

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
Organizational Framework of Family Medicine

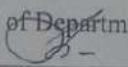
Discipline status – selective
Discipline format – full-time
Area of knowledge 22 "Health Care"
Specialty 222 "Medicine"
Educational program "Medicine" of the second (magister's) level of higher education

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

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

Protocol dated
August 27, 2021

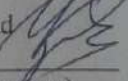
No. 8

Head of Department

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

August 27, 2021

Protocol dated
August 31, 2021

No. 1

Head

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

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INTRODUCTION

Syllabus of the discipline "Organizational Framework of 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 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 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.

"Organizational Framework of 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.

"Organizational Framework of 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/index.php?categoryid=18>.

1. PURPOSE AND OBJECTIVES OF THE COURSE

1.1. The purpose of studying the discipline " Organizational Framework of 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:

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.

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:**

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.

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

Name of indicators	Branch of knowledge, specialty, educational level, educational and professional program	Characteristics of the discipline	
		full-time education	external form of education
Number of credits – 4	Branch of knowledge 22 "Health care"	Selective	
Total number of hours – 120	Specialty: 222 "Medicine",	Year of study (course):	
		6th	6th
		Term	
		11-12	11-12
Hours for full-time study: classrooms - 20 independent student work - 100	Educational level: second (magister's) level Educational and professional program "Medicine"	Lectures	
		hours	hours
		Practical, seminar	
		20 hours	hours
		Laboratory	
		hours	hours
		Independent work	
		100 hours	hours
Individual tasks: hours			
Type of final control: credit			

2.2.3 Practical classes

№	Name the topics	Number of hours	Teaching methods	Forms of control
1	Principles of Primary care at family services. Organization of family doctor's work.. Features of his work at the COVID-19 pandemia.	5	story-explanation, conversation, presentation, discussion, 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	Supervision, rehabilitation and sanatorium selection of a family doctor.	5		
3	Management of day and home hospitals.	5		

4	Management of medical examination.	5		
	Hours in total	20		

2.2.5 Independent work

№	Name the topics	Number of hours	Teaching methods	Forms of control
1	Organization of medical and social examination.	100	Independent work	abstracts; report; speech on a given topic.
	Hours in total	100		

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 grade for current activities in a multi-point scale for disciplines that end with a credit

4-point scale	200-point scale	4-point scale	200-point scale	4-point scale	200-point scale
5	200	4.22-4,23	169	3.45-3,46	138
4.97-4,99	199	4.19-4,21	168	3.42-3,44	137
4.95-4,96	198	4.17-4,18	167	3.4-3,41	136
4.92-4,94	197	4.14-4,16	166	3.37-3,39	135
4.9-4,91	196	4.12-4,13	165	3.35-3,36	134
4.87-4,89	195	4.09-4,11	164	3.32-3,34	133
4.85-4,86	194	4.07-4,08	163	3.3-3,31	132
4.82-4,84	193	4.04-4,06	162	3.27-3,29	131
4.8-4,81	192	4.02-4,03	161	3.25-3,26	130
4.77-4,79	191	3.99-4,01	160	3.22-3,24	129
4.75-4,76	190	3.97-3,98	159	3.2-3,21	128
4.72-4,74	189	3.94-3,96	158	3.17-3,19	127
4.7-4,71	188	3.92-3,93	157	3.15-3,16	126
4.67-4,69	187	3.89-3,91	156	3.12-3,14	125
4.65-4,66	186	3.87-3,88	155	3.1-3,11	124
4.62-4,64	185	3.84-3,86	154	3.07-3,09	123

4.6-4,61	184	3.82-3,83	153	3.05-3,06	122
4.57-4,59	183	3.79-3,81	152	3.02-3,04	121
4.54-4,56	182	3.77-3,78	151	3-3,01	120
4.52-4,53	181	3.74-3,76	150	Less than 3	Not enough
4.5-4,51	180	3.72-3,73	149		
4.47-4,49	179	3.7-3,71	148		
4.45-4,46	178	3.67-3,69	147		
4.42-4,44	177	3.65-3,66	146		
4.4-4,41	176	3.62-3,64	145		
4.37-4,39	175	3.6-3,61	144		
4.35-4,36	174	3.57-3,59	143		
4.32-4,34	173	3.55-3,56	142		
4.3-4,31	172	3.52-3,54	141		
4,27-4,29	171	3.5-3,51	140		
4.24-4,26	170	3.47-3,49	139		

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

1. Textbook of Family Medicine. NINTH EDITION. Robert E. Rakel, David P. Rakel. - Elsevier, Philadelphia, PA, 2016 – 1201 p. (вільний доступ on-line - http://familymed.sbmu.ac.ir/uploads/textbook_family_medicine_rakel.pdf).
2. 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.

Additional

1. 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/index.php?categoryid=18>.