KHARKIV NATIONAL MEDICAL UNIVERSITY

Educational and Scientific Institute of Postgraduate Education

Department of General Practice - Family Medicine and Internal Diseases

Area of knowledge 22 "Health"

Specialty 222 "Medicine"

Educational program "Medicine" of the second (magister's) level of higher education

**SYLLABUS OF THE COURSE**

**Organizational Framework of Family Medicine**

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| The syllabus was approved at the Department of General Practice - Family Medicine and Internal Medicine meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Minutes dated  August 27, \_\_\_\_\_\_\_\_\_\_\_2020 No. 8  Head of Department  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prof. L.M.Pasieshvili (signature) (full name)  August 27,\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020 | Approved by the methodical commission of KhNMU on problems of professional training  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Minutes dated  “\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020 No. \_\_\_  Head  \_\_\_\_\_\_\_\_\_\_\_\_ prof. V.D. Markovsky (signature) (full name)  “\_\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020 |

NAME OF THE COURSE: Organizational Framework of Family Medicine.

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Lecturers: head of dep. prof. L.M. Pasieshvili, prof. A.A. Zazdravnov, prof. O.M. Kovaleva, assoc. prof. V.E. Shapkin, assoc. prof. L.M. Bobro, assoc. prof. K.U. Parkhomenko, assoc. prof. A.K. Zhuravlyova, assoc. prof. N.V. Malik, assoc. prof. A.B. Andrusha, as. O.V. Golozubova, as. O.V. Karaya, as. S.V. Ivanchenko, as. A.S. Marchenko, as. L.V. Ivanova, as. T.I. Viyun.

Information about lecturers: specialists in general practice - family medicine.

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Location: 61157, Kharkiv, Alexander Speyer str., 4.

**Discipline information**

**1. Discipline description**

Course – VI

Semester / Academic year - 2025/2026

Discipline duration:

ECTS credits – 3.0;

practical classes - 40 h.;

СРС – 50 h.

General characteristics of the discipline

The principles of general practice and family medicine are the defining characteristics of the speciality. The five principles are: compassionate care - a caring attitude towards patients and their families shown as kindness and a desire to help; generalist approach - a perspective on the whole person and the context of illness including family, culture and society; continuity of relationship - the interpersonal bond of trust and respect between family physicians, patients, and their families that develops over the life course; reflective mindfulness-doctors’ awareness of their thoughts and emotions manifested as a sense of presence and attentiveness towards self and others; and lifelong learning - a commitment to personal and professional development by participating in learning activities and practice-based research that leads to better patient outcomes. Concepts such as care coordination, preventive care, access to care, professional competence, resource management and community-based care, are part of the principles above. The term ‘comprehensive care’ is should be avoided as it misinterprets the scope of family medicine. The principles of general practice and family medicine characterise the speciality’s core values. These guidelines form the basis of clinical practice as well as the identity of family medicine as a discipline.

The role and place of discipline in the system of training.

Organizational Framework of Family Medicine is part of the General practice - family medicine.

Moodle discipline page:

<http://31.128.79.157:8083/course/view.php?id=208>.

**2. Goals and objectives of the discipline**

*A.* *The family physician is a skilled clinician*.

Family physicians demonstrate competence in the patient-centred clinical method; they integrate a sensitive, skillful, and appropriate search for disease. They demonstrate an understanding of patients’ experiences of illness (particularly their ideas, feelings, and expectations) and of the impact of illness on patients’ lives.

Family physicians use their understanding of human development and family and other social systems to develop a comprehensive approach to the management of disease and illness for patients and their families.

Family physicians are also adept at working with patients to reach common ground on the definition of problems, goals of treatment, and roles of physician and patient in management. They are skilled at providing information to patients in a manner that respects their autonomy and empowers them to “take charge” of their own health care and make decisions in their best interests.

Family physicians have an expert knowledge of the wide range of common problems of patients in the community, and of less common but life-threatening and treatable emergencies in patients in all age groups. Their approach to health care is based on the best scientific evidence available.

*B. Family medicine is a community-based discipline.*

Family practice is based in the community and is significantly influenced by community factors. As a member of the community, the family physician is able to respond to people’s changing needs, to adapt quickly to changing circumstances, and to mobilize appropriate resources to address patients’ needs.

Clinical problems presenting to a community-based family physician are not pre-selected and are commonly encountered at an undifferentiated stage. Family physicians are skilled at dealing with ambiguity and uncertainty. They will see patients with chronic diseases, emotional problems, acute disorders (ranging from those that are minor and self-limiting to those that are life-threatening), and complex biopsychosocial problems. Finally, the family physician may provide palliative care to people with terminal diseases.

The family physician may care for patients in the office, the hospital (including the emergency department), other health-care facilities, or the home. Family physicians see themselves as part of a community network of health-care providers and are skilled at collaborating as team members or team leaders. They use referral to specialists and community resources judiciously.

C. The family physician is a resource to a defined practice population.

The family physician views his or her practice as a “population at risk,” and organizes the practice to ensure that patients’ health is maintained whether or not they are visiting the office. Such organization requires the ability to evaluate new information and its relevance to the practice, knowledge and skills to assess the effectiveness of care provided by the practice, the appropriate use of medical records and/or other information systems, and the ability to plan and implement policies that will enhance patients’ health.

Family physicians have effective strategies for self-directed, life-long learning.

Family physicians have the responsibility to advocate public policy that promotes their patients’ health.

Family physicians accept their responsibility in the health-care system for wise stewardship of scarce resources. They consider the needs of both the individual and the community.

*D. The patient-physician relationship is central to the role of the family physician.*

Family physicians have an understanding and appreciation of the human condition, especially the nature of suffering and patients’ response to sickness. They are aware of their strengths and limitations and recognize when their own personal issues interfere with effective care.

Family physicians respect the privacy of the person. The patient-physician relationship has the qualities of a covenant—a promise, by physicians, to be faithful to their commitment to patients’ well-being, whether or not patients are able to follow through on their commitments.

Family physicians are cognizant of the power imbalance between doctors and patients and the potential for abuse of this power.

Family physicians provide continuing care to their patients. They use repeated contacts with patients to build on the patient-physician relationship and to promote the healing power of interactions. Over time, the relationship takes on special importance to patients, their families, and the physician. As a result, the family physician becomes an advocate for the patient.

**3. Discipline status** – selective, **discipline format** – mixed, the discipline is accompanied by a Moodle system, teaching the discipline involves a combination of traditional forms of classroom learning with elements of e-learning, which uses special information, interactive technologies, online counseling.

**4. Teaching methods** – practical classes with the use of presentations, video materials, guidelines.

**5. Recommended literature**

Family Medicine: in 3 books: textbook. Book 1. General Issues of Family Medicine / O.M. Hyrina, L.M.Pasiyeshvili, O.M.Barna, A.S.Svintsitskiy et al.; edited by O.M. Hyrina, L.M.Pasiyeshvili. - Kyiv: AUS Medicine Publishing, 2016. – 560 p.

Textbook of Family Medicine. NINTH EDITION. Robert E. Rakel, David P. Rakel. - Elseviеr, Philadelphia, PA, 2016 – 1201 р. (on-line free - <http://familymed.sbmu.ac.ir/uploads/textbook_family_medicine_rakel.pdf>).

WONCA global standards for postgraduate family medicine education. WONCA Europe 2013.

**6. Prerequisites and co-requisites of the discipline**

Organizational Framework of Family Medicine as a discipline is based on the study by students of disciplines: social medicine and health care, hygiene and ecology, biostatistics, computer science, ethics and deontology and integrates with them.

**7. Learning outcomes**.

The ultimate goals of the study of general practice (family medicine) are the basis for discipline content building:

- to understand the primary link between patients and the general medical practice - family medicine health care system;

- to know the organizational foundations of general medical practice - family medicine;

- to know the principles of patients management at the system outpatient family doctor - inpatient - outpatient family doctor, to know indications and contraindications for hospitalization;

- to know the family doctor documentation.

**The content of the discipline**

|  |  |
| --- | --- |
| 1. | Topic 1. Principles of Primary care at family services. Organization of family doctor's work.. Features of his work at the COVID-19 pandemia. |
| 2. | Topic 2. Supervision, rehabilitation and sanatorium selection of a family doctor. |
| 3. | Topic 3. Management of day and home hospitals. |
| 4. | Topic 4. Management of medical examination. |

**Discipline policy and values**

Discipline requirements – following the laws of Ukraine, Kharkiv National Medical University rules, general ethics.

Class attendance and behavior - prohibition of absence, delays.

Academic Integrity Policy – following the academic integrity.

Policy for people with special educational needs – individual approach to students according curriculum.

Recommendations for successful discipline passing – following the curriculum, obtaining enough of points.

Penalties – non-compliance with these requirements leads to penalties.

Accident prevention – following the safety regulations.

Procedure for informing about syllabus changes - this information is available at the official website of Kharkiv National Medical University.

**Discipline Assessment**

Marks system based at the "Інструкція з оцінювання навчальної діяльності студентів при Європейській кредитно-трансферній системі організації навчального процесу у ХНМУ" (2016).

During each practical classes students have traditional 4-point system marks: "excellent", "good", "satisfactory" or "unsatisfactory".

The final score for the current learning activity is defined as the arithmetic mean of traditional grades for each lesson and converted to a multi-point scale according to Table 1.

Table 1

**Recalculation of the average score for current activities in a multi-point scale**

| 4-point scale | 120-point scale |  | 4-point scale | 120-point scale |
| --- | --- | --- | --- | --- |
| 5 | 120 | 3.91-3,94 | 94 |
| 4.95-4,99 | 119 | 3.87-3,9 | 93 |
| 4.91-4,94 | 118 | 3.83- 3,86 | 92 |
| 4.87-4,9 | 117 | 3.79- 3,82 | 91 |
| 4.83-4,86 | 116 | 3.74-3,78 | 90 |
| 4.79-4,82 | 115 | 3.7- 3,73 | 89 |
| 4.75-4,78 | 114 | 3.66- 3,69 | 88 |
| 4.7-4,74 | 113 | 3.62- 3,65 | 87 |
| 4.66-4,69 | 112 | 3.58-3,61 | 86 |
| 4.62-4,65 | 111 | 3.54- 3,57 | 85 |
| 4.58-4,61 | 110 | 3.49- 3,53 | 84 |
| 4.54-4,57 | 109 | 3.45-3,48 | 83 |
| 4.5-4,53 | 108 | 3.41-3,44 | 82 |
| 4.45-4,49 | 107 | 3.37-3,4 | 81 |
| 4.41-4,44 | 106 | 3.33- 3,36 | 80 |
| 4.37-4,4 | 105 | 3.29-3,32 | 79 |
| 4.33-4,36 | 104 | 3.25-3,28 | 78 |
| 4.29-4,32 | 103 | 3.21-3,24 | 77 |
| 4.25- 4,28 | 102 | 3.18-3,2 | 76 |
| 4.2- 4,24 | 101 | 3.15- 3,17 | 75 |
| 4.16- 4,19 | 100 | 3.13- 3,14 | 74 |
| 4.12- 4,15 | 99 | 3.1- 3,12 | 73 |
| 4.08- 4,11 | 98 | 3.07- 3,09 | 72 |
| 4.04- 4,07 | 97 | 3.04-3,06 | 71 |
| 3.99-4,03 | 96 | 3.0-3,03 | 70 |
| 3.95- 3,98 | 95 | Less than 3 | Not enough |

To be admitted to the differentiated credit, the student must receive from 70 to 120 points.

Assessment of theoretical knowledge at the differential credit is carried out according to table 2.

Table 2

**Assessment of theoretical knowledge**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of questions | «5» | «4» | «3» | Oral answer, which include the theoretical part of the discipline | For each answer the student receives from 10 to 16 points, which corresponds to:  "5" - 16 points;  "4" - 13 points;  "3" - 10 points. |
| 5 | 16 | 13 | 10 |
|  | 80 | 65 | 50 |

Assessment of the results of the study of disciplines is carried out during the differential credit. The mark of the discipline is defined as the sum of s final score for the current learning activity and differential credit and must be from min - 120 to max - 200. The correspondence of marks on the 200-point scale, four-point (national) scale and ECTS scale presents in Table 3.

Table 3

**Correspondence of 200-point scale,**

**four-point (national) scale and ECTS scale**

|  |  |  |
| --- | --- | --- |
| 200-point scale score | ECTS scale score | four-point (national) scale |
| 180–200 | А | Excellent |
| 160–179 | В | Good |
| 150–159 | С | Good |
| 130–149 | D | Satisfactory |
| 120–129 | E | Satisfactory |
| Less than 120 | F, Fx | Unsatisfactory |

The mark of the discipline is given only to students who have passed all the final classes and the differential credit. Students are given an FX mark, if they were admitted to the differential test, but did not pass it. F mark is given to students who are not admitted to the differential credit.

**Additional materials:**

Library of Kharkiv National Medical University.

Official site of the Ministry of Health of Ukraine: <http://www.moz.gov.ua/>