



Universitat de Lleida

DEGREE CURRICULUM
**ANTROPOLOGY AND HUMAN
ECOLOGY**

Coordination: ROCA ALVAREZ, ALBERTO C.

Academic year 2023-24

Subject's general information

Subject name	ANTROPOLOGY AND HUMAN ECOLOGY			
Code	100541			
Semester	PRIMER QUADRIMESTRE			
Typology	Degree	Course	Character	Modality
	Bachelor's Degree in Medicine	5	OPTIONAL	Attendance-based
Course number of credits (ECTS)	6			
Type of activity, credits, and groups	Activity type	PRAULA		TEORIA
	Number of credits	3		3
	Number of groups	1		1
Coordination	ROCA ALVAREZ, ALBERTO C.			
Department	GEOGRAPHY, HISTORY AND HISTORY OF ART			
Teaching load distribution between lectures and independent student work	<p>60 face-to-face hours or equivalent virtualized (directed). The possibility of resorting to virtual activities and sessions remains beyond the conditions imposed by Covid19, due to its academic usefulness.</p> <p>90 hours of independent work (preparation of sessions, preparation of work, elaboration of proposals Classrooms against Poverty, preparation of exhibition).</p>			
Important information on data processing	Consult this link for more information.			
Language	Catalan and Spanish			
	Materials and readings could be in Catalan, Spanish, English or French.			
Distribution of credits	<p>All the credits correspond to the teacher responsible for the subject. However, there is the participation of a diverse invited teaching staff.</p> <p>See Program Calendar, provided at the beginning of the course by the teacher, where it is specified which teachers take on each of the specified and scheduled teaching activities.</p>			

Teaching staff	E-mail addresses	Credits taught by teacher	Office and hour of attention
BRETON SOLO DE ZALDIVAR, VICTORIANO	victor.breton@udl.cat	0	
ROCA ALVAREZ, ALBERTO C.	albert.roca@udl.cat	6	
SALAZAR CARRASCO, CARLES	carles.salazar@udl.cat	0	

Subject's extra information

[Automatic translation: original in Catalan]

The subtitle of the subject is "Global health and culture". It is a subject designed to introduce fourth and fifth year medical students to the diversity (socioeconomic and cultural) of the global health scenario, often erroneously simplified.

In this guide, only information about general subjects is included. The program-calendar will be delivered when beginning the course.

Although it is a classroom subject, student participation is continuous, which is why the credits are divided between theoretical and practical, although they do not differentiate between practical and theoretical sessions themselves.

Learning objectives

[Automatic translation: original in Catalan]

The subject is called "anthropology and human ecology", but it responds only partially to this very generic name, which refers to a huge and growing field of study and intervention. Ecology is the part of biology that studies the relationships between organisms and it is this idea of relationship that is crucial for the subject. Human ecology places the point of reference in human populations and this involves including cultural relationships, which are very different from "natural" ones. The course focuses on one of the types of niches that studies human ecology, those related to health. Anthropology, on the other hand, is the part of the social sciences (studied by human beings in society) that studies cultural diversity, from the point of view "close to fieldwork", that is, the direct obtaining of the information of the object of study (ethnography): The subtitle of the subject is enlightening. "GLOBAL HEALTH AND CULTURES"

The aim of the course is, therefore, to offer an introduction to the sociocultural factors of health, in the framework of globalization, which requires raising health in the context of development (or its deficit, perceived according to various indicators). Development is understood as the process that should achieve the greatest possible well-being for as many people as possible, a concept that, after World War II and the end of the colonial world, replaced that of "civilization" (which had been used from a supposedly scientific racism) and made more concrete that of "progress." The roots of global health (international health and tropical medicine) will be traced, studying its evolution and conditioning from local diversity.

Given its curricular location (optional fourth and fifth), it is a "panoramic" subject, where we want to bring you closer

to the diversity present in this scenario (at all levels, particularly the so-called MEDICAL PLURALISM, coexistence of several medical systems and conceptions of health) and give you some clues to avoid old mistakes (regarding the interaction of the different, the location of health in the public agenda ...) and explore new plausible and collective solutions (so that the health of the populations is one of the elements optimized in the development process). This involves doing some tastings of ecology, anthropology, political economy ... Existing inequalities and their causes and consequences will be one of the important references.

The specific objectives of the subject are consistent and derive from various objectives of the Degree in Medicine. We mention the main ones:

- . Recognize the determinants of health in the population, both genetic and lifestyle, demographic, environmental, social, economic, psychological and cultural.
- . Obtain and use epidemiological data and assess trends and risks for health decision-making.
- . Know the international health organizations and the environments and conditions of the different health systems.
- . Have a critical, creative point of view in the professional activity, with constructive and research-oriented skepticism.
- . Understand the importance and limitations of scientific thinking in the study, prevention and management of diseases.
- . Be able to formulate hypotheses, to collect and critically evaluate information for problem solving, following the scientific method.
- . Acquire basic training for research activity.

ON COMPETENCES

In the current methodological update, the focus, or rather the organising axis of the methodology, is placed on the learning outcomes, as contextualised competences, to a certain extent concretised in the teaching context. This is why we add them to the competences, which can be summarised in two:

- . Stimulation of the ability to ponder the importance of cultural factors in the use of medical information in care, research or teaching contexts.
- . The genesis of a critical spirit that facilitates interaction with knowledge and actors in medical contexts characterised by diversity (expert and patient visions and conditions) and pluralism, within the framework of global health.

The specific competencies of the subject are related to the increase of the capacity to exercise the knowledge obtained in the study of the degree of Medicine in contexts of medical pluralism within the field defined by the notion of "global health", thus improving the ability to interact with experts and patients from other medical systems. In particular, the ability to interact with the field of traditional and complementary medicine will be stimulated, as well as with the growing autonomy of sick people, only compressible in their specific sociocultural environment.

These competencies involve insisting on the ability to understand and value the social, economic and cultural dimensions of medical practice in our own sociocultural environment, delving into the current conditions of health and its evolution.

These specific competencies are framed in others of more general own of the degree of Medicine. We mention the main ones:

- . To know the history of health and disease. Know the existence and principles of alternative medicine.

- . To know how to approach professional practice respecting the patient's autonomy, beliefs and culture.
- . Family and community medicine: living environment of the sick person, health promotion in the family and community.
- . To know the aspects of communication with patients, relatives and their social environment: models of clinical relationship, interview, verbal communication, non-verbal communication and interference.
- . To know the principles and apply the methods of preventive medicine and public health. Risk factors and disease prevention. Recognize the determinants of population health. Health indicators. Planning, programming and evaluation of health programs. Prevention and protection against diseases, injuries and accidents. Evaluation of the quality of care and patient safety strategies. Vaccines. Epidemiology. Demographics. Know the health planning and administration in the world, European, Spanish and regional. Know the economic and social implications of medical action, considering criteria of effectiveness and efficiency. Health and the environment. Food security. Occupational health.
- . To make a public presentation, oral and written, of scientific works and / or professional reports.

Competences

LEARNING OUTCOMES

- RAM1 Identify socio-cultural factors of health in the context of globalisation.
- RAM2 Recognise health in a context of perceived development according to various indicators
- RAM3 To analyse the existence and principles of alternative medicines
- RAM4 Provide principles and methods specific to preventive medicine and public health
- RAM5 To discriminate in professional activity a critical and constructive point of view oriented towards research.

See some comments on competence in Objectives

[Automatic translation: original in Catalan]

Subject contents

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The subject is organized each year according to a different plan (see Methodology and Development Plan), with the participation of different teachers and students. The main teacher presents at the beginning of the course the Calendar-Program where the program and the activities included are detailed, as well as the way to manage them.

The heart of the contents is always the contrast of local (characterized by diversity) and global (marked by the homogenization of the globalization of modernity) conditions and opportunities.

We always work:

- . The distinction and connection between the notions of nature and culture, in particular referring to the world of health.
- . The constitution of the global stage and its fundamental lines: mature capitalism and postcolonialism; development horizon; contradictions of global governance.
- . The evolution of health on a planetary level: the transition from informal medical pluralism to tropical medicine in the colonial framework; the creation and limits of international health; global health expectations; the problem of the lack of global health sovereignty ...
- . Diversity of medical systems: medical pluralism, with the challenges and opportunity of the incorporation of

Traditional and Complementary Medicine

- . Diversity of national health systems and their care deployments, with particular attention to developing countries
- . International determinants of the global health system: different health models, health cooperation, health insurance, health market and industry, knowledge production and IPR (generic, collective rights, cancellation of IPR ...) ...
- . Analysis of complex cases in the context of global health Examples: international health alerts (including pandemics), unequally assessed risk behaviors (addictions, FGM / C ...)

Methodology

[Automatic translation: original in Catalan]

It is a subject that wants to open horizons and make FM students aware of the complexity, dynamism and global nature of the health context in which they will work.

For this reason, the classes are participatory as far as possible (brainstorms, classroom work in groups, theme presentations by groups with open debates ...). That is why attendance is mandatory.

The student can come to design or suggest at least topics to work on in class, where discussion and debate are stimulated on real cases, as well as on future prospects of the health or medical profession.

To facilitate access to this complexity, there may be the voluntary participation of a series of professionals and scholars (specified in the calendar-program) with specialized and different points of view (primary care physicians in multicultural contexts, physiotherapists and nurses). who have approached local therapies in developmental contexts, anthropologists and specialist doctors who have carried out health research in these contexts ... The professor will provide feedback and harmonization of these interventions). Access to possible extra-classroom practices will also be facilitated (see Development Plan).

Development plan

[Automatic translation: original in Catalan]

Before the start of the course, the teacher will post the SCHEDULE-PROGRAMME of the course.

Classes will be held during the first semester, in principle on Mondays and Tuesdays from 12.30 to 14:30..

- Attendance is compulsory given the practical and participative nature of the teaching (90% of the sessions).
- In addition to absences for reasons of force majeure or special assessment, absences due to proven encabalgamiento (seminar...) will be excused; in all cases the cause must be communicated and justified to the teacher.

to the teacher (for example, those affected by encabalgation will have to specify and document the encabalated timetable and their belonging to a specific practice group).

- In all absences, whether due to encabalgation, major illness or special assessment, substitute activities agreed by the teacher must be presented, depending on the case.

In the CALENDAR-PROGRAMME, presented by the teacher at the beginning of the course, the sessions, their nature (face-to-face or virtual), their organisation and evaluation, the associated teaching staff and the possible extra-curricular activities will be indicated.

Evaluation

[Automatic translation: original in Catalan]

EVALUATION

The evaluation will be through a group work of 3-5 people that will have to be presented and discussed publicly. There will be no exam.

Each group must provide with: 1) the Power Point and / or writing used for the presentation (a minimum of 40%), including a commentary on the debate or questions that arose during the presentation of the work of each group (in principle, all groups should ask at least one question or suggestion, live or deferred) (20%); 2) a brief commentary on the other exhibitions and activities (not so much a summary, as highlighting the aspects that have interested them most and the doubts they may suggest) (20%); 3) a proposal for Classrooms against Poverty (20). These percentages may vary depending on the integration in the program "Classrooms against Poverty" (which is defined annually)

Remember that attendance is mandatory (i.e. at least 80% verified, including and even more if any in terms of exhibitions and guest sessions). If you have any problems attending, let the teacher in question and the teaching coordinator (Albert Roca) know.

CLASSROOMS AGAINST POVERTY

The program aims to encourage UdL students to reflect on how global issues affect you and how you can intervene, particularly in relation to the production of well-being, with a central role in your case of optimization. of health and the fight against the factors that endanger it, starting with poverty. Think of it as a student and as a future doctor.

In the absence of confirmation, I indicate some possibilities to materialize this reflection:

- . Each group could make a proposal and look for audiovisual material to illustrate it.
- . Adding the proposals, one or more posters could be made collectively with which an exhibition will be made.
- . Preparation of audiovisual or other materials for a joint exhibition (face-to-face / virtual). Two people could be chosen to "represent" Medicine at the Open Day (day to be determined), if held.

Remember that this initiative is a response to a request from Commission 3.4 (platform of citizen organizations concerned about welfare).

Bibliography

[Automatic translation: original in Catalan]

The bibliography is so extensive and so diverse that we do not make specific recommendations, but the documentary information will emerge from the sessions. This is fundamental in a basically participatory subject such as this.

Yes, we suggest that those who can do so in advance become familiar with the concepts of "global health" and their conditions and indicators through the pages of the WHO and the UN, in relation to the Sustainable Development Goals (in particular 3) and the 2030 Agenda.

On poverty, the first sources can be the reports of the World Bank and UNDP (United Nations Development Program). On culture and cultural diversity, you can start with some anthropology textbooks such as Marvin Harris or Ember.

