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A Core Curriculum for Sociology in UK Undergraduate Medical Education

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A Core Curriculum for Sociology in UK Undergraduate Medical Education

A report from the Behavioural & Social Sciences Teaching in Medicine (BeSST) Sociology Steering Group

This report is wholeheartedly endorsed by the Board of Trustees of the British Sociological Association



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Executive summary

The valuable contribution of sociology to medicine has long been recognised in the UK and since 2009 the profession's regulator, the General Medical Council (GMC), has reflected this in the learning outcomes required of all UK graduates in medicine. This recognition has created the need for support to those involved in student learning through programme design, development and delivery. This core curriculum for sociology in medical education provides a robust, evidence and practice-based means of linking sociological knowledge, content and topics to the GMC's higher-level outcomes.

The development of the core curriculum was an inclusive and collaborative process involving individuals responsible for teaching sociology in UK medical schools and a wide range of stakeholders including patient representatives, clinicians, students and medical educationalists. Our methodology was participative and orientated towards establishing consensus without sacrificing attention to diversity of views and experience. It coupled consultation with reviews of materials and research relevant to the teaching of sociology in medicine.

The core curriculum comprises 6 topics. The first, entitled the sociological perspective, underpins those that follow. Taken together these topics represent a comprehensive, coherent and detailed guide to a curriculum fit for the purpose of enabling students to meet the GMC outcomes for graduates in medicine. For each topic, the document provides a guide to core learning outcomes and indicative content.

The core curriculum recognises the diversity of approaches to pedagogy in medical education and also the contexts and structures within which teaching and learning take place.

The curriculum identifies a range of learning and teaching opportunities such as patient involvement and the integration of sociological content into the clinical aspects of medical education.

It also highlights challenges such as preserving modes and methods of assessment relevant to the demonstration of disciplinary knowledge required of students.

The content of the curriculum is mapped to *Tomorrow's Doctors* 2009/2015 and enables students to meet the outcomes relating to 'scholar and scientist' as laid down by the GMC.

Simon Forrest
Chair, BeSST Committee, 2016.

Forewords

Today's medical students face a rapidly changing world of medical science, health, disease and health care. Scientific developments are poised to transform clinical practice and patient experience; health care systems themselves are being revolutionised by digitisation and new financing arrangements; and, patients' expertise and experience will be increasingly recognized as essential to both understanding and dealing with health and illness. Yet, intractable problems of health inequalities, ageing populations, increased prevalence of chronic conditions persist along with a resurgence of infectious diseases.

Sociology has been part of the medical curriculum since 1944 and is strongly reflected in the current GMC outcomes for graduates in medicine. The need to understand the social processes that shape our society, our health, illness and health care, indeed medicine itself is more compelling than ever in this contemporary, complex context. Sociology is relevant to all aspects of a medical student's studies and their future professional career. One of the challenges for us as medical educators is to support students to deal with the disturbance that sociology brings to the way we think, observe and interpret the world around us and ensure this has a positive impact on learning and practice.

The new Core Curriculum for Sociology in UK Undergraduate Medical Education is an important milestone in the advancement of teaching the subject to undergraduate medical students in the UK. It lays out a thorough summary consensus amongst educators across the United Kingdom, with consultation from students, patients, and an international group of sociology colleagues, on what constitutes the fundamental sociological knowledge and skills essential to future doctors.

I am sure this guide will be enormously helpful to all those engaged in medical education, not just those teaching sociology but our biomedical and clinical colleagues who also have to embed sociological understandings and research skills into their own disciplines and teaching practices. It does not aim to be a prescriptive list of items to be included in teaching and learning. Rather, it is a framework to support the development and harmonization of teaching across UK Medical Schools. It should catalyse an open and constructive discussion on the role, scope and methods for the teaching and learning of sociology in medical education.

Importantly, the Core Curriculum is underpinned by two key components, 'A Sociological Perspective' and 'Research and Evidence', on which the remaining topics build. This approach will ensure that medical graduates are inquiring scholars, scientists and citizens as well as skilled doctors able to work effectively in multidisciplinary teams and in partnership with patients and the wider public. I wish it had been around when I started teaching medical students 25 years ago.

Professor Sarah Cunningham-Burley

Professor of Medical and Family Sociology and Dean, Molecular, Genetic and Population Health Sciences, Edinburgh Medical School.



The authors have identified and sought to improve a tricky area for medical educators that, without clear guidance, can be nebulous and difficult to engage students with. This document is an excellent signposting tool to identify to both students and educators the ideas, themes and phenomena that make up the sociological perspective.

A significant factor that impresses me is how simple and digestible the curriculum seems, and as a former medical student I know that these are very attractive qualities when faced with often intimidating unfamiliar concepts.

This curriculum focuses on accessible and relevant areas of study for medical students that will be easily relatable to clinical practice. As students move on into the working world they need a fundamental familiarity with sociological perspectives with which to reflect on and process their encounters with patients, colleagues and health systems. I believe that the comprehensive yet concise curriculum here is capable of laying the foundation necessary to consciously develop this approach.

Dr David Cox

Graduate of Durham University Medical School, Co-Chair Junior Association for the Study of Medical Education (JASME)



“Times they are a changin’” we are told in the Bob Dylan song. The need for change in medical education was highlighted by Frenk et al. (2010) in a report published in *The Lancet* which argued ‘Professional education has not kept pace with these challenges [in healthcare delivery] largely because of fragmented, outdated, and static curricula that produce ill-equipped graduates’. We see now a renewed emphasis on an ‘authentic’ curriculum in medicine with a move from the ivory tower of the university to the real world of medical practice (Harden, 2015). Sociology has an important role to play in this reconceptualization of the medical curriculum, recognising the myriad of social issues that can impact on medical practice and provision, including demographic changes, health inequalities, health economics and the role of doctors in society.

We have come from the ‘dark ages’ of sociology in medical education where sociology was not on the curriculum agenda, through the ‘enlightenment’ when the relevance of sociology was recognised but this was reflected in the curriculum only as window dressing with little impact on what was taught and what students learned, to today where we have a more meaningful embedding of sociology in the curriculum. Countries have moved through this process at different rates. In the UK the need for the inclusion of sociology within the undergraduate medical curriculum has long been acknowledged as part of formal reviews, dating back to the Goodenough Report (1944) and the Royal Commission on Medical Education (1968). Acknowledgement of its value however was not translated into undergraduate programmes, or implemented only in an ad hoc way. The publication of *Tomorrow’s Doctors* (GMC, 2009a) was a turning point, with the inclusion of sociological understandings and applications as specific learning outcomes for graduates.

The Behavioural and Social Sciences Teaching in Medicine (BeSST) Sociology Steering Group are to be congratulated for working in collaboration with clinicians and internationally respected academics to review the literature in relation to the teaching of sociology, identify current provision and explore the ways in which the provision can be promoted in clinical and non-clinical settings. The result of that endeavour was this report which presents a core curriculum for sociology in the UK undergraduate curriculum.

There is a danger that any new statement of a core curriculum for a subject or area of practice is seen as only adding to the problem of information overload which confronts students, teachers and curriculum planners. We can look at such proposals with different lenses. With the first lens we see the curriculum as a series of subjects – sociology as one – with teachers looking at the education programme from their own subject-based perspective. A more attractive second order lens is to look at the curriculum from the perspective of the practice of medicine where, instead of a clash of special interest groups promoting their own subject, we have an overall vision for the education programme that includes how an understanding of core disciplines can contribute to the learning outcomes for the medical school. This is the thrust of the move to outcome-based education which can be argued is the most important development in medical education in the past two decades (Harden et al., 1999).

One of the most valuable aspects of this document is the mapping of sociology onto the core competencies identified within *Tomorrow’s Doctors*. The core curriculum document presents a vision of the contribution that sociology can make when integrated into the medical education programme. For the programme to be successful, however, we need not only teachers with specific expertise in sociology who have an important role to play but also other contributors to the curriculum to understand how sociology can be represented in an integrated curriculum. A barrier to the teaching of sociology in the curriculum has been the vagaries and uncertainty about what students should learn. There has been a lack of appreciation of the relevance of the subject by teachers many of whom have a predominant biomedical model and mindset. The Core Curriculum for Sociology in UK Undergraduate Medical Education is an important document for all teachers and curriculum developers as well as for students.

In planning a curriculum we need to decide what is essential. We cannot endlessly add more and more subject matter to the medical course. In an environment where students and doctors have almost unlimited access to information what matters is that they acquire the key concepts necessary to understand medical practice and to be able to explore their understanding as necessary by asking good questions of an information source (Friedman et al., 2016). This document does just that. The Core Curriculum for Sociology should be an essential read for all teachers, curriculum planners, researchers and students as well as those with a specific responsibility for teaching the subject in the medical curriculum. I particularly welcome the attention that is paid to identifying teaching and learning approaches aimed at making the subject meaningful and relevant to medical students and their future careers. William Mayo wrote ‘one meets with many men [sic] who have been fine students, and have stood high in their classes, who have great knowledge of medicine but very little wisdom in application. They have mastered the science, and have failed in the understanding of the human being’ (Willus, 1990). This report from BeSST illustrates how sociology can ensure that as teachers, practitioners and students we can have a better understanding of the human being.

Professor Ronald M Harden OBE MD FRCP(Glas), FRCS(Ed) FRCP
 Professor of Medical Education, University of Dundee; Editor of *Medical Teacher*;
 General Secretary, AMEE.

1. Introduction

Behavioural and Social Sciences Teaching in Medicine (BeSST) is a multidisciplinary UK network of academics involved in the delivery, design, development and management of behavioural and social sciences teaching and learning for undergraduate medical students. The Sociology Steering Group contributes to BeSST's overall aims of ensuring that the sociology within medical schools is relevant, taught and assessed using appropriate methods; and facilitates students' achievement of key social science outcomes for graduates in medicine.

This curriculum document for sociology in medical education has been written by the steering group on behalf of and in consultation with the wider network of sociologists within BeSST. It is a practical and flexible guide outlining a realistic, intellectually robust and engaging sociology curriculum in undergraduate medical education. It is intended to be of use to colleagues who deliver sociology and to those who manage and develop curricula within undergraduate medical education.

The core curriculum can be used in conjunction with core documents for Psychology (BeSST, 2010), Public Health (PHEMS, 2014), and Medical Ethics and Law (Stirrat et al., 2010). It will enable educationalists to discern where content overlaps and is complementary. In addition, the core curriculum will help clarify the particular contribution that sociology can make.

This document:

- Describes what sociology is and its relevance to undergraduate medical education
- Explains the rationale for the development of the core curriculum in medical education and the processes by which it was produced
- Provides a guide to a curriculum that supports medical schools in realising the learning outcomes detailed by the GMC in *Tomorrow's Doctors* (GMC, 2009a, 2015)
- Maps the learning outcomes to *Tomorrow's Doctors* (GMC, 2009a, 2015)

2. Sociology in Medical Education

What is sociology?

Sociology is a social science that seeks to understand all aspects of human social behaviour; its contexts, relations and structures. Through empirical and theoretical research at every level of society (from small groups of people, organisations, institutions and communities to entire societies) it examines how individual lives are affected by wider social forces. By providing an understanding of these social contexts, sociological knowledge contributes to the development of policy and practice in a wide range of areas.

How does sociology apply to medicine?

Sociology applied to medicine seeks to understand the social contexts within which health, illness and medicine are formed, experienced and practiced. It provides a disciplinary framework for the teaching of empirical evidence and utilises relevant theories and concepts to enhance understanding of that evidence. It encourages students to think openly and critically about the intersection of medicine, health and illness with other social forces (for example, family, education, employment, inequalities) and to apply this deeper knowledge and understanding to clinical contexts.

Sociology and medical education

Over the past 10 years there has been increased pressure on medical education from clinical and patient communities to demonstrate how contemporary challenges to health and illness associated with social phenomena are addressed (see, for example, Cuff and Vanselow, 2004; Frenk et al., 2010). However, the need for UK medical graduates to have a broader understanding of the social world of patients, health, illness and healthcare to complement their technical and clinical competencies has been a core policy recommendation of medical education since the *Goodenough Report* in 1944 (Inter-departmental Committee on Medical Schools, 1944) and more explicitly since the *Todd Report* in 1968 (Royal Commission on Medical Education, 1968). Sociology outcomes have been included in the General Medical Council's policy guidance for medical schools *Tomorrow's Doctors* since 1993 (for the latest full version see GMC, 2009a or for the updated outcomes sections see GMC, 2015).

3. Teaching and assessing sociology in undergraduate medical education

Where is sociology taught in the medical curriculum?

Sociology teaching in UK medical schools varies in relation to the style of curriculum used: traditional, integrated or a combination of these (Atkinson and Delamont, 2009). In traditional curricula sociology tends to be taught in the pre-clinical phase of the medical curriculum although there is huge scope for teaching throughout the curriculum. Curriculum integration has provided opportunities for sociology to be delivered in new ways including integrated problem-based or case-based learning curricula. Sociology also contributes to optional parts of the curriculum including special study components/modules.

Who teaches sociology?

Sociological content in medical curricula is overseen by expert sociologists, reflecting the *Tomorrow's Doctors* recommendation that medical education be provided by a range of specialists (GMC 2009a, p 69). As well as teaching, sociologists work closely with a broad range of people who are especially well placed to demonstrate certain components of the sociology curriculum to medical students. These include: patients, carers, members of public agencies and community organisations involved in healthcare, clinical colleagues from all areas of medicine and academics from relevant disciplines. To ensure sociology outcomes are met, sociologists increasingly have a role in faculty development.

What learning and teaching approaches are used?

Developments in medical education have created new opportunities in both clinical and non-clinical settings. For example, within the different curriculum models a variety of learning and teaching approaches can be used including: interactive lecture-based classes, small group tutorials, guided independent study, problem-based learning, case-based learning, team-based learning, blended learning, flipped classrooms and community placements. Amongst the diversity of approaches, there is commonality in an emphasis on active learning and the application of sociological knowledge and theories to practical, clinical contexts.

'Co-teaching' is a popular model for emphasising a sociological perspective. For example, pathologists, physiologists, psychologists, sociologists, patients and GPs may teach together in class (or non-class) room settings on such topic areas as pain, alcohol use and dementia.

Patient stories give meaning to the reality of living with illness and experiences of medical care. With regards to working with patients, technology provides new opportunities for many people living with health conditions to participate 'remotely' in medical school activities. Other examples include: patient-led sessions, shadowing patients, the use of patient-generated reading lists (for example blogs and videos) and patient stories or sociologists and patients / service users developing sessions together.



Further opportunities to learn sociology can arise through the clinical context (although this is less well documented) and working closely with groups and individuals within medical schools who have a responsibility for areas such as diversity and equality, widening participation and social engagement.

How is sociology assessed in medical education?

The GMC expects all of the high-level outcomes listed in *Tomorrow's Doctors* to be assessed. *Tomorrow's Doctors* (GMC 2009a, p 16) states that students must be able to 'apply social science principles, method and knowledge to medical practice'. While *Tomorrow's Doctors* does not indicate what assessment methods should be adopted, it does state that '[a]ssessments will be fit for purpose – that is: valid, reliable, generalisable, feasible and fair' (GMC 2009a, p 48; see also GMC 2009b).

Increasingly, undergraduate medical assessment is moving towards machine-markable knowledge testing via Extended Matching Questions (EMQs) and Single Best Answer Questions (SBAs). Arguments for and against these methods revolve around striking the right balance of utility, reliability, validity, educational impact, cost efficiency and acceptability (van der Vleuten, 1996).

In developing assessment tools for sociology outcomes it is necessary to consider the nature of the constructs and competencies we are trying to assess and choose our evaluation tools accordingly (Kuper et al., 2007). While well written EMQs and SBAs can be developed to assess some sociology outcomes, for other outcomes, such as those that require the demonstration of reflective skills, engagement with debates and grasp and application of concepts and ideas, free-text response questions (either in exam or in-course assessment contexts) are more appropriate. These include essays, reports, reflections, portfolios, and short answer questions.

4. Developing the core curriculum

The development of the core curriculum was an inclusive and collaborative process involving the majority of individuals responsible for teaching sociology in UK medical schools and a wide range of stakeholders including patient representatives, clinicians, students and medical educationalists. Below we outline the stages involved in this development.

Stage 1: Literature review

An initial literature search revealed that there is currently no core curriculum for sociology in medicine and only *Tomorrow's Doctors* gives any indication of broad social science outcomes. This was in contrast to the development of such documents by other behavioural science (and related) disciplines notably psychology (BeSST, 2010) and public health (PHEMS, 2014). Moreover, the literature search highlighted the suitability of timing of a core curriculum; in the shift towards integrated curricula there is a need for clarity in each disciplinary strand as it is woven into the whole (Atkinson and Delamont, 2009).

There was a very limited literature discussing a core curriculum for sociology in medicine. Russell et al. (2004) identified a need amongst those teaching sociology in medicine for both a supportive network and some key guidelines about content. In 2006, a survey led by Peters and Litva of UK medical educationalists' views revealed significant agreement between clinical medical educators and sociology subject specialists about the requisite sociology content for medical education, although a detailed curriculum was not developed.

We took as starting point the sociology content identified as relevant by the respondents in the Peters and Litva (2006) study. Following this we undertook a review of GMC policy documents, articles in medical education journals and reports as well as introductory and medical sociology text books. This process resulted in the identification of relevant outcomes and curriculum subject areas.

Stage 2: Consultation

We consulted with the British Sociological Association (BSA) Medical Sociology Group and held a workshop at their annual conference. We also ran a number of regional workshops (supported by the BSA, Birmingham, Durham, Peninsula, and Southampton medical schools and Cardiff School of Social Sciences) in order to gather the views of those involved in teaching sociology in medicine. The workshops, held in Dundee, Birmingham and London were attended by teachers from 27 of the 33 UK medical schools. At the workshops participants reported that a core curriculum would be valuable for them in gauging what is 'best practice' for teaching sociology in medicine. Participants provided a list of their core teaching content which was then collated and discussed. We undertook a review of sociology in medical education formally with a group of students at Cardiff University and informally at the other universities in which we teach.

Stage 3: Developing the draft core curriculum

The consultation and literature review resulted in the production of an initial list of 30 broad topic areas, which was then grouped into a smaller number of more specific topics. The steering group then met on several occasions to discuss and refine the topics.

Stage 4: Consultation of the draft core curriculum

The draft core curriculum was first presented to a regional BeSST meeting in Edinburgh, generating questions about content and the readability and usability of the document. The amended core curriculum was then sent for review to a range of expert stakeholders from the field of clinical medicine and patient and public involvement. In addition we consulted with undergraduate medical students and colleagues in medical education. In September 2015, we held a core curriculum workshop with an international group of medical educators from clinical and non-clinical backgrounds at the Annual Conference of the Association of Medical Educators in Europe (AMEE). We engaged in feedback opportunities with students at conferences and through the Junior Association for the Study of Medical Education (JASME).

The insights from our consultation process strengthened the core curriculum.



5. Core curriculum for sociology in undergraduate medical education

It is intended that this curriculum is a guide to be interpreted by educators in ways that suit their particular institutional context and practices. The curriculum is divided into 6 topics. Topic 1 is the overarching topic because a sociological perspective will underpin all sociology learning in undergraduate medical education.

- Topic 1: A sociological perspective
- Topic 2: The social patterning of health and illness
- Topic 3: Experiences of health, illness, disability and healthcare
- Topic 4: Knowledge about health and illness
- Topic 5: Health policy and practice
- Topic 6: Research and evidence

For each topic we have indicated the following to support educators in developing their sociology teaching:

- **Core learning outcome:** the principal learning outcome for each topic
- **Key learning outcomes:** more detailed outcomes within the core outcome
- **Indicative content:** suggested content relevant to addressing the learning outcomes and encouraging the application of knowledge; this is intended to be an indicative rather than prescriptive list and can be adapted by educators to suit the requirements of their particular contexts

A core curriculum for sociology in undergraduate medical education

Topic 1: A sociological perspective

Core Learning Outcome:

To describe and apply sociological principles, concepts, theories and evidence to health, illness and medical practice.

Key Learning Outcomes*

*The learning outcomes listed in topic 1 can be addressed through the indicative content suggested for topics 2-6.

- Define and apply key concepts relevant to understanding sociology in medicine
- Discuss links between individual experiences and social structures / social forces
- Recognise the influence of social norms, values and structures on health, illness and medical practice
- Locate health, illness and medical practice within the context of social, political and cultural change
- Use sociological research and evidence to inform critical thinking and practice

Topic 2: The social patterning of health and illness

Core Learning Outcome:

To demonstrate
an understanding
of the ways in which
health and illness are
socially determined.

Key Learning Outcomes

- Describe patterns of difference and inequalities between social groups and recognise how these intersect
- Discuss explanations for difference and inequalities and identify their implications for policy and practice
- Describe the relationship between social status, power and privilege with respect to the context of health and illness
- Apply knowledge about inequalities to medical practice

Indicative Content

- Definitions of health inequality and key social determinants: social class, socioeconomic status, gender, sexuality, ethnicity, age and disability
- The impact of key dimensions of inequality on health, illness and disease (and how they intersect)
- The impact of discrimination and marginalisation on health and illness
- The findings of key reports on health inequalities in the UK including The Black Report, The Acheson Report and The Marmot Review
- Quantitative and qualitative methods for researching health inequalities
- Evaluation of key explanations for health inequalities including, cultural, materialist, psychosocial and social selection
- Evidence of such explanations in policy and practice
- The lack of diversity in medical school selection and in the medical profession and the implications of this for medical practice and medical care
- How medical consultations and medical policies are underpinned by norms and values and how these can discriminate against individuals from different backgrounds
- Use national statistics (e.g. Public Health England, Information Services Division Scotland) to explore social determinants of health in different areas within the UK
- Identify and research a recent healthcare intervention designed to promote equality
- Select a disease or public health concern, research its demographic profile and design health strategies suited to different populations
- Research the relationship between health care provided by the medical profession and government and third sector agencies (for example, homeless day centres, drug and alcohol services, domestic abuse support services)
- Develop a working understanding of relevant legislation including the Public Sector Equality Duty
- Develop a case study of interventions to target inequalities that demonstrate grass-root community engagement
- Undertake a piece of reflective writing to compare how the socio-economic status of doctors might impact on how they view patients (drawing on insights from literature, individual experience and the views of others)

Topic 3: Experiences of health, illness, disability and healthcare

Core Learning Outcome:

To demonstrate understanding of the experience of health, illness, disability and healthcare from different patient perspectives.

Key Learning Outcomes
<ul style="list-style-type: none"> Discuss factors influencing patients' experiences of health care
<ul style="list-style-type: none"> Demonstrate an understanding of the experience and the role of carers
<ul style="list-style-type: none"> Explain the ways in which health and illness and disability shape identity
<ul style="list-style-type: none"> Identify the social, physical and emotional impact of living with illness
<ul style="list-style-type: none"> Apply an understanding of the patient experience to medical practice

Indicative Content
<ul style="list-style-type: none"> Awareness of the ways in which people seek medical advice via formal healthcare settings and lay networks Evaluation of different models of the doctor-patient relationship Issues relating to medication taking and implications of terms used including compliance, adherence, and concordance Concerns raised by particular social groups regarding their experiences of health care
<ul style="list-style-type: none"> The experiences associated with lay care or caring for a family member with a long term condition or disability The link between caring and material wealth The availability of public and private (lay) support for people who provide unpaid care
<ul style="list-style-type: none"> The ways in which experiences of illness, disability and health shape identity What is meant by stigma in relation to illness and how stigma is perceived and experienced
<ul style="list-style-type: none"> Concepts directed at understanding experiences of the onset of illness and living with long term conditions (including biographical disruption, illness narratives, and coping)
<ul style="list-style-type: none"> Identify and describe key UK policies relating to patient-centred care or self-management programmes. Consider changes over time, the drivers for such policies and the implications for medical practice and patient experience Draw on models of shared decision making to reflect on consultations with patients; identify and reflect on aspects that are easier/more challenging to practice Utilise an understanding of illness narratives to reflect on what patients are saying about their experiences

Topic 4: Knowledge about health and illness

Core Learning Outcome:

To demonstrate
an understanding
of how medical and
lay knowledge are
socially constructed.

Key Learning Outcomes

- Locate the development of medical knowledge within specific social contexts
- Identify the influences on lay and medical knowledge of health and illness
- Discuss the intersection of medical and lay knowledge in the context of hierarchies of expertise
- Apply an understanding of the development of lay and medical knowledge to medical practice

Indicative Content

- The social, cultural and economic contexts within which the biomedical and biopsychosocial models emerged
- Historical and contemporary examples of the social construction of illness and the role of the medical profession in this process
- Medicalisation, pharmaceuticalisation and personalised health care
- The influence of social, cultural and religious discourses in shaping knowledge of health and illness (for example, normality, responsibility, risk)
- The significance of structural position (for example, social class) and biographical experiences in shaping lay knowledge and medical practice
- The role of the media (including social media) in influencing meaning and knowledge around health and illness
- The role of social groups (including patient support or advocacy groups) in influencing meaning around health and illness
- Comparison between lay and medical paradigms for understanding health, illness and disease
- What is meant by 'lay expert' and the implications of this term for traditional knowledge hierarchies
- The influence of evidence-based medicine in constructing hierarchies of knowledge and the implications of this for patient and practitioner
- Complexity of the links between lay views, medical knowledge and health-related behaviour/behaviour change
- Research patient use of complementary and alternative medicines (CAMs), reasons for patient use, meanings given to CAMs, information sources used, and the response of the medical profession to alternative forms of medical knowledge and practice
- Select an example of a contested illness (aetiology, diagnosis and prevalence are unexplained and/or controversial) and explore the research literature, clinical guidelines, and information from patient groups to compare and contrast medical and lay views and discuss implications for practice
- Encourage students to reflect on their attitudes and beliefs regarding illness or health-related behaviour and their influence on medical encounters
- Reflect on examples from practice where patient and professional views may have differed and how this was resolved

Topic 5: Health policy and practice

Core Learning Outcome:

To understand the social influences on the development of health policy and medical practice

Key Learning Outcomes
<ul style="list-style-type: none"> Discuss the social, political and economic factors shaping health policy and legislation
<ul style="list-style-type: none"> Describe the organisation of formal and informal health work
<ul style="list-style-type: none"> Discuss sociological perspectives on cultures of medical practice
<ul style="list-style-type: none"> Apply an understanding of health policy to medical practice

Indicative Content
<ul style="list-style-type: none"> The political and economic contexts within which specific health policies and legislation are formed Identification of landmark inquiries and reports relevant to how NHS health systems are structured and organised The disparities between healthcare needs and the distribution of health workers both nationally and internationally
<ul style="list-style-type: none"> How UK health services are organised and differences within and across the countries of the UK How the UK health system workforce is 'international' and the significance of this both within and outside the UK How UK healthcare systems differ from other systems internationally The prevalence and demographic spread of informal caring in practice and policy in the UK The definition of professionalism, including debates around changes: de/re-professionalisation and new professionalism
<ul style="list-style-type: none"> Key regulatory frameworks relevant to medical practice The nature of evidence-based medicine and its relationship to medical practice
<ul style="list-style-type: none"> Explore discussions within key organisations such as the British Medical Association to identify debates about the impact of regulatory frameworks on professional identity; reflect on what this has meant for students' clinical experiences Explore the research literature to provide a critical perspective on the production of medical research evidence and to identify the role of evidence in clinical practice. Encourage students to reflect on their own clinical experiences with regards to factors that either inhibit or enable the application of evidence-based medicine Investigate the role of patient leaders in policy development Discuss the role of health care professionals in campaigning for health and social justice

Topic 6: Research and evidence

Core Learning Outcome:

To demonstrate an understanding of the ways in which different forms of sociological research evidence are produced and used

Key Learning Outcomes

- Recognise philosophical underpinnings of different research approaches
- Identify and evaluate research methods and methodologies
- Apply an understanding of research methodologies and methods to medical practice

Indicative Content

- Approaches to sociological research (qualitative and quantitative) and understanding of how each approach frames 'the truth'
- Implications of philosophical debates for discussions of evidence-based medicine
- Note the range of methods used in sociological research in health, illness and medicine: from quantitative designs (for example, RCTs and surveys) to qualitative designs (for example, in-depth interviews, focus groups and observations)
- Links between research questions and choice of the most appropriate method
- Contribution of qualitative research and quantitative research to understanding of health, illness and disease
- Select a topic and carry out a literature search on a database such as PubMed. Identify the range of different methods used in studying this topic. Select a small number of studies using different methods and for each, identify and critically discuss the research question, justification for the methodology and research methods
- Select a topic and devise research questions relating to this topic that would require the use of different methods (for example, randomised controlled trials, surveys, qualitative interviews, observation). Reflect on how well the questions you have devised may be answered using these methods
- Following both of these exercises, reflect on how the research identified might be used to inform practice
- Explore the rationale, benefits and mechanisms for patient and public involvement (PPI) in policy, research and development



Conclusion

This core curriculum draws together evidence with the expertise and experience of a wide range of people committed to ensuring that sociology continues to benefit medical students, those responsible for their training and, ultimately, patients and communities. It provides practical and coherent support to existing practice, a robust basis for the development of sociology teaching within medicine and guidance for future curricula and programmes.

We look forward to supporting its use and development as it is implemented in medical education and we gain a fuller understanding of how it brings sociology to life for our students. There will be work to do involving rigorous evaluations of its impact which may contribute to future reflections on the higher level learning outcomes expected of medical graduates. Subsequent work also includes a clearer understanding of how sociology overlaps with and is distinguishable from cognate disciplines including psychology, public health, global health, and the medical humanities. In addition, it will be important to review how sociology is assessed in medical education. Finally, it is clear that sociology has much to offer student learning in clinical and community contexts and we look forward to further thinking and activity around this to ensure that students have relevant and continuous exposure to the ideas captured here.

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Appendix 1: Mapping of the Sociology Curriculum to Tomorrow's Doctors (2009 and 2015)

'Apply social science principles, method and knowledge to medical practice' (Doctor as a scholar and scientist section 10 & section 12)

Tomorrow's Doctors Outcome	Corresponding Topic
Explain normal human behaviour at a societal level	Topic 2: The social patterning of health and illness Topic 3: Experiences of health, illness, disability and healthcare
Discuss sociological concepts of health and disease	Topic 2: The social patterning of health and illness Topic 3: Experiences of health, illness, disability and healthcare Topic 4. Knowledge about health and illness Topic 5. Health policy and practice
Apply theoretical frameworks of sociology to explain the varied responses of individuals, groups and societies to disease	Topic 1: A sociological perspective (and consequently all topics) Topic 6: Research and evidence
Explain sociological factors that contribute to illness, the course of the disease and the success of treatment – including issues relating to health inequalities, the links between occupation and health and the effects of poverty and affluence	Topic 2: The social patterning of health and illness Topic 3: Experiences of health, illness, disability and healthcare Topic 4: Knowledge about health and illness Topic 5: Health policy and practice
Discuss sociological aspects of behavioural change and treatment compliance	Topic 3: Experiences of health, illness, disability and healthcare Topic 4: Knowledge about health and illness
Apply scientific method and approaches to medical research	Topic 6: Research and evidence

Appendix 2: Further Resources

Key text books

The following books contain syntheses of the empirical and theoretical work that have been undertaken in relation to each topic in the curriculum. They are a useful starting point for teachers.

The resources here are not intended as an exclusive or exhaustive list.

- Alder, B., Abraham, C., van Teijlingen, E., and Porter, M. (2009) *Psychology and Sociology Applied to Medicine: An Illustrated Colour Text*. 3rd edition. London: Churchill: Livingstone/Elsevier.
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- Bradby, H. (2009) *Medical Sociology: An Introduction*. London: Sage.
- Cooke, H. and Philpin, S (2008) *Sociology in Nursing and Healthcare*. London: Elsevier.
- Denny, E. and Earle, S. (2006) *Sociology for Nurses: a Text Book for Nurses*. 2nd edition. Cambridge: Polity Press.
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As a practising clinician I think the core curriculum is completely relevant.

Louise Dubras

GP, Acting Associate Dean for Education and Student Experience,
Faculty of Medicine, University of Southampton

Overall I feel it is an impressive document on a number of levels. It is remarkably accessible, succinct and relevant to the practice of medicine and importantly mapped to Tomorrow's Doctors 2009. I also feel you have achieved a remarkable consensus across the medical sociology community.

Bob McKinley

Professor of Education in General Practice.
Keele University School of Medicine

The core curriculum feels relevant because it picks up all the key modern issues in healthcare and society and the focus on patient experience throughout is excellent.

Anya de longh

Patient Leader
www.thepatientpatient2011.blogspot.co.uk

This appears a very valuable document in ensuring that medical training includes the sociological aspects of health and social care. I think the paper is very comprehensive and I like the way it references patient participation groups and involvement.

Heather Eardley

Director of Development, The Patients' Association
www.patientsassociation.com

