

SYLLABUS

1. General information on the course

Full course name	General Practice (Family Medicine)
Full official name of a higher education institution	Sumy State University
Full name of a structural unit	Academic and Research Medical Institute. Кафедра внутрішньої та сімейної медицини
Author(s)	Dudchenko Iryna Oleksandrivna, Bokova Svitlana
Cycle/higher education level	The Second Level Of Higher Education, National Qualifications Framework Of Ukraine – The 7th Level, QF-LLL – The 7th Level, FQ-EHEA – The Second Cycle
Duration	one semester
Workload	3 ECTS, 90 hours. For full-time course 60 hours are working hours with the lecturer (60 hours of seminars), 30 hours of the individual study.
Language(s)	English

2. Place in the study programme

Relation to curriculum	Compulsory course available for study programme "Medicine"
Prerequisites	Krok-1, a discipline is based on the study by students of disciplines: latin and medical terminology, basics of bioethics and safety, first aid, hygiene and ecology, pathomorphology, pathophysiology, pharmacology, general surgery, internal medicine propaedeutics, pediatrics propaedeutics, radiology, patient care, nursing practice.
Additional requirements	There are no specific requirements
Restrictions	There are no specific restrictions

3. Aims of the course

The goal of the academic discipline is for students to achieve modern knowledge, the foundations of professional competence, and clinical thinking in family medicine based on: acquiring knowledge, skills, and abilities in the field of diagnostics, treatment, rehabilitation, prevention, and organization of care for the most common diseases.

4. Contents

Module 1. Characteristics of the discipline and key competencies of a family doctor
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<p>Topic 1 Fundamentals of Family Medicine. The interrelation between core competencies and essential characteristics of applied value: the WONCA Tree.</p> <p>The WONCA Tree. Core competencies.</p>
<p>Topic 2 Interrelation between core competencies and essential characteristics of applied value: the WONCA Tree.</p> <p>The WONCA Tree. Core competencies.</p>
<p>Topic 3 Core competencies of a family physician: person-centred care.</p> <p>The Picker Principles of Person Centred care.</p>
<p>Topic 4 Core competencies of a family physician: person-centred care.</p> <p>The concept and principles of person-centeredness. Advantages of the person-centred model of healthcare delivery.</p>
<p>Topic 5 Core competencies of a family physician: a comprehensive approach.</p> <p>Comprehensive care in family medicine.</p>
<p>Topic 6 Key competencies of a family doctor: a comprehensive approach</p> <p>Quarter prevention.</p>
<p>Topic 7 Key competencies of a family doctor: a comprehensive approach - palliative care.</p> <p>Palliative care. Care, rules for handling narcotic drugs, psychotropic substances and precursors. Visual analogue scale for assessing the effectiveness of pain. Steps of pain relief. Principles of treating chronic pain. Adjuvant therapy.</p>
<p>Topic 8 Key competencies of a family doctor: a comprehensive approach - palliative care.</p> <p>Pain management. Steps of pain relief in chronic pain syndrome.</p>
<p>Topic 9 Key competencies of a family doctor: a holistic approach.</p> <p>Content of a holistic approach. Biopsychosocial model.</p>
<p>Topic 10 Key competencies of a family doctor: a holistic approach.</p> <p>Holistic, holistic model of assessing human health.</p>
<p>Topic 11 Key competencies of a family doctor: special skills in problem solving.</p> <p>Special tools of a family doctor: "red flags", telephone consultation, triage or medical sorting, calculators most often used by a family doctor.</p>
<p>Topic 12 Key competencies of a family doctor: special skills in problem solving.</p> <p>Understanding uncertainty, unspecified medical conditions - organizing patient management.</p>
<p>Topic 13 Key competencies of a family doctor: special skills in problem solving - working with all age categories.</p> <p>Features of working with patients of different ages, from 0 to death. Sequence of diagnosis of death: the role and rights of a family doctor - humanity, legal and ethical aspects.</p>

<p>Topic 14 Key competencies of a family doctor: special skills in problem solving - working with all age categories.</p> <p>Actions in the event of a patient's death: the role of the doctor.</p>
<p>Topic 15 Key competencies of a family doctor: management in primary health care.</p> <p>Soft skills are the main element in the work of a family doctor. Interaction between doctors in the provision of medical care. "Red flags" in PMC. Patient-centered home with neighbors.</p>
<p>Topic 16 Key competencies of a family doctor: management in primary care.</p> <p>Working with an electronic health system.</p>
<p>Topic 17 Key competencies of a family doctor: community orientation.</p> <p>Diagnosis and analysis of the community. "Health indicators". Health indicators.</p>
<p>Topic 18 Key competencies of a family doctor: community orientation.</p> <p>Characteristics of family medicine in rural areas: advantages for a family doctor.</p>
<p>Topic 19 Aspects of attitude, science and context to the practice of a family doctor.</p> <p>Aspect of context. Aspect of attitude / worldview. Aspect of science.</p>
<p>Topic 20 Aspects of attitude, science and context to the practice of a family doctor.</p> <p>Quality control of the work of a family doctor. Medical professionalism.</p>
<p>Module 2. Soft and organizational skills in the work of a family doctor</p>
<p>Topic 21 Communication in family medicine.</p> <p>Effective communication. Verbal and nonverbal communication. Reflection.</p>
<p>Topic 22 Communication in family medicine.</p> <p>Empathy in the work of a family doctor. NURSE mnemonic technique for identifying empathy.</p>
<p>Topic 23 Consultation management according to the Calgary-Cambridge model.</p> <p>Consultation management and basic communication models. Calgary-Cambridge model of consultation, its components.</p>
<p>Topic 24 Consultation management according to the Calgary-Cambridge model.</p> <p>Explanation and planning of actions according to the CCM of consultation, joint decision-making.</p>
<p>Topic 25 Special and conflict situations in the practice of a family doctor.</p> <p>The concept of bad news in a medical context. Reporting bad news (SPIKES protocol). The concept of conflict. Empathetic response according to the NURSE, EVE protocols. Peculiarities of counseling an anxious, aggressive, hypochondriac, depressed, suspicious, talkative patient.</p>
<p>Topic 26 Communication in the collective.</p> <p>The importance of teamwork in family medicine. The role of paramedical staff and auxiliary services. Effective communication in the team. ISBAR communication system.</p>

Module 3. Features of clinical practice in family medicine
Topic 27 ICPC-2: structure and coding principles. Main advantages of using ICPC-2 in primary care. ICPC-2 structure.
Topic 28 ICPC-2: structure and coding principles. Concept of visit and episode of medical care. Coding of visit: reason for referral, diagnosis, processes.
Topic 29 Final control: Grading test. Answering theoretical questions, demonstrating practical skills.
Topic 30 Final control: Grading test. Answering theoretical questions, demonstrating practical skills.

5. Intended learning outcomes of the course

After successful study of the course, the student will be able to:

LO1	To perform sanitary and preventive measures.
LO2	To maintain medical records, including electronic documents.
LO3	To conduct epidemiological and medical-statistical research of public health; ability to process governmental, social, economic, and medical information.
LO4	To assess the influence of environment, socio-economic and biological determinants on the health of a person, family, or population.
LO5	To analyze activity of a doctor, department, or healthcare institution; to carry out measures for providing healthcare quality and to increase the efficiency of medical resources.
LO6	To organization and integration of public medical care and marketing of medical service.
LO7	To integrate knowledge and solve complex health problems in a broad or multidisciplinary context.
LO8	To manage healthcare workflows that are complex, unpredictable and require new strategic approaches
LO9	To develop and implement scientific and applied healthcare projects.

6. Role of the course in the achievement of programme learning outcomes

Programme learning outcomes achieved by the course.

For 222 Medicine:

PO1	To detect and identify the leading clinical symptoms and syndromes; to establish the most probable nosological or syndromic preliminary clinical diagnosis of diseases using standard methods, preliminary data of the patient's anamnesis, patient's examination data, and knowledge about a human, his organs and systems.
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PO2	To collect information about the patient's general condition; to assess the patient's psychomotor and physical development and the state of organs and systems of the body; to assess information on the diagnosis based on laboratory and instrumental findings.
PO3	To order and analyze additional (mandatory and optional) examinations (laboratory, radiological, functional and/or instrumental) in order to perform a differential diagnosis of diseases.
PO4	To establish a final clinical diagnosis at a medical institution under control of a supervising doctor by means of informed decision and logical analysis of the obtained subjective and objective data of clinical and additional examinations, and differential diagnosis, following the relevant ethical and legal norms.
PO5	To detect the key clinical syndrome or the reason for patient's condition severity via informed decision and evaluation of the person's state under any circumstances (at home, in the street, at a healthcare facility), including under emergency and military operation conditions, in the field, with a lack of information and limited time.
PO6	To determine the nature and treatment principles (conservative, operative) in patients with diseases at a healthcare facility, at patient's home or during medical evacuation process (including in the field), based on the provisional clinical diagnosis and observing the relevant ethical and legal norms, by making a reasonable decision according to existing algorithms and standard procedures based on the principles of evidence-based medicine; if needed to go beyond the standard scheme, to substantiate the personalized recommendations under control of a supervising doctor at a medical facility.
PO7	To determine an appropriate work and rest mode in the treatment of diseases at a healthcare institution, at patient's home and during medical evacuation (including in the field), based on the provisional clinical diagnosis and observing the relevant ethical and legal norms, by making a reasonable decision according to existing algorithms and standard procedures.
PO8	To determine an appropriate diet in the treatment of diseases at a healthcare institution, at patient's home and during medical evacuation (including in the field), based on the provisional clinical diagnosis and observing the relevant ethical and legal norms, by making a reasonable decision according to existing algorithms and standard procedures.
PO11	To determine the appropriate approach in emergency medical care case under any circumstances, adhering to the relevant ethical and legal norms, by making an informed decision based on the main clinical syndrome (disease severity) and emergency diagnosis using standard schemes under limited time conditions based on the principles of evidence-based medicine.
PO12	To provide emergency medical assistance under any circumstances, adhering to the relevant ethical and legal norms, by making an informed decision based on the main clinical syndrome (disease severity) and emergency diagnosis using standard schemes and predetermined approach under limited time conditions based on the principles of evidence-based medicine.

PO14	To perform medical procedures at a medical facility, at home or at work on the basis of a provisional clinical diagnosis and/or health parameters through making an informed decision and adhering to the relevant ethical and legal norms.
PO15	To perform procedures related to emergency medical assistance within a limited time and under any circumstances, using standard schemes on the basis of a medical emergency diagnosis.
PO16	To plan and implement a system of sanitary and preventive measures against the occurrence and spread of diseases among the population.
PO18	To search for the necessary information in the professional literature and databases; to analyze, evaluate, and apply this information. To apply modern digital technologies, specialized software, statistical methods of data analysis to solve complex health problems.
PO19	To assess environmental impact on public health.

7. Soft Skills

PC1	Ability to abstract thinking, analysis, and synthesis.
PC2	Ability to learn, master modern knowledge, and apply the knowledge in practice.
PC3	Knowledge and understanding of the subject area and professional activity comprehension.
PC4	Ability to adapt and act in a new situation.
PC5	Ability to make reasoned decisions; teamwork ability; interpersonal skills.
PC6	Ability to use information and communication technologies.
PC7	Determination and persistence on the tasks and commitments undertaken.
PC8	Ability to maintain and multiply moral, cultural, scientific values and achievements of society based on understanding the history and development patterns of the subject area, its place in the general system of knowledge about nature and society and in the development of society, techniques and technologies using different types and forms of physical activity for active recreation and a healthy lifestyle.

8. Teaching and learning activities

Topic 1. Fundamentals of Family Medicine. The interrelation between core competencies and essential characteristics of applied value: the WONCA Tree.
<p>pr.tr.1 "Fundamentals of Family Medicine. The interrelation between core competencies and essential characteristics of applied value: the WONCA Tree." (full-time course)</p> <p>The WONCA Tree. Core competencies. Organization of work of a family doctor. Features of work in various formats (municipal non-profit enterprise, individual entrepreneur, in the city, in rural areas. Studying this topic involves theoretical work in the classroom using the following teaching methods: brainstorming, case).</p>
Topic 2. Interrelation between core competencies and essential characteristics of applied value: the WONCA Tree.

<p>pr.tr.2 "Interrelation between core competencies and essential characteristics of applied value: the WONCA Tree." (full-time course)</p> <p>The WONCA Tree. Core competencies. Organization of work of a family doctor. Features of work in various formats (municipal non-profit enterprise, individual entrepreneur, in the city, in rural areas. Studying this topic involves theoretical work in the classroom using the following teaching methods: brainstorming, case).</p>
<p>Topic 3. Core competencies of a family physician: person-centred care.</p>
<p>pr.tr.3 "Core competencies of a family physician: person-centred care." (full-time course)</p> <p>The Picker Principles of Person Centred care. Studying this topic involves theoretical work in the classroom using the following teaching methods: brainstorming, case).</p>
<p>Topic 4. Core competencies of a family physician: person-centred care.</p>
<p>pr.tr.4 "Core competencies of a family physician: person-centred care." (full-time course)</p> <p>Core competencies of a family physician: person-centred care. Studying this topic involves theoretical work in the classroom using the following teaching methods: brainstorming, case).</p>
<p>Topic 5. Core competencies of a family physician: a comprehensive approach.</p>
<p>pr.tr.5 "Core competencies of a family physician: a comprehensive approach." (full-time course)</p> <p>Comprehensive care in family medicine. Outpatient reception. The concept of multi- and polymorbidity diseases. Preventive work. Promotion of a healthy lifestyle. Consultation on healthy nutrition. Rehabilitation in the practice of a family doctor. Studying this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case.</p>
<p>Topic 6. Key competencies of a family doctor: a comprehensive approach</p>
<p>pr.tr.6 "Key competencies of a family doctor: a comprehensive approach." (full-time course)</p> <p>Quarter prevention. Rehabilitation in the practice of a family doctor. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies.</p>
<p>Topic 7. Key competencies of a family doctor: a comprehensive approach - palliative care.</p>
<p>pr.tr.7 "Core competencies of a family doctor: a comprehensive approach - palliative care." (full-time course)</p> <p>Palliative care. Care, rules for handling narcotic drugs, psychotropic substances and precursors. Visual analogue scale for assessing the effectiveness of pain. Steps of pain relief. Principles of treating chronic pain. Adjuvant therapy. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies.</p>
<p>Topic 8. Key competencies of a family doctor: a comprehensive approach - palliative care.</p>

<p>pr.tr.8 "Key competencies of a family doctor: a comprehensive approach - palliative care." (full-time course)</p> <p>Pain management. Steps of pain relief in chronic pain syndrome. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies.</p>
<p>Topic 9. Key competencies of a family doctor: a holistic approach.</p>
<p>pr.tr.9 "Core competencies of a family doctor: a holistic approach." (full-time course)</p> <p>Content of a holistic approach. Biopsychosocial model. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, case studies, role-playing.</p>
<p>Topic 10. Key competencies of a family doctor: a holistic approach.</p>
<p>pr.tr.10 "Key competencies of a family doctor: a holistic approach." (full-time course)</p> <p>Holistic, holistic model of assessing human health. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, case studies, role-playing.</p>
<p>Topic 11. Key competencies of a family doctor: special skills in problem solving.</p>
<p>pr.tr.11 "Key competencies of a family doctor: special skills in problem solving." (full-time course)</p> <p>Special tools of a family doctor: "red flags", telephone consultation, triage or medical sorting, calculators most often used by a family doctor. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, role-playing, brainstorming, case studies.</p>
<p>Topic 12. Key competencies of a family doctor: special skills in problem solving.</p>
<p>pr.tr.12 "Key competencies of a family doctor: special skills in problem solving." (full-time course)</p> <p>Understanding uncertainty, unspecified medical conditions - organizing patient management. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, role-playing, brainstorming, case studies.</p>
<p>Topic 13. Key competencies of a family doctor: special skills in problem solving - working with all age categories.</p>
<p>pr.tr.13 "Key competencies of a family doctor: special skills in problem solving - working with all age categories." (full-time course)</p> <p>Features of working with patients of different ages, from 0 to death. Sequence of diagnosis of death: the role and rights of a family doctor - humanity, legal and ethical aspects. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, role-playing, brainstorming, case studies.</p>
<p>Topic 14. Key competencies of a family doctor: special skills in problem solving - working with all age categories.</p>

<p>pr.tr.14 "Key competencies of a family doctor: special skills in problem solving - working with all age categories." (full-time course)</p> <p>Actions in the event of a patient's death: the role of the doctor. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies, multimedia presentation.</p>
<p>Topic 15. Key competencies of a family doctor: management in primary health care.</p>
<p>pr.tr.15 "Core competencies of a family doctor: management in primary health care." (full-time course)</p> <p>Soft skills are the main element in the work of a family doctor. Interaction between doctors in the provision of medical care. "Red flags" in PMC. Patient-centered home with neighbors. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies, multimedia presentation.</p>
<p>Topic 16. Key competencies of a family doctor: management in primary care.</p>
<p>pr.tr.16 "Core competencies of a family doctor: management in primary care." (full-time course)</p> <p>Working with an electronic health system. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies, multimedia presentation.</p>
<p>Topic 17. Key competencies of a family doctor: community orientation.</p>
<p>pr.tr.17 "Core competencies of a family doctor: community orientation." (full-time course)</p> <p>Diagnosis and analysis of the community. "Health indicators". Health indicators. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies, reflection.</p>
<p>Topic 18. Key competencies of a family doctor: community orientation.</p>
<p>pr.tr.18 "Core competencies of a family doctor: community orientation." (full-time course)</p> <p>Characteristics of family medicine in rural areas: advantages for a family doctor. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies, reflection.</p>
<p>Topic 19. Aspects of attitude, science and context to the practice of a family doctor.</p>
<p>pr.tr.19 "Aspects of attitude, science and context to the practice of a family doctor." (full-time course)</p> <p>Aspect of context. Aspect of attitude / worldview. Aspect of science. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies, multimedia presentation.</p>
<p>Topic 20. Aspects of attitude, science and context to the practice of a family doctor.</p>

<p>pr.tr.20 "Aspects of attitude, science and context to the practice of a family doctor." (full-time course)</p> <p>Quality control of the work of a family doctor. Medical professionalism. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, case studies, multimedia presentation.</p>
Topic 21. Communication in family medicine.
<p>pr.tr.21 "Communication in family medicine." (full-time course)</p> <p>Effective communication. Verbal and nonverbal communication. Reflection. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, working in small groups, watching videos.</p>
Topic 22. Communication in family medicine.
<p>pr.tr.22 "Communication in family medicine." (full-time course)</p> <p>Empathy in the work of a family doctor. NURSE mnemonic technique for identifying empathy. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, working in small groups, watching videos.</p>
Topic 23. Consultation management according to the Calgary-Cambridge model.
<p>pr.tr.23 "Consultation management according to the Calgary-Cambridge model." (full-time course)</p> <p>Consultation management and basic communication models. Calgary-Cambridge model of consultation, its components. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, reflection.</p>
Topic 24. Consultation management according to the Calgary-Cambridge model.
<p>pr.tr.24 "Consultation management according to the Calgary-Cambridge model." (full-time course)</p> <p>Explanation and planning of actions according to the CCM of consultation, joint decision-making. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, brainstorming, reflection.</p>
Topic 25. Special and conflict situations in the practice of a family doctor.
<p>pr.tr.25 "Special and conflict situations in the practice of a family doctor." (full-time course)</p> <p>The concept of bad news in a medical context. Reporting bad news (SPIKES protocol). The concept of conflict. Empathetic response according to the NURSE, EVE protocols. Peculiarities of counseling an anxious, aggressive, hypochondriac, depressed, suspicious, talkative patient. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, video viewing, brainstorming, role-playing.</p>
Topic 26. Communication in the collective.

pr.tr.26 "Communication in the collective." (full-time course) The importance of teamwork in family medicine. The role of paramedical staff and auxiliary services. Effective communication in the team. ISBAR communication system. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, video viewing, brainstorming, role-playing.
Topic 27. ICPC-2: structure and coding principles.
pr.tr.27 "ICPC-2: structure and coding principles." (full-time course) Main advantages of using ICPC-2 in primary care. ICPC-2 structure. The study of this topic involves theoretical work in the classroom using the following teaching methods: testing, video viewing, brainstorming, role-playing.
Topic 28. ICPC-2: structure and coding principles.
pr.tr.28 "ICPC-2: structure and coding principles." (full-time course) Concept of visit and episode of medical care. Coding of visit: reason for referral, diagnosis, processes. The study of this topic involves theoretical work in the classroom using the following teaching methods: video viewing, brainstorming, role-playing.
Topic 29. Final control: Grading test.
pr.tr.29 "Final control: Grading test." (full-time course) Answering theoretical questions, demonstrating practical skills.
Topic 30. Final control: Grading test.
pr.tr.30 "Final control: Grading test." (full-time course) Answering theoretical questions, demonstrating practical skills

9. Teaching methods

9.1 Teaching methods

Course involves learning through:

TM1	Case-based learning
TM2	Team Based Learning
TM3	Electronic learning
TM4	Practical training
TM5	Research Based Learning

The modern teaching methods (CBL, TBL, RBL) use in taught of discipline. It is contribute to the development of professional abilities and stimulate creative thinking.

Students acquire soft skills throughout the entire period of studying the discipline. The ability to analytical and critical thinking, teamwork, perseverance is formed during team-, practice- and case-oriented learning, knowledge and understanding of the subject area is acquired during self-study. E-learning stimulates the ability to use information technologies. Research-based

learning encourages the development of certainty and perseverance in relation to the tasks set and the responsibilities assumed.

9.2 Learning activities

LA1	Group practical task
LA2	Performing situational exercises
LA3	E-learning in systems (the list is specified by the teacher, for example, Google Classroom, Zoom and in the format of a YouTube channel)
LA4	Analysis and discussion of cases (educational/practical/research)
LA5	The individual research project

10. Methods and criteria for assessment

10.1. Assessment criteria

Definition	National scale	Rating scale
Outstanding performance without errors	5 (Excellent)	$170 \leq RD \leq 200$
Above the average standard but with minor errors	4 (Good)	$164 \leq RD < 169$
	4 (Good)	$140 \leq RD < 163$
Fair but with significant shortcomings	3 (Satisfactory)	$127 \leq RD < 139$
	3 (Satisfactory)	$120 \leq RD < 126$
Fail – some more work required before the credit can be awarded	2 (Fail)	$70 \leq RD < 119$
	2 (Fail)	$0 \leq RD < 69$

10.2 Formative assessment

	Description	Deadline, weeks	Feedback
FA1 Express testing	A method of effective verification of the level of mastery of knowledge, skills and abilities in each topic of the academic discipline. Testing allows you to check the mastery of educational material in each topic.	Throughout the entire period of studying the discipline	According to the data obtained on the test results, based on their analysis, it is proposed to determine the overall grade for the lesson as an indicator of the achievements of the students' educational activities.

FA2 Focus group discussions	The method allows all participants to be involved in the process of discussing and justifying their own opinions through multilateral communication, to develop the ability to conduct a professional discussion, to cultivate respect for colleagues and the ability to generate alternative ideas and proposals.	Throughout the entire period of studying the discipline	According to the data obtained on the test results, based on their analysis, it is proposed to determine the overall grade for the lesson as an indicator of the achievements of the students' educational activities.
FA3 The teacher advises during the preparation of an individual research project (speech at a conference, a competition of scientific papers)	Involvement in research activities contributes to the formation of a scientific worldview, diligence, work capacity, initiative, etc.	Throughout the entire period of studying the discipline	Oral comments from the teacher. The student is given additional incentive points (from 5 to 10), depending on the type of research project.
FA4 Teacher's instructions in the process of performing practical tasks.	The instructions reveal methods of pedagogical control over the professional activities of applicants. Efficiency is determined by compliance with all stages of performing practical tasks. The effectiveness of the formation of the necessary practical skills and abilities depends on the level of formation of practical competence.	Throughout the entire period of studying the discipline	Consulting students in their work, direct and indirect observation of the work of applicants.
FA5 Solving situational tasks	Assessment of acquired knowledge on the subject of the discipline. It is carried out at each practical lesson in accordance with the specific goals of each topic based on a comprehensive assessment of the student's activity.	Throughout the entire period of studying the discipline	Feedback is aimed at supporting students' independent work, identifying shortcomings and assessing the level of acquired knowledge

10.3 Summative assessment

	Description	Deadline, weeks	Feedback
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SA1 Current assessment of the level of theoretical and practical training	Includes oral questioning, assessment of situational tasks and clinical cases, brainstorming, role-playing, objective structured clinical examination of the patient, testing. Students involved in research activities have the opportunity to present the results of their own research at conferences, student research paper competitions, etc. (encouragement activities, additional points).	During the entire period of studying the discipline	Conducted at each lesson. A student can receive a maximum of 120 points, a minimum of 72 points. Additional incentive points for preparing a research project (from 5 to 10), depending on the type of project.
SA2 Final control: differential test	Taking a differential test. Applicants who have fulfilled the requirements of the curriculum and successfully mastered the material in the discipline are allowed to take the test.	According to the schedule at the end of the semester	A candidate can receive 80 points for the test. The minimum number of points that a student must receive is 48 points.

Form of assessment:

	Points	Можливість перескладання з метою підвищення оцінки
The first semester of teaching	200 scores	
SA1. Current assessment of the level of theoretical and practical training	120	
Oral interview, assessment of situational tasks, clinical cases, role play, brainstorming, objective structured clinical examination of the patient, testing.	120	No
SA2. Final control: differential test	80	
Answer to theoretical questions	50	No
Demonstration of practical skills	30	No

The student is assigned a maximum of 5 points for each practical lesson (the grade is given in the traditional 4-point grading system). At the end of the academic year, the arithmetic average of the student's performance is calculated. The maximum number of points that a student can receive in practical lessons during the academic year is 120. The student is admitted to the grading test to fulfilling the requirements of the curriculum and if he has scored at least 72 points for the current

educational activity. Grading test (final module control) is carried out according to the schedule at the end of the semester. The grade for the final module is given in the traditional 4-point grading system with subsequent conversion into points, while, in general, the grade "5" corresponds to 80 points, "4" - 64 points, "3" - 48 points, "2" - 0 points. Among these points, the score for practical and theoretical training is 50% of the total score of the control. The final control is credited to the student if he scored at least 48 points out of 80. The overall score for the discipline consists of the sum of the points scored for current performance and passing the final module control. Incentive points are added to the grade for the discipline for the implementation of an individual research project (defense of student scientific work -10 points, speech at a conference, poster presentation at a conference, abstracts of reports - 5 points). The total score for the discipline cannot exceed 200 points. It is possible to re-credit points obtained under the non-formal education system in accordance with the Regulations.

11. Learning resources

11.1 Material and technical support

MTS1	Information and communication systems
MTS2	Library funds
MTS3	Models and dummies (of organisms and individual organs, technical installations and structures, etc.)
MTS4	Modern diagnostic, therapeutic and other devices, objects and instruments for professional medical activities
MTS5	Software (to support distance learning, Internet surveys, virtual laboratories, virtual patients, to create computer graphics, modeling, etc., etc.)
MTS6	Multimedia, video and sound reproduction, projection equipment (video cameras, projectors, screens, smartboards, etc.)

11.2 Information and methodical support

Essential Reading	
1	THE EUROPEAN DEFINITION OF GENERAL PRACTICE / FAMILY MEDICINE, WONCA EUROPE, 2023 Edition.
Supplemental Reading	
1	Clinical Methods in Medical Family Therapy [Электронный ресурс] / edited by Tai Mendenhall, Angela Lamson, Jennifer Hodgson, Macaran Baird. — 1st ed. 2018. — Cham : Springer International Publishing, 2018. — (Focused Issues in Family Therapy).
Web-based and electronic resources	
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