

## **ACADEMIC STANDARD FOR THE COURSE "MEDICAL PSYCHOLOGY"**

### **1. Purpose of the Course**

The primary purpose of the course **MEDICAL PSYCHOLOGY** is the theoretical and practical training of future physicians for comprehensive care of mentally ill patients, including acquiring the skills to assess the need for specialized consultative psychiatric care, to refer patients with an acute mental problem for emergency hospitalization in an active treatment hospital, and to carry out ongoing treatment as prescribed by a psychiatrist.

The objectives are aligned with:

- the university's mission and concept;
- the volume and ECTS credit rating of the course as shown in the curriculum;
- the qualification profile of the specialty;
- the educational degree (Master).

The purpose is adjusted to the course's place and chronological importance within the specialty's curriculum.

### **2. Course Content**

Lecture and practical topics are arranged chronologically so that each subsequent lecture and its associated exercises build on previously studied material and concepts. Unnecessary overlap or "gaps" between curriculum-related disciplines are avoided.

### **3. Prerequisites**

Students must have basic knowledge of the anatomy and physiology of the nervous system, evolutionary biology, and the humanities.

### **4. Academic Staff**

The department's academic staff includes 3 habilitated lecturers, 2 habilitated lecturers with the scientific degree "Doctor of Sciences," 1 habilitated lecturer with the scientific degree "Doctor," and 7 non-habilitated lecturers, four of whom hold the scientific degree "Doctor." Nine of the lecturers have a specialty qualification; two hold a Master's degree and/or postgraduate education in psychology and mental health. Lectures are delivered by habilitated staff (associate professor or professor) holding a doctoral degree in the relevant doctoral program. Up to 10% of lectures may be assigned to non-habilitated lecturers who hold a doctoral-level scientific degree in the relevant program. Practical exercises are led by both habilitated and non-habilitated staff (associate professor, senior assistant, assistant). Non-habilitated lecturers hold a Master's degree in medicine and are appointed after a competitive selection.

### **5. Material Resources**

The Department of Medical Psychology at MU–Plovdiv has 2 devices for conducting electro-sleep (electroencephalographic sleep studies). Two seminar rooms are used for student and doctoral training; one is equipped for multimedia presentations. Teaching technical means include educational films, multimedia presentations, and collections of anonymized recordings of assessment and self-assessment tests/interviews. The department also has access to functional neuroimaging equipment used for translational validation of clinical-psychological tests, where demonstrations for teaching purposes can also be conducted.

## **6. Lectures**

Lectures are prepared and delivered as multimedia presentations. The volume and format of lecture delivery are at the discretion of individual lecturers.

## **7. Practical Exercises**

Exercises are conducted in groups. Methodological guidelines are provided for the exercises. Each student is assigned independent tasks. The following are assessed:

- the student's self-preparation on the topic of each exercise;
- the results (knowledge and skills acquired) from the specific exercise.

The methodological preference is for independent student work. Interactive discussions are held with student groups, during which the presenting student defends their thesis regarding specific clinical cases.

## **8. Information Resources Core Literature Websites**

Lecturers maintain plans of the developed lectures and exercises and, upon student request, provide additional teaching materials. At the start of each academic year the list of recommended core literature for the course is updated. Lecturers and assistants recommend internet resources during the course that students may use for preparation.

**Core textbook for medical students:** *Medical Psychology*, edited by Prof. Drozdostoy Stoyanov, DSc, and Assoc. Prof. Zlatoslav Arabadzhiev, MD, Lax Book, Plovdiv, 2023.

## **9. Assessment and Evaluation**

Assessment includes questioning at each exercise and ongoing evaluation in the form of a colloquium. The annual exam consists of a test, written theoretical exam, practical exam, and final interview. Results from these assessments are components of the final exam grade.

## **10. Independent Study and Out-of-Class Work**

Independent work is supervised by an assistant who guides the student in literature sources and methods of mastering them. Training tests, including online tests, are provided for independent work and exercises.

## **11. Cooperation between Faculty and Students**

This cooperation includes:

- the teacher's engagement with the student's prior preparation, current difficulties in mastering the material, and opportunities to achieve more through an individualized learning program;

- use of consultation hours;
- involving students in teams for scientific tasks, research, projects, etc.

## 12. Examinations

Ongoing grades provided in the curriculum are given for:

1. Student results in seminar exercises, course and independent assignments, work with the teacher on research and projects, etc.;
2. At least two written control works or student papers (one mid-semester and one at the end of the semester).

## 13. Grading Standards

Successful completion of the Medical Psychology course is evaluated by grades distributed across two main elements:

- The first includes the student's academic activity during the semester: separate grades from ongoing control and for full and quality completion of forms of independent work provided in the program.
- The second includes a colloquium in the 7th teaching week.
- The final component includes written and oral exams. Clear grading standards are developed. A mean grade is formed from ongoing control during the semester, conducted colloquia, and the oral and written theoretical exams.

### Grade descriptors (six-point scale):

- **Fail (2):** Student has scant knowledge insufficient as a basis for further clinical disciplines.
- **Satisfactory (3):** Student reproduces knowledge in a ready-made scheme; key points are missing; not ready to use knowledge independently; terminology not satisfactorily mastered; expression is poor; only some basic practical skills acquired.
- **Good (4):** Student develops the topic descriptively and reproductively; limited independence in applying knowledge and competencies; some inaccuracies in terminology; basic practical skills acquired but with gaps.
- **Very Good (5):** Student develops the topic independently and productively, seeks new algorithms and analysis of literature; attempts to formulate and justify their thesis; uses concepts adequately; good language culture; performs well at the patient's bedside with minor gaps.
- **Excellent (6):** Student independently and logically develops the topic with a creative element; uses and interprets literature in a substantiated and original way; is well informed and ready to apply acquired knowledge and competencies; precise and rich language; performs excellently at the patient's bedside.

At the start of the academic year students are acquainted with the grading standards, procedures for ongoing control, and opportunities for feedback on their progress during the semester.

## 14. Formation of the Final Grade

The final grade indicates the extent to which the student has achieved the learning objectives set at the beginning. It is multi-component and includes grades from the colloquium, oral and written final exams, and ongoing control grades. The final grade is obtained as the sum of component grades on the six-point scale. If any component is a fail (2), the final grade is automatically fail (2). Components and their weighting coefficients for each course are determined by the Academic Council upon adoption of this academic standard.

#### **15. Documentation Storage of Results and Control of Assessment Activities**

- Students have the right and obligation to be informed about the regulations, procedures, and results of assessment, and to file claims and complaints in case of non-compliance with these rules.
- This right applies in cases of established technical omissions or errors (e.g., in calculating or recording grades), as well as in cases of serious grounds for discrepancy between demonstrated knowledge, skills and competencies and the final grade received.
- Corrections to grades are permitted in the cases above in the student record book, exam protocol, or main grade ledger only by the course holder.
- Any disputes or claims by students should be submitted in writing to the evaluating team, which must provide a reasoned response by the end of the next working day.
- Proven cases of serious violation of student rights in assessment are referred by written complaint to the Vice-Rector for Academic Affairs.

Exam materials are stored and students are given the opportunity to review them and the grounds for grading according to procedures announced in advance. The period during which students have access to exam materials and results is no longer than three working days after the exam date. The course description is provided to the student at the start of training in accordance with the Higher Education Act, Art. 56, para. 1: teachers are obliged to develop and announce an appropriate description of their lecture course, including titles and sequence of topics, recommended literature, the method of forming the grade, and forms of assessment of knowledge and skills.

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