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|  | | | **UNIVERSITY OF EAST SARAJEVO**  Faculty of Medicine in | | | | | | | | | | C:\Users\mffoca\Desktop\logo_full.tif | | | |
| ***Study program: medicine*** | | | | | | | | | |
| Integrated academic studies | | | | VI study year | | | | | |
| **Ful subject title** | | | FAMILY MEDICINE | | | | | | | | | | | | | |
| **Department** | | | Department for primary health care and public health, Faculty of Medicine in Foca | | | | | | | | | | | | | |
| **Subject code** | | | | | | **Subject status** | | | **Semester** | | | | **ECTS** | | | |
|
| МЕ-04-1-058-11 | | | | | | compulsory | | | XI | | | | 8 | | | |
| **Professor/-s** | | associate professor Larisa Gavran, MD, PhD , associate professor Kosana Stanetić MD, PhD | | | | | | | | | | | | | | |
| **Associate/-s** | | senior assistant Јеlena Маtović, MD ; clinical assistant. Srebrenka Kusmuk, MD; clinical assistant Gorana Petković, MD | | | | | | | | | | | | | | |
| **Number of lectures/ teaching workload (per week)** | | | | | | | | **Individual student workload (in hours per semester)** | | | | | | | **Coefficient of student workload So[[1]](#footnote-2)** | |
| **E** | **SP** | | | | **L** | | | **E** | | **SP** | **So** | | | | **So** | |
| 4 | 4 | | | | 0 | | | 4\*15\*1 | | 4\*15\*1 | 0\*15\*1 | | | | 1 | |
| Total teaching workload (in hours, per semester)  4\*15+4\*15+0\*15=120 | | | | | | | | Total student workload (in hours, per semester)  4\*15\*1+4\*15\*1+0\*15\*1=120 | | | | | | | | |
| Total subject workload (teaching + student): 120+120=240 hours per semester | | | | | | | | | | | | | | | | |
| **Learning outcomes** | | Mastering the subject, the student will be able to:   1. describe working principles, as well as the model of family medicine organization 2. describe the characteristics of biopsychosocial approach to the patient 3. describe the role of a family physician in the community and family (the role of a gatekeeper and healthcare coordinator) 4. integrate previously acquired knowledge and skills with the aim of effective solving of unselective health problems 5. implement health promotion and disease prevention activities within the context of family medicine 6. establish the diagnosis and treat the most common chronic diseases in PHC | | | | | | | | | | | | | | |
| **Preconditions** | | Precondition for taking the exam: all year 5 exams passed | | | | | | | | | | | | | | |
| **Teaching methods** | | Lectures, exercises, mid-term exams, teaching consultations, reports on students’ independent work | | | | | | | | | | | | | | |
| **Subject content per week** | | **Lectures**   1. Introduction, definition and organization of family medicine (continuity and complexity of healthcare). Patient-centered health care (communicating with a patient, quality basics and standards). Аltruism, еthical behavior, empathy, medical record, SoPP notes; 2. Work in a community and family. Paliative care. Breaking bad news. Family violence; 3. Prevention of cardiovascular and malignant diseases in family medicine (Types of prevention, quaternary prevention, screening). Assessment of total cardiovascular risk. Health assessment and promotion (education, health education, physical activity promotion, health maintenance). Monitoring and evaluation of preventive services; 4. Detection, medical records and treatment of hypertension. Detection, medical records and treatment of diabetes. (scrining for chronic complications, healthcare planning, team care); 5. Detection, medical records and treatment of dyslipidemia. Smoking cessation. Моtivational interviewing. Prevention and treatment of obesity in children and adults; 6. Approach to the geriatric patient. Comprehensive geriatric assessment (multidisciplinary team). The most common health problems in the elderly people. Polypharmacy. Fall prevention; 7. Characteristics of adolescent medical care. HЕАDDS protocol. Nutrition disorders. Health maintenance; 8. The most common cardiovascular diseases in family medicine (differential diagnosis of chest pain, dyspnea, coronary heart disease, congestive heart failure); 9. The most common diseases of respiratory tract (persistent caugh, COPD, asthma, community-acquired pneumonia); 10. The most common diseases of urogenital system (dysuria, urinary tract infections, rational use of antibiotics, urinary incontinence, vaginitis, chronic kidney disease, pelvic pain); 11. Musculosceletal problems in family medicine (оsteoporosis, osteoarthritis*,* neck, shoulder, hip, back and hand pain, lower extremity problems); 12. The most common presenting problems in family medicine (weight loss, tiredness, swelling, abdominal pain, epigestric pain, headache, vertigo, febrility). Medically unexplained conditions; 13. Mental status assessment in family medicine. Approach to the patient with mental illness. Depression and dysthimia. Anxiety. The disease of addiction; 14. Difficult patient. Professionalism. Patient safety. Medical errors. The practice of evidence-based medicine; 15. Common skin problems in PHC (impetico, herpes zoster, viral exantem). Chronic wound management. Bites.   **Exercises**   1. Communication skills. Communication challenges. Medical record keeping; 2. Family violence. Palliative care. Breaking bad news. Home treatment; 3. Screening for breast, cervical, prostate and colon cancer. Assessment of total cardiovascular risk. Prevention planning in family medicine team; 4. Treatment of the patient with hypertension. Treatment of the patient with diabetes; 5. Methods of smoking cessation and motivational interviewing. Treatment of the patient with dyslipidemia; 6. Comprehensive geriatric assessment. Fall prevention. Medical management of constipation. Preventing polypharmacy; 7. Adolescent health maintenance. Preventive methods and screening; 8. Patient with chect pain. Treatment of the patient with coronary heart disease; 9. Patient with asthma. Patient with COPD; 10. Patient with uncomplicated urinary tract infections. Diagnosis and treatment of obstructive uropathy. Diagnosis and treatment of urinary incontinence. Genital infections; 11. Patient with back pain. Patient with shoulder pain. Patient with hand pain. The musculoskeletal examination; 12. Medically unexplained conditions. The neurological examination. The cardiovascular examination. The pulmonary examination. The abdominal examination. Specific clinical tests; 13. Mental status assessment in family medicine. Patient with depression. Alcohol addiction assessment. Patient with generalized anxiety disorder; 14. Difficult patient. Patient safety. Evidence-based medicine; 15. Treatment of chronic wounds. Treatment of the most common skin problems in PHC. | | | | | | | | | | | | | | |
| **Compulsory literature** | | | | | | | | | | | | | | | | |
| **Author/s** | | | | **Publication title, Publisher** | | | | | | | | **Year** | | **Pages (from-to)** | | |
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| **Additional literature** | | | | | | | | | | | | | | | | |
| Author/s | | | | **Publication title, Publisher** | | | | | | | | **Year** | | **Pages (from-to)** | | |
| **Student responsibilities, types of student assessment and grading** | | **Grading policy** | | | | | | | | | | | **Points** | | | **Percentage** |
| Pre-exam activities | | | | | | | | | | | | | | |
| Lecture/exercise attendance | | | | | | | | | | | 10 | | | 10% |
| Mid-term exam 1 (direct observation) | | | | | | | | | | | 20 | | | 20% |
| Mid-term exam 2 (case study) | | | | | | | | | | | 20 | | | 20% |
| Final exam Mid-term exam II (written assessment of the knowledge acquired after week 8-15) | | | | | | | | | | | 20 | | | 20% |
| Mid-term exam I (written assessment of the knowledge acquired after week 1-7) | | | | | | | | | | | 30 | | | 30% |
| TOTAL | | | | | | | | | | | 100 | | | 100 % |
| The student who earns more than what is considered to be the minimal number of points (≥55) in every aspect of practical and theoretical continuous assessment is not obliged to take the final exam.  If the student passes both of the mid-term exams, he or she is not required to take the practical exam and is allowed to take the final exam consisting of a written paper and an oral exam. The written paper and mid-term exam are formally identical. If the student does not pass the mid-term exams, he or she is required to take the practical exam at the family medicine clinic.  The student is required to earn at least 55% of the total number of points in order to pass the exam.   The final grade is the sum of all the scores earned for every type of student assessment. | | | | | | | | | | | | | | |
| **Certification date** | | December 13 th 2018 | | | | | | | | | | | | | | |

\* the number of necessary rows is added by using *insert mode*

1. The coefficient of student workload So is calculated as it follows:

   а) for the study programs not going through the licensing process: So = (total workload in semester for all of the subjects 900 hrs – total teaching workload L+E in semester for all of the subjects 870 hrs)/ total teaching workload L+E in semester for all of the subjects \_\_\_\_\_ hrs = \_\_\_\_. Consult form content and its explanation.

   b) for the study programs going through the licensing process, it is necessary to use form content and its explanation. [↑](#footnote-ref-2)