80-2

Referral References:

- Serena Brigidi (ed.) (2016). Cultura, salud, cine y televisión. Recursos audiovisuales en Ciencias de la Salud y Sociales. Publicacions URV, Tarragona. Disponible en http://llibres.urv.cat/index.php/purv/catalog/view/179/162/390-1
- 2. Arthur Kleinman. (1995). Writing at the margin. Discourse between Anthropology and Medicine. University of California press. Berkeley.
- 3. Josep M Comelles, Angel Martínez. (1993). Enfermedad, sociedad y cultura. Madrid: Eudema
- 4. Arthur Kleinman. (1980). Patients and healers in the context of culture, Berkeley, University of California Press
- 5. Leon Eisenberg (1977). Disease and illness. Distinctions between professional and popular ideas of sickness. Cult Med Psychiatry, 1, pp.9-23.

- 6. Angel Martínez. (2008). Antropología médica. Teorías sobre la cultura, elpoder y la enfermedad. Anthropos editorial. Barcelona.
- 7. Joan Prat, Angel Martínez. Ensayos de antropología cultural. Homenaje a Claudio Esteva-Fabregat. (1996). Ed. Ariel.

Software

No software is used