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|  | **APPROVE** |
| **Dean of the Faculty of Medicine Nr. 2** |
| **University Professor** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M. Bețiu** |
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**The questions at Family Medicine**

**for 5th year students, faculty of Medicine**

1. **Family Medicine as specialty.**

* 1. Family Medicine as a specialty. The definition of Family Medicine and primary care. Objectives and methodology of Family Medicine. Place of Family Medicine in modern health systems.
  2. History of Family Medicine development in the world, and in Moldova. The role of international institutions (WONCA, EURACT) in implementing the practice of Family Medicine.
  3. World Health Organization’s role in reforming health systems. The Alma-Ata Declaration and the Ljubljana Charter.
  4. State regulations on implementing Family Medicine and primary health care reform in Moldova.
  5. Differences between primary care and specialized care. Collaboration with other specialists.
  6. The basic components that make up the professional standard of FP (WONCA - EURACT). FP functions.
  7. Differences between primary health care and specialized medical care. Co-operation between family physician and other specialists.

1. **Practice management in primary care.**
2. First contact management. Accessibility to primary care. Ensuring continuity of care.
3. Organizing the patients’ flow in FM practice. Ensuring the access to PHC services.
4. Management tasks in FM practice defined by EURACT. First contact medicine. The notion of gatekeeper for the rational use of resources in the health system.
5. The management roles and functions in FP practice. The aspects of clinical management, medical practice management and personal development. Leadership qualities of the family doctor's.
6. The notion of family physician’s practice management. The management skills of the family doctor in PHC.
7. Composition of primary health care team (clinical contact with patients) and the roles of PHC / FM team members. FM team members’ tasks and their motivation. The benefits of team work approach in FM.
8. Using the computer based system for information management and organization of work in practice of FM.
9. The organizational models of the primary health care services, Family Medicine centers. Group practice and individual practice in FM. The structure organization of PHC services in Moldova.
10. The principles of the mandatory health insurance.
11. The role of the health insurance in promoting the Family Medicine.
12. The package of medical services provided at PHC level. The preventive services provided by family doctors under the conditions of MHI.
13. The package of medical services provided at PHC level. The curative services provided by family doctors in the mandatory health insurance.
14. The package of medical services provided at PHC level. The emergency medical services provided by the FP under the MHI.
15. Medical services package provided at primary care level. The support services provided by the family physicians under the mandatory health insurance.
16. Moldovan citizens insurance covered by the state budget.

**3. Healthy individual in Family physician’s practice. Health promotion and disease prevention.**

1. Definitions of health. Models and basic concepts used in defining health.
2. The WHO definition of health. Advantages and disadvantages. Fields of application.
3. The factors that determine health. The role, interdependence and their proportion in conditioning health. Contemporary concept of the interaction of health determinants.
4. Social determinants of health. Their characteristic and health impacts.
5. List and characterize the criteria used in the diagnosis of health.
6. List and characterize the phases/stages of transition from health to disease. Name the FP’s activities relevant for the phases/stages listed.
7. FP’s role at different stages of transition from health to disease.
8. Health promotion. The main objectives and key elements of health promotion.
9. Name and characterize the preventive activities in the FP’s practice.
10. Give the characteristics of the main elements of the Transtheoretic or "stages of change" model in behavior change.
11. Characterize the main elements of "health belief model" of behavior change.
12. The types of prevention. The definitions and purposes of different types of prevention. Activities included in different types of prevention.
13. List and characterize three key roles in health promotion and disease prevention that family doctor plays at the community level.
14. The 5 “A” construct in behavioral counseling. The content and purposes of the steps in behavioral counseling.
15. Describe the elements of contemporary concept of health determinant
16. List and characterize the models used in definition of health. Explain their essence. Describe the advantages and disadvantages.

**4. Patient-centered consultation. Communication - an important tool in Family physician’s activity.**

1. Medical consultation. Types, purposes, characteristics of medical consultation in Family Medicine.
2. Stages of medical consultation. Calgary-Cambridge guide.
3. Functions and purposes of the family physician during the medical consultation.
4. Communication skills necessary to family doctor in different stages of consultation for making the consult efficient.
5. Patient autonomy and informed consent. Characteristics, principles of practical use in FP’s activity. Types of informed consent.
6. The principle of beneficence and non-maleficence. The principle of justice. Short characterization.
7. The principle of sincerity in family practice. Patient's right for knowing the truth. Deception "in good knowledge/news". Attitude, characteristics.
8. Decision making for a minor. The notion of an "emancipated" minor. The role of the child in making decisions in medical practice.
9. Decision making for the patient without discernment. Surrogate decision.
10. The principle of confidentiality. Difficulties of practical application. Exceptions to disclosure of private information, examples.
11. The aims and importance of interpersonal communication in a medical consultation. Factors influencing communication in FP’s practice.
12. Causes of a medical consultation failure.

**5. Peculiarities of the diagnosis in Family Medicine. The diagnostic synthesis.**

1. Peculiarities of diagnosis in Family Medicine. Factors influencing the diagnosis.
2. Collection and interpretation of medical information. Types of diagnoses in Family Medicine.
3. Peculiarities of diagnosis in Family Medicine. Formulation of diagnosis.
4. Diagnostic difficulties. Diagnostic errors. Main mistakes in formulating a positive diagnosis.
5. Mistakes in making the differential diagnosis.
6. Criteria for making a strategy of laboratory and instrumental examination of the patient in the outpatient medical setting.
7. Criteria for ranking the diseases in a complex patient.
8. Diagnostic synthesis in Family Medicine. The importance and possibilities of accomplishment.
9. **Peculiarities of the treatment in Family Medicine. The therapeutic synthesis.**
10. Factors that determine the peculiarities of treatment in Family Medicine.
11. The main therapeutic activities of the family doctor.
12. Therapeutic decision in Family Medicine. Peculiarities. Disease and patients requiring hospitalization.
13. Defensive medicine in Family Medicine. Causes of practice.
14. Therapeutic synthesis in Family Medicine.
15. Ethical decision in medicine. Peculiarities of ethical decision in FP’s practice.
16. Supervision of treatment in Family Medicine. Types and methods of monitoring.
17. Provisions of the Unique Program of Mandatory Health Insurance for the treatment in PHC.

**7. Patient-centered care. The comprehensive approach and the holistic approach.**

1. The EURACT definition of the holistic approach. Peculiarities of bio-psycho-social doctor-patient relationship.
2. Characterize the Bio-Psycho-Social model in medical practice. Postulates of the Bio-psycho-social model in medical practice.
3. The principle of comprehensive approach to patients with multiple problems in medical practice. The objectives of comprehensive approach in medical practice.
4. The diversity of problems in patients and its explanations. Medical problems: curative, preventive and special ones.
5. Factors involved in the management of chronically ill patients. Stages that require FP’s collaboration with subspecialists.
6. Difficulty of the problems existing in patients. Difficulties encountered by family physician in solving complex problems of patients.
7. Compliance of patients. Causes of non-compliance. Physician’s actions in cases of non-compliant patients.

**8. Patient in the family context. Family and disease. Family-centered care.**

1. The definition of family. Classification of families. The basic functions of the family.
2. Types of families and styles of within-the-family communication.
3. Elements of family development in the evolutionary historical context. Contemporary family, features, characteristics, challenges
4. Family life cycle. Improving family life cycle.
5. Characteristic of the family life cycle stages. State of celibacy. Middle age. Relations in the extended family.
6. Stages of the family life cycle. "Empty Nest". The third age. Short characteristics.
7. Family and disease. The impact of disease on the family and of the family on the disease.
8. Family-centered services. Their characteristics.
9. Teamwork. Family and teamwork of the family doctor. Characteristics of the multidisciplinary, interdisciplinary, and transdisciplinary teams.

Head of the Department Family Medicine,  
 University Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gh. Curocichin