



**CD 8.5.1 DISCIPLINE SYLLABUS FOR
UNIVERSITY STUDIES**

Edition: 09

Date: 08.09.2021

Page 1/13

FACULTY OF MEDICINE No. 2

STUDY PROGRAM MEDICINE

DEPARTMENT OF FAMILY MEDICINE

APPROVED

at the meeting of the Commission for Quality Assurance and Evaluation of the Curriculum in Medicine Minutes No. 1 of 16.09.21

Chairman, doc.hab.med. schi., Associate Professor

Suman Serghei

(signature)

APPROVED

at the Council meeting of the Faculty of Medicine no. 2 Minutes No. 1 of 21.09.21

Dean of the Faculty, doc.hab.med.schi., Associate Professor

Mircea Betiu

(signature)

APPROVED

approved at the meeting of the chair family medicine

Minutes No. 2 of 15.09.21

Head of chair, doc.hab.med.schi., university professor

Ghenadie Curocichin

(signature)

SYLLABUS

DISCIPLINE FAMILY MEDICINE

Integrated studies / Cycle I, License

Type of course: **Compulsory discipline**

Curriculum developed by the group of authors:

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Chișinău, 2021



CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

Edition:	09
Date:	08.09.2021
Page 2/13	

I. INTRODUCTION

General presentation of the discipline: place and role of the discipline in the formation of the specific competences of the professional / specialty training program

Family Medicine is an academic and scientific discipline that has its own educational content, research, evidence-based medicine, and clinical activity, as well as a clinical focus on primary care. Family Medicine is a specialty that provides comprehensive and bio-psycho-social healthcare for patients of all ages and both sexes. The individual is approached both under health and sickness conditions, and it covers the needs in matters of health of the individual, family and community.

The university course in the specialty of Family Medicine was introduced in the university curriculum in January 2008 and is based on the principles of professional training in General Practice / Family Medicine under the EURACT Education Agenda.

The content of the course is structured to foster the students' knowledge of the specialty, and it will contribute to their familiarization with the goals, objectives, principles and content of family physician's practice, as well as with the role of family medicine in the modern health system, with the particularities of the working team activity in the family doctor's office, with the package of services rendered, with the notion of health, with the organization of the patient and family centered consultation, the effective communication skills, the particularities of the diagnosis and treatment, the health care of the collectivities, the preventive aspects, and the medical acts that regulate the activity of the family doctor.

- **Mission of the curriculum in professional training**

One of the main objectives of the course is to create the concept of Family Medicine as a specialty and to familiarize the students with the peculiarities of a family doctor's activity. Another objective is to develop the skills of exercising the roles specific to team work at the level of Primary Health Care, to promote the spirit of initiative, cooperation, positive attitude and respect for patients and colleagues. The third objective is to understand the role of the family doctor in maintaining health and addressing health problems both at individual and at community level.

Knowing the organization and functioning of a family physician ensures the student-doctor's chance to understand the need for the primary health care in the system, the efficient ways of interdisciplinary collaboration and the theoretical training required for practicing the practical family internship in the VI-the year of study.

- Language of the discipline: English, Romanian, Russian, French.
- Beneficiaries: students of the VI year, faculty Medicine No.1 and No. 2.

II. MANAGEMENT OF THE DISCIPLINE

Code of discipline	S.12.O.102		
Name of the discipline	Family Medicine		
Person in charge of the discipline	Prof. univ., dr.hab.șt.med. Gh. Curocichin		
Year	VI	Semester/Semesters	XII
Total number of hours, including:			150
Lectures	16	Practical/laboratory hours	16
Seminars	16	Self-training	72
Clinical internship	30		



CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

Edition:	09
Date:	08.09.2021
Page 3/13	

Form of assessment	E	Number of credits	5
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III. TRAINING AIMS WITHIN THE DISCIPLINE

At the end of the discipline study the student will be able to:

- **at the level of knowledge and understanding:**
- To define the role and professional competencies of the family doctor in the light of the requirements of international organizations - WHO, WONCA EUROPE, EURACT
- To know the management of the primary medical practice and to organize the work of the family doctor's team in the office and at home under the compulsory medical insurance
- To name the family doctor's activities and the role of the family in overcoming disease-related problems;
- To know the stages of the patient-centred consulting and communication skills required for the achievement;
- To list the principles and abilities needed to solve specific health problems in family medicine;
- To know the concepts of comprehensive and holistic approach to patients;
- To understand diagnostic and therapeutic synthesis in family doctor practice;
- To know the primary, secondary and tertiary prevention activities in the primary care team
- **at the application level:**
- To distinguish the basic principles of medical bioethics in the practice of the family doctor
- To organize medical consultation based on the principles of the patient-centred approach;
- To demonstrate communication skills with the patient in order to improve the quality of collecting medical information and establishing an effective doctor-patient relationship;
- To apply a holistic approach to patient care;
- To provide advice to healthy people;
- To perform diagnostic and therapeutic synthesis in particular clinical situations;
- To choose family-centric services according to the needs and family life cycle.
- **at the integration level::**
- To be competent to adopt a patient-centred attitude;
- To be able to approach the patient as a whole and personalized
- To be competent in identifying the role of family medicine as a specialty in the health system of the Republic of Moldova.

IV. PROVISIONAL TERMS AND CONDITIONS

Student of the VIth requires the following:

- Knowing the teaching language
- Confirmed competences in fundamental sciences and clinical disciplines
- Digital competences (use of the Internet, document processing, electronic tables and presentations, use of graphic programs)
- Ability to communicate and team work;
- Qualities - tolerance, initiative, autonomy and empathy.

V. THEMES AND ESTIMATE ALLOCATION OF HOURS



**CD 8.5.1 DISCIPLINE SYLLABUS FOR
UNIVERSITY STUDIES**

Edition:	09
Date:	08.09.2021
Page 4/13	

Lectures, practical hours/ laboratory hours/seminars and self-trening

Cursuri (prelegeri), lucrări practice/ lucrări de laborator/seminare și lucru individual

No. d/o	THEME	Number of hours				
		Lectures	Seminars	Practical work	Individual work	Stagiu practic
1.	Family medicine as a specialty.	2			6	6
2.	Management of medical practice. Family physician activity under compulsory medical insurance.	2		3	10	
3.	Healthy person in the practice of the family doctor. Diagnosis of the health.	2	3	3	10	4
3.1	Promoting health and preventing disease.	2				
4.	Patient-centred consulting. Communication - an important tool in the work of the family doctor	2	3	2	10	6
5.	Particularities of diagnosis in family medicine. Diagnostic synthesis.	2	3	2	8	8
6.	Particularities of treatment in family medicine. Therapeutic synthesis.		3	2	10	
7.	The holistic approach of the patient's problem: integration and hierarchy of health problems. Patient's conduct in the case of complex health problems. Comprehensive approach.	2	2	2	10	4
8.	The patient in the family context. Family and illness. Family-centered care.	2	2	2	8	2
Total		16	16	16	72	30
			32			

VI. PRACTICAL TOOLS ACQUIRED AT THE END OF THE COURSE

Mandatory essential practical tools are:

- Organizing the patient-centered consultation;
- Compiling the plan of patient examinations according to national and standardized clinical protocols for family physicians.
- Full examination of the patient with multiple problems.
- Formulation of the clinical case based on the bio-psycho-social model; Demonstrating effective communication skills with patients.
- Informing the patient and obtaining informed consent during the medical consultation;
- Performing focused clinical examination.
- Performing and interpreting otoscopy;
- Performing and interpreting ophthalmoscopy;
- Arguing for a positive and differentiated diagnosis;
- Determining the health needs of an individual and the community.
- Proposing a plan of preventive measures in the case of a specific patient;
- Carrying out the consultation for health education;



CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

Edition:	09
Date:	08.09.2021
Page 5/13	

- Exercising the elements of behavior modification intervention;
- Carrying out the individualized diagnostic synthesis;
- Hierarchy of diseases of a patient with multiple problems;
- Carrying out the therapeutic synthesis in a concrete case.
- Prescribing prescriptions (Form No. 1 approved by MH RM N.960 of 01.10.2012);
- Completing prescriptions (form 3, 3C) for prescribing reimbursed and partially reimbursed medicines;
- Completion of references-extract, form 027 / e for hospitalization; Preparation of certificates of accompanying stationary, advisory sections, at CMC, CDDCM;
- Preparation of medical documentation necessary for the organization of the child in preschool and school institutions;
- Preparation of lists of patients scheduled at the family doctor; Interpretation of the results of clinical tests of blood, urine, pleural, abdominal and cerebrospinal fluid, faeces, sputum, gastric and duodenal contents;
- Interpretation of radiograms;
- Interpretation and decipherment of ECG, EEG, FEGDS, USG, EcoCG + Doppler, radioisotope scanograms, spirometry, MRI and CT images, etc.; Examination and supervision of pregnant women;
- Supervision of children according to ord. No.964 of 02.09.2019;
- Assessment of the child's physical development;
- Instructing parents to offer recommendations on the care of the newborn and the infant at home: the umbilical cord, the newborn's toilet, bathing, dressing, taking curative and hygienic baths, feeding, etc .;
- Interpretation of tuberculin test result (R-a Mantoux); Drawing up an individual immunization plan;
- Active surveillance 30 min. of undesirable post-vaccine reactions in Office of family doctor;
- Recommendation of iron and vitamin D preparations for prophylactic purposes;
- Complete examination of the patient in the triage room:
 - a) Assessment of risk factors (smoking, alcohol, diet, physical activity, compliance with prophylactic control visas at the family doctor)
 - b) Anthropometry,
 - c) BMI calculation,
 - d) Measurement of AC,
 - e) Measurement of vital parameters,
 - f) Determination of visual acuity and ocular tonometry,
 - g) Performing and interpreting the ECG
 - h) Performing the express test and interpreting the results of glucometry/cholesterolometry
 - i) Diabetic foot examination
- Calculation and interpretation of cardiovascular risk SCORE;
- Measuring blood pressure at different age groups; Stratification of the risk of diabetes according to the FINDRISC questionnaire.
- Compilation of a work plan in the outbreak of a contagious disease.

VII. OBJECTIVES AND CONTENT UNITS



**CD 8.5.1 DISCIPLINE SYLLABUS FOR
UNIVERSITY STUDIES**

Edition:	09
Date:	08.09.2021
Page 6/13	

Objectives	Content units
Theme 1. Family Medicine as a Specialty	
<ul style="list-style-type: none"> • To define the content, functions and fields of family medicine activity; • To list the differences between Primary Health care and specialized medical assistance, • To describe the role of Primary Health care in the health system; • To list the skills required for a good practice in Family Medicine 	<p>Definition of Family Medicine after the World Health Organization and EURACT. Definition of Primary Medical Assistance. Family Medicine content. The role of Family Medicine in modern health systems. Functions and fields of activity in Family Medicine. History of development and implementation. Family medicine in the world and in the Republic of Moldova. The normative acts that regulated the process of organizing Primary Health care according to the principle of family doctor. Family medicine education: history, forms, curricular system, clinical bases. Competencies needed for the good practice in Family Medicine. The EURACT Education Agenda.</p>
Theme 2. Management of primary medical practice. Organization of the primary health care team work in the office and at home. The family physician's activity under the compulsory health insurance.	
<ul style="list-style-type: none"> • To define the notion of management of primary medical practice; • To describe the models of organizing primary health practice in different countries; • To specify the particularities of organizing the practice of family medicine in the Republic of Moldova; • To list the acts that regulate the activity of the primary care team; • To describe the process of organizing the work of the primary health care team in the office; • To distinguish the principles of compulsory health insurance in medicine; • To know the package of medical services provided at the level of Primary Health care under medical health insurance. 	<p>The necessary skills for training the family doctor. The notion of management of primary medical practice. Objectives of management of primary medical practice. The models of organizing primary health practice in different countries. The organization of family medicine in the Republic of Moldova. Documentation governing the work of the family doctor team. Educational objectives in primary health care management. Principles of organizing the work of the primary health care team in the office and at home. Family physician's activity under the compulsory medical health insurance: types of services. Medical documentation and information system. Working with specialists and collaborating at different levels of healthcare.</p>
Theme 3. The healthy person in the practice of the family doctor.	
<ul style="list-style-type: none"> • To define the state of health and the importance of the correct diagnosis of the state of health • To describe the contemporary concept and the factors that determine health • To demonstrate the interdependence of health determinants and their effects • To know the individual peculiarities that can influence the appearance and evolution of some diseases • To list the causes and stages of the transition from health to disease 	<p>Definition of health. Factors that determine health. The health area. The share of different elements in conditioning health. The Contemporary concept of health determinants. The interdependence of health determinants. Dialectical relations between health and disease. Causes of evolution from health to disease. Effects of risk factors. Stages of evolution from health to disease. The role of the family doctor and the importance of the correct diagnosis of health condition. The role of the family doctor in strengthening the underserved population's health.</p>
Theme 3.1 Health promotion and disease prevention.	
<ul style="list-style-type: none"> • To define the role of the family physician 	<p>Definition of the "Promoting health" notion. Objectives and principles. Health education as an important element of health</p>



**CD 8.5.1 DISCIPLINE SYLLABUS FOR
UNIVERSITY STUDIES**

Edition:

09

Date:

08.09.2021

Page 7/13

Objectives

Content units

- in health at different levels;
- To define the role of the family physician in health at different levels;
- To list the types, purposes and contents of preventive activities;
- To identify the role of the family doctor in organizing and implementing health promotion measures;
- To describe the method of behavioral consultation.

promotion activities. Promoting health based on community/institution. Preventive activities in the family doctor's practice. Purposes and content. Methods of identifying health problems in the community. Sources of information, principles and methods of prioritizing community health problems. Identification of risk factors, the formation of high-risk groups and determination of prevention needs. Consultation of behavior change in Primary Care. Integration of health promotion and various types of prophylaxis into the work of the family doctor.

Theme 4. Patient-centered consulting. Communication - an important tool in the work of the family physician. The doctor-patient relationship. Ethical aspects of medical

- To differentiate specific elements of family doctor consultation;
- To define the purposes, content and process of family medicine consultation;
- To know the role of the doctor and patient in the patient-centered consultation;
- To develop the skills of organizing a consultation;
- To possess a good communication with the patient and his / her family to establish an effective relationship between the doctor and the patient;
- To demonstrate the verbal and nonverbal communication skills required in the consultation;
- To apply the basic principles of medical bioethics.

Types of medical consultation and skills needed to lead the patient-centered consultation. The content and the patient-centered consultation process. The role of family doctor and patient in patient-centered consultation. Types of medical consulting and skills needed to lead the patient-centred consultation. The Cambridge-Calgary model of medical consultation based on effective communication. Phases of medical consultation: initiating the interview, collecting information, establishing a positive relationship, explaining and planning, closing the consultation. Values of the doctor-patient relationship and bio-psycho-social model. Communication as a tool in collecting medical information, establishing a relationship of partnership and trust between the physician and the patient. The goals of doctor-patient communication. Types of verbal and nonverbal communication. The phases of listening. The main elements of a communication process. of the transmitter's and the receiver's behavior. Ethical aspects of communicating with the patient. Fundamental principles of medical bioethics: autonomy, beneficence, non-maleficence, and justice. Definitions and generalizations. Barriers to communication. Causes of medical consultation failure.

Theme 5. Particularities of the diagnosis in family medicine. Diagnostic synthesis

- To list the specific health issues;
- To demonstrate diagnostic synthesis skills based on clinical case resolution;
- To apply the criteria for hierarchy of diseases;
- To demonstrate the skills needed to solve specific and special medical problems;
- To integrate the abilities based on prevalence, incidence, distribution by age and gender, information from anamnestic, objective exam results, paraclinical investigation results in the decision-making process;
- To select paraclinical investigation strategies in ambulatory conditions.

Diagnostic types. Factors determining the particularities of the diagnosis (early diagnosis, predominance of vague symptoms, atypical debuts, limited technical endowment, predominance of clinical methods). The predominance of clinical diagnosis. The need to confirm the clinical diagnosis. Difficulties of the diagnostic process. The importance of establishing early diagnosis. Mistakes in developing a diagnosis. Defining the diagnostic synthesis function in the context of the other family doctor's functions, the possibilities of realization. Diagnostic synthesis. Criteria for disease hierarchy. Outpatient paraclinical investigation strategies.



**CD 8.5.1 DISCIPLINE SYLLABUS FOR
UNIVERSITY STUDIES**

Edition:	09
Date:	08.09.2021
Page 8/13	

Objectives	Content units
Theme 6. The particularities of the treatment in family medicine. Therapeutic synthesis.	
<ul style="list-style-type: none"> • To define the factors that determine the particularities of treatment in family medicine; • To know the stages to achieve the therapeutic synthesis; • To identify the type of treatment supervision in Family medicine; • To carry out therapeutic syntheses in clinical cases based on National and Standardized Clinical Protocols; • To demonstrate ethical and deontological skills in making a therapeutic decision; • To know the causes that lead to the practice of defensive medicine. 	<p>Therapeutic synthesis in family medicine. Particularities of treatment in family medicine. Diseases and patients who can be treated in ambulatory conditions and at home. Informing the patient. Types of informed consent: explicit, tacit, implied, and presumptive. Deficiencies and difficulties in applying. Therapeutic decision.</p> <p>The competent and incompetent patient indecision-making. Sincerity and veracity. "Well-known deception." The patient's right to truth, principles of informing about a severe diagnosis. Doctor's responsibility. Paternalism and the principle of "therapeutic privilege". Surrogate decision. Ethical responsibilities for the child. Minor "emancipated" and "mature" minor. Defensive medicine. Therapeutic synthesis in family medicine.</p>
Theme 7. Patient's conduct in the case of complex health problems. Comprehensive approach. The holistic approach to the problem patient: integration and hierarchy of health problems	
<ul style="list-style-type: none"> • To define the concept of complex approach to the patient with multiple health problems; • To demonstrate patient behavioral abilities with complex health problems; • To know the factors that interfere with the behavior of chronic patients; • To identify the stages which require the family physician's collaboration with profile specialists. • To know the holistic concept of caring for the problem patients; • To know the postulates of the Bio-Psycho-Social model in medical practice; • To apply the bio-psycho-social model in the patient's approach; • To formulate patient cases using the bio-psycho-social model; • To identify the causes of the non-compliant patient; • To know the physician's actions in the case of the non-compliant patients. 	<p>Introduction. Integrative / comprehensive / synthetic medical assistance.</p> <p>Simultaneous management of various pathological conditions present in a patient, acute illnesses and chronic problems. Diversity of problems. Difficulty problems. Classification of problems. Problem hierarchy. Managing and coordinating prevention, promotion, treatment, palliative care and rehabilitation processes. Chronic disease management. The factors that affect the behavior of chronic patients. Stages that require the family physician's collaboration with profile specialists.</p> <p>The concept of a patient-centered approach. The bio-psycho-social approach to the patient. Definition of the holistic approach (after EURACT) .Bio-psycho-social peculiarities in the doctor-patient relationship. The postulates of Bio-Psycho-Social model in medical practice. Cultural and existence circumstances. Undifferentiated issues. Integration and hierarchy of health problems. Solving specific problems in patient behavior. Patient's compliance. Non-compliance explanations. Doctor's actions regardless compliant patients.</p>
Theme 8. The patient in the family context. Family and illness. Family-centered care.	
<ul style="list-style-type: none"> • To define the stages of family evolution as a system; • To know basic concepts about family and its functions; • To list the family types and family intercommunication models; • To know the particularities of the contemporary family and the impact on health; • To know the stages of the family cycle and their impact on health. • To describe the health impact of the family 	<p>General. definition of the classification of family. The basic functions of the family. Family types and styles of family intercommunication. Patriarchal, despotic, theatrical, spiritual, "volcano", "third superfluous" and others, and their impact on child education and family health. The family with an only child, the single mother, the extended family living together, etc. - Impact. Functional family and dysfunctional family. Family life cycle. Improving the family life cycle. The importance of understanding the family life cycle. The state of celibacy. The couple stage. Parents. Making the decision to have children. Bringing up and educating the little child. Parents and teenagers.</p>



CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

Edition: 09
Date: 08.09.2021
Page 9/13

Objectives

- intercommunication style.
- To define the peculiarities and benefits of family-centered services.
- To identify the role of the family in making decisions and engaging in the work of the interdisciplinary team.
- To know the role of the family doctor in overcoming family crisis situations.
-

Content units

Middle-aged. Relationships in the extended family. Empty nest: the departure of the young. The third Age. Planned and unplanned events in family life, impact. Family and illness. The impact of disease on the family. The impact of the family on the disease. The concept of "family-centered" care. The feature of family-oriented services and family-centered services versus disease-centered and patient-centered services. Family education, models of the specialist-family interaction, from counseling and training to collective fortification. Best practices of family informing about a severe diagnosis of a family member. Stages of overcoming crisis situations.

VIII. VII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCES AND STUDY FINALITIES

✓ Professional (specific) (SC) competences

- PC1. Knowledge of the particularities of the structure, development and functioning of the human body in various physiological and pathological states.
- PC2. Performing various practical exercises and procedures for carrying out professional activities specific to the specialty of medicine based on the knowledge of the fundamental sciences
- PC3. Developing the diagnostic plan, treatment and rehabilitation plan in various pathological situations and selecting the appropriate therapies, including emergency medical assistance;
- PC4. The use of medical techniques, instrumental and laboratory investigations, digital technologies to solve the specific tasks of the patient's therapeutic behavior.
- PC5. Planning, coordinating and performing promotional activities and prophylactic measures to improve individual and community health.
- PC6. Evaluating and ensuring the quality of medical services in relation to, processes, and associated treatments

✓ Transversal competences (TC)

- TC1. Responsible execution of professional tasks with the application of the values and norms of professional ethics, as well as the provisions of the legislation in force. Promoting logical reasoning, practical applicability, assessment and self-assessment in decision-making;
- TC2. Performing activities and exercising the roles specific to team work in various medical institutions. Promoting the spirit of initiative, dialogue, cooperation, positive attitude and respect for others, empathy, altruism and continuous improvement of their own activities;
- TC3. Objective self-evaluation of the need for continuous professional training in order to provide quality services and adapt to the dynamics of health policy requirements and for personal and professional development. Effective use of language skills, knowledge of information technologies, research and communication skills.

✓ Study finalities

- ✓ To describe the role of Primary Health Care in the health system
- ✓ To define the content, functions and fields of family medicine activity
- ✓ To know the peculiarities of organizing primary health care services
- ✓ To know the principles of compulsory insurance in medicine;
- ✓ To define the state of health and the importance of the correct diagnosis of health
- ✓ To describe the contemporary concept and factors that determine health
- ✓ To know the types, purposes and content of the preventive activities of the family doctor
- ✓ To describe the method of behavioral change consultation



CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

Edition: 09

Date: 08.09.2021

Page 10/13

- ✓ To define the purposes, content and process of family medicine consultation
- ✓ To demonstrate verbal and nonverbal communication skills required during the consultation
- ✓ To perform synthesis of diagnosis's
- ✓ To demonstrate the skills needed to solve specific and special medical problems
- ✓ To integrate the abilities of data usage based on prevalence, incidence, distribution by age and gender, anamnestic information, objective exam results, paraclinical investigation results in the decision making process
- ✓ To compose the paraclinical investigation plan in ambulatory conditions
- ✓ To perform therapeutic synthesis in clinical cases based on National and Standardized Clinical Protocols
- ✓ To demonstrate ethical and ethical abilities in the decision making process.

IX. STUDENT'S SELF-TRAINING

No.	Expected product	Implementation strategies	Assessment criteria	Implementation terms
1.	Working with information sources	Read the lecture or the material in the textbook carefully. Read questions on the subject, which require a reflection on the subject. To know the list of additional information sources on the theme. Select the source of additional information for that theme. The wording of generalizations and conclusions regarding the importance of the theme/subject.	Ability to extract the essentials; interpretative skills; the volume of work	During the module
2.	Working with on-line materials	Studying on-line materials on the department's website and the EURACT platform	Making oral communication, workload, insight into the essence of different subjects, level of scientific argumentation, quality of conclusions, elements of creativity, demonstration of understanding the problem, formation of personal attitude.	During the module
3.	Preparing and supporting presentations based on a case study	Selection of the clinical case, establishment of the research plan, establishment of the terms of realization Establishing the PowerPoint presentation components - complains, anamnestic, clinical examination, presumptive diagnosis, elaboration of the investigation plan, final diagnosis and the therapeutic strategy.	Demonstration of the case study	During the module



CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

Edition: 09

Date: 08.09.2021

Page 11/13

4	Reports	Selection of the research topic of the report, elaboration of the plan, setting of the terms of realization and bibliographic sources.	Presentation of the report	During the module
5	Group projects making posters	Selection of the poster theme, selected informative material, graphic quality of the product and its design	Poster presentation	During the module
6	Practical portfolios	Selection of the list of the necessary maneuvers to be acquired, the establishment of the plan and the place of their realization, the establishment of the terms of realization	Reviews from colleagues, nurse or family doctor.	During the module

X. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

Teaching and learning methods used

Teaching and learning methods used

- Introductory
- Current
- Synthesis
- Discussion
- Demonstration

Applied teaching strategies / technologies (specific to the discipline)

- Case study
- Role playing- games
- Working in the small groups
- Individual work
- Clinical observation
- Completing medical documentation
- Plenary debate
- Synthesis
- Solving the problem in the group
- Demonstration
- Brainstorming
- Games
- Themes for the group
- Discussions in small groups
- Presentation of audio-visual materials

Methods of assessment (including the method of final mark calculation)

Current:

- Thematic controls
- Testing (pre-test, post-test)
- Case study
- Observations



CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

Edition: 09

Date: 08.09.2021

Page 12/13

- Practical demonstration
- Checklists
- Feed-back
- General and specific written assessments

Final:

- Assessment of practical skills
- Testing
- Oral exam

Applied (specific to the discipline) teaching strategies / technologies

Applied didactic strategies / technologies (discipline specific) Brainstorming, Problem Based Learning, "Case Study"; "Multi-voting"; "Round Table / Interactive Discussions"; "Group Interview"; Solving the problem in the group.

Methods of assessment (including the method of final mark calculation)

Methods of assessment (including the method of final mark calculation)

Current:

- Thematic controls
- Testing (pre-test, post-test)
- Case study
- Observations
- Practical demonstration
- Checklists
- Feed-back
- General and specific written assessments

Final:

- Assessment of practical skills
- Testing
- Oral exam

Method of mark rounding at different assessment stages

Intermediate marks scale (annual average, marks from the examination stages)	National Assessment System	ECTS Equivalent
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,0	6	
6,01-6,50	6,5	D
6,51-7,00	7	
7,01-7,50	7,5	C
7,51-8,00	8	



**CD 8.5.1 DISCIPLINE SYLLABUS FOR
UNIVERSITY STUDIES**

Edition:	09
Date:	08.09.2021
Page 13/13	

8,01-8,50	8,5	B
8,51-9,00	9	
9,01-9,50	9,5	A
9,51-10,0	10	

The average annual mark and the marks of all stages of final examination (computer assisted, test, oral) - are expressed in numbers according to the mark scale (according to the table), and the final mark obtained is expressed in number with two decimals, which is transferred to student's record-book.

Absence on examination without good reason is recorded as "absent" and is equivalent to 0 (zero). The student has the right to have two re-examinations in the failed exam.

XI. RECOMMENDED LITERATURE:

A. Compulsory :

1. Robert E. Rakel, David P. Rakel. Textbook of Family Medicine. Ninth edition, 2016

B. Additional

1. Jeannette E. South-Paul, Samuel C. Matheny, Evelyn L. Lewis. Current Diagnosis & Treatment in Family Medicine, 2nd Edition
2. Paul D. Chan, Christopher R. Winkle, Peter J. Winkle. Current Clinical Strategies. Family Medicine.
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