

# Medical Sociology Newsletter

## Inside this issue:

Notes from the Chair	1
2015 Medical Sociology Election Results	2
Note from the Membership Chair	2
Call for Papers	2
Teaching	3
Career & Employment	4
Student Views	4
Health Policy	4
Guest Column: The New MCAT	5
Guest Column: Sociology for Inter-professional Field	6
Interview with a Scholar	7
Get Connected	8

## Points of Interest!

- Announcement of 2015 Medical Sociology Election Results
- A focus on **Medical Education**:
  - ◇ Scott Reeves discusses Sociological approaches to exploring Interprofessional fields
  - ◇ Martin Abbot outlines issues related to new MCAT
  - ◇ Interview with Frederic W. Hafferty

## NOTES FROM THE CHAIR

By Anne E. Figert [afigert@luc.edu](mailto:afigert@luc.edu)



Everything within the section and the ASA is gearing up for the 110th ASA Annual Meeting on August 22-25, 2015 at the Hilton Chicago and Hilton Palmer House in Chicago, IL. If you haven't already looked, the preliminary program is found at the following link: [http://www.asanet.org/AM2015/preliminary\\_program-2.cfm](http://www.asanet.org/AM2015/preliminary_program-2.cfm).

The Medical Sociology section activities will be on that Monday and Tuesday (24th and 25th). However, if you type in Medical Sociology or Mental Health in the browse by topic search, medical sociology can be found throughout the program. There are film previews, professional workshops, regular sessions and plenaries that will be of interest to you on various days throughout the meetings. In this column, I want to highlight the Medical Sociology roundtables on Monday the 24<sup>th</sup> at 8:30am. The roundtables are a great indication of the vibrancy of the section and thanks go out to Dennis Watson of Indiana University for putting together such as wide range of topics. The Medical Sociology section has 24 roundtables of 3-5 papers each. Presenters include students, professors and scholars/practitioners outside the academy in foundations, research centers and health systems and they hail from all over the world. Grab a cup of coffee and join me there and then attend the Business Meeting from 9:30-10:10 and the Reeder Award Address "Medical Sociology Broadly Conceived: Reflections on a Career" by Adele Clarke at 10:30. With this title, it should be fun. Please be sure to attend the joint reception with the Mental Health Section will be held on the evening of Monday, August 24th. Our session organizers (Susan Bell, Ruha Benjamin, Robin Brown,

Robin Brown, Jennifer Fishman, Dana Garbarski, Nancy Kutner, Laura Mamo and Eric Wright) have created a vibrant and intellectually engaging program this year. I look forward to seeing you in my home town of Chicago. Here is a link highlighting many of the things to do in Chicago (when you are not attending the meetings): [http://www.tripadvisor.com/Attractions-g35805-Activities-Chicago\\_Illinois.html](http://www.tripadvisor.com/Attractions-g35805-Activities-Chicago_Illinois.html)

Also, please consider giving a gift membership to a student now. Our membership counts are down a little from last year and a gift membership for students is a great way to mentor them and give them access to information about the section. In response to popular demand, the ASA membership department has rolled out a new mechanism for gift student memberships. Instead of writing to the membership department with a list of members, individuals can log into our membership site (<http://asa.enoah.com/Home/My-ASA/Gift-Section>) and pay for them directly. In your member portal, there is a button for Purchase a Gift Section Membership for a student (\$5/student). Select Medical Sociology and then add a student. The student needs to be a member of the ASA for this to work.

Finally, I want to thank our newsletter editors and contributors for creating and addressing the topic of sociological perspectives of medical education. This is an exciting time for medical sociology and this topic in particular is affecting many of us in our teaching, research and employment.

## 2015 Medical Sociology Election Results

**Chair-Elect:** Debra Umberson, University of Texas, Austin

**Council Member:** Tony N. Brown, Vanderbilt University

**Teaching Committee Chair:** Laura Senier, Northeastern University

**Publications Committee Chair:** Rene Almeling, Yale University

**Career and Employment Committee Chair:** Miranda Waggoner, Florida State University

**Nominations Committee Chair-Elect:** Jason Schnittker, University of Pennsylvania

**Nominations Committee:** Julia E. Szymczak, The Children's Hospital of Philadelphia and Ophra Leyser-Whalen, University of Texas at El Paso

**Nominations Committee, Student Member:** Rachael Lee, Northeastern University

**Student Representative to Council:** Taylor Hargrove, Vanderbilt University

**CONGRATULATIONS TO ALL !!**

### A NOTE FROM MEMBERSHIP CHAIR, LAURA MAMO

Dear Members,

Thank you again for your continued support of our section. As of June 2015, Medical Sociology has 940 members; 60 short of maintaining our goal of 1,000. Please help us by renewing your own membership now and by providing gifts of membership to students. Last week our Section Chair, Anne Figert, gifted 6 memberships to students. If we each pledge to do even one, we can exceed this goal. Please join me. I am pledging to sign up a new PhD student. Again, you can gift memberships by logging onto our membership site (<http://asa.enoah.com/Home/My-ASA/Gift-Section>) and paying directly. In your member portal, there is a button for Purchase a Gift Section Membership for a student (\$5/student). Select Medical Sociology and then add a student. The student needs to be a member of the ASA for this to work.

See you in Chicago!

### CALL FOR PAPERS:

#### **ISSUES IN HEALTH AND HEALTH CARE FOR SPECIAL GROUPS, SOCIAL FACTORS AND DISPARITIES**

Papers dealing with macro-level system issues and micro-level issues involving special groups, social factors and disparities linked to issues in health and health care are sought. This includes examination of health and health care issues of patients or of providers of care especially those related to special groups, social factors including education, family, income, government, or neighborhoods or social networks or health beliefs and attitudes. Papers that focus on linkages to policy, population concerns and either patients or providers of care as ways to meet health care needs of people both in the US and in other countries are solicited.

Volume 34

Papers sought For Research Annual, Research in the Sociology of Health Care published by Emerald Press

The volume will contain 10 to 14 papers, generally between 20 and 35 pages in length. Send completed manuscripts or close to completed papers for review by February 1, 2016. For an initial indication of interest in outlines or abstracts, please contact the same address no later than November 15, 2015. Earlier inquiries are welcome and will be responded to when sent (in the summer, for example). Send as an email to: Jennie Jacobs Kronenfeld, Sociology Program, Sanford School of Social and Family Dynamics, Box 873701, Arizona State University, Tempe, AZ 85287-3701 (phone 480 965-8053; E-mail, Jennie.Kronenfeld@asu.edu). Initial inquiries by email are encouraged and can occur as soon as this announcement is available.



## Teaching

Jennifer Reich [jennifer.reich@ucdenver.edu](mailto:jennifer.reich@ucdenver.edu)

Years ago, my spouse, who regularly interviews applicants for medical school and residency, advised young aspiring physicians to make sure to read *The New York Times'* coverage on healthcare so they can answer important questions about policy and inequality. Now, the importance of being able to answer questions about the social world is more important than ever. The Medical College Admission Test (MCAT) in 2015 includes new sections on the "The Psychological, Social, and Biological Foundations of Behavior." As the MCAT leadership describe it, test-takers will be asked during this 8-9 hour exam "to solve problems by combining your knowledge of foundational concepts with your scientific inquiry and reasoning skills" and to test individual understanding "of the ways psychological, social, and biological factors influence perceptions and reactions to the world," behavior and behavior change; attitudes, ideas, and cultural beliefs that influence health, and the how inequality matters. <https://www.aamc.org/students/applying/mcat/map/mcat2015knowledgemapconcepts2/369092/psbboverview.html>

These new sections aim to ensure that physicians understand the importance of social context to serve an increasingly diverse population and support them in good health. It also signals how physicians must be prepared to deal with human and social issues in medicine. The ASA has provided a webinar and important information about the change. [http://www.asanet.org/teaching/mcat\\_and\\_sociology.cfm](http://www.asanet.org/teaching/mcat_and_sociology.cfm) But there are other helpful presentations: <https://www.dartmouth.edu/~nss/nav/pages/advice/MCAT20151-24-12.pptx>

As sociologists thinking about how we want to be involved in teaching these new content areas to students who will take the MCAT, there are a few key questions worth considering.

*What role do you want to play in preparing students for medical school admission?*

You should consider how well you like teach students across disciplines and how much you would like to be a part of this kind of effort. You can always continue teaching your health and medicine related courses and students will take them, but you should decide what you want to provide specifically in those courses for students planning to take the MCAT.

*What role does your department or program want to play?*

The need for training in sociology for students who may be majoring in biology or chemistry or other sciences introduces new opportunities to advertise your program on campus. Some departments are opting to add a certificate, minor, or designated emphasis in subjects like "Health and Society," "Social "Meanings of Health and Medicine" or other health-related foci. Others are finding ways to use this new audience to make their existing minors and courses more accessible or visible. You should explore what level of enthusiasm your department may have.

*What classes are already offered that could contribute to students' understanding of MCAT material?*

Students will need to understand the following aspects for the exam.

- 1.) our perceptions and reactions to the world;
- 2.) behavior and behavior change;
- 3.) how we think about ourselves and others;
- 4.) how social and cultural differences influence well-being; and
- 5.) how social stratification affects access to resources and well-being (MR5 Advisory Committee 2012, described in Footnotes at [http://www.asanet.org/footnotes/julyaugust12/mcat\\_0712.html#sthash.pl7VmlsG.dpuf](http://www.asanet.org/footnotes/julyaugust12/mcat_0712.html#sthash.pl7VmlsG.dpuf)

If supporting MCAT student test-takers is a priority, you may choose to add some

content that directly addresses these priorities. You may also choose to weave in more studies, policy, or test question materials in support of these students. Even if you have no intention of reworking your courses, there are several skills you likely already teach that are of great use during MCAT preparation, including analytical reading, persuasive essays, and examination of research design. This article outlines these skills and their relevance.

<http://www.usnews.com/education/blogs/medical-school-admissions-doctor/2014/04/08/3-ways-to-build-critical-mcat-skills-in-everyday-life>

Khan Academy, in collaboration with the Robert Wood Johnson Foundation, has review materials and references to questions, which include questions ranging from whether obesity is contagious, marijuana's use, and aspects of sexual health and behavior. It is definitely worth a read. <https://www.khanacademy.org/test-prep/mcat/social-sciences-practice>

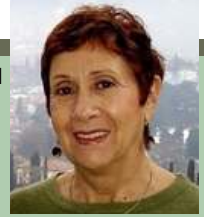
*What opportunities for interdisciplinary collaboration exist or are worth pursuing?*

The new format of the MCAT provides new and exciting possibilities to connect with colleagues across campus. Consider whether you have an undergraduate advising office that can help sequence courses, whether there are faculty who have relationships across campus in health-related fields who may want to collaborate on this, or what kinds of joint courses or workshops you might want to lead. Some departments are working to develop workshops or compressed courses specifically for MCAT preparation, while others are in close communication with pre-health offices. These are new opportunities for new ventures, depending on your level of interest.

Whatever level of involvement you choose, this is an exciting time to see how students come to understand the importance of critical thinking about health and inequality in their futures as health providers.

## Career & Employment

Patricia Rieker [rieke@bu.edu](mailto:rieke@bu.edu)



This is my last column as the Employment and Careers chair, a role I have enjoyed immensely the past two years. It seems fitting to end with a discussion of employment in clinical and medical education settings since I have worked in sociology departments, medical schools and hospitals. If your goal is to have your scholarly work have an impact on patients or health care providers and professions or on their education then seeking employment in such settings will be a worthwhile and rewarding career path. The most direct way to obtain information on positions in medical schools or clinical settings is to go directly to their website as all of these organizations maintain very informative websites including job listings. It is invaluable to have a friend or colleague contact that can give you advice, provide a contextual overview or introduce you to relevant and influential insiders. In addition, there are two general websites that might be very useful for your employment search. One is: [www.mededworld.org/Resources/Resources-Items/Behavioural-and-Social-Sciences-Teaching-in-Medici.aspx](http://www.mededworld.org/Resources/Resources-Items/Behavioural-and-Social-Sciences-Teaching-in-Medici.aspx) based on a recent report from the American Association of Medical Colleges (AAMC). In addition to career advice this website also recommends explicit tools and strategies for the medical education community to use in developing meaningful student learning experiences and comprehension of human behavior to improve patient care and the health of the public. For other news about developments in medical education and available employment see: [Behavioral and Social Sciences Teaching in Medicine \(BeSST\) Network](#). BeSST is a national group of people interested in how behavioral and social sciences are taught in medicine and used by health care providers. Its members include psychologists, clinicians, sociologists and researchers. Both organizations would be worth joining for obtaining general information and networking contacts.

## Student Views

Anna Neller [anna.neller@rockets.utoledo.edu](mailto:anna.neller@rockets.utoledo.edu)



The field of medical sociology is a global one – and an interesting blog from the UK raises many important considerations, such as the influence of social factors (like stigma, inequality, and neoliberalism) on the health of individuals and groups.

The title of this particular blog is “Cost of Living” – and rather than being written by one author, it has a group of “editors” who manage blog contributions. They state: “The title of the blog ‘the cost of living’ is intended to reflect the changing social and political (as well as economic) costs that are associated with health, health care provision and welfare in the 21st century.” Unlike many blogs, this one is divided into three distinct types of contributions:

- 1.) Comments that involve reflections about a particular news topic or health issue. For example, a recent comment entitled “Weight stigma, neoliberalism and questions of blame” explored macro-level issues which influence individual health behaviors.
- 2.) Features which are typically longer, more substantive contributions about health. A feature on “Shame & the illegitimacy of dependency” explored the connections between shame, economic inequality, welfare, and health inequalities.
- 3.) Reviews of books, films, exhibitions, music, or television shows. A review of Danny Dorling’s (2013) book, [Unequal Health: The scandal of our times](#) (Polity Press) is the most recent entry.

The editors of the blog are working with the Medical Sociology Group in the British Sociological Association to help engage academics engage with the wider community. <http://www.cost-of-living.net/>

## Health Policy

Sigrun Olafsdottir [sigrun@bu.edu](mailto:sigrun@bu.edu)



The Association of American Medical Colleges (AAMC) offers a wide array of data on medical education in the United States, ranging from statistical information on those interested in pursuing a career in medicine, those attending medical school and about faculty and medical schools. While medical students have long been of interest to medical sociologists, the recent changes in the MCATs, provide new challenges for those teaching sociology, as we begin to see increased enrollments from pre-meds in our courses. Understanding this population, their expectations and career aspirations can be useful for us as teachers. In addition, these data provide information on the role of social science training in their education and can give insights into how we can construct our courses to serve this population better. For those interested in policy, different studies provide give insights into what specialties students are interested in pursuing and other information that increases our understanding of the future of the U.S. medical landscape. Example of studies included are: Results of the 2014 Medical School Enrollment Survey, Report on Residents 2015, and Post MCAT Questionnaire.

## Guest Column: The New MCAT

By Martin Abbot, Sociology Department, Seattle Pacific University [mabbott@spu.edu](mailto:mabbott@spu.edu)

Medical professionals have in recent years stressed the importance of social science for understanding how best to meet the challenges they face in providing health care services. Whereas formerly medicine has been viewed primarily through the lenses of physical and biological sciences, “medical education must include . . . the perspectives and findings that flow from the behavioral and social sciences.” (AAMC, 2011) The social sciences are prepared to lend the accumulated knowledge from careful research to medicine for their difficulty in managing issues including: Behavioral determinants of morbidity and mortality; health care disparities; medical error reduction; patient safety; primary care shortage; physician discontent and burn-out; and unequal access to care (AAMC 2011).

The medical community has identified insights from the field of sociology as ways of understanding these needs. In addition to the findings from the general field, the ASA section on Medical Sociology is specifically poised to bring specific research, experiences, and ideas to the forefront of this effort. The Section has a long history of using sociological perspectives and insights to reflect on solid empirical research affecting public policy and practice in medicine. The Journal of Health and Social Behavior is a focused instrument for this purpose and an advanced guard for thinking about the future of medicine and its obstacles.

Medical knowledge depends upon the bedrock processes in social science. Sociology is theory driven, hypothesis based, and can be applied to a wide understanding of human activity. Beyond these facets, however, is the recognition by the medical community that sociology presents and analyzes human activity as complex, emergent, and not fully understood or predictable. This operating premise is crucial for the future of managing social health and well-being.

On a practical level, the values and insights of sociology for medicine are in 2015 for the first time, embedded in the Medical College Admission Test (MCAT). Students planning careers in health care will be required to have an understanding of sociology and other social and behavioral sciences in order to demonstrate proficient readiness for medical study. This change will create opportunities and challenges for sociology programs as a platform to assist students preparing for the MCAT.

The American Association of Medical Colleges (AAMC) has built the framework for assisting pre-health education in recent years. At this first year of the changes to the MCAT, the AAMC operates a number of resources for health care professionals and pre-med students through free, online access to sites that provide a clearinghouse for peer-reviewed materials, promote collaboration among health professionals, and help prepare students to take the MCAT.

AAMC’s website ([www.mededportal.org](http://www.mededportal.org)) includes the following resources:

“MedEdPORTAL Publications” allows users to access peer reviewed, classroom tested health education tools;

“MedEdPORTAL iCollaborative” promotes sharing of and collaboration on innovative educational ideas being developed and tested at member institutions. While these tools are not MedEdPORTAL peer reviewed, they help to advance thinking and activities among medical educators.

“MedEdPORTAL CE Directory” offers access to credited online continuing education activities developed by faculty at AAMC member institutions.

Students interested in preparing for the MCAT sociology sections have access to further resources under the auspices of the AAMC. Foremost among these is the website dedicated to the MCAT, specifically a detailed explanation of the foundational concepts and skills necessary for complete preparation to take the MCAT. (<https://www.aamc.org/students/applying/mcat/>) Among these are the components of sociological knowledge in interpersonal and intrapersonal competencies important for entering medical students. Social science content is organized around five foundational concepts that include research and understanding from sociology. The totality of these include identification and description of concepts crucial to understanding a sociological perspective of the world, among which are the following: Social theory, norms, culture and identity, prejudice and discrimination, social class and inequality, social interaction, social institutions, social structure, social change, and health disparities.

Most of the competencies in sociology can be understood through a semester course in introductory sociology, although some schools create specialized courses targeted to deliver this content within the framework of medicine. In my institution, for example, the Sociology Department created the undergraduate sociology course, “Sociology in Medicine” for students outside sociology who are preparing for the MCAT. It is important to note that among the competencies for the MCAT are “Scientific Inquiry & Reasoning Skills,” and “Critical Analysis and Reasoning Skills,” which typically are embedded in sociological instruction and social science statistics and research courses.

Beyond these resources is a collaborative effort of the AAMC with the Khan Academy and the Robert Wood Johnson Foundation (<https://www.khanacademy.org/test-prep/mcat>) to provide short instructional videos and passages (with practice questions) dedicated to understanding the foundational concepts. Students preparing for the MCAT might access these for illustrative information on sociological concepts in addition to structured coursework and the other available online AAMC resources.

## Guest Column: A Sociology for the Interprofessional Field: Some Preliminary Thoughts

By Scott Reeves, Kingston University & St. Georges, University of London, UK

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Interprofessional education and practice activities are undertaken by two or more different health care workers to improve communication, reduce clinical error and provide more effective care to patients. These activities have been promoted extensively for over the past 30 years by a variety of healthcare stakeholders (policymakers, accreditation bodies, payers) to help overcome a variety of factors which continue to impede the delivery of high quality and safe care. As a researcher who has been intervening, investigating and synthesizing the evidence for the interprofessional field across the globe for over the past twenty years, in this column I wanted to briefly reflect on the interprofessional literature and discuss how the use of sociology is critical to the evolution of this field.

While the scholarly literature related to the interprofessional field has continued to expand significantly over the years, its epistemological roots have remained in the positivist traditions of psychology, social psychology, organizational and systems thinking. Although academic work framed by these perspective have enhanced and deepened our knowledge about the interprofessional activities, there has continued neglect of scholarly work which examines the sociological issues embedded in the field. As a result, our understanding of the interprofessional activities rests largely on scholarship which only offer limited insights into key social phenomenon such as the imbalances of power, status and legitimacy connected to groups such as medicine, nursing and social work, when interacting on an interprofessional basis. Also, the limited use of sociological perspectives severely restricts our understanding of underlying socio-political and economic factors such as class, gender and ethnicity differences which shape daily interprofessional practices connected to the delivery of effective interprofessional care.

In discussing this lack of sociological thinking in the interprofessional field some years ago, I argued that we needed to employ Wright Mills' 'sociological imagination' to broaden and deepen our knowledge about the interprofessional activities and relationships, and how these affect the delivery of care (Reeves 2011). For example, the use of theories from the sociology of the professions (e.g. Larson 1977; Abbott, 1988; Witz, 1992) can be usefully applied in an interprofessional context to help understand the nature of inequalities of social and economic power which exist between different healthcare professional groups. In my own work, I have drawn upon the sociological theories of Anselm Strauss and Irving Goffman to understand the role of interprofessional negotiation and how different front stage back stage spaces affect the delivery of care within general medicine settings (Reeves et al 2009, Lewin & Reeves 2011). More recently, I have drawn on Michel Foucault's work to explore students' the perceptions and experiences of interprofessional education in relation to a shifting discourse on health professions education (DeMatteo & Reeves 2013). In addition, I have argued for the use of 'sociological fidelity' as a tool for simulated interprofessional learning to generate more realistic simulation scenarios that effectively take into account key social factors often ignored as this type of education has traditionally been underpinned by psychological and social-psychological thinking (Thomas & Reeves 2015).

As briefly outlined above, despite some invaluable insights into the nature of interprofessional relations, the role of sociology within the interprofessional field remains underused. Indeed, the use of sociological concepts and theories can generate some extremely helpful explanations related to the nature of interprofessional relations. Collectively, such insights are critical to the evolution of this field as they provide a much needed counter-balance to the previous pre-occupations on psychology, social psychology, organizational and systems perspectives. While this situation is improving, we still have some ground to cover in order to effectively employ our sociological imagination and build a sociology for the interprofessional field.

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## Interview with a Scholar: Frederic W. Hafferty

By Anna Neller

What influenced you to approach medical/medical education topics with a sociological lens?

**A combination of failure and serendipity. I went to college a declared pre-med, almost failed my first chemistry course, searched for alternatives, and stumbled into Talcott Parson's grand experiment in integrating the social sciences (Social Relations). Thus I became a "Soc Rel" major and its multidisciplinary approach to the social sciences changed my life (although I didn't know this at the time). I went off to grad school bent on becoming a criminologist and only then did I discover that there was a domain of sociology called "medical sociology." The teacher (Michael Rainey) was a young faculty member just out of Yale. He helped me transfer. Meanwhile, Yale assigned me into a new training program called Health Services Research and thus more multidisciplinary thinking. My first job (U of KY) was with Bob Straus who had developed the first behavioral science medical school department in the country – yet another attempt to integrate the social sciences. I've been a medical school faculty member ever since. There are not a lot of us out there.**

What role(s) do you believe sociologists serve (or *can* serve) in the field of health professions education, health care delivery, and the creation of health policies?

**The relevance is always there, but sometimes not the opportunities. With the exception of my first job (KY) I have not found myself within a critical mass of sociologists, or even social scientists for that matter. Over the past 40+ years there has been an increasing interest in qualitative research within medical education circles, along with a corresponding increasing association of anthropology with qualitative methods. The other major change has been the rise of the "educationalist" in medical education circles and thus individuals with an EdD or PhD in education (along with the growth of masters and PhD programs for physicians who want to develop their educational credentials). Thus, while medical schools will seek out educationalist as a particular type of trainee, I do not see a lot of positions targeting "sociologists." Rather, there is a set of job skills or program needs, for which sociologists (as one of many) can apply. Perhaps, a competitive job market provides the most logical explanation.**

From your perspective, how can sociologists "talk to" and "talk with" those with more of a biomedical/clinical focus? How can sociologists be better integrated (and accepted) into the clinical realm?

**I'm not sure "integration" (and acceptance) is the proper goal. I harken back to Bob Straus' sociology in/sociology of distinction and still feel that a major contribution sociology can make to medicine is to told up a sociological lens to medical work – whether that be education, research or clinical. Sometimes this "other view" is appreciated and sometimes it is not.**

Do you believe it is possible that practices of patient autonomy and current trends in medical professionalism can be exercised harmoniously?

**Yes, but more than possible, I feel it is necessary. One of our (medicine's) greatest failures is the marginalization of the public and patient from the decision making process, be that clinical medicine, medical education, health policy, etc. Sociologists understand (and medicine gets it – sometimes) that medicine's status as a profession rests on the public's legitimation of that status. In this country, to date, and at least on a macro level, medicine has not done a good job of establishing connections to the public. There is a price to be paid for this distance.**

Is there anything else you would like to share?

**I've been extraordinarily blessed by the support of so many people and the generous and ongoing conversations that have fed my sociological imagination. As a child, physicians told my mother (because of my physical and mental impairments) that I was destined to be, at best, a manual laborer. Her love and conviction that my future not be dictated by the pronouncements of experts changed everything, including, I now see, how I think as a sociologist.**

Visit our website at <http://www2.asanet.org/medicalsociology/>

**DON'T FORGET TO RENEW YOUR SECTION MEMBERSHIP IN THE MEDICAL  
SOCIOLOGY SECTION!**

## Get Connected

Simon Geletta & Natalie Ingraham

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While we have no major updates to our main website, our [Facebook page](#) continues to grow and we're currently at 1047 "likes" or followers (up from 750 in the Spring). We also maintain consistent "reach" or the number of people seeing our page activity. We continue to average about one "like" and "share" per post with our most popular posts (generally job announcements or calls for submissions) reaching an average of 48 people with each post. Our most popular post was, unsurprisingly, the announcement that the preliminary ASA program was online! The balance between the narrowed gender categories of Facebook insights indicate that our page fans are identified as women (49%), men (47%) and another gender (4%). Most followers continued to be between ages 25-34 (21%) and reside in the US (45%) followed by India, Pakistan and Egypt.

Our [Twitter](#) currently has 656 followers (a gain of 35 since March) and we average 4 tweets per week, generally focused on job announcements or retweets focused on topics or news relevant to Medical Sociology. Our most popular tweets this quarter were announcements about the ASA conference program, much like our Facebook page.

Our LinkedIn group continues to grow, adding 40 new members 287 since last quarter (327 total). This is a private group for Med Soc section members to network created in 2012. Most of the members are considered senior career social scientists with around 25% involved in research activities. Read more and connect here: <https://www.linkedin.com/groups/Medical-Sociology-Network-4679223/about>.

Please contact Natalie (natalie.ingraham@ucsf.edu) if you have anything you'd like to post on our social media accounts!

Don't forget to check us out on:

Facebook: **MedicalSociologyASA**

Twitter: **@MedicalSocASA**



**A PUBLICATION OF THE MEDICAL SOCIOLOGY SECTION OF THE ASA**

NEWSLETTER EDITORS: Ann Bell & Barret Michalec

