**Graduate Entry Year 1 - 2012-13**

**Psychology Revision Guide**

Ok at this point in the module you will hopefully be finding the material interesting and be able to see the relevance of psychology to medicine. However, you may be beginning to feel a little anxious about how this module will be represented in the exam and how you will be able to best demonstrate your newly acquired psychology knowledge. If so, then this brief guide is just what you need!!

The Psychology module is examined within the Regulatory Systems exam paper (currently scheduled for Monday 24th June 2013). The exam will consist of 72 Single Best Answer Questions and 5 Extended Matching Questions. The Psychology component will consist of approximately 10 SBA’s and one EMQ.

Firstly, and perhaps most importantly, the exam questions have **not** been designed to catch you out or focus on obscure parts of the module that we covered only in passing. The focus will be on the fundamental concepts that we have covered in detail in the lectures. Therefore, you don’t need to memorize every definition and diagram that was discussed in the lectures but I do expect you to be able to recall the main concepts. Which ones are the main ones? I can already hear you ask! The answer is look at the learning objectives, however, for your ease of reference I have gone through all and pulled out the key concepts and listed them below.

In a typical psychology SBA a concept might be named in the stem and then possible definitions, casual factors or characteristics listed in the answers.

For instance:

Which one of the following is **least** likely to lead to “social loafing”?

1. The person believes that individual performance is not being monitored
2. The task (goal) or the group has less value or meaning to the person
3. The person has an internal locus of control
4. The person expects that other group members will display high effort

The answer, of course, is **(c)**

Or alternatively an example may be described in the stem and then a list of possible processes listed in the responses

For example:

Rosie is a young child and she happens to know that fish swim. One day at the zoo, Rosie sees a penguin swimming in a pool; she turns to her mother and says, "Look, the black-and-white fish is swimming!". The fact that Rosie calls the penguin a fish best illustrates:

a) Conservation

b) The process of assimilation

c) Egocentric thinking

d) A failure to understand object permanence

e) The process of accommodation

The answer is, of course, **(b)**

A question that many people have, quite reasonably, asked is “do we need to remember the details of these experiments?” As I have said in the lectures, the answer is “yes, but..”.

One or two of the questions **MAY** relate to individual experiments that we have covered **BUT,** they will only be the main ones that we have gone into in a lot of detail, and questions about these studies will always have the names of the authors listed in the question rather than you being asked to give the names in your answer.

For instance:

Stanley Milgram’s (1965) study in which participants believed they were administering electric shocks to fellow participants demonstrated:

1. The benefits of relaxation in coping with pain
2. The bystander effect
3. The Theory of Planned Behaviour
4. The extent of obedience to authority
5. The Gambler’s fallacy

(The answer is d, but I’m sure you realised that!)

Again, for ease of reference, I have listed below, what I consider to be the most important experimental studies which I would expect you to remember the main gist of. I don’t expect you to remember the details of the methodology or measures used just, **in general terms**, **what the study was about and what the findings were**.

For instance; Henry Beecher’s classic study compared reported pain of soldiers and civilians with similar severity and found the former reported less pain and requested fewer analgesics. This provides evidence that psychological factors such as meaning influence the perception of pain.

If you have any specific queries then do please email me (but obviously this is not as an alternative to having attended the lecture or looking up things that you missed or didn’t follow in the lectures in the recommended texts or by searching the web).

I do hope this is helpful.

**David Murphy**

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**Key concepts and studies**

**1 – Learning Theory**

**Key concepts**

* Classical conditioning (basic definition & terminology)
* Operant conditioning (basic definition & terminology)
* Types of reinforcement (i.e. positive & negative) & schedules of reinforcement.
* Vicarious conditioning (aka social learning)

**Key studies:**

Pavlov’s Dogs

Watson & Raynor (1920) Little Albert Experiment

Bandura (1961) Bobo Doll Experiment

**2 - Health beliefs and behaviour**

**Key concepts**

* Definition of health behaviour
* Effect of education on health behaviour
* Effect of positive reinforcement and limitations
* Expectancy–Value model (basic idea)
* Definition of self-efficacy and sources of self-efficacy (need to know both)
* Health Belief Model (Need to know the components)
* Theory of Planned Behaviour (Need to know the components)

**Key studies**

Nutbeam et al (1993) Effect of smoking education in schools

Kegels et al (1978) Effect of positive reinforcement on health behaviour

Janis & Fesbach (1953) Effect of fear arousal (negative reinforcement)

**3 - Individual differences**

**Key concepts**

Personality theories – Freud and Big Five (Basic outline only)

Locus of control (basic definition)

Definition and limitations of IQ

Crystallized vs fluid intelligence (definitions and changes with age)

Genetic & environmental contributions to IQ (esp. correlations between IQ of sibs)

Baron Cohen’s Empathizing/Systematizing Theory (basic idea only)

**4 – Developmental psychology**

**Key concepts**

* Nature vs Nuture (general idea)
* Temperament (general definition)
* Reciprocal socialization (what is means)
* Development of attachment (outline of the stages & strange situation test)
* Piaget’s model of cognitive development (only basic outline of the stages)
* Accommodation vs Assimilation (need to understand definitions)

**5 – Coping with treatment**

**Key concepts**

* Transactional definition of stress (definition and application)
* Procedural and sensory information and the Dual process hypothesis (definitions)
* Effect of perceived control on distress
* Problem focussed and emotion focused coping (definition and examples)
* Individual differences in coping style (why they are important)
* Strategies for helping children cope with treatment
* Influence of parental behaviour

**Key studies**

Auerbach (1983) Amount of information and distress

Langer and Rodin (1976) Nursing home study (aka the flower power study)

Thrash et al (1982) Traffic light study

Martelli et al (1987) Problem focussed vs emotion focused coping

**6 - Perception and attention**

**Key concepts:**

* Sensation and perception (basic definitions)
* Bottom-up and top-down processing (what they mean)
* Types of attention (basic outline)
* Perceptual schemas (definition)
* Humphreys & Riddoch’s hierarchical model of object recognition (just the general ideas)
* Apperceptive and Associative agnosias (characteristics of each)
* Critical periods in perceptual development (just what this means)
* Cultural factors in perception (meaning and example)

**7 - Perception of physical symptoms**

**Key concepts**

* Factors affecting perception of physical symptoms (examples)
* Gate theory of pain (explanation)
* Measurement of pain – (3 components and how to measure each)
* Illness representations Model – (Need to know the 5 components)
* The placebo effect definition, poss modes of action and influencing factors
* Differences between acute and chronic pain (to be able to list a few differences)

**Key studies**

Beecher (1956) Wound severity and pain

Anderson & Pennebaker (1980) Effect of expectancy of perception

Arntz et al (1991) Attention vs anxiety

**8 - Coping with illness and disability**

**Key concepts**

Transactional definition of Stress (definition and application)

Kublar-Ross’s stage theory of adjustment (basic outline)

Lack of evidence for stages

5 Myths of coping with loss (Wortman & Silver 1989)

Moos’ Crisis Theory of coping with serious illness and applications (basic outline not all detail)

**Key studies**

Pollard & Kennedy (2007) Long term follow up in spinal cord injury

Broadbent et al (2004) A picture of health

**9 - Memory and cognitive aspects of mental health disorders**

**Key concepts**

* Stages of memory process
* Working memory (Baddeley Model)
* Types of memory inc Declarative vs Non Declarative, Episodic vs semantic (what they are)
* Differentiate between effortful and automatic processing.
* Define schema, and explain how schemas enhance encoding and influence memory construction.
* Define an associative network
* Outline the role of cognitive factors in the aetiology and treatment of depression.

**Key studies**

Loftus and Palmer (1974) Eyewitness testimony

Beck (1963) Thinking and depression

**10 – Adherence to treatment**

**Key concepts**

* Definition, prevalence and consequences of non-adherence to treatment regimes
* Factors affecting adherence
* Factors affecting recall of health care information
* Presentation factors affecting recall of information
* Effects of written information and importance of readability
* Ways of improving adherence to treatment

**Key studies**

Ley & Spelman (1967) Amount of information and recall

Ley (1975) Effect of readability on adherence

**11 - Social Psychology**

**Key concepts**

Attitudes and prejudice (definition & self-fulfilling prophesy)

Conformity and influencing factors

Obedience and influencing factors

Social loafing and influencing factors

Group decision making esp: “Group think”, definition and influencing factors

The bystander effect (5 steps in the process) and how to overcome it

Leadership styles (Kurt Lewin) (just basic outline)

**Key studies**

Asch (1956) Conformity

Darley & Latane – Helping behaviour

Milgram (1974) Obedience

Ringelman (1913) Tug of war study

**12– Clinical decision making**

**Key concepts**

* Hot and cold system of thinking (definitions and examples of each)
* Influence of extraneous factors on decision making
* Confirmatory bias (explanation)
* The sunk cost fallacy (explanation)
* The anchoring effect (explanation)
* Gamblers fallacy (explanation)
* Conditional probabilities and the use of Bayes’ Theorem (what it is and when to use but you **don’t** need to learn equation)
* The availability and representativeness heuristics (definitions)
* Strategies for improving clinical decision making

**Key studies**

Nisbett & Wilson (1977) Effect of extraneous factors on decision making

Slovic (1973) Confirmatory bias