Instructor: J.B. Watson, Jr., Ph.D.
Associate Professor of Sociology & Co-Director,
William J. Brophy Sophomore Scholars Program

Office: LA North 333
Phone: (936) 468-2000

Office Hours: 3:45-4:45 pm M; 1:30-2:45 pm T; [3-4:15 pm T in MKKB Rm 357,
Sophomore Scholars Ctr.]; 11:30-1 W; Available at Other Dates/Times by
Appointment.

2. Other readings as assigned.

Course Description: Study of the sociological aspects of the delivery of health services.
This course is designed to expose you to the sociological perspective in terms of the U.S. health care as a social institution & health behavior.

Dept. Learning Objectives
The following Dept. Learning Objectives are also relevant for this class:

- **PLO1.** The student will be able to identify, compare, and contrast contemporary theories of Medical Sociology.
- **PLO2.** The student will be able to identify the principles of good social scientific research design in Medical Sociology. Such principles include validity, reliability, precision in measurement, and sampling methodology.
- **PLO3.** The student will possess sociological knowledge as evidenced by the identification of the major concepts involved with Medical Sociology.
- **PLO4.** The student will be able to apply sociological knowledge and skills to a variety of settings related to Medical Sociology.
- **PLO5.** The student will be able to read theoretical arguments and to identify their major strengths and weaknesses in relation to Medical Sociology.

Student Learning Outcomes
Student learning outcomes for this class include (but are not limited to):

1. Students will possess knowledge of the Medical Sociology as an academic subarea of Sociology.
2. Students will be able to identify distinctive features of the field of Medical Sociology that set it apart from related academic areas.
3. Students will be able to identify, compare, and contrast the three major theories in Medical Sociology.
4. Students will be able to identify the principles of good sociological research. Such principles include common criteria for choice of research method, validity, reliability, and research ethics.
5. Students will possess sociological knowledge as evidenced by the identification of the major concepts involved with an understanding of major social institutions, including religion, the marriage/family system, the economic system, and the political order, & their influence on the health care system.

Program Learning Outcomes
This course addresses the following of these objectives:

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<th>Program Learning Objective</th>
<th>Supported by Course Objective (Student Learning Outcome) #, or NA – Not applicable</th>
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<tr>
<td>PLO 1</td>
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<td>PLO 5</td>
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Grading

A. **Grading Scale**: A 10-point grading scale is in effect in this course. Any allocation of “bonus points” is at the discretion of the instructor. Typically, additional points are added only when the class average is below 70 on a major exam.

B. **Exams (85%)**: Three exams will be given during the semester. Exam #1 is 25% of the course grade, while Exam #2 & Exam #3 are 30% each of the course grade. Exams will cover the assigned reading and lectures. Tests will be closed-book, in-class, and the format includes both objective and subjective questions. Typically, major exams include multiple choice questions & one essay question (from both text & lecture). **Do not expect class lectures to cover all of the significant aspects of the topic; 2 ½ hours of class time per week is an inadequate amount of time to cover all course material in an upper-level course.** Remember that exams cover 100% of the lecture material, and 100% of the text material. It is therefore your responsibility to learn the text material and read the chapters in a timely manner. It is useful to think of the text and lecture as separate “learning paths.” To perform well on exams, attend class regularly, read the text chapters when assigned, take careful lecture notes, & review them frequently. Regular class attendance is important in this class. Full lecture notes are not available from the instructor should you miss class. It is suggested that one contact a fellow class member if you need “complete” notes. The instructor, however, can provide a general description of material covered when needed. Typically, a review sheet is distributed during class prior to an exam.

Tentative Exam Dates Are:

- **Exam 1** - MONDAY, FEBRUARY 22
- **Exam 2** - MONDAY, APRIL 4
- **Exam 3** - WEDNESDAY, MAY 11, 1 pm (FINAL EXAM TIME)

Make-up exams will be given during Dead Week. If you miss an exam for any reason, please plan to take the exam at that time. Schedule the make-up with the instructor the week before Dead Week. The format of make-ups may change. The Sociology Dept. Office, LAN #335, is open 8-5 each day. Arrive in time allow an ample amount of time to complete your exam by 5 pm.

C. **Occasional “Bonus” Assignments**: Selected bonus assignments may be given during the semester. Examples include quizzes, in-class assignments, speaker summaries, field-trip evaluations, and “outside of class” exercises, and group exercises/assignments. There is no provision for “making up” a bonus assignment after it is given, should you miss class.

D. **Project Requirement (15%)**: The details of this requirement will be presented on a separate handout by the 2nd week of classes. This project will involve as series of “mini-projects” to assist you in learning about various aspects of Medical Sociology.
E. Attendance: Regular and punctual class attendance is extremely important, so that you may gain exposure to course material to the fullest extent possible. In an upper-level Sociology class, discussions provide a valuable opportunity for “peer teaching,” as class members contribute to scholarly discourse. There are no “excused” absences in this course. Grade reductions may be made for excessive absences, i.e., 3 or more. Absences related to late registration, drop/add, or pre-registration count in the total. Class meets on a regular schedule immediately before and after University holidays. There is no provision for “making up” an absence.

E. Other Important Matters:

Use of Cell Phones & Computer-related Electronic Devices: Please limit your use of cell phones in class, including text messaging. Laptop computers & tablets may be used for note taking, but their use should be class-connected, not of a personal nature. Excessive use of such devices during class is potentially disruptive to other students & the overall dynamics of the class.

Audio Taping: Please inform the instructor if you desire to audiotape lectures. Please pause the audio taping during class discussions (since some students find it somewhat intimidating).

Written Communication Skills: In a 300-level course students should possess strong written communication skills. As a minimum standard, spelling/grammatical errors, or other writing problems (on any work in the course) may result in a grade reduction, with a 20-point maximum per assignment/exam for writing-related errors.

Accommodation for Disabilities: To obtain disability related accommodations, alternate formats and/or auxiliary aids, students with disabilities must contact the Office of Disability Services (ODS), Human Services Building Room 325, 468-3004/468-1004 (TDD) as early as possible in the semester. Once verified, ODS will notify the course instructor and outline the accommodation and/or auxiliary aids to be provided. Failure to request services in a timely manner may delay your accommodations. For more detailed information, go to: http://www.sfasu.edu/disabilityservices.

Cheating and Plagiarism: Academic integrity is a responsibility of all university faculty and students. Faculty members promote academic integrity in multiple ways including instruction on the components of academic honesty, as well as abiding by university policy on penalties for cheating and plagiarism.

Definition of Academic Dishonesty - Academic dishonesty includes both cheating and plagiarism. Cheating includes but is not limited to (1) using or attempting to use unauthorized materials to aid in achieving a better grade on a component of a class; (2) the falsification or invention of any information, including citations, on an assigned exercise; and/or (3) helping or attempting to help another in an act of cheating or plagiarism. Plagiarism is presenting the words or ideas of another person as if they were your own. Examples of plagiarism are (1) submitting an assignment as if it were one's own work when, in fact, it is at least partly the work of another; (2) submitting a work that has been purchased or otherwise obtained from an Internet source or another source; and (3) incorporating the words or ideas of an author into one's paper without giving the author due credit.

The availability of the Internet is a double-edged sword: it greatly assists in the research process, but it is a tempting source of seemingly “ready-made” information. When a student uses three (3) or more words from another source without proper attribution, it is generally
considered plagiarism. Cheating & plagiarism, including failing to properly attribute work, is a serious breach of academic integrity & can lead to failure on an assignment. Please read the complete Academic Integrity policy at: http://www.sfasu.edu/policies/academic_integrity.asp

**Tentative Course Outline**

**Date, Chapter & Topic**

**JAN. 20 - FEB. 22:**
1. Medical Sociology
2. Epidemiology
3. The Social Demography of Health: Social Class
4. The Social Demography of Health: Gender, Age, & Race
5. Social Stress & Health

~ EXAM #1, MONDAY, FEBRUARY 22 ~

**FEB. 23 - APRIL 4:**
6. Health Behavior & Lifestyles
7. Illness Behavior
8. The Sick Role
9. Doctor-Patient Interaction
10. Healing Options

~ EXAM #2, MONDAY, APRIL 4 ~

**APRIL 5 - MAY 13:**
11. Physicians
12. The Physician in a Changing Society
13. Nurses, Physician Assistants, Pharmacists, and Midwives
14. The Hospital in Society
15. Health Care Reform and Social Policy in the United States
16. Global Health Care

~ EXAM #3, WEDNESDAY, MAY 11, 1 pm (FINAL EXAM TIME) ~
Selected Quotes Related to Medical Sociology

The art of medicine consists of amusing the patient while nature cures the disease. ~Voltaire

People pay the doctor for his trouble; for his kindness they still remain in his debt. ~Seneca

The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated. ~Plato

Body and soul cannot be separated for purposes of treatment, for they are one and indivisible. Sick minds must be healed as well as sick bodies. ~C. Jeff Miller

In the sick room, ten cents' worth of human understanding equals ten dollars' worth of medical science. ~Martin H. Fischer

One of the first duties of the physician is to educate the masses not to take medicine.... Soap and water and common sense are the best disinfectants. ~William Osler

It is a mathematical fact that fifty percent of all doctors graduate in the bottom half of their class. ~Author Unknown

Restore a man to his health, his purse lies open to thee. ~Robert Burton

I got the bill for my surgery. Now I know what those doctors were wearing masks for. ~James H. Boren

A hospital should also have a recovery room adjoining the cashier's office. ~Francis O'Walsh

I learned a long time ago that minor surgery is when they do the operation on someone else, not you. ~Bill Walton

It is a wise man’s part, rather to avoid sickness, than to wish for medicines. ~Thomas More

I wonder why ye can always read a doctor's bill an' ye never can read his prescription. ~Finley Peter Dunne

You have a cough? Go home tonight, eat a whole box of Ex-Lax - tomorrow you'll be afraid to cough. ~Pearl Williams

To array a man's will against his sickness is the supreme art of medicine. ~Henry Ward Beecher
A doctor whose breath smells has no right to medical opinion. ~Martin H. Fischer

Surgeons must be very careful
When they take the knife!
Underneath their fine incisions
Stirs the Culprit - Life!
~Emily Dickinson

It is a good thing for a physician to have prematurely grey hair and itching piles. The first makes him appear to know more than he does, and the second gives him an expression of concern which the patient interprets as being on his behalf. ~A. Benson Cannon

A doctor who cannot take a good history and a patient who cannot give one are in danger of giving and receiving bad treatment. ~Author Unknown

One thousand Americans stop smoking every day - by dying. ~Author Unknown

A hypochondriac is one who has a pill for everything except what ails him. ~Mignon McLaughlin, The Second Neurotic’s Notebook, 1966

The art of medicine consists in amusing the patient while nature cures the disease. ~Voltaire

A doctor must work eighteen hours a day and seven days a week. If you cannot console yourself to this, get out of the profession. ~Martin H. Fischer

It is sometimes as dangerous to be run into by a microbe as by a trolley car. ~J.J. Walsh

Every disease is a physician. ~Irish Proverb

God heals, and the Physician hath the thanks. ~George Herbert, Outlandish Proverbs

Drugs are not always necessary. Belief in recovery always is. ~Norman Cousins

There is no curing a sick man who believes himself to be in health. ~Henri Amiel

Doctors think a lot of patients are cured who have simply quit in disgust. ~Don Herold

The only equipment lack in the modern hospital? Somebody to meet you at the entrance with a handshake! ~Martin H. Fischer

The worst thing about medicine is that one kind makes another necessary. ~Elbert Hubbard