MINISTRY OF HEALTH OF UKRAINE

KHARKIV NATIONAL MEDICAL UNIVERSITY

Department of General Practice - Family Medicine and Internal Diseases

Academic year 2021/2022

SYLLABUS OF THE COURSE

General practice (family medicine)

Discipline status – normative

Discipline format – full-time

Area of knowledge 22 "Health Care"

Specialty 222 "Medicine"

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

The syllabus was approved at the Department of General Practice - Family Medicine and Internal Medicine meeting

Protocol dated August 27, 2021 No. 8

Head of Department

(signature) prof. L.M.Pasieshvili (full name)

August 27, 2021

Approved by the methodical commission of KhNMU of internal diseases training problems

Protocol dated August 31, 2021 No. 1

Head

(signature) prof. P.G. Kravchun (full name)

August 31, 2021

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INTRODUCTION

Syllabus of the discipline "General practice (family medicine)" compiled in accordance with the Educational and Professional Program "Medicine" and the draft Standard of Higher Education of Ukraine (hereinafter - the Standard), the second (magister's) level, branch of knowledge 22 "Health", specialty 222 "Medicine"

Description of the discipline (summary).

The discipline " General practice (family medicine)" is studied in the sixth year. The volume of the discipline is 4,5 ECTS credits: 60 hours of practical classes and 75 hours of independent work of students (IWS). General practice (family medicine) as an academic discipline:

a) provides a study of the organizational principles of primary medical and social care;

b) promotes the formation of preventive activities of future doctors, taking into account the possible impact on the health of the population of factors of various origins;

c) specifies the methods of implementing the formation of a healthy lifestyle in the family;

d) promotes the training of the family doctor in the basics of management of all family members throughout life.

Particular attention in the teaching of the discipline is paid to the following issues:

- determination of health of all family;
- primary prevention;
- early diagnosis, treatment and secondary prevention of diseases at the prehospital stage.

The subject of study of the discipline "General practice (family medicine)" is the organization of the family doctor, as well as diagnosis, treatment, prevention of the most common diseases in the practice of the family doctor.

Interdisciplinary connections.

"General practice (family medicine)" is the main component of the group of disciplines that study outpatient both from a clinical point of view (internal medicine, surgery, obstetrics and gynecology, etc.) and organizational (social medicine and health care) and integrates with them. But unlike other disciplines, general practice (family medicine) considers only the issue of primary health care.

Prerequisites of the discipline.

"General practice (family medicine)" as a discipline is based on the study by students of disciplines: internal medicine, infectious diseases, epidemiology, pediatrics, endocrinology, neurology, oncology, surgery, ophthalmology, otolaryngology, dermatology, clinical immunology and pharmacology medicine and health care, hygiene and ecology, biostatistics, computer science, ethics and deontology and other morphological disciplines.

Post-requisites of the discipline.

"General practice (family medicine)" as a discipline for sixth-year students is the basis for the study of outpatient medicine in the internship.

Moodle discipline page:
http://31.128.79.157:8083/course/view.php?id=208.

1. PURPOSE AND OBJECTIVES OF THE COURSE

1.1. The purpose of studying the discipline "General practice (family medicine)" is the acquisition by students of knowledge, skills and abilities necessary for the diagnosis, treatment, prevention and organization of medical care of common human diseases in the practice of general practice - family medicine.

1.2. The main objectives of the discipline are:

• Providing continuous individual (non-disease-oriented) care that is appropriate, safe, effective and humane, from promoting a healthy lifestyle and disease prevention, management of acute and chronic diseases, to rehabilitation and palliative care and care in the terminal stages of the disease.

• Application of medical knowledge in the field of general practice - family medicine, medical ethics and medical law in working with the patient.

• Development of interpersonal and communication skills that ensure effective exchange of information with patients and their families and collaboration with other health professionals, the scientific community and the public.

• Formation of skills of work as a leader, coach and teacher in relation to colleagues, medical students and other medical staff.

• Formation of the ability to make a scientific contribution to the development and research in the chosen field of medicine.

• Developing the ability to take responsibility for the health of patients and the community, guided by ethical practices and high personal standards of behavior. This includes a willingness to admit the mistake and take responsibility for its consequences.

• Understanding of public health and health policy issues.

• Opportunity to work with other staff involved in primary care, as well as with the individual patient and the family.

• Developing the ability to provide medical advocacy to the patient and the community

• Develop a sense of social responsibility: understand the health and needs of the community in order to develop and provide appropriate services. This includes taking into account the incidence and prevalence of illnesses and psychosocial problems in society, including those affecting women and children.

1.3. Competences and learning results, the formation of which is facilitated by the discipline (the relationship with the normative content of training of higher education, formulated in terms of learning outcomes in the Educational and

professional program and Standard).

1.3.1. The study of the discipline ensures the acquisition of **competencies** by students**:**

integral: Ability to solve typical and complex specialized problems and to solve practical problems in professional activity in the field of health care, or in the process of training, which involves research and / or innovation and is characterized by complexity and uncertainty of conditions and requirements.

general:

– Ability to abstract thinking, analysis and synthesis, the ability to learn and be modernly educated

– Ability to apply knowledge in practical situations

– Knowledge and understanding of the subject area and understanding of professional activity

– Ability to adapt and act in a new situation

– Ability to make an informed decision; work in a team; interpersonal skills

– Ability to communicate in the state language both orally and in writing; ability to communicate in a foreign language

– Skills in the use of information and communication technologies

– Definiteness and persistence in relation to the set tasks and responsibilities

– The ability to act socially responsibly and consciously

specialized (professional, subject)

– Survey skills

– Ability to determine the required list of laboratory and instrumental studies and evaluate their results

– Ability to establish a preliminary and clinical diagnosis of the disease

– Ability to determine the required mode of work and rest, the nature of nutrition in the treatment of diseases

– Ability to determine the principles and nature of disease treatment

– Ability to diagnose emergencies

– Ability to determine tactics and skills of emergency care

– Ability to carry out medical and evacuation measures

– Skills to perform medical manipulations

– Ability to determine the management tactics of persons subject to dispensary supervision

– Ability to maintain medical documentation

1.3.2. The study of the discipline provides students with the acquisition of the following **program learning outcomes**:

Knowledge and understanding:

– acquisition by a person of general and special fundamental and professionally-oriented knowledge, skills, abilities, competencies necessary for the performance of typical professional tasks related to his / her activity in the medical field in the relevant position

– knowledge of human psychophysiological features, human health, health support, disease prevention, human treatment, public health

Application of knowledge and understanding:

– ability to apply the acquired knowledge, skills and understanding to solve typical problems of the doctor, the scope of which is provided by lists of syndromes and symptoms, diseases, emergencies, laboratory and instrumental research, medical manipulations
– gathering information about the patient
– evaluation of survey results, physical examination, laboratory and instrumental research data
– establishing a preliminary clinical diagnosis of the disease
– determining the nature, principles of treatment of diseases
– determination of the necessary diet, mode of work and rest in the treatment of diseases
– determination of tactics of contingent management of persons subject to dispensary supervision
– diagnosing emergencies, determining the tactics of emergency medical care
– performing medical manipulations
– maintenance of medical documentation, processing of state, social and medical information
Formation of judgments:
– ability to assess human health and provide support taking into account the impact of the environment and other health factors
– ability to apply the acquired knowledge of the existing health care system to optimize their own professional activities and participate in solving practical problems of the industry
– formation of a specialist with appropriate personal qualities, who adheres to the code of ethics of the doctor

1.3.3. The study of the discipline ensures that students acquire the following **soft skills:**

ASSESSMENT AND DIAGNOSIS: An assessment and diagnosis requires developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation, hypothesis generation and testing, and critical evaluation of diagnostic strategies. It is a dynamic process that occurs before, during, and after the collection of data through history, physical examination, imaging, laboratory tests and case related clinical services.

MANAGEMENT PLAN: Management involves the development, implementation and documentation of a patient care plan for positively impacting a patient's health and well-being, including specific therapeutic goals and prognoses. It may include case follow-up, referral, and/or collaborative care.

HEALTH PROMOTION AND DISEASE PREVENTION: Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognizes the impact of biological, chemical, behavioral, structural, psychosocial and environmental factors on general health.

COMMUNICATION AND RECORD KEEPING: Effective communication includes oral, written and nonverbal skills with appropriate sensitivity, clarity and

control for a wide range of healthcare related activities, to include patient care, professional communication, health education, and record keeping and reporting.

PROFESSIONAL ETHICS AND JURISPRUDENCE: Professionals comply with the law and exhibit ethical behavior.

INFORMATION AND TECHNOLOGY LITERACY: Information literacy is a set of abilities, including the use of technology, to locate, evaluate and integrate research and other types of evidence to manage patient care.

INTERPROFESSIONAL EDUCATION: Students have the knowledge, skills and values necessary to function as part of an inter-professional team to provide patientcentered collaborative care. Inter-professional teamwork may be demonstrated in didactic, clinical or simulated learning environments.

2. INFORMATION SCOPE OF THE DISCIPLIN

2.1 Description of the discipline

<table>
<tr><td rowspan="2">Name of indicators</td><td rowspan="2">Branch of knowledge, specialty, educational level, educational and professional program</td><td colspan="2">Characteristics of the discipline</td></tr>
<tr><td>full-time education</td><td>external form of education</td></tr>
<tr><td>Number of credits – 4,5</td><td>Branch of knowledge 22 "Health care"</td><td colspan="2">Normative</td></tr>
<tr><td rowspan="5">Total number of hours – 135</td><td rowspan="5">Specialty: 222 "Medicine",</td><td colspan="2">Year of study (course):</td></tr>
<tr><td>6th</td><td>6th</td></tr>
<tr><td colspan="2">Term</td></tr>
<tr><td>11-12</td><td>11-12</td></tr>
<tr><td colspan="2">Lectures</td></tr>
<tr><td rowspan="11">Hours for full-time study:
classrooms - 60
independent student work - 75</td><td rowspan="11">Educational level: second (magister’s) level

Educational and professional program "Medicine"</td><td>hours</td><td>hours</td></tr>
<tr><td colspan="2">Practical, seminar</td></tr>
<tr><td>60 hours</td><td>hours</td></tr>
<tr><td colspan="2">Laboratory</td></tr>
<tr><td>hours</td><td>hours</td></tr>
<tr><td colspan="2">Independent work</td></tr>
<tr><td>75 hours</td><td>hours</td></tr>
<tr><td colspan="2">Individual tasks: hours</td></tr>
<tr><td colspan="2">Type of final control: differentiated credit</td></tr>
</table>

2.2.3 Practical classes

№	Name the topics	Number of hours	Teaching methods	Forms of control
1	The place of general practice (family medicine) in the general structure of health care and the principles of family services. Organization of family practitioner's work.	5	story-explanation, conversation, presentation, discussion, business, role-playing, simulation game, modeling of processes and situations.	oral examination (individual and frontal); written survey; test control; creative tasks; individual tasks; abstracts; report; speech on a given topic.
2	Preventive medicine as the basis of family doctor's practice.	5		
3	COVID-19 patients the family doctor practice.	5		
4	Emergency care at the family practice.	5		
5	The algorithm of the family doctor's work at the main diseases of the respiratory system.	5		
6	The algorithm of the family doctor's work at the main cardiovascular pathology.	6		
7	The algorithm of the family doctor's work at the main diseases of the urinary system.	6		
8	The algorithm of the family doctor's work at the main gastrointestinal diseases.	6		
9	The algorithm of the family doctor's work at the main endocrinological diseases.	6		
10	The algorithm of the family doctor's work at the joint syndrome.	6		

11	Differentiated credit	5	**Differentiated credit**	**Differentiated credit**
	Hours in total	60		

2.2.5 Independent work

№	Name the topics	Number of hours	Teaching methods	Forms of control
1	Organization and provision of emergency medical care in the practice of a family doctor.	10	Independent work	abstracts; report; speech on a given topic.
2	Algorithm of activity of the family doctor at the basic diseases of respiratory system.	13	Independent work	abstracts; report; speech on a given topic.
3	Algorithm of activity of the family doctor at the basic cardiovascular pathology	13	Independent work	abstracts; report; speech on a given topic.
4	Algorithm of activity of the family doctor at the basic diseases of urinary system.	13	Independent work	abstracts; report; speech on a given topic.
5	Algorithm of activity of the family doctor at the basic gastrointestinal diseases	13	Independent work	abstracts; report; speech on a given topic.
6	Algorithm of family doctor activity at the basic endocrinological diseases.	13	Independent work	abstracts; report; speech on a given topic.
	Hours in total	75		

3. EVALUATION CRITERIA

Marks system based at the "Інструкція з оцінювання навчальної діяльності здобувачів вищої освіти в Харківському національному медичному університеті".

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 and practical skills

Number of questions	«5»	«4»	«3»		
1	16	13	10	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.
2	16	13	10		
3	16	13	10		
4	16	13	10		
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	A	Excellent
160–179	B	Good
150–159	C	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.

Questions for the " General practice (family medicine)" differentiated credit

1. List the main diagnostic criteria for bronchial asthma.
2. List the main spirometric parameters that are characteristic for obstructive lung disease.
3. List the main diagnostic criteria for glomerulonephritis.
4. Describe the clinical urine test that is characteristic for chronic pyelonephritis.

5. List the main steps for diagnosing hypertensive disease
6. List the main diagnostic criteria for ischemic heart disease and acute coronary syndrome.
7. List the main diagnostic criteria for deforming osteoarthritis.
8. List the main diagnostic criteria for early rheumatoid arthritis.
9. List the main diagnostic criteria for lupus.
10. List the main diagnostic criteria for irritable bowel syndrome.
11. Describe the treatment tactics for patients with duodenal ulcer.
12. Describe the treatment tactics for patients with chronic acalculous cholecystitis.
13. List the main diagnostic criteria for chronic pancreatitis.
14. Describe the treatment tactics for stomach ulcer.
15. List the main ways of medical rehabilitation for patients with chronic bronchial asthma depending on the stage.
16. List the main ways of medical rehabilitation for patients with chronic obstructive lung disease depending on the stage.
17. Describe the general principles of evidence-based medicine.
18. List the main ways of medical rehabilitation for patients with acute pyelonephritis.
19. List the main ways of non-medical rehabilitation for patients with hypertensive disease.
20. List the main ways of medical rehabilitation for patients with ischemic heart disease.
21. List the main ways of medical rehabilitation for patients with deforming osteoarthrosis.
22. List the main ways of medical rehabilitation for patients with rheumatoid arthritis.
23. List the main ways of medical rehabilitation for patients with Lupus.
24. List the main ways of medical rehabilitation for patients with irritated bowel syndrome.
25. List the main ways of medical rehabilitation for patients with peptic ulcer.
26. List the main ways of medical rehabilitation for patients with chronic acalculous cholecystitis.
27. List the main ways of medical rehabilitation for patients with chronic pancreatitis.
28. List the main ways of medical rehabilitation for patients with gastroesophageal reflux disease.
29. Describe the tactics used by the family doctor to treat insect bites.
30. Describe the tactics used by the family doctor for treating bites.
31. Describe the tactics used by the family doctor for the treatment of electric traumas.
32. Describe the main treatment tactics used by the family doctor for drowning patients.
33. Note the main treatment strategies employed by the family doctor in managing patients with hyperthermia and hypothermia.

34. Describe the concept of a youth friendly clinic.
35. Name the main treatment tactics that is used by the family doctor for treating pain syndrome.
36. Name the main treatment tactics that is used by the family doctor in the case of sudden death.
37. Name the main treatment tactics that is used by the family doctor for managing convulsions.
38. Name the main treatment tactics that is used by the family doctor in managing patients with loss of consciousness.
39. Name the main approaches for selective antihypertensive therapies.
40. Recommend dietary recommendations for patients with ischemic heart disease.
41. Recommend dietary recommendations for patients with peptic ulcer.
42. Recommend dietary recommendations for patients with chronic acalculous cholecystitis.
43. Describe the main principles for family planning through family medicine services.
44. Describe the main principles of working as a family doctor under the conditions of medical insurance.
45. Name the main principles of drugs administration to elderly patients.

Rules for appealing the assessment

The student can appeal the current assessment to the departmental appeal commission consisting of the head of the department, teacher and professor or associate professor of the department.
According to the current «Положення про апеляцію результатів підсумкового контролю здобувачі освіти ХНМУ» a student can appeal the assessment of differentiated credit by submitting an application to his dean's office no later than the next day after the announcement of the assessment and subsequent reassignment of differentiated credit to the appeal commission.

4. 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.

5. ACADEMIC INTEGRITY

According to «Кодекс академічної доброчесності Харківського національного медичного університету» KhNMU has introduced a system of academic integrity in order to support the idea of integrity and decent relationships between participants in the academic process; promoting the importance of academic integrity; addressing issues related to raising the quality of higher education; promoting the development of a positive reputation; raising the rating of teachers and the competitiveness of university graduates; development of skills of conscientious and correct work with sources of information; compliance with the requirements of scientific ethics and respect for the intellectual property of others; activation of independence and individuality in the creation of their own works, as well as increasing the responsibility for violating the generally accepted rules of citation.

6. RECOMMENDED LITERATURE

Basic

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. - Elsevier, Philadelphia, PA, 2016 – 1201 p. (on-line free - http://familymed.sbmu.ac.ir/uploads/textbook_family_medicine_rakel.pdf).

Additional

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

7. INFORMATION RESOURCES

Library of Kharkiv National Medical University.

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

Moodle discipline page:
http://31.128.79.157:8083/course/view.php?id=208.