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|  | | | **UNIVERSITY OF EAST SARAJEVO**  **Faculty of Medicine Foča** | | | | | | | |  | |
| ***Study program: Nursing*** | | | | | | | |
| I study cycle | | | | III study year | | | |
| **Full subject title** | | | NURSING IN PRIMARY HEALTH CARE AND FAMILY CARE | | | | | | | | | |
| **Department** | | | Department of Primary Healthcare and Public Health - Faculty of Medicine Foča | | | | | | | | | |
| **Subject code** | | | | | **Subject status** | | | | **Semester** | | **ECTS** | |
| NU-05-1-034-6 | | | | | compulsory | | | | VI | | 7 | |
| **Professor/ -s** | | Full professor Kosana Stanetić, associate professor Jelena Pavlović, assistant professor Sandra Matović, assistant professor Natalija Hadživuković | | | | | | | | | | |
| **Associate/ - s** | | Senior assistant Srđan Živanović, clinical associate Rade Đević | | | | | | | | | | |
| **Number of lectures/ teaching workload (per week)** | | | | | | **Individual student workload (in hours per semester)** | | | | | | **Coefficient of student workload S** [**1**](#_bookmark0)  **o** |
| **L** | **E** | | | **SP** | | **L** | | **E** | | **SP** | | **So** |
| 3 | 4 | | | 0 | | 28 | | 37 | | 40 | | 0,61 |
| total teaching workload (in hours, per semester) 45+60+0=105 | | | | | | | total student workload (in hours, per semester) 28+ 37 + 40=105 | | | | | |
| Total subject workload (teaching + student): 105+ 105= 210 hours per semester | | | | | | | | | | | | |
| **Learning outcomes** | | Upon completing the course:   1. The student will be trained to place the interests of the patient and the population at the centre of interprofessional healthcare, using a patient-centred care model. 2. The student will be trained to develop a trust-based relationship with the patient, family, and other team members 3. The student will be trained to use verbal and non-verbal communication techniques in their work, encourage the active role of the patient in treatment, respect the patient's dignity and worth, and use self-reflection for the further development of the therapeutic relationship. 4. The student will be trained to utilize the knowledge, skills, and abilities of all members of the family medicine team to provide safe, efficient, effective, and equitable patient care within the available time and in accordance with nursing guidelines and catalogues 5. The student will be trained to assess and monitor the most common chronic diseases in primary healthcare, together with other members of the family medicine team, using diagnostic nursing procedures and therapeutic interventions. 6. The student will be trained to assess and monitor the most common gynecological and pediatric problems in primary healthcare, in accordance with nursing guidelines and catalogues. 7. The student will be trained to assess the epidemiological situation within the family medicine team and implement measures for the prevention of major non-communicable diseases, as well as health promotion. 8. The student will be trained to identify the tasks and responsibilities of the family medicine nurse, implement the nursing process in outpatient and home settings, assess the patient, evaluate the family, and profile the community 9. The student will be trained to educate the patient, family, and community, develop and implement health education plans and learning materials. 10. The student will be able to demonstrate high ethical standards and quality care parameters, contributing to the development of team-based patient care. 11. The student will be able to use methods for collecting and analyzing data in family medicine and primary health care. 12. The student will be able to maintain appropriate nursing documentation and use electronic programs in primary health care. | | | | | | | | | | |
| **Preconditions** | | No preconditions | | | | | | | | | | |

11Coefficient of student workload Sois calculated as follows:

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

b) for the study programs going through the licencing process, it is necessary to use form content and its explanation.

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| **Teaching methods** | Lectures, exercises, seminar, colloquim |
| **Subject content per week** | **Lectures:**   1. Primary Health Care. Introduction to Family Medicine; Definition of the Family Medicine discipline; Characteristics of the Family Medicine discipline.   Principles of Family Medicine; Practice Model in Family Medicine (patient-oriented care); Disease and Morbidity   1. Definition and scope of work of the family nurse (in the team); Nursing process; Communication skills; Definition of communication; Techniques of nonverbal communication; Skills of active listening; Components of an effective interview; Interviewing techniques; Components of taking a medical history 2. Family Assessment – Genogram;   The role of the family in the health of Its members; Calgary family assessment model;  Nursing education  Learning Styles   1. Definition and scope of work of the family nurse (in the team); Nursing process; Smoking cessation: Smoking as a risk factor; 5 Steps in smoking cessation; Passive smoking. 2. Specific prevention measures: preventing and controlling diseases. Building a healthy lifestyle at the level of primary health care. Patient management and health education. 3. Women's Health Care,   Specific Gynecological Problems, Sexually Transmitted Diseases, Contraception, Menopause; Breast Issues   1. Health Care for Children and Adolescents   Preventive Measures for Infants and Children Up to 5 Years, Recommended Immunization for infants and children in Bosnia and Herzegovina   1. Treatment of the Most Common Chronic Diseases in Primary Health Care 2. Health Care in the Community. 3. Health Care in the community. Social and intersectoral perspective and impact. 4. Community profiling, Collaboration with non-governmental organizations. Strengthening and involving citizens. 5. Mental Health. Depression. Substance use disorders. Domestic violence. 6. Care of the Dying Patient. Wound Treatment. Maintaining Continence. 7. Care planning – Planning in partnership with patients and families. Patient/family education. Medical documentation management 8. Ethical aspects of care. Communicating bad news. Coping with death and illness   **Exercises:**   * 1. Organization and Implementation of Nursing in Primary Health Care Services.   -Triage of health care users in the primary health care system. Appointment system. Nursing standards in primary health care. Epidemiology in primary health care.   * 1. Communication with the patient. Data collection and planning of primary health care. Taking the Nursing anamnesis. Nursing process in primary health care.   2. Communication with the patient. Family assessment. Teamwork in primary health care. Nursing procedures and interventions in primary health care. Patient safety.   3. Definition and scope of work of the family nurse. Nursing process. Procedures related to smoking cessation. Patient counselling.   4. Specific prevention measures: Preventing and controlling diseases. Building a healthy lifestyle at the primary health care level. Health education work. Application of professional guidelines. Program of Prevention of major non-communicable diseases in the Republic of Srpska.   5. Women's health care. Organization of women's health clinics. The role of the Nurse in monitoring the most common gynecological problems in primary health care.   6. Health care for children and adolescents. Healthy children consultation centre. Coordination of family medicine teams with the pediatric service. Child vaccination.   7. The role of the family medicine nurse in monitoring and treating patients with chronic diseases. Diagnostic and therapeutic procedures at the primary health care level. Foot examination   8. Self-care of patients. Non-pharmacological therapy.   9. First, second, and third level of home health care for the Ill. |

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|  | The importance and objectives of home health care.  Tasks and principles of home health care. Selection of family members for home care:  -Criteria  -Training of family members   1. Nursing procedures and interventions in home settings .Patient assessment in home settings. Family assessment. Assessment of disease risk. Data collection Methods in family medicine. 2. Community profiling. Needs assessment. Collaboration with non-governmental organizations (Red Cross, Humanitarian Organizations) and educational institutions (schools, kindergartens). Implementation of teaching methods 3. Most common mental disorders in primary health care. Mental health center. Interprofessional collaboration. Nurse as a team member. 4. Palliative care at the patient's home. Coping with death and illness. Communicating bad news. 5. Wound care and care of artificial openings in home settings (stoma, pressure ulcers, etc.). Prevention of pressure ulcer formation. Medical documentation management. Nursing documentation. 6. Home assessment forms. Electronic records in family medicine 7. Partnership with the patient and understanding the patient. Training of the patient and family members. Ethical principles in family medicine. Standards for accreditation and certification of institutions. | | | | |
| **Compulsory literature** | | | | | |
| **Author/ s** | | **Publication title, Publisher** | **Year** | **Pages (from-to)** | |
| John J. | | Primary Health Care | 1992. |  | |
|  | |  |  |  | |
| **Additional literature** | | | | | |
| Author/ s | | **Publication title, Publisher** | **Year** | **Pages (from-to)** | |
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| **Student responsibilities, types of student assessment and grading** | **Grading policy** | | **Points** | | **Percentage** |
| Pre-exam activities | | | | |
| lecture/exercise activity | | 20 | 20% | |
| Seminar paper | | 10 | 10% | |
| colloquium | | 20 | 20% | |
| Final exam | | | | |
| Final test | | 50 | 50% | |
| TOTAL | | 100 | 100 % | |
| **Certification Date** | December 2024. | | | | |