



Kingdom of Saudi Arabia

المملكة العربية السعودية

Ministry of Higher Education

وزارة التعليم العالي

Majmaah University

جامعة المجمعة

College of Medicine

كلية الطب

STUDY GUIDE

Psychological and Behavioural Sciences Module

YEAR TWO

Third Semester

Academic Year: 1433~1434

Dear student.....

We warmly welcome you to this exciting and important longitudinal course that will inform and update you as to how you should professionally conduct yourself not only during this course, but throughout your lifetime.

We have a menu of interesting and involving teaching and learning methods to complement the highly relevant line up of content topics to which you will be introduced to during this course.

Learning here is light, entertaining and rewarding.

Enjoy.....

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DEAN'S MESSAGE

It is my pleasure to welcome you to the Majmaah University College of medicine. It is a great time to be considering the medical profession and Majmaah is a great place to pursue the study of medicine. Our students are different and unique, but all share a common bond of intellectual excellence, motivation to a career in health care, high moral and ethical standards.

Our college of medicine is positioned to make a positive difference in the health care of Majmaah and the country by providing the educational resources and environment for each student to grow academically, professionally and personally. As a relatively new college, our students will be involved in the change and growth of our programmes and their excellence. New graduates would reflect on our processes and successes in medical education, and will help us in our continuing effort for improving the system.

Majmaah University College of medicine has cultivated an open door and friendly environment to support the educational growth of our students. Our faculty continually strives to update and improve our curriculum and teaching methodologies, along with assessment tools. Our curriculum involves classroom didactics, problem based small group learning sessions, interactive classroom technology, small group tutorials, and structured self-study modules. Our purpose is to make learning not only timely, effective and efficient, but also enjoyable.

I again welcome you to the college of medicine and hope you will find here programmes that meet your interests and future goals in medicine.

Dr. M. O. AL RUKBAN

Dean College of Medicine

Majmaah University

GENERAL MODULE INFORMATION

Module Title	:	Psychological & Behavioural Sciences: Introduction
Module Code & Number	:	PSY 110
Credit Hour	:	2
Module Duration	:	Longitudinal
Module Starting Date	:	1 / 09 / 2012
Module Coordinator	:	Dr. Kamran Afzal
Module Committee Members	:	Dr. Waheed Dr. Abdul Rehman Dr Ashraf

COURSE DESCRIPTION

Psychological and Behavioural Sciences draw content from psychology, anthropology, and sociology. The course will cover the basic competencies necessary to practice medicine with correct attitudes, proper ethics, and emotional competencies. These abilities or competencies are an absolute requirement to practice medicine in the 21st century. Without these abilities the doctor will not be able to deliver patient care appropriately, since even the highest standards of technical competence in clinical care will go waste if such competence cannot be applied appropriately to a given patient. Application of technical competence can only succeed if all members of the care team, including the patient, act in partnership. This requires a distinct understanding of and an ability to handle human behaviour. This Module will provide a basic understanding necessary to work with human beings in a professional setting.

Out of the overall learning outcomes of Majmaah Medical College undergraduate curriculum, this Module primarily addresses the following outcomes that are given in bold font (A, C, & E).

- A. Physicians should be scientific in their approach to practice**
- B. Physicians should be proficient in clinical care
- C. Physicians should be professional**
- D. Physicians should be community conscious
- E. Physicians should be scholars**

This said, it is important to note, however, that this Module would also be essential to achieve outcomes B and D above.

MODULE LEARNING OBJECTIVES

At the end of the session, the student should be able to:

1. Explain the basic factors that determine or influence human behaviour.
2. Identify the factors that will contribute to responding appropriately to a given situation.
3. Explain how optimum clinical care can be achieved by integrating the above factors with clinical care.
4. Utilize and modify the above factors so that the response to a given situation leads to a satisfactory outcome.
5. Keep up to date with current best practice.

TEACHING AND LEARNING CONTENTS / OBJECTIVES

1. Introduction

At the end of the session the student should be able to:

- a. Describe the overview of the course
- b. Explain how to take part in the teaching and learning sessions in the course

2. Personal development

At the end of the session the student should be able to:

- a. Apply the time management strategies to one's own personal and professional life
- b. Identify common stressors in day to day life
- c. Manage one's own stress appropriately
- d. Provide sound advice on stress management to others
- e. Discuss the benefits of positive thinking and how it can be used in professional practice

3. Personality

At the end of the session the student should be able to:

- a. Define 'personality'
- b. Compare different personality types
- c. Devise strategies to work with different personalities

4. Interpersonal skills

At the end of the session the student should be able to:

- a. Explain the basic principles of communication skills
- b. Discuss the role of doctor-patient relationship in clinical care
- c. Analyze the issues surrounding communicating with special groups; e.g., mentally ill, children, elderly and media
- d. Use appropriate strategies to break bad news

5. Attitudes

At the end of the session the student should be able to:

- a. Define the term 'attitudes'
- b. Describe how attitudes affect behaviour
- c. Discuss whether attitudes can be changed

6. Emotional Intelligence

At the end of the session the student should be able to:

- a. Introduce principles of emotional intelligence (EI)
- b. Help students assess their own level of EI
- c. Teach value of growth in management of self and relationship with others within the EI framework

7. Psychosocial factors affecting physical illness

At the end of the session the student should be able to:

- a. Explain the concept of 'acceptance of illnesses
- b. Explain 'non acceptance of illness' and defence mechanisms
- c. Identify psychological factors affecting acceptance of mode of treatment
- d. Discuss the influence of other members of the society on disease

- e. Discuss the influence of culture on disease and treatment

8. Working in team

At the end of the session the student should be able to:

- a. Define 'team'
- b. Explain the important of teamwork
- c. Discuss how to optimize team functioning
- d. Devise strategies for team building

9. Leadership

At the end of the session the student should be able to:

- a. Define ' leadership'
- b. Explain why leadership is important
- c. Describe the characteristics of a good leader
- d. Differentiate the types of leadership

10. Stereotypes and prejudice

At the end of the session the student should be able to:

- a. Define the terms stereotypes, prejudice and discrimination
- b. Describe how stereotypes are formed and maintained
- c. Explain how stereotypes affect the way we perceive and behave
- d. Discuss how stereotyping and prejudice can be eliminated

11. Illness behaviour

At the end of the session the student should be able to:

- a. Recognize the sick role of the patient
- b. Explain the 'treatment seeking behaviour'
- c. Describe the 'placebo effect on treatment'
- d. Discuss the role of somatisation in illness behaviour

12. Changing behaviour

At the end of the session the student should be able to:

- a. Explain why changing patient behaviour is important
- b. Describe the 'changing behaviour cycle'
- c. Identify the stage in the changing behaviour cycle and plan interventions in patient care

13. Motivation and compliance

At the end of the session the student should be able to:

- a. Explain the basic principles of motivation and compliance
- b. Describe the process of motivational interviews and its importance
- c. Identify the factors that influence compliance and intervene appropriately

14. Psychological and Behavioural problems in the Kingdom

At the end of the session the student should be able to:

- a. Identify the different psychological and behavioural problems in the Kingdom
- b. Analyse the causes for the prevalence of these problems
- c. Devise strategies to overcome these problems

TEACHING AND LEARNING PLAN

Topic and objectives and Tutors Name	Teaching and learning method	Time (hours)
Introduction DR Kamran Afzal	Lecture	1
Personal development DR Kamran Afzal	Lecture	1
	Assignment (1); i.e. write a learning agreement how the topic content can be applied to improve personal wellbeing	Self-study hours*
Personality DR ABDUR REHMAN	Lecture	1
	Assignment (1); i.e. write a learning agreement showing how theories of personality can be applied to daily practice	Self-study hours*
Interpersonal skills DR Kamran AFZAL /DR ABDUR REHAMAN	Lectures (3)	1 x 3
	Case-based discussion (1)	2
	Role plays (3)	2
	Assignment (1); i.e. write a learning agreement showing how principles of interpersonal skills can be applied to daily activities	Self-study hours*
Attitudes Dr ABDUR REHMAN	Lectures (2)	1 x 2
	Assignment (1); i.e. write a learning agreement showing how understanding of attitudes can be applied to daily practice	Self-study hours*
Emotional Intelligence Dr ABDUR REHMAN	Lecture (1)	1
	Assignment (1); i.e. write a learning agreement showing how understanding of emotional intelligence can be applied to daily practice	Self-study hours*
Psychosocial factors affecting physical illness DR ABDUR REHMAN	Lecture (1)	1
	Case-based discussion (1)	2
Working in teams DR Ashraf	Lecture (1)	1

Leadership Dr Kamran Afzal	Lectures (1)	1
	Assignment (1); i.e. write a learning agreement showing how understanding of team work and leadership can be applied to improve daily practice	Self-study hours*
Stereotype and prejudice DR ABDUR REHMAN	Lecture (1)	1
	Case-based discussion (1)	2
	Assignment (1); i.e. write a learning agreement showing how the principles of stereotype and prejudice can be used in daily practice	Self-study hours*
Illness behaviour Dr Kamran Afzal	Lecture (1)	1
	Debate (1); i.e. topic: "illness behaviour is more important than treatment in the speedy recovery of a patient"	1
	Assignment (1); i.e. write a learning agreement showing how the understanding of psychological factors affecting physical illness and illness behaviour can be used to improve patient care	Self-study hours*
Changing behaviour Dr Kamran Afzal	Lecture (1)	1
	Case-based discussion (1)	2
	Assignment (1); i.e. write a learning agreement showing how the theories of changing behaviour can be used to improve patient care	Self-study hours*
Motivation and compliance Dr ABDUR REHMAN	Lecture (1)	1
	Student-led seminar (1); Students in small groups present an incident in which how they motivated a person (e.g. a friend) to do something that he originally did not want to do	2
Psychological and behavioural problems in the Kingdom DR ABDUR REHMAN	Lecture (1)	1

* both time tabled time and non time tabled time

Total credits for face to face teaching and learning

- 2 credits

(based on 15 hours per 1 credit) **Total Credit**

-2 credits

TEACHING AND LEARNING METHODS IN DETAIL

This section provides an elaboration of the teaching and learning methods given under the 'teaching and learning plan' above. Where necessary the teaching and learning material for relevant methods is also provided; e.g. cases in case-based learning. Thus, a description of the following methods along with a step-by-step guide as to how best they could be implemented will be given below.

- A. Interactive lectures
- B. Case-based discussions
- C. Role plays
- D. Debates
- E. Student-led seminars
- F. Assignments

However, the material that the students produce during some of these activities will be also used for continuous assessment purposes.

A. Interactive lectures

Introduction

Interactive lectures are similar to the lectures used in all other Modules of this curriculum. They are, however, not the didactic lectures used in the past.

Process

The lecturer will involve the students in active discussion, and may provide brief learning activities during the lecture to achieve the learning objectives stated under each topic. Occasionally, there will be more than one lecture to achieve all the learning objectives given under one topic. Students could take notes during a lecture, but the lecture slides will be available on Blackboard (i.e., the learning management system of the university).

B. Case-based discussions (CBD)

Introduction

Case-based discussion (CBD) is very similar to problem-based learning (PBL). Both use a scenario as the trigger for learning and in both small group learning takes place. Thus, the configuration of small groups, the group dynamics (how the scenario is read and understood, difficult words are clarified and views/ideas are exchanged among the group members) are the same in both these teaching and learning methods. Similarly, roles of the chairperson, reporter (scribe or rapporteur) and tutor are just the same. Hence, if you are not familiar with the group dynamics,

and the roles and responsibilities of members in a PBL (or a CBD), you could use the generic guide on PBL given to you to update yourself.

The only two major differences between a PBL and a CBD is that

1. A PBL has two sessions, while CBD has only one session.
2. In a PBL the students raise their own learning issues (or objectives), while in a CBD students are given the main discussion points. So, following material under each case below should be available to the students.

The following CBD scenarios mainly provide opportunities to apply theory learned under a given CBD case. However, there will be also opportunities to highlight the learning in other parts of the course either in the same Module or in other Modules. These are indicated as 'other related issues' under each CBD. It is likely that the students will not be able to connect a given discussion with other topics. Hence, the tutor will have to guide (i.e., not teach) the students to discuss these aspects that link the present discussion with learning occurred elsewhere. This is an essential attribute of integrated learning.

Process

Process is much the same as PBL. However, important differences are stated above. So, please refer the PBL guide, if you are not familiar with the PBL (and hence the CBD) process.

Please note; after end of each case-based learning session each student will write a short summary (500 words) of the discussion (this is in addition to what the secretary has written during the discussion – this is after the discussion). In this summary the students should address each objective of the case, in relation to the case and its discussion.

The students should submit these summaries along with their assignments for assessment.

Interpersonal skills

Objectives

At the end of the session, in relation to the cases below, the student should be able to:

- Explain the basic principles of communication skills
- Discuss the role of doctor-patient relationship in clinical care
- Analyse the issues surrounding communicating with special groups; e.g., mentally ill, children, elderly, media
- Use appropriate strategies to break bad news

Case A:

X always comes late to class. Y a friend of X, one day told X that it would be good if he could come to class early as coming late disturbs others. So, Y said that it will be in his own interests as well as in the interest of the others that X comes early to class. X was very angry about Y's comments and started abusing Y.

Discuss:

2. Should have Y expected such a response from X?
3. How could have Y planned the conversation with X?
4. What other strategies Y could have adopted to avoid the confrontation yet convey the same message to X?
5. If you were Y, how could you have handled the confrontation?

Other related issues:

Comment on the personality type of X.

Case B:

You are the doctor of a busy clinic that is running late. A patient who has been waiting for a long time starts abusing the nurse. The patient has come from a faraway place and if further delayed may not find public transport to get back to home.

Discuss:

1. Is the patient's behaviours justifiable?
2. Should you intervene or let the nurse handle this situation?
3. Will the patient's behaviour influence the doctor-patient relationship when the patient comes to see you?
4. What will you do/tell the patient when he comes to see you in the clinic?

Other related issues:

As a doctor how can you ensure that the clinic does not run late?

If a clinic runs late, what steps can be taken to minimize the inconvenience to the patients?

Case C:

You are the houseman in a obstetric ward. Z, a 35-year old patient in her late stages of pregnancy comes complaining that she does not feel the movements of the baby. She has another two children. Your consultant upon scanning finds a death-in-utero (death of the unborn baby in the womb). However, he receives another emergency call from the theatre, and he wants you to convey this message to the patient.

Discuss:

1. How should you start the conversation?
2. Who else should be preferably present at the time you break this news?
3. How will you apply the principles of breaking bad news when conveying this message to the patient?
4. What are the factors that you can use to pacify/console the mother?

Other related issues:

Do you think that the consultant's decision to ask you to break this news to the mother appropriate?

Case D:

A 90-years old man is terminally ill with metastatic (i.e. spread to other organs) prostate cancer. You as the doctor in consultation with the other members of the medical team have decided that all that you can do is to ensure a peaceful and pain-free death. His children want to take their father home so that he can spend his last moments with the family in the house that he has stayed all his life. The patient does not want to go back home as he thinks that he will be an inconvenience to his children.

Discuss:

1. What are main facts that you need to communicate to the patient and his family?
2. What are the main issues that you should consider when facilitating the decision making process as to where he should die?
3. How would you communicate with the patient and his family?

Other related issues:

Whose side should you take: is it the patient's side or family's side?
Whose view you should respect most?

Role plays

Introduction

There will be three topics for the role plays. There will be two role plays for each topic, covered during one session; i.e., one hour. So, in all, there will be 4 to 8 role plays per session. Following are topics for the role plays.

Session 1: Doctor-patient relationship (4 role plays lasting 1 hour; i.e., 15 minutes for each role play) – in all 8 students will participate per class. In the two classes (as the batch is divided into two) 16 will participate.

During each role play, one student will act as a doctor and another as a patient. This will be a normal, routine doctor-patient encounter; e.g., routine health check up visit; adult coming for treatment for a common cold or viral fever. At this stage of their training they would have not been exposed to clinical training, but all of them would have visited a doctor during their life time. So, based on their experience they should be able to develop a script for the role play.

Session 2: Communication with special groups (4 role plays lasting 1 hour; i.e., 15 minutes for each role play) – In all 16 students will participate.

During each role play, one student will act as the doctor, while the other student will act as a parent of a sick child, family member of a elderly patient or a media personnel wanting to get information on a common health problem.

Session 3: Breaking bad news (4 role plays lasting 1 hour; i.e., 15 minutes for each role play) – the batch is not divided into two classes. In all 8 students will participate.

During each role play, one student will act as the doctor while the other student will be either the patient or the family member (s) of a patient who has to be conveyed an unexpected unfavourable news about the disease status of the patient; e.g., newly diagnosed cancer, death of an unborn baby in the womb (death in-utero).

Process

1. Two students will volunteer to act as a patient (or as another healthcare personal or a media personnel, as the case may be) and a doctor. They will prepare themselves for the role play before the session..
2. Then they will enact for 10 minutes a role play, highlighting the principles and concepts of interpersonal skills.
3. Rest of the students and the tutor will watch the role play.
4. They (rest of the batch) will then comment in a large group some of the important principles that are highlighted in the role play. Also they will provide along with the tutor, specific, constructive feedback about the role play; e.g., how it can be improved (5 minutes).
5. At the end of the session (i.e., all 4 role plays), the students will write a short summary (250 words) of what they learned from the role play. In this summary, they should address the above objectives of the teaching and learning session.
6. The summary should be submitted to the Medical Education Department for assessment.

Stereotype and prejudice

Objectives

At the end of the session, in relation to the case below, the student should be able to:

- Apply the definitions of the terms stereotypes, prejudice and discrimination
- Describe how stereotypes are formed and maintained
- Explain how stereotypes affect the way we perceive and behave
- Discuss how stereotyping and prejudice can be eliminated

Case:

A hard-working and dedicated nurse in the unit that you work accidentally had a needle prick. Later she was found positive for HIV. She, in tears told you one day that ever since she was found positive for HIV, most other colleagues in the hospital did not receive her as warmly as previously.

Discuss:

1. How will you know whether this is only the perception of the nurse or the actual behaviour of the other hospital staff?
2. How can the behaviour of the hospital staff be explained using theories of stereotypes and prejudice?
3. How can this behaviour be changed?
4. What advice will you give the nurse?

Psychosocial factors affecting physical illness

Objectives

At the end of the session, based on the following case, the student should be able to:

- Explain the concept of 'acceptance of illness'
- Explain 'non acceptance of illness' and defence mechanisms
- Identify psychological factors affecting acceptance of mode of treatment
- Discuss the influence of other members of the society on disease
- Discuss the influence of culture on disease and treatment

Case:

Mr. X, a 55-years old farmer, came to the clinic with a chronic cough and blood stained sputum. The investigations revealed that he has bronchial carcinoma. This was told to the patient and his family. A few weeks after his son came and told you, the doctor that his father refuses to go for chemotherapy and surgery. He says that Mr. X strongly believes that he does not have a cancer and he will be alright in a few weeks. He says that one of his friends had a chronic cough, but it resolved without chemotherapy or surgery. Another relative of his has told him that a friend of his died after surgery. Mr. X now refuses to come and see you.

Discuss:

1. The psychological factors influencing Mr. X not to accept the illness?
2. The external factors influencing Mr. X not to accept illness?
3. Is this non-acceptance of illness a normal phenomenon?
4. How will you, as the doctor, handle this situation?

Other related issues:

Would the way that the doctor (i.e., you) communicated the initial diagnosis (i.e., breaking bad news) had any influence on patient's non-acceptance of disease?

Changing behaviour

Objectives

At the end of the session, using the following case, the student should be able to:

- Explain why changing patient behaviour is important
- Describe the 'changing behaviour cycle'
- Identify the stage in the changing behaviour cycle and plan interventions in patient care

Case A:

A 30-years old teacher has a heavy smoker for the past 15 years. He knows that smoking is not good for health, and he has tried several times to quit smoking, but he has not been able refrain from smoking for more than two days.

Discuss:

1. What is the stage in which this patient is at present?
2. What strategies can be employed to move the patient to the next stage of the cycle?
3. Why is it important to use the strategies mentioned in 2 above? If not what will happen?

Case B:

Mr. Y, a 42-years old mechanic went for a routine health check, and was diagnosed to be having blood sugar (a fasting blood sugar of 160 mg/dl). You, the doctor, asked him to make the necessary dietary and life style modifications and also to take a blood glucose lowering pill twice a day. However, Mr. Y did not believe that he was diabetic. His wife, who was with him at the time he was told about the diagnosis, came and complained the doctor that he still eats and drinks food with sugar, and does not engage in any regular exercise. Also, he is not taking the medication. He says that he does not have any ailment and none of his other family members have diabetes. So, he believes that the investigation result must be wrong.

Discuss:

1. What is the stage in which this patient is at present?
2. What strategies can be employed to move the patient to the next stage of the cycle?
3. Why is it important to use the strategies mentioned in 2 above? If not what will happen?

Other related issues:

Do you see a connection between the psychological factors affecting illness and this patient's stage in the changing behaviour cycle? If so, what is this connection?

Debates**Introduction**

There will be only one debate under the topic 'illness behaviour'. Here two groups take up opposing views on a subject and argue the importance of the topic, while applying the theory taught under the lesson topic.

Illness behaviour**Objectives**

At the end of the session the student should be able to:

- Recognise the sick role of the patient
- Explain the 'treatment seeking behaviour'

- Describe the 'placebo effect on treatment'
- Discuss the role of somatisation in illness behaviour

Debate topic: "illness behaviour is more important than treatment in the speedy recovery of a patient".

Process

1. A week prior to the debate a tutor will select eight volunteer students who would like to take part in the debate.
2. Divide the eight students into two groups of four. One group will propose the debate topic; i.e. they will argue that "illness behaviour is more important than treatment in the speedy recovery of a patient".
The other group will argue that "illness behaviour is **not** more important than treatment in the speedy recovery of a patient".
3. On the day of the debate each student of the eight students will speak for 10 minutes. First one student will speak from the proposing group. Then a student from opposing group will speak, so that all eight students in the two groups will speak in alteration replying to the arguments put forth by the members of the opposite group.
4. Rest of the students in the batch, along with the tutor will listen to the debate.
5. At the end of the debate the students who listened will have 15 minutes to express their opinion.
6. Finally, all students will write the main points that they learned during this learning activity. This summary write-up will then be submitted to the Medical Education Department for assessment purposes.

Student-led seminars

Introduction

There is only one student led-seminar, which comes under the 'motivation and compliance' topic in the course.

Motivation and compliance

Objectives

At the end of the session the student should be able to:

- Apply the basic principles of motivation and compliance to a common day to day situation
- Describe the process of motivational interviews and its importance
- Identify the factors that influence compliance and intervene appropriately

Process

1. During the first 45-minutes of the session, the students in five small groups of 10 students each will prepare for a 10-minute PowerPoint presentation (no more than 5 to 8 slides).
2. Each presentation should highlight an incident in which they motivated a person (e.g. a friend) to do something that he originally did not want to do.
3. Then the five oral presentations, each lasting 10 minutes, will take place.
4. After each presentation there will be a 5-minute discussion.

Assignments

Introduction

There is a single assignment under 'evidence-based practice'. Assignments are a 600 word write-up by each student on the topic indicated under each lesson topic. As stated at the beginning of this section, although these are stated under 'teaching and learning methods' they are used for both learning and assessment.

The assignments are learning agreements. This means that the students write what they could implement on a future date, possibly when they get the opportunity to work/learn in the clinical setting.

Process

The student should

1. Write according to the directions given in each topic; e.g. write a learning agreement showing how understanding of attitudes can be applied to daily practice.
2. Base their writing as much as possible on specific experiences that they have gone through (this includes what they have heard or seen). This is essentially applying learning to practice.
3. Discuss how such learning experiences could have been better responded to, using the theory learned under a given topic.
4. Attempt to address as many objectives of the topic as possible.
5. Provide a short summary of the write-up at the end (not more than 100 words, which is included in the 600 words).
6. Use the independent guided learning sessions in the curriculum to write the assignments. Most of the time these sessions will not be sufficient or other learning can take place during these sessions. So, the students should use their after hours to complete the assignments.

7. Submit each assignment they write within one week after the topic is taught to the Medical Education Department. The assignment will be marked according to the criteria given under 'assessment'.

ASSESSMENT

This Module comprises two types of assessment.

- A. Continuous assessment – These assessments will take place throughout the course. They are mostly based on course work. A proportion of marks (60%) from these assessments will contribute to the final summative Module assessment.
- B. Final assessment – This is the end of the course assessment, and will be held under formal examination conditions. A proportion of marks (40%) from this assessment will contribute to the final summative marks of the Module assessment.

Continuous assessment

Each assignment the student develops will be given a rating out of 4 by the supervisor, as denoted by the following grading system.

Rating	Descriptor	Guidance notes
0	Very poor	Has not appropriately planned to apply learning to practice. No explicit links to achievement of Module learning objectives.
1	Poor	Planned to apply learning to practice superficially. Little or no links to achievement of Module learning objectives.
2	Fair	Planned to apply learning to practice adequately. Learning linked to achievement of Module learning objectives.
3	Good	Planned to apply learning to practice with justification for improving practice. Learning explicitly linked to the achievement of more than 50% of the objectives.
4	Excellent	Planned to apply learning to practice with justification for improving practice. Learning explicitly linked to the achievement of more than 75% of the objectives.

In total all the continuous assessments will amount to a maximum mark of 60.

Final assessment

To be eligible to sit the final assessment, a student should have submitted at least 80% of the assignments and other CBD/debate/student-led seminar/role play summaries.

This is based on a scenario-based structure essay question (SEQ) paper containing Four questions and lasting two hours; i.e., 30 minutes per question. Each question will carry 10 marks amounting to a total of 40 marks for the final assessment.

Overall mark for the Module will be calculated out of 100 by adding continuous and final assessment marks. A candidate who scores more than 60 will be deemed to have passed this course.

WEIGHTAGE FOR CONTINUOUS AND FINAL ASSESSMENT

A. CONTINUOUS ASSESSMENT: 60%

Activity	Weightage and Marks	Description
1. Assignments from the lectures (Each assignment is of 4 marks)	8 x 4 = 32 Marks (32%)	The students will individually submit a 1 - 2 page assignment write up within one week to the concerned tutor after taking the lecture.
2. Student led Seminar	10 Marks (10%)	The students will individually present a topic of their choice prepared on PowerPoint for 10 minutes containing 6 – 10 slides..
3. Role Play	18 Marks (18 %)	The students will have to act in role plays during different sessions

B. FINAL ASSESSMENT: 40%

Activity	Weightage	Description
Short Essay Questions	40 Marks (40%)	The students will formally sit for final examination based on short essay questions. There shall be 8 SEQ's and each will carry 05 marks.

EVALUATION & QUALITY ASSURANCE PROCESSES

Any new course, or for that matter any old course, needs constant reviewing and monitoring to ensure that it meets the demands placed on it by the overall curriculum. This curriculum is no exception. Hence, there will be a number of evaluation strategies employed by the Module. They are as follows.

1. Lecture evaluation by students
2. Peer evaluation, where a staff member, invitee or administrator may visit a particular teaching and learning activity and provide feedback on its conduct.
3. Faculty evaluation by students
4. Overall student evaluation by faculty
5. Student feedback at the end of the Module, seeking student comments on both teaching and learning, and assessment, along with views on the general course organization and implementation.
6. Analysis of the students' examination results
7. External reviews.

RESOURCE MATERIAL

1. Fontana D. (1993). ***Managing time***. Leicester: British Psychological Society.
2. Franzoi SL. (1996). ***Social Psychology***. Wisconsin: Brown & Bench Mark Publishers.
3. Myers DG. (1996). ***Exploring Psychology***. 3rd ed. New York: Worth Publications.
4. Vaughn GM, Hogg MA. (2005). ***Introduction to Social Psychology***. 4th ed. New South Wales: Pearson Education.
5. Weiten W. (2004). ***Psychology: Themes and variations***. 6th ed. California: Wadsworth.
6. Rosenzweig MR, Breedlove SM, Leiman AL. (2002). ***Biological Psychology***. 3rd ed. Massachusetts: Sinauer Associates, Inc. Publishers Sunderland.
7. Niven N. (2000). ***Health Psychology for Health Care professionals***. 3rd ed. Edinburgh: Churchill Livingstone.
8. Gross R. (1999). ***Psychology: the Science of Mind and Behaviour***. 3rd ed. UK; Hodder & Stoughton.
9. Mangal SK. (1990). ***General Psychology***. New Delhi: Sterling Publishers PVT. LTD.
10. Baron RA. (1995). ***Psychology***. 2nd ed. New Delhi: Prentice Hall of India Private Limited.
11. Hapner HW. (1979). ***Psychology Applied to Life and Work***. 6th ed. Library of Congress Cataloging Publication Data, USA.
12. Leukel F. (1985). ***Introduction to Physiological Psychology***. 3rd ed. Delhi: CBS Publishers & Distributors.
13. Bourne LE, NF Russo. (1998). ***Psychology: Behavior, In Context***. New York: Norton Publishing.
14. Baum AW, Singer JE, Revensen TA. (2000). ***Handbook of Health Psychology***. Lawrence Erlbaum Associated, Inc.

TUTORS NAMES & CONTACTS INFORMATION

Serial No	Name of Tutor	Email Address
1	Dr Kamran Afzal	Kamranafzal72@yahoo.com
2	Dr. Abdul Rehman	dr_atram@yahoo.com
3	Professor Wahengbam	wapsingh@yahoo.com
4	DR Ashraf	shakardara@hotmail.com

ROLE PLAY – STUDENT ASSESSMENT BY TUTOR

Role Play No:		Student Name:	
Module:		Student ID:	

Rating / Score	Description
Excellent (5)	All of the descriptions have been achieved.
Competent (4)	Most of the descriptions have been achieved.
Average (3)	Some of the descriptions have been achieved.
Satisfactory (2)	Few descriptions have been achieved.
Needs further Improvement (1)	Very few descriptions have been achieved.

Competency	Description	Needs further Improvement	Satisfactory	Average	Competent	Excellent
		1	2	3	4	5
Application of theoretical knowledge	During the role play the student was able to apply concepts and principles taught in the lectures					
Attitude	Maintained professional attitude throughout, made the other person(s) comfortable and respected the opinions of other(s)					
	Introduction (introducing oneself and explaining the reasons of meeting, making the person(s) comfortable).					
Communication Skills	The verbal expression was clear					
	Thoughts were organized well					
	Gave reasons to explain viewpoint					
	Used appropriate body language					
	Concluded the session appropriately (e.g. summarizing, asking for further questions).					
Total		/ 15				

Feedback and Recommendations for further improvement:

Tutor's Signature's: _____ Date: _____

Student's Signature's: _____ Date: _____