**MINISTRY OF HEALTH OF UKRAINE**

**ODESA NATIONAL MEDICAL UNIVERSITY**

**Faculty of Medicine, international**

**Department of Family medicine, General practice and Polyclinic therapy**

# Course Syllabus in the discipline «General practice (family medicine)»

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|---|---|
| **Amount** | Total number of hours per discipline: 90 hours 3.0 credits.<br>XI-XII semesters.<br>6th year. |
| **Days, time, place** | According to the class assignments.<br>Department of family medicine, general practice and polyclinic therapy<br>Odesa, str. Pishonivska, 1, Premises base of the Department of Family Medicine and Polyclinic Therapy, 5th floor. |
| **Teacher(s)** | Tsyunchyk Yu.H. PhD in Medicine, Associate Professor<br>Pitel H.O. PhD in Medicine, Associate Professor<br>Portnova O.O.PhD in Medicine, Associate Professor<br>Lahoda D. O.,PhD,assistant<br>Bazhora Ya.I., PhD,assistant<br>Nazarian V. M., assistant<br>Mirgorod A.V., assistant |
| **Contact Information** | Help by phone:<br>Danylchuk Halyna Oleksandrivna,head teacher of the department 097 305 4035<br>Tsyunchyk Yuliia Henadiivna, responsible for organizational and educational work with students of the department 050 333 5888<br>E-mail: galina.danylchuk72@gmail.com<br>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<br>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. The link to the online consultation is provided to each group during classes separately. |

## COMMUNICATION

Communication with the student 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, and Viber messengers (through groups created in Viber for each group, separately through the head of the group).

## COURSE ANNOTATION

*The subject of study of the discipline* to master the knowledge and to form the elements of the professional competencies and practical skills in general practice - family medicine and improve the skills and competences acquired during the study of previous disciplines. .

*Prerequisites and post-requisites 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 biology, medical and biological physics, biological and bioorganic chemistry, human anatomy, histology, physiology, microbiology, virology and immunology, life safety; basics of bioethics and biosafety, pathomorphology, pathophysiology, pharmacology, propaedeutics of pediatrics, medical psychology, otorhinolaryngology, ophthalmology, neurology, psychiatry, narcology, dermatology, venereology.

*Post-requisites:* general practice (family medicine), pediatrics, internal medicine, surgery, obstetrics and gynecology, infectious diseases, epidemiology and principles of evidence-based medicine, oncology and radiation medicine, traumatology and orthopedics, phthisiology, anesthesiology and intensive care, emergency and emergency medical care, hygiene and ecology, palliative and hospice medicine.

*The purpose* to master the knowledge and to form the elements of the professional competencies and practical skills in general practice - family medicine and improve the skills and competences acquired during the study of previous disciplines.

*The tasks of the discipline are the following:*

1. To form skills on differential diagnosis and the most common diseases in patients.
2. To improve skills in verification a clinical diagnosis, making a plan for laboratory and instrumental research.
3. To master the ability to determine treatment and prevention tactics for the most common diseases in patients.
4. To gain thorough knowledge of the outpatient care for patients with the most common therapeutic diseases.
5. To form the skills of providing of emergency care for patients with the most common diseases and syndromes at the pre-hospital stage in the practice of a family doctor (general practitioner), organization of medical care for incurable patients and methods of palliative treatment of the main symptoms and syndromes.

*Expected results:*

*As a result of studying the discipline, the student has to*

*Know:*

- - principles of organizing medical care at home and in day hospitals;
- principles of sequence of management of patients in family doctor outpatient department - in-patient department,
- indications for hospitalization
- conduct outpatient treatment of patients after their discharge from the hospital;
- evaluate the prognosis of life and performance of patients with the most common diseases;
- draw up medical documentation used by the family doctor;

*Be able:*

- carry out prevention of the most common diseases;
- identify risk factors for a disease;
- assess the patient's health status and be able to monitor their health;
- draw up a patient's medical and social passport;
- analyze and draw up a programme for the formation and preservation of individual and family health.
- diagnose incurable disease, terminal condition and its phases;
- diagnose and treat pain syndrome with a wide range of modern pain relief technologies;
- perform diagnostics and treatment of other debilitating symptoms (vomiting, shortness of breath, etc.) that accompany an incurable condition;
- calculate the dose of painkillers and write out appropriate prescriptions;

– keep records and store strong and narcotic drugs in accordance with the current legislation;

– carry out resuscitation measures for incurable patients;

– provide psychological support to terminally ill people and their loved ones during illness and during the period of grief;

– apply the rules of conduct with the deceased person in accordance with the current legislation;

– comply with bioethical and legal regulations when providing IPS;

– provide advice to incurable patients and their loved ones on medical and non-medical support during an incurable illness, including care, nutrition, social, legal or spiritual support, etc.;

– work in a multidisciplinary team;

– apply methods of preventing burnout syndrome and combating its consequences.

## COURSE DESCRIPTION

*Forms and methods of education*

The discipline will be taught in the form of practical classes (40 hours); organization of an independent work of student (50 hours).

*Teaching methods:* conversation, role-playing games, solving clinical situational problems, tests, demonstration teaching methods, practicing patient examination skills, instruction and practicing skills on simulation models, training exercises on differential diagnosis of the most common diseases, independent work with the textbook, independent work with additional sources of information, independent solution of clinical tasks.

*The content of the educational discipline*

Theme 1. The place of Family Medicine in the overall structure of healthcare and the principles of family services for the population. Organization of the family doctor's work.

Theme 2. Medical and social aspects of public health. Examination of temporary and permanent disability. The role of a family doctor in promoting healthy lifestyle, prevention and medical examinations.

Theme 3. Outpatient management programme for the patients with the most common diseases of the bronchopulmonary system (COPD, bronchial asthma). Risk factors, home monitoring, diagnosis of exacerbation, emergency care, indications for hospitalization.

Theme 4. Diseases of the upper respiratory tract, differential diagnosis. Integrated management of patients. ARD, management of patients, differential diagnosis of exacerbations.

Theme 5. Outpatient management programmes for the patients with the most common diseases of the cardiovascular system. Hypertension: risk factors, blood pressure monitoring methods, uncomplicated and complicated hypertensive crises, emergency care, indications for hospitalization.

Theme 6. Somatoform autonomic dysfunction. Complaints, diagnosis, methods of treatment and rehabilitation.

Theme 7. Management programme for the patients with type 2 diabetes mellitus. Patient screening, glycemic control, treatment principles, indications for insulin therapy. Diabetic comas, pre-hospital care.

Theme 8. Anemia, the most common symptoms, primary care examinations, treatment methods, and prophylaxis.

Theme 9. Clinical classification of pain. Emergency care for the patients with pain syndrome in the practice of a family doctor.

Theme 10. Management programme for patients with complaints of neck and back pain. Differential diagnosis. Pain syndrome associated with spinal pathology, patient management programme.

Theme 11. Organization of emergency medical care in case of sudden death at the pre-hospital stage in the practice of a family doctor.
Theme 12. Organization of emergency medical care for the patients with convulsions and in case of the loss of consciousness at the pre-hospital stage in the practice of a family doctor.
Theme 13. Organization of emergency medical care for the patients with sting injuries, bites, electrical injuries, in case of drowning and exposure to low and high temperatures at the pre-hospital stage.
Theme 14. Organization of medical care for incurable patients. Methods of palliative treatment of the main symptoms and syndromes of the patients with incurable diseases.

*Grading test*

Processing of an algorithm for solving situational tasks and tests. Maintenance of medical documentation.

## *Recommended literature*

### *Basic literature:*


1. Essentials of Family Medicine¸ Philip D Sloane, Lisa M Slatt, Mark H Ebell, Louis B Jacques, Mindy A Smith/ 2017/ ISBN-10 / ASIN: 0781781884 ISBN-13 / EAN: 9780781781886 Lippincott Williams & Wilkins
2. Current Diagnosis & Treatment in Family Medicine Jeannette E. South-Paul, Samuel C. Matheny, Evelyn L. Lewis/2018/, ISBN: 0-07-151004-4 McGrowHill Medical.
3. The Color Atlas and Synopsis of Family Medicine, 3rd Edition by Richard Usatine , Mindy Ann Smith , E.J. Mayeaux, Heidi Chumley, 1680 pages,/ 2018/ ISBN-10 : 1259862046 ISBN-13 : 978-1259862045 McGraw-Hill Education
4. Family Medicine: Ambulatory Care and Prevention, Sixth Edition (Lange Clinical Manuals) 6th Edition Mindy A. Smith, MD (East Lansing, MI), Leslie A. Shimp, PharmD, MS (Ann Arbor, MI), Sarina Schrager, MD, MS (Madison, WI) 1088 pages /2020/ ISBN-10: 0071820736 ISBN-13: 978-0071820738 McGraw-Hill Education
5. Textbook of Family Medicine 9th Edition by Robert E. Rakel MD , David Rakel MD ,1215 pages,/2015/, ISBN-13 : 978-0323239905 ISBN-10: 0323239900 Saunders; 9th Edition (March 6, 2020).


### *Additional literature*:


1. CHEP guidelines http://guidelines.hypertension.ca/
2. CDA guidelines http://guidelines.diabetes.ca/fullguidelines
3. COPD evaluation/management based on GOLD guidelines http://goldcopd.org/gold-reports/
4. CPG'sCFPClink http://www.cfpc.ca/clinicalpracticeguidelines/
5. Best Advice Guide: Health Literacy in the Patient's Medical Home http://patientsmedicalhome.ca/resources/best-advice-guides/best-advice-guide-health-literacypatients-medical-home


### *Electronic information resources*

1. American College of Cardiologyhttp://www.acc.org/
2. American Heart Associationhttp://news.heart.org/
3. European Society of Cardiologyhttp://www.escardio.org/
4. National Comprehensive Cancer Network https://www.nccn.org/
5. The European Society for Medical Oncology http://www.esmo.org/
6. Up To Date http://www.uptodate.com
7. BMJ Clinical Evidence http://clinicalevidence.bmj.com
8. Medscape from WebMD http://www.medscape.com

9. National Guideline Clearinghouse https://www.guideline.gov/
10. Centers for Disease Control and Prevention (CDC)https://www.cdc.gov/
11. The Cochrane Collaboration The Cochrane Library http://www.cochrane.org/
12. Clinical Knowledge Summaries (CKS) http://prodigy.clarity.co.uk/
13. OfficialwebsiteoftheMinistryofHealth - Ukrainehttps://moz.gov.ua/
14. Official website of the European Society of General Practice/Family Medicine, (WONCA – Wonca Europe)https://www.woncaeurope.org/
15. Official website of the Ministry of Health of Ukraine. Guidelines for primary care Duodecim Medical Publications Ltd. https://guidelines.moz.gov.ua/
16. The New England Journal of Medicine. URL: https://www.nejm.org/about-nejm/products-and-services

## EVALUATION

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

*Final control: Grading Test.*

### 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
- maximum score – 5, minimum score – 3, unsatisfactory score – 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
- maximum score – 5, minimum score – 3, unsatisfactory score – 2.
3. Evaluation of work with the 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;
- maximum score – 5, minimum score – 3, unsatisfactory score – 2.

The grade for one practical lesson is the arithmetic average of all components and can only have a whole value (5, 4, 3, 2), which is rounded according to the statistical method.

### Criteria of ongoing assessment at the practical class

| Score | Assessment criterion |
|---|---|
| «5» | The student has a fluent command of the material, takes an active part in discussing and solving a situational clinical problem, confidently shows practical skills during interpreting laboratory research data, expresses his opinion about the lesson, and shows clinical thinking. |
| «4» | The student has a good command of the material, takes part in the discussion and solution of a situational clinical problem, demonstrates practical skills while making some mistakes, expresses his opinion about the lesson, and shows clinical thinking. |
| «3» | The student does not have enough knowledge of the material, is unsure of participating in the discussion and solving the situational clinical problem, and shows practical skills with significant errors. |
| «2» | The student does not possess the material, does not take part in the discussion and solution of the situational clinical problem, and does not show practical skills. |

Grading Test is considered, if the student has completed all the tasks of the working program of the educational discipline. The student has an average current rating of at least 3.0 and has no academic debt.

**Evaluation of learning results during the final control**

| The content of the evaluated activity | Scores |
|---|---|
| Solving a clinical situational task with evaluation of laboratory and instrumental research. | 3 |
| Answers to 1 theoretical questions | 1 |
| Answers to 2 theoretical questions | 1 |

**Criteria for evaluating the learning outcomes of students on grading test**

| Score | Assessment criterion |
|---|---|
| Excellent «5» | The student correctly, accurately and completely performed all tasks of the final control, clearly and logically answered the questions. Thoroughly and comprehensively knows the content of theoretical issues, fluent in professional and scientific terminology. Thinks logically and constructs an answer, freely uses acquired theoretical knowledge when analyzing practical tasks. When solving a clinical task, he correctly interpreted the anamnesis data, the results of clinical, laboratory and instrumental analyses, answered all the questions correctly and convincingly substantiated his point of view, could propose and justify an alternative version of the decision on individual issues. |
| Good «4» | The student completed all tasks of the final control sufficiently fully, answered the questions clearly and logically. He knows the content of theoretical issues deeply and comprehensively, and has professional and scientific terminology. Thinks logically and constructs an answer, uses acquired theoretical knowledge when analyzing practical tasks. But during the explication of some questions, there is not enough depth and argumentation, makes insignificant mistakes, which are eliminated by the student himself when the teacher points them out. When solving a clinical problem, he assumed insignificant errors or inaccuracies in the interpretation of anamnesis data, the results of clinical, laboratory and instrumental analyses, answered all the questions without significant errors, fully substantiated his point of view, but the proposal of an alternative option caused difficulties. |
| Satisfactory «3» | The student incompletely fulfilled all the tasks of the final control, the answers to additional and leading questions are vague. Possesses a basic amount of theoretical knowledge, uses professional and scientific terminology inaccurately. Experiences significant difficulties in constructing an independent logical answer, in applying theoretical knowledge in the analysis of practical tasks. There are significant errors in the answers. When solving a clinical problem, he interpreted the anamnesis data, the results of clinical, laboratory and instrumental studies with errors, did not know individual details, allowed inaccuracies in the answers to questions, did not sufficiently justify his answers and interpret the wording correctly, experienced difficulties in completing tasks and offering alternative options. |
| Unsatisfactory «2» | The student did not complete the task of the final control, in most cases he did not answer the additional and leading questions of the teacher. He did not master the basic amount of theoretical knowledge, he showed a low level of |

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|---|---|
| | mastery of professional and scientific terminology. Answers to questions are fragmentary, inconsistent, illogical, cannot apply theoretical knowledge when analyzing practical tasks. There are a significant number of gross errors in the answers. When solving a clinical problem, he could not interpret the received data from the anamnesis, the results of clinical, laboratory and instrumental studies, answer the questions, or made significant mistakes in the answers; could not justify his decisions or did it unconvincingly. He did not offer alternative options. |

## 9. Distribution of points, obtained by the student

Grade for the discipline is determined the arithmetic mean of the grades of current academic activity (arithmetic mean of current academic performance) and the grade for answer on grading test (traditional grade), during the study of the educational component.

The average grade in the discipline is converted to the national grade and converted to points on a multi-point scale (200-point scale).

Conversion of traditional assessment into 200-point is carried out by the information and technical department of ONMedU by the special program by the formula:

**Average score (current academic performance) x 40.**

**Conversion table of traditional to multi-point**

| National score for the discipline | The sum of scores for the discipline |
|---|---|
| Excellent («5») | 185 – 200 |
| Good («4») | 151 – 184 |
| Satisfactory («3») | 120 – 150 |
| Unsatisfactory («2») | Less than 120 |

According to the ECTS rating scale, students' achievements in educational discipline, who study on the same course of one specialty, according to their scores, are assessed by means of rank, namely:

**Conversion of the traditional evaluation and and ECTS scores**

| Score on the ECTS scale | Statistical indicator |
|---|---|
| A | The best 10% students |
| B | Next 25% students |
| C | Next 30% students |
| D | Next 25% students |
| E | Next 10% students |

## INDEPENDENT WORK OF STUDENTS

Independent work involves preparation for each seminars classes.

## EDUCATIONAL DISCIPLINE POLICY

*Deadline and re-take policy*

• Absences of classes for non-respectable reasons are worked out according to the schedule of the teacher on duty.

• Absences due to valid reasons are processed according to an individual schedule with the permission of the dean's office.

*Academic Integrity Policy:*

Students must observe academic integrity, namely:

• independent performance of many works, tasks, forms of control provided for by the work program of this educational discipline;

• references to sources of information with using 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:

• using family or official ties to get a positive or higher grade during any form of control of learning outcomes or academic performance;

• use of prohibited auxiliary materials or technical means (cheat sheets, notes, micro-earphones, telephones, smartphones, tablets, etc.) during control measures;

• passing procedures for control of training results by fake persons.

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

• a decrease in the results of an assessment of control work, assessment in class, credit, etc.;

• retaking the assessment (control work, credit, etc.);

• appointment of additional control measures (additional individual tasks, control works, tests, etc.);

• inspecting other works 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: students 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 re-take it in the general order.

*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 students and teachers in the classrooms must work and calm, strictly comply with the rules established by the Regulations on academic integrity and ethics of academic relations at Odessa National Medical University, under the Code of Academic Ethics and University Community Relations of Odessa National Medical University, Regulations on Prevention and detection of academic plagiarism in the research and educational work of students of higher education, scientists and teachers of Odessa National Medical University.