



**Karolinska  
Institutet**

Course syllabus for

# **Applied behavioral medicine in primary care, 7.5 credits**

Tillämpad beteendemedicin i primärvården, 7.5 hp

This course syllabus is valid from autumn 2021.

Please note that the course syllabus is available in the following versions:

Autumn2010 , Autumn2014 , Spring2015 , Autumn2021

Course code	2XX042
Course name	Applied behavioral medicine in primary care
Credits	7.5 credits
Form of Education	Higher Education, study regulation 2007
Main field of study	Psychology
Level	Second cycle, has only first-cycle course/s as entry requirements
Grading scale	Fail (U) or pass (G)
Department	Department of Clinical Neuroscience
Participating institutions	<ul style="list-style-type: none"><li>• Department of Neurobiology, Care Sciences and Society</li></ul>
Decided by	Styrelsen för utbildning
Decision date	2010-03-22
Revised by	Education committee CNS
Last revision	2020-11-13
Course syllabus valid from	Autumn 2021

## **Specific entry requirements**

A professional degree in Medicine, Psychology or Physiotherapy of at least 120 credits. Alternatively, 150 credits from education that leads to some of the above higher education qualifications. And proficiency in Swedish and English equivalent to Swedish B/Swedish 3 and English A/English 6.

## **Objectives**

The course aims to increase the students' skill in interprofessional communication and cooperation in the primary care setting and to provide in-depth knowledge in behavioural medicine as well as how specific behavioural medicine methods can be applied with patients who have biopsychosocial problems.

On completion of the course, the student should be able to:

- describe theoretical knowledge in the area of behavioural medicine

- choose among different behavioural medicine methods in relation to a patient's problems and apply at least one such method with a patient
- teach a behavioural medicine method to students from a different health profession
- explain to other professional groups in what way the individual's own professional competence contributes to help the patient
- explain what the patient needs from other professions and to be able to reflect, together with other professional groups, on the best way to continue the treatment
- argue for how the primary care setting may benefit from the individual's own professional perspective regarding behavioural medicine methods

## Content

The course is based on the subject area of behavioural medicine, an interdisciplinary approach where knowledge about psychosocial, behavioural and biomedical issues relevant to health and illness need to be integrated in order to be applied in preventive, treatment-related and rehabilitative measures in healthcare. The concrete focus of the course is assessment and treatment of patients in primary care based on behavioural medicine and interprofessional perspectives.

The following topics are addressed:

The meeting with the patient

- Interprofessional cooperation
- Behavioural medicine theory and practical application
- Motivational Interviewing (MI) and the primary care consultation based on the participants' previous knowledge
- Focused Acceptance and Commitment Therapy (FACT)
- Internet interventions
- Psychophysiology and autonomous regulation
- The importance of interoception for stress regulation, with a specific focus on mindfulness and body awareness
- Recommendations and principles for facilitating and maintaining strategies for increased physical activity

Patient problems and treatment methods

- Assessment of alcohol and drug problems
- Stress and stress treatment, including Internet-based treatment
- Treatment of sleep disorders
- Treatment of obesity in primary care
- Pain rehabilitation
- Depression and suicide prevention in primary care

Overall perspectives

- Current research in behavioural medicine

## Teaching methods

Seminars: The focus of the seminars is different behavioural medicine methods (see above). The seminars are organised around case studies.

Practical exercises: The students participate actively and reflect on their own experiences in connection with practical exercises.

Clinical practicum: Each student is paired with a student from another occupational group. The pair meets with a patient on three occasions. If the number of students is uneven, the problem for the student

concerned is resolved by individual solutions. An example of an individual solution can be that the student sees the patient alone with extended supervision from another occupational group, or that some students collaborate around two patients. Practicum supervision is given to the extent possible by two clinicians from the different professional groups (physician/psychologist/physiotherapist) in primary care. The students present their work at a meeting in the clinic at the end of the course.

## Examination

Three steps are included in the examination:

1. Each course participant explains the contents of an article that is relevant to the course to his/her partner from the other occupational group. This assignment is reported in writing to the course leader.
2. A written report concerning assessment and treatment of one patient is written first separately by each course participant, and then merged into one joint report at the end of the course.
3. The practicum is evaluated in the form of an oral presentation to the course examiner with fellow students.

For a Pass grade in the course, fulfilment of study assignments, approved examination and active participation in seminar discussions and experience-based exercises, are required. Participation in the seminars is compulsory. In case of absence, it is the responsibility of the course participant to contact the course leader for possible compensatory assignments.

### *Absence from or incomplete participation in compulsory course elements*

The examiner decides whether, and if so how, absence from or incomplete participation in compulsory course elements can be made up. Until the student has participated in or completed such compulsory course elements, or compensated for absence /incompletes according to the examiner's instructions, final study results cannot be reported. Absence from or incomplete participation in compulsory course element can mean that the student cannot complete the course until the next time the course is offered.

### *Possibility of exception from the course syllabus' regulations on examination*

If there are special grounds, or a need for adaptation for a student with a disability, the examiner may decide to deviate from the syllabus's regulations on the examination form, the number of examination opportunities, the possibility of supplementation or exemptions from the compulsory section/s of the course etc. Content and learning outcomes as well as the level of expected skills, knowledge and attitudes may not be changed, removed or reduced.

## Transitional provisions

Examination will be provided during a two year period after any discontinuation of the course.

Examination can be carried out according to an earlier literature list during a period of one year after the date when a renewal of the literature list was made.

## Other directives

Course evaluation takes place according to the guidelines that are established by Karolinska Institutet.

The course corresponds largely to and replaces course 2XX005.

## Literature and other teaching aids

### **Handbook of behavioral medicine : methods and applications**

*Steptoe, Andrew; Freedland, Kenneth E; Poole, Lydia*

1st ed. : New York : Springer, 2010. - 1 online resource (xxiv, 1073 p.)

ISBN:9780387094885 (electronic bk.) LIBRIS-ID:12036084

URL: [Table of Contents / Abstracts](#)

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*Feldman, Mitchell D.*

**Behavioral medicine : a guide for clinical practice**

2014

LIBRIS-ID:17210306

**Behavior and medicine Behavior & medicine**

*Stuber, Margaret L.; Wedding, Danny*

5th ed. : Toronto : Hogrefe Pub., c2010. - xvi, 351 p.

ISBN:978-0-88937-375-4 LIBRIS-ID:12309345

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