

**MINISTRY OF HEALTH PROTECTION OF UKRAINE  
ODESSA NATIONAL MEDICAL UNIVERSITY**

**International faculty**

**Department of Family Medicine and Polyclinic Therapy**

**Syllabus of the academic discipline  
"Mental disorders in the practice of a family doctor»**

<b>Scope of the academic discipline</b>	Total hours per discipline: 90 hours, 3.0 credits. Elective discipline. Semesters: XI - XII. 6th year of study.
<b>Days, time, place of educational discipline</b>	According to the schedule of classes. Department of family medicine and polyclinic therapy Odesa, st. Pishonivska, 1, premises of the base of the Department of Family Medicine and Polyclinic Therapy, 5th floor.
<b>Teacher(s)</b>	Tsyunchyk Yu. H. PhD in Medicine, Associate Professor Portnova O.O. PhD in Medicine, Associate Professor Lahoda D. O., PhD, assistant Bazhora Ya. I., PhD, assistant Nazarian V. M., assistant
<b>Contact information</b>	Help by phone: Halyna Oleksandrivna Danylchuk, head teacher of the department, 097 305 4035 Julia Hennadiivna Tsiunchyk, responsible for organizational and educational work with applicants at the department 050 333 5888 Email: <a href="mailto:galina.danylchuk72@gmail.com">galina.danylchuk72@gmail.com</a> Face-to-face consultations: from 2:00 p.m. to 5:00 p.m. every Thursday, from 9:00 a.m. to 2:00 p.m. every Saturday Online consultations: from 4:00 p.m. to 6:00 p.m. every Thursday, from 9:00 a.m. to 2:00 p.m. every Saturday. A link to an online consultation is provided to each group during classes separately.

### **COMMUNICATION**

Communication with applicants will be conducted in the classroom (face-to-face).

During distance learning, communication is carried out through the Microsoft Teams platform, as well as through e-mail correspondence, Viber messenger or Telegram (through groups created in Viber or Telegram for each group, separately through the head of the group).

### **COURSE ANNOTATION**

*Subject* study of the discipline - specifics of the management of patients with mental disorders by a family doctor, including screening, early detection, correction of conditions with the help of pharmacological and non-pharmacological interventions, and follow-up of the patient.

*Prerequisites and postrequisites of the discipline (the place of the discipline in the educational program)*

*Prerequisites:* Ukrainian language (by professional direction), foreign language (by professional direction), Latin language and medical terminology, medical and biological physics, human anatomy, histology, physiology, life safety; pathomorphology, pathophysiology, pharmacology, cardiology, endocrinology.

*Post-requisites:* general practice - family medicine, internal medicine, cardiology, medical psychology, psychiatry, narcology, epidemiology and principles of evidence-based medicine, anesthesiology and intensive care, emergency and emergency medical care.

*Purpose of the discipline:* deepening, expansion and concretization of knowledge and formation of elements of professional competences in the field of mental health by the student of higher education, in particular regarding the essence of anxiety-depressive disorders, abuse of psychoactive substances, psychoses, dementia, etc. Convenient tools for diagnosis and treatment of mental disorders in primary care.

*The tasks of the discipline are the following:*

1. Improving the skills and abilities of diagnosing mental disorders at the primary level.
2. Expanding knowledge about non-drug treatment of patients with mental disorders.
3. Improving the skills of the correct selection of pharmacological therapy for patients with mental disorders in the practice of a family doctor.
4. Increasing knowledge regarding the timely identification of patients with mental disorders who need more intensive treatment.
5. Expanding knowledge about the role of the family doctor in the management of patients with mental disorders.

*Expected results:*

*As a result of studying the academic discipline, the applicant must:*

*Know:*

- etiopathogenesis and risk factors of development depression, psychosis, bipolar disorder, dementia, etc.
- basic diagnostic algorithms of the most common mental disorders in the practice of primary care doctors.
- acquire skills of effective communication with the patient
- signs and principles of management of patients with common manifestations of mental disorders
- will carry out differential diagnosis of the most common mental disorders in the practice of a family doctor

*Be able:*

- to diagnose mental disorders in the patient
- carry out differential diagnosis between various manifestations of mental disorders
- carry out differential diagnosis of various emergency conditions in patients with mental disorders
- determine patient management tactics and provide emergency medical care in case of emergencies, the need for hospitalization
- draw up a treatment plan for the patient depending on the diagnosed mental disorder
- to be able to apply the acquired knowledge in a clinical situation
- keep medical records

## **COURSE DESCRIPTION**

*Forms and methods of education*

The discipline will be taught in the form of practical classes (30 classroom hours);

organization of the applicant's independent work (60 hours).

*Teaching methods:* conversation, role-playing games, solving clinical situational problems, tests, discussing the principles of working with different types of glucometers, independent work with recommended basic and additional literature, with electronic information resources, independent work with a bank of test tasks.

### *Content of the academic discipline*

#### **Content module 1.**

##### **The most common mental disorders in the practice of primary care physicians**

###### **Topic 1. Basic principles of primary care in the mental health problems**

Basic principles of medical care for people who need it, including people with mental, neurological, and substance use disorders (NSDs), as well as their caregivers. This theme is aimed at increasing attention to the privacy of people who need help with PNDR disorders, establishing appropriate relationships between health care providers, service users and their careers, as well as providing care without judgment and stigma, with the provision of necessary support. Basics of clinical practice in the field of mental health in order to provide health care workers with a general understanding of the assessment and management of mental health disorders in non-specialized health care providers.

###### **Topic 2. Depression**

Main clinical symptoms of depression. Diagnosis of depression. Screening. Additional research methods. Differential diagnosis. Treatment and prevention of depression in the competence of a general practitioner-family medicine doctor.

###### **Topic 3. Psychoses**

Main clinical symptoms of psychosis. Diagnosis of psychosis. Additional research methods. Differential diagnosis. Treatment and prevention of psychosis in the competence of a general practitioner-family medicine doctor. Treatment of emergency conditions in patients with psychosis.

###### **Topic 4. Epilepsy**

Main clinical symptoms of epilepsy. Diagnostics. Additional research methods. Differential diagnosis. Treatment and prevention of epilepsy in the competence of a general practitioner-family medicine doctor. Treatment of emergency conditions in patients with epilepsy.

#### **Content module 2.**

##### **Age-related mental disorders as a competencies of a family doctor**

###### **Topic 5. Child and adolescent mental and behavioral disorders**

Main clinical symptoms of childhood and adolescent mental and behavioral disorders. Diagnostics. Additional research methods. Differential diagnosis. Treatment and prevention of child and adolescent mental and behavioral disorders in the competence of a general practitioner-family medicine doctor.

###### **Topic 6. Dementia**

Main clinical symptoms of dementia. Diagnostics. Additional research methods. Differential diagnosis. Treatment and prevention of dementia in the competence of a general practitioner-family medicine doctor. Support of a family with a patient with dementia.

#### **Content module 3.**

##### **Management of the mental disorders in the practice of a family doctor**

###### **Topic 7. Disorders associated with the use of psychoactive substances**

Main clinical symptoms that are diagnosed in patients with disorders related to the use of psychoactive substances. Diagnostics. Additional research methods. Differential diagnosis.

Treatment and prevention of patients with disorders related to the use of psychoactive substances in the competence of the general practitioner-family medicine. Support of a family in which there is a patient with disorders related to the use of psychoactive substances. Emergency therapy.

#### **Topic 8. Self-harm/suicide**

Main clinical symptoms of self-harm/suicide. Diagnostics. Additional research methods. Differential diagnosis. Treatment and prevention of self-harm/suicide in the competence of a general practitioner-family medicine doctor. Emergency management of self-harm/suicide patients. Supporting a family with a patient who has experienced a self-harm/suicide episode.

#### **Topic 9. Diagnostic approaches in mental health problems**

Diagnostic approaches in mental health problem. Diagnostics. Additional research methods. Differential diagnosis. Treatment and prevention of other important mental health complaints in the competence of a general practitioner-family medicine doctor. Treatment of emergencies in patients with other significant mental health complaints.

#### **Topic 10. Stress management**

These are skills developed by the WHO for stress management, in order to teach people to better cope with adverse circumstances. This guide supports the implementation of WHO recommendations for stress management. There are many reasons for stress: personal difficulties (for example, conflicts with loved ones, loneliness, lack of livelihood, worries about the future), problems at work (for example, conflicts with colleagues, extremely difficult or unstable work), or serious threats in your community (eg violence, disease, lack of economic prospects).

### **Content module 4.**

#### **Mental disorders during humanitarian crises and treat to life**

##### **Topic 11. Medical assistance in humanitarian disaster conditions**

Peculiarities of providing assistance to patients in conditions of humanitarian emergencies in the practice of a primary care doctor. Diagnostics. Treatment and prevention of the most common mental disorders during humanitarian and emergency situations

##### **Topic 12. Post-traumatic stress disorder**

Assessment of the patient for existing post-traumatic stress disorder (PTSD). Development of a basic management plan including pharmacological and non-pharmacological methods. Organization of further follow-up of such a patient.

##### **Topic 13. Grief assessment**

Assessment of the patient regarding existing grief, prolonged grief and differential diagnosis of these conditions. Development of a basic management plan including pharmacological and non-pharmacological methods. Organization of further follow-up of such a patient

##### **Topic 14. Acute reaction to stress**

Assessment of the patient regarding the existing acute reaction to stress. Development of a basic management plan including pharmacological and non-pharmacological methods of treatment. Organization of further follow-up of such a patient.

##### **Topic 15. Intellectual disability**

Assessment of the patient regarding the existing intellectual impairment. Development of a basic management plan including pharmacological and non-pharmacological methods of treatment. Organization of further follow-up of such a patient.

### **LIST OF RECOMMENDED LITERATURE:**

#### **Main:**

#### **Main:**

1. Global burden of disease 2019: mental disorders— level 2 cause [website]. Seattle: Institute for Health Metrics and Evaluations; 2021 ([http://www.healthdata.org/results/gbd\\_summaries/2019/mental-disorders-level-2-cause](http://www.healthdata.org/results/gbd_summaries/2019/mental-disorders-level-2-cause),

- accessed 25 October 2023).
2. Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/371495>).
  3. Thornicroft G, Sunkel C, Alikhon Aliev A, Baker S, Brohan E, el Chammay R et al. The Lancet Commission on ending stigma and discrimination in mental health. *Lancet*. 2022;400:1438–80
  4. Update of the Mental Health Gap Action Program (mhGAP) guidelines for mental, neurological and substance use disorders, 2015. Geneva: World Health Organization; 2015
  5. Dua T, Barbui C, Patel AA, Tablante EC, Thornicroft G, Saxena S; WHO's mhGAP guideline team. Discussion of the updated WHO recommendations for mental, neurological, and substance use disorders. *Lancet Psychiatry*. 2016;3(11):1008–12
  6. ICD-11: International Classification of Diseases 11th Revision [website]. Geneva: World Health Organization; 2019

**Additional:**

1. mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Program (mhGAP), version 2.0. Geneva: World Health Organization; 2016
2. Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders, Geneva: World Health Organization, 2023
3. The selection and use of essential medicines 2023: web annex A: World Health Organization model list of essential medicines: 23rd list. Geneva: World Health Organization; 2023

**13. Electronic information resources**

1. <https://iris.who.int/bitstream/handle/10665/372458/WHO-EURO-2023-36362-36362-68615-ukr.pdf?sequence=1&isAllowed=y>
2. <https://i-cbt.org.ua/wp-content/uploads/2020/06/MH-GAP-kerivnitstvo.pdf>
3. <https://iris.who.int/bitstream/handle/10665/334239/WHO-EURO-2020-37299-37299-55107-ukr.pdf>  
<https://www.who.int/publications/i/item/9789241549790>

**ASSESSMENT**

*Forms and methods of current control:* oral survey, testing, solution of situational clinical tasks, assessment of activity in class.

**Current control:** oral survey, testing, assessment of performance of practical skills, assessment of communication skills during role-playing, solving situational clinical tasks, assessment of activity in class.

**Final control:** balance

**Evaluation of the current educational activity in a practical session:**

1. Evaluation of theoretical knowledge on the subject of the lesson:
  - methods: survey, solving a situational clinical problem
  - the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.
2. Evaluation of practical skills and manipulations on the subject of the lesson:
  - methods: assessment of the correctness of the performance of practical skills
  - the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.
3. Evaluation of work with a patient on the subject of the lesson:
  - methods: assessment of: a) communication skills of communicating with the patient and his parents, b) the correctness of prescribing and evaluating laboratory and instrumental

- studies, c) compliance with the differential diagnosis algorithm, d) substantiation of the clinical diagnosis, e) drawing up a treatment plan;
- the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.

### Current evaluation criteria in practical training

Rating	Evaluation criteria
"5"	The student is fluent in the material, takes an active part in discussing and solving a situational clinical problem, confidently demonstrates knowledge during the interpretation of laboratory research data, expresses his opinion on the subject of the lesson, demonstrates clinical thinking.
"4"	The student has a good command of the material, participates in the discussion and solution of a situational clinical problem, makes some mistakes during the interpretation of laboratory research data, expresses his opinion on the subject of the lesson, demonstrates clinical thinking.
"3"	The acquirer does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of the situational clinical problem, makes significant mistakes during the interpretation of laboratory research data.
"2"	The acquirer does not have a good command of the material, does not participate in the discussion and solution of the situational clinical problem, in the interpretation of laboratory research data.

Credit is awarded to a student who has completed all the tasks of the work program of the academic discipline, actively participated in practical classes and has an average current grade of at least 3.0 and has no academic debt.

Test is carried out: at the last lesson - with the cyclic system of education. The credit score is the arithmetic mean of all components according to the traditional four-point scale and has a value that is rounded according to the statistics method with two decimal places after the decimal point.

The obtained average score for the academic discipline for applicants who have successfully mastered the work program of the academic discipline is converted from a traditional four-point scale to points on a 200-point scale, as shown in the table:

### Conversion table of a traditional assessment into a multi-point scale

Traditional four-point scale	Multipoint 200-point scale
Excellent ("5")	185 - 200
Good ("4")	151 - 184
Satisfactory ("3")	120-150
Unsatisfactory ("2")	Below 120

A multi-point scale (200-point scale) characterizes the actual success of each applicant in learning the educational component. The conversion of the traditional grade (average score for the academic discipline) into a 200-point grade is performed by the information and technical department of the University.

According to the obtained points on a 200-point scale, the achievements of the applicants are evaluated according to the ECTS rating scale. Further ranking according to the ECTS rating

scale allows you to evaluate the achievements of students from the educational component who are studying in the same course of the same specialty, according to the points they received.

The ECTS scale is a relative-comparative rating, which establishes the applicant's belonging to the group of better or worse among the reference group of fellow students (faculty, specialty). An "A" grade on the ECTS scale cannot be equal to an "excellent" grade, a "B" grade to a "good" grade, etc. When converting from a multi-point scale, the limits of grades "A", "B", "C", "D", "E" according to the ECTS scale do not coincide with the limits of grades "5", "4", "3" according to the traditional scale. Acquirers who have received grades of "FX" and "F" ("2") are not included in the list of ranked acquirers. The grade "FX" is awarded to students who have obtained the minimum number of points for the current learning activity, but who have not passed the final examination. A grade of "F" is assigned to students who have attended all classes in the discipline, but have not achieved a grade point average (3.00) for the current academic activity and are not admitted to the final examination.

Applicants who study on one course (one specialty), based on the number of points scored in the discipline, are ranked on the ECTS scale as follows:

**Conversion of the traditional grade from the discipline and the sum of points on the ECTS scale**

Evaluation on the ECTS scale	Statistical indicator
AND	Top 10% achievers
IN	The next 25% of earners
WITH	The next 30% of earners
D	The next 25% of earners
THERE ARE	The next 10% of earners

*The possibility and conditions of obtaining additional (bonus) points: not provided.*

**INDEPENDENT WORK OF STUDENTS OF HIGHER EDUCATION**

Independent work involves preparation for practical classes.

**POLICY OF EDUCATIONAL DISCIPLINE**

*Deadlines and Rescheduling Policy:*

- absences from classes for non-respectable reasons are made up according to the schedule of the teacher on duty.
- absences due to valid reasons are worked out according to an individual schedule with the permission of the dean's office.

*Academic Integrity Policy:*

Applicants must observe academic integrity, namely:

- independent performance of all types of work, tasks, forms of control provided for by the work program of this educational discipline;
- references to sources of information in case of use of ideas, developments, statements, information;
- compliance with the legislation on copyright and related rights;
- provision of reliable information about the results of one's own educational (scientific) activity, used research methods and sources of information.

Unacceptable in educational activities for participants of the educational process are:

- the use of family or official ties to obtain a positive or higher grade during the exercise of any form of control of learning outcomes or advantages in academic work;
- use of prohibited auxiliary materials or technical means (cheat sheets, notes, micro-earphones, telephones, smartphones, tablets, etc.) during control measures;
- going through procedures for monitoring the results of training by fake persons.

For violation of academic integrity, applicants may be held to the following academic responsibility:

- a decrease in the results of assessment of the control work, assessment in class, credit, etc.;
- retaking the assessment (test, credit, etc.);
- appointment of additional control measures (additional individual tasks, control works, tests, etc.);
- conducting an additional inspection of other works authored by the violator.

#### *Attendance and Tardiness Policy*

Uniform: a medical gown that completely covers the outer clothing, or medical pajamas, a cap, a mask, and a change of shoes.

Equipment: notebook, pen.

State of health: applicants suffering from acute infectious diseases, including respiratory diseases, are not allowed to attend classes.

A student who is late for class can attend it, but if the teacher has put "nb" in the journal, he must complete it in the general order.

#### *Use of mobile devices*

Mobile devices may be used by students with the permission of the instructor if they are needed for the assignment.

#### *Behavior in the audience*

The behavior of applicants and teachers in the classrooms should be working and calm, strictly comply with the rules established Regulations on academic integrity and ethics of academic relations at Odessa National Medical University, in accordance with Code of Academic Ethics and Relations of the University Community of Odessa National Medical University, Regulation on prevention and detection of academic plagiarism in research and educational work of higher education applicants, scientists and teachers of Odessa National Medical University.