

MINISTRY OF PUBLIC HEALTH OF UKRAINE
ZAPOROZHYE STATE MEDICAL UNIVERSITY
DEPARTMENT OF GENERAL PRACTICE – FAMILY MEDICINE

THE PRACTICAL WORKBOOK

**DISCIPLINE: «GENERAL PRACTICE – FAMILY MEDICINE»
FOR THE 6TH-YEAR STUDENTS OF INTERNATIONAL FACULTY**

CONTENT MODULE 1,2

Zaporozhye - 2017

Approved by the Central Methodical Council of Zaporozhye State Medical University as a practical work book for the practical classes and individual work for students of higher medical educational institutions of III-IV accreditation levels for academic discipline «General practice – family medicine» speciality 7.12010001 «Medicine» (protocol № 3 dated 02.02.2017.)

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The practical work book for academic discipline «General practice – family medicine» for content module 1,2 for students of 6th studying year, international faculty is according to the educational program of academic discipline «General practice – family medicine», speciality 7.12010001 «Medicine».

The practical work book includes situational tasks, questions, tests for current control, the patient record protocol for general practitioner (was developed by department of General practice – family medicine). Materials appearing in practical work book covered the theoretical knowledge and practical skills for students of 6th studying year international faculty.

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Content

Preface.....	4
The thematic plan for practical classes.....	5
The thematic plan of individual work of student.....	6
The place of the family medicine in the structure of a healthcare system and the principles of the family service. the organization of the FD's work. The basis recording documentation of FD in medical institution. The role of information system in FD practice. The basis of information processing of out-patient clinic..	7
Medico-social aspects of the population's health. The medical examination of the population, and rehabilitation in the family doctor's practice. Medical insurance structure and family doctor activity. The models of medical insurance in the world	20
The assessment of the risk factors of the main chronic non-epidemic diseases and the preventive measures on the basis of syndrome approach. The national program for prevention, diagnostics and treatment of most widespread diseases. A role of family doctor in popularization of healthy life style and prophylaxis. The dietotherapy. "The health school".....	37
The organization of out-of-hospital therapeutic help in case of the most widespread diseases. The principles of medico-social expertise. The organization of the day hospital and home care.....	51
The questions for final module control for students of 6 th studying year of international faculty, discipline «General practice – family medicine».....	64
The list of practical skills for students of 6 th studying year, discipline «General practice – family medicine».....	66
Recommended literature	68

PREFACE

Primary healthcare is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community. The main purpose of primary care is the decreasing of morbidity, disability and mortality by effective, accessible and high quality care by general practitioners. In terms of priority development of primary health care (family medicine) teaching of medical students by the basics of family medicine is a deal of great importance.

The practical workbook was composed according to the program of academic discipline «General practice – family medicine», speciality 7.12010001 «Medicine» and includes content module 1 «Modern approaches to the medico-social and organizational basis of a primary health care» and 2 « Medico-social aspects of population's health - the basis of the preventive and curing medicine. The organization of out-of-hospital care (pre-hospital and hospital stages)».

The workbook includes many tasks of different complexity, recording documentation of family doctor and instructions for filling, the patient record protocol for general practitioner (was developed by department of General practice – family medicine), which helps to prescribe diagnostics and treatment plan for patient, and pathways of the patient management, based on the 3 stages of medical aid, that allows the students to control independently the level of theoretical material and perfect their skills. The publication aims to promote better assimilation of theoretical knowledge and practical skills of students of VI year of international faculty in preparation for the practical classes and the final module control.

THE THEMATIC PLAN OF PRACTICAL CLASSES

Module 1: “The organizational aspects of the system of the primary health care in Ukraine, its role in the development and reforming of the Public health.”

№	Topic	hours
Content module 1. Modern approaches to the medico-social and organizational basis of a primary health care		
1.	1.1 The place of the family medicine in the structure of a healthcare system and the principles of the family service. The organization of the FD’s work. The basis recording documentation of FD in medical institution.	4
	1.2 The role of information system in FD practice. The basis of information processing of out-patient clinic*	3
Content module 2. Medico-social aspects of population’s health - the basis of the preventive and curing medicine. The organization of out-of-hospital care (pre-hospital and hospital stages)		
2.	2.1 Medico-social aspects of the population’s health. Medical insurance structure and family doctor activity. The models of medical insurance in the world.	4
	2.2 The medical examination of the population, and rehabilitation in the family doctor’s practice*	3
3.	3.1. The assessment of the risk factors of the main chronic non-epidemic diseases and the preventive measures on the basis of syndrome approach. The national program for prevention, diagnostics and treatment of most widespread diseases. A role of family doctor in popularization of healthy life style and prophylaxis. The dietotherapy. “The health school”.	4
	3.2. The prophylaxis of AIDS*	3
4.	4.1. The organization of out-of-hospital therapeutic help in case of the most wide-spread diseases. The principles of medico-social expertise. The organization of the day hospital and home care.	4
	4.2. The consultation in the context of HIV-infectious, voluntary testing, before- and after-testing consultation*	1,5
	4.3. The consultation in the context of incurable disease and imminent death. The organization of medical care for non-curable patients. The principle of multidisciplinary approach to medical care of non-curable patients and their relatives. Nursing, the methods of palliative care of symptoms and syndromes*	1,5
Content module 3. The emergency in the family doctor’s practice		
5.	5.1 The emergency at the pre-hospital stage in the case of cardiac arrest, acute coronary syndrome, respiratory standstill, arrhythmias, hypertensive crisis, bronchoobstructive syndrome	4
	5.2 Writing the algorithm of the emergency measures at the pre-hospital stage in the case of cardiac arrest, acute coronary syndrome, respiratory standstill, arrhythmias, hypertensive crisis, bronchoobstructive syndrome: filling the practicum*	3
6.	6.1. The emergency in the practice of family doctor in the case of pain syndrome. The clinical classification of pain.	4
	6.2. The mechanism of pain in incurable patient. The principles of treatment of chronic pain syndrome. The emergency in context of incurable diseases and imminent death*	3
7.	7.1 The emergency in the practice of family doctor in the case of seizure, syncope, coma in case of diabetes, acute hepatic failure, alcohol intoxication, renal insufficiency, narcotic abuse.	4
	7.2 Writing the algorithm of the emergency measures in the practice of family doctor in the case of seizure, syncope, coma in case of diabetes, acute hepatic failure, alcohol intoxication, renal insufficiency, narcotic abuse: filling the practicum*	3
8.	8.1 The emergency in the practice of family doctor in the case of bite, sting, electrical injury, drowning, frostbite and thermal injury.	4
	8.2 Writing the algorithm of the emergency measures in the practice of family doctor in the case of bite, sting, electrical injury, drowning, frostbite and thermal injury: filling the practicum*	3
	Final module control	2
	Total	32/ 24*

Note - * marked the theme of individual work performed by students under the teacher’s supervision.

THE THEMATIC PLAN OF INDEPENDENT WORK OF STUDENT

<i>N^o</i>	<i>Topic</i>	<i>hours</i>
1	Preparation for practical classes	18
	The psychological, spiritual and social aspects of palliative care of non-curable patients and their relatives.	4
	The palliative and end-of-life care: the notion, ethical principles.	4
	The organization of medical care for non-curable patients. The methods of palliative care of main symptoms and syndromes	4
	The principle of multidisciplinary approach to medical care of non-curable patients and their relatives. Bad news report The notion about emotional burnout syndrome, its prevention.	2
	The organization of medical care for HIV-infected. The care and psychological support of HIV-infected. The symptomatic treatment of patient in terminal state.	2
	The primary prevention of HIV infections. The preventive HIV-program for different age groups of population.	2
2.	Practical skills	12
	To fill recording documentations of family doctor	4
	To prepare and fill the management plan for out-patient in the case of most widespread disease.	4
	To create an algorithm of emergency in out-of-hospital stage in the practice of family doctor	4
3.	The preparation for final module control	4
	Total	34

THE PLACE OF THE FAMILY MEDICINE IN THE STRUCTURE OF A HEALTHCARE SYSTEM AND THE PRINCIPLES OF THE FAMILY SERVICE. THE ORGANIZATION OF THE FD'S WORK. THE BASIS RECORDING DOCUMENTATION OF FD IN MEDICAL INSTITUTION. THE ROLE OF INFORMATION SYSTEM IN FD PRACTICE. THE BASIS OF INFORMATION PROCESSING OF OUT-PATIENT CLINIC

I level. Answer the questions:

The principles of the system of primary care and its shortcomings:

Basic principles and advantages of the family medicine model of primary care:

The main part in the system of the primary health care will be assigned to the general practitioners - family doctors:

Principles of family medicine is continuity of care:

Key features and content of the family doctor's work:

The scope of practice of the family doctor:

The family doctor's communication with the patient and his family:

Psychogenic and deontological aspects of the family doctor's work:

The resolving of medical and social issues of the family:

Fundamentals of information provision of family doctor's work. The telemedicine:

II level. Answer the tests:

1. The Health protection is:

- A. The measures, which provide, promote and develop the physiological and psychological functions, social activity and optimal capacity of individual
- B. The settings which provide a health care for population
- C. The management system of Public health
- D. The system of medical care
- E. A system of primary health care

2. A medical care is a complex of measures which directed on:

- A. The care of patients with acute diseases, opening of new settings of Public health, rehabilitation of patients and invalids.
- B. The care of patients with chronic diseases, promotion of hygienical education
- C. provision of sanatorium-and-spa treatment, increase of sanitary culture

D. prevention of morbidity and disability, hygienical education, rehabilitation of patients and invalids, the curing of patients with chronic diseases, opening of new settings of Public health

E. opening of new settings of Public health, the curing of patients with chronic diseases, rehabilitation of patients and invalids.

3. The settings of Public health are:

A. The settings which provide the management of Public health

B. enterprises, settings and organizations which provide the various requirements of population in medical provision

C. the settings which provide the medical care for population

D. nursing homes

4. The body of Public health is:

A. The settings which provide the management of Public health

B. enterprises, settings and organizations which provide the various requirements of population in medical provision

C. the settings which provide the medical care for population

D. nursing homes

5. According to the World Organization of Family Doctors (Wonca), the aim of family medicine is:

A. to provide personal and continuing care for the individual in the context of the family and the community.

B. to provide personal, comprehensive and continuing care for the individual in the context of the family and the community.

C. to provide comprehensive and continuing care for the individual in the context of the family and the community.

D. to provide personal, comprehensive and continuing care for the family and the community.

E. to provide personal, comprehensive and continuing care for the community.

6. The World Organization of Family Doctors (WONCA) is:

- A. a global commercial professional organization representing family physicians and general practitioners from all regions of the world
- B. a no-governmental organization in official relations with the World Health Organization representing family doctors and family medicine
- C. a governmental organization in official relations with the World Health Organization representing family doctors and family medicine
- D. a global not-for-profit professional organization representing family physicians and general practitioners from all regions of the world, which improve the quality of life of the peoples of the world through high standards of care in general practice/family medicine
- E. a no-governmental organization in official relations with the World Health Organization representing doctors of all speciality.

7. Principles of Public health are all, except:

- A. freedom of charge for all types of medical care;
- B. freedom of charge for medical care which is conducted within the framework of the government program;
- C. priority of prophylactic measures;
- D. accessibility of medical care;
- E. social security of citizens in case of loss of health.

8. How many forms of compounding function today in practical activity of family doctor:

- A. 2
- B. 4
- C. 3
- D. 1
- E. the compounding forms of the ratified forms do not have.

9. Who has right to sign informed consent for medical intervention?
- A. attending doctor;
 - B. Head doctor;
 - C. patient;
 - D. administration of enterprise, where patient works;
 - E. paramedical worker.
10. The disclosure of information which makes a physician–patient privilege is shut out:
- A. on-request the bodies of social security;
 - B. in the case of threat for distribution of infectious diseases;
 - C. there is the signs of health damage due to social dangerous actions;
 - D. on-request descendants;
 - E. on-request the office of public prosecutor.
11. Which index includes the ration of first registered cases of major non-epidemic diseases during year per average annual population size:
- A. index of prevalence of major non-epidemic diseases;
 - B. major non-epidemic morbidity;
 - C. structure of major non-epidemic morbidity;
 - D. pathological affectecveness;
 - E. no correct answer.
12. Social meaning of major non-epidemic diseases is defined by:
- A. high prevalence rate;
 - B. considerable disability;
 - C. high disability rate;
 - D. high mortality;
 - E. all of mentioned above

13. What kind of medical care is received by rural population:

- A. pre-doctor care;
- B. general medical and specialized care;
- C. specialized and high-specialized care;
- D. general medical care;
- E. no correct answer.

14. Primary health care should provide for population in:

- A. health promotion;
- B. treatment;
- C. rehabilitation;
- D. all the above
- E. secondary prevention

15. When you have to be used the mandatory measures in diagnostical and treatment plan?

- A. in the case of treatment of child;
- B. in the case of admission to the hospital;
- C. in the case of quarantine and danger infection;
- D. in the case of laboratory examination;
- E. in the case of X-ray examination.

16. The automatic workplace of the family doctor includes all, except:

- A. Ambulatory electronic case record;
- B. Management by X-ray examinations and bacterioscopic examinations;
- C. Recording of temporary disability leaves;
- D. Personal record of medical services;
- E. Monitoring of defibrillation in patients with fatal arrhythmias

22. The term "electronic medical passport" includes all except:

- A. Electronic device that looks like an USB card.
- B. stationary electronic device.
- C. e-databases for legal protection of the patient and the doctor.
- D. Implementation of preventive measures.
- E. the effective system of settlements in the provision of medical services.

23. Telemedicine is:

- A. The using of telecommunication for medical care provision and continuous medical education;
- B. Diagnostics and treatment by telemetric methods.
- C. Using of phone, telegraph and teletype communications for medical purposes;
- D. Using of informatics and communication technologies in health care.

24. Not related with telecommunication:

- A. E-mail.
- B. Courier service.
- C. FTP-file transfer.
- D. IP-telephony.
- E. lists mailing.

25. What is included in section "Development of primary medical help" of national project of Public health?

- A. Wage rise to family doctors, district doctors, district pediatricians, nurses;
- B. Retraining of family doctors, district internists, district pediatricians;
- C. Rigging the out-patient's establishments diagnostic facilities;
- D. Rigging the emergency cars;
- E. all of mentioned above

26. Tasks of national project in Public health are:

- A. Development of primary medical help;
- B. Prophylactic measures;
- C. Population provision by hi-tech medical care;
- D. Guard of maternity and childhood.
- E. all of mentioned above

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26		

III level. Fill (written) the answers for the tasks:

Task 1. Specify the formula for calculating the indicator that characterizes the initial frequency of disability in the general population of the clinic service area.

Task 2. Specify the formula for calculating the indicator that characterizes the volume of outpatient therapeutic care provided by family doctors of the clinic.

Task 3. Specify the actual causes of preventable deaths.

Task 4. Definition of primary prevention.

Task 5. Definition of secondary prevention.

Task 6. Definition of tertiary prevention.

Task 7. Specify the mechanism of abuse of tobacco products and alcohol.

Task 8. Specify which diet can result in decreased morbidity and mortality from cardiovascular disease, cancer, and diabetes.

Task 9. Specify which physical activity can result in decreased morbidity and mortality from cardiovascular disease, cancer, and diabetes.

Task 10. Specify the environmental risks to health.

IV level. Fill in the patient record protocol as a general practitioner - family doctor:

Name of the patient

Date of birth

Place of work

Complain

Medical history

Life history, family history, bad habits

Physical examination

Laboratory and instrumental examination

Syndromes

Modifiable risk factors

Non-modifiable risk factors

Diagnosis:

Rehabilitation program (patient's pathway):

1) In-hospital treatment

2) Resort treatment

3) Dispenserization:

a) preventive measures, lifestyle modification

б) check-up rate

в) check-up examination

Date _____

Signature _____

**MEDICO-SOCIAL ASPECTS OF THE POPULATION'S HEALTH.
THE MEDICAL EXAMINATION OF THE POPULATION, AND
REHABILITATION IN THE FAMILY DOCTOR'S PRACTICE.
MEDICAL INSURANCE STRUCTURE AND FAMILY DOCTOR ACTIVITY.
THE MODELS OF MEDICAL INSURANCE IN THE WORLD**

I level. Answer the questions:

The clinical syndromes in practice of the family doctor:

Assess the state of health, make medical-and-social passport of health:

General principles of health promotion:

Four types of prevention:

The principles of prevention and dispensarization on the bases of health state, age, gender and risk factors assessment:

The dispensarization: the methods for the patients and the healthy people, the purpose, stages, the recommendations for promoting health, the groups of health, evaluation of the effectiveness of clinical examination:

The rehabilitation: principles, the definition of medical rehabilitation, the factors, types and stages:

The definition of the resorts: the classification of resort facilities

Indications and contraindications for resort treatment:

The basic principles of health insurance:

Definition of "health insurance" and "insurance medicine":

The main tasks of health insurance:

The main types of health insurance:

The main forms of health insurance:

Basic rights and obligations of the insurer:

The features of statutory health insurance:

The subjects of health insurance and their obligations:

Define the term "health insurance policy" and describe its basic functions:

Intermediary organizational and management structures of health insurance (insurance companies, funds, cash):

The models of health insurance in the world:

II level. Answer the tests:

1. What is prevention?

- A. Complex of medical, sanitary, hygienic, educational and socio-economic measures consists of measures taken for disease prevention and risk factors correction
- B. Healthy lifestyle
- C. Elimination of disease consequences
- D. Rehabilitation of patients
- E. Complex of medical, sanitary, hygienic, educational and socio-economic measures consists of early disease treatment

2. The primary prophylaxis of diseases includes:

- A. Methods to detect and address an existing disease prior to the appearance of symptoms
- B. Methods to avoid occurrence of disease either through eliminating disease agents or increasing resistance to disease
- C. life style modification
- D. Improvement of socio-economic conditions.
- E. Medical care for patients with acute diseases

3. Secondary prophylaxis of diseases includes:

- A. Methods to detect and address an existing disease prior to the appearance of symptoms
- B. Methods to avoid occurrence of disease either through eliminating disease agents or increasing resistance to disease
- C. life style modification
- D. Improvement of socio-economic conditions.
- E. Medical care for patients with acute diseases

4. The concept "individual health" is:

- A. The state of organism, which permits to execute the biological and social functions
- B. The state of organism, when all his functions are balanced with an environment
- C. a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity
- D. conditional statistical notion, which is characterized by the complex of demographic indices, morbidity, physical development, disability and frequency to the nosological states
- E. the rate of biological processes which retained organism at the level of functional optimum

5 A population health depends on the life style (in %) :

- A. 49-53%
- B. 18-22%
- C. 17-20%
- D. 8-10%
- E. 55-64%

6. A volume, quality of medical care and inefficiency of prophylactic measures, negatively impact on population health (in %):

- A. 49-53%
- B. 18-22%
- C. 17-20%
- D. 8-10%
- E. 55-64%

7. A healthy life style is a behavior of people with certain working conditions and mode of rest, which provides:

- A. maintenance of health;
- B. the high functional capacity of organism;
- C. active longevity;
- D. all of mentioned above;
- E. good nutrition.

8. Dispenserization applies to:

- A. Primary prevention.
- B. secondary prevention.
- C. tertiary prevention.
- D. quaternary prevention

E. hygienical education

9. Rehabilitation applies to:

- A. Primary prevention.
- B. secondary prevention.
- C. tertiary prevention.
- D. quaternary prevention
- E. hygienical education

10. The basic tasks of medical rehabilitation are:

- A. help to choose a convenient profession;
- B. acquirement to using a transport and auxiliary measures;
- C. adaptation to the everyday life;
- D. maximal renewal of capacity of patient;
- E. medical-labour expertise

11. Types of medical check-up which are performed in medical settings:

- A. periodic, for special purpose;
- B. medical, quarterly;
- C. annual, ambulatory;
- D. previous, periodic, for special purpose;
- E. previous, medical, quarterly.

12. According WHO classification, the individuals of 60-74 years old are:

- A. long-livers;
- B. elderly age;
- C. senile age;
- D. senior age;
- E. middle age.

13. For Ukrainian population the first place in the structure of morbidity is for:

- A. breathing organs diseases;
- B. neoplasm;
- C. diseases of the nervous system;
- D. endocrine diseases;
- E. cardiovascular diseases.

15. The basic criteria of healthy life style is:

- A. the rational food;
- B. elimination of harmful habits;
- C. sexual behavior;
- D. the harmonious interrelations between people
- E. the regular physical activity

16. Preventive health system includes:

- A. Socio-economic measures which are aimed for improving the working and living condition
- B. health care for patients with acute inflammatory diseases
- C. hygiene, sanitary and technical measures, medical check-up of patients and healthy people
- D. emergency
- E. optimization of lifestyle and improving of socio-economic conditions

17. The term «population health» is:

- A. State of the human body which is able to perform their biological and social functions
- B. State of the human body with balanced all its functions with the behavior
- C. a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity

D. conditional statistical notion which is characterized by a set of demographic indices of morbidity, disability and physical development, frequency to lymphoma states.

E. the range of biological processes fluctuations which keep the optimal body function

18. The purpose of health insurance is:

A. ensuring citizens in the event of an insurance case to health care due to the accumulated funds and funding for prevention measures

B. control the volume and quality of medical insurance program by the social institutions

C. calculation with medical, social institutions and private doctors for the work under the agreement through insurance funds

D. coverage that provides for the payments of benefits as a result of sickness or injury; it includes insurance for losses from accident, medical expense, disability, or accidental death and dismemberment

E. all of mentioned above

19. Who is the insurer?

A. an institution, an organization of municipal authorities which provide insurance beneficiary

B. a person covered by health insurance

C. legal organization that assumes the financial risk of health care costs to the insured

D. the functions for insurance activities

E. insured when he pays his premiums

20. The subjects of the health insurance system are:

A. Insurance organization, fund, health insurance;

B. insurer, policyholder, insured institution;

- C. system of health insurance does not have the subjects;
- D. institution, organization, local executive bodies;
- E. fund of health insurance

21. The main tasks of health insurance are:

- A. Ensuring public health care due to the accumulated funds and financing preventive measures.
- B. Payment for the work of social institutions, healthcare facilities and private doctors.
- C. Interaction between organization and financing of insurance programs that provide medical care
- D. control under volume and quality of medical insurance programs curative institutions and individual doctors.
- E. All of these tasks.

22. For the mandatory health insurance is typical:

- A. Commercial character
- B. Private insurance
- C. Determination of rules of insurance by the insurance companies.
- D. Setting rates for insurance by state approved method.
- E. Profit for any commercial or non-commercial activities.

23. For voluntary health insurance is typical:

- A. The noncommercial nature.
- B. Mandatory for all citizens.
- C. Implementation of state insurance companies.
- D. Establishment of insurance tariffs approved by a single state method.
- E. dependence of health care from some selected programs and insurance premiums.

24. Legal entity or individual that pays financial (insurance) rate and legally have a right to obtain money in case of accident:

- A. Insured
- B. Insurer
- C. Insured person
- D. Insurance agent
- E. Insurance broker.

25. Organization (legal entity) that realizes insurance, assumes a liability to indemnify and questions concerning creating and spending of insurance fund:

- A. Insured
- B. Insurer
- C. Insured person
- D. Insurance agent
- E. Insurance broker.

26. The individual, whose life, health and efficiency are the object of insurance security:

- A. Insured
- B. Insurer
- C. Insured person
- D. Insurance agent
- E. Insurance broker

27. Individual that makes an insurance treaty in the name of insurer for the commission compensation and who is a part-time servant.

- A. Insured
- B. Insurer
- C. Insured person
- D. Insurance agent
- E. Insurance broker

28. Insurer's fee for the insurance contract:

- A. Insurance premium
- B. Sum insured (insurance money)
- C. Underwriting rate
- D. Deductible
- E. All the above listed.

29. The damages which are not refundable:

- A. premium
- B. insurance amount
- C. insurance rate
- D. franchise
- E. all of mentioned above

30. Subject of health insurance:

- A. children
- B. working people
- C. unemployed of the working age
- D. pensioners
- E. all of mentioned above

31. The voluntary insurance are not accepted for the persons who are registered at:

- A. Narcological Dispensary
- B. psychiatric hospital
- C. tuberculosis dispensary
- D. sexually transmitted infections clinic
- E. all of mentioned above

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31					

III level. Write the answers to the following tasks:

Task 1. The algorithm for rehabilitation of patient with internal disease.

Task 2. The algorithm for smoking cessation for a general practitioner - family doctor.

Task 3. The algorithm of rehabilitation at the primary care level for diseases of the internal organs.

IV level. Fill in the patient record protocol as a general practitioner - family

doctor:

Name of the patient

Date of birth

Place of work

Complain

Medical history

Life history, family history, bad habits

Physical examination

Laboratory and instrumental examination

Syndromes

Modifiable risk factors

Non-modifiable risk factors

Diagnosis:

Rehabilitation program (patient's pathway):

1) In-hospital treatment

2) Resort treatment

3) Dispenserization:

a) preventive measures, lifestyle modification

б) check-up rate

в) check-up examination

Date _____

Signature _____

THE ASSESSMENT OF THE RISK FACTORS OF THE MAIN CHRONIC NON-EPIDEMIC DISEASES AND THE PREVENTIVE MEASURES ON THE BASIS OF SYNDROME APPROACH. THE NATIONAL PROGRAM FOR PREVENTION, DIAGNOSTICS AND TREATMENT OF MOST WIDESPREAD DISEASES. A ROLE OF FAMILY DOCTOR IN POPULARIZATION OF HEALTHY LIFE STYLE AND PROPHYLAXIS. THE DIETOTHERAPY. “THE HEALTH SCHOOL”.

I level. Answer the questions:

The connection between the the major risk factors for chronic non-epidemic diseases and the activity of the patients of working-age at the primary care level; the model of preventive behavior that requires different preventive programs:

Assessment of the risk factors is a first step in developing of preventive measures:

Classification of risk factors of diseases, their complications and exacerbation, correction of risk factors:

12 steps of a healthy diet:

The rational food for healthy and sick. The principles of rational nutrition:

The need of human in energy. The role of proteins, fats, carbohydrates, minerals, vitamins in a balanced diet:

Water, water schedule:

Four categories of lifestyle and their implications for human health:

The principles of "School of Health":

II level. Answer the tests:

1. The leading factors, which negatively impact on population health:
 - A. Medico-biological factors, life style and ethnic;
 - B. volume and quality of medical care, education, environment and medico-biological factors;
 - C. life style, medico-biological factors, environment, volume and quality of medical care;
 - D. volume and quality of medical care, medico-biological factors, environment;
 - E. environment, education, ethnic, life style.

2. What is a risk factor of morbidity or death?
 - A. the reason of diseases or death;
 - B. endo- or exogenous additional negative impact on organism, which promotes probability of disease onset or death;
 - C. level of specific antibodies in the blood serum and arterial hypertension;
 - D. life style, behavior;
 - E. behavior, psycho-emotional instability.

- 3 The risk factors of atherosclerosis are:
 - A. life style
 - B. smoking
 - C. excessive body mass
 - D. hyperhomocysteinemia
 - E. options A, B.

4. The non-medical methods for lowering blood pressure include:
 - A. smoking cessation
 - B. The normalization of body mass
 - C. Reduction of salt intake

- D. Increasing physical activity
 - E. All of mentioned above
5. The risk factor of nosocomial pneumonia is:
- A. mechanical ventilation.
 - B. diabetes mellitus
 - C. Early activation of patient in the postoperative period.
 - D. old age
 - E. anything is right except B.
6. In a healthy person the level of total cholesterol should be:
- A. Less than 4.5 mmol/L.
 - B. Less than 5.0 mmol/L.
 - C. Less than 6.0 mmol/L.
 - D. Less than 4.0 mmol/L.
 - E. Less than 6.5 mmol/L.
7. When the prevention of atherosclerosis should be started?
- A. junior school.
 - B. Primary school.
 - C. Adolescence.
 - D. After 40 years old
 - E. after 50 years old
8. A vitamin with cancer-protective action is:
- A. Thiamine
 - B. B12
 - C. Biotin
 - D. Beta-retinol and C
 - E. vitamin E

9. Diarrhea, caused by the lactose deficiency appears after eating:
- A. mushrooms
 - B. Milk
 - C. Tea
 - D. Fat food
 - E. wheat bread
10. Fish protein contains:
- A. All essential amino acids
 - B. Only non-essential amino acids
 - C. The essential and non-essential amino acids
 - D. all essential animal protein
 - E. the complex of proteins and amino acids
11. Endogenous risk factors of diseases include:
- A. The level of specific antibodies in serum and arterial hypertension.
 - B. Lifestyle, behavior
 - C. Age.
 - D. Gender.
 - E. Heredity.
12. Exogenous risk factors of diseases include:
- A. psycho-emotional instability.
 - B. Climate, lifestyle.
 - C. Lifestyle, behavior
 - D. The level of non-specific antibodies.
 - E. The behavior, the level of non-specific antibodies.

13. Patients with isolated systolic hypertension should be attributed to the group with:

- A. Low risk of cardiovascular complications
- B. Moderate risk of cardiovascular complications
- C. High risk of cardiovascular complications
- D. no risk of cardiovascular complications
- E. risk of cerebrovascular complications

14. Patient P. of 60 years old had CHD, angina pectoris FC II, cardiosclerosis, HF II A. Takes prolonged action nitrates, antiplatelet agents. Assign a diet (diet by Pevsner) for this patient:

- A. diet № 5.
- B. diet № 10.
- C. diet № 7.
- D. diet №.
- E. diet № 9.

15. When cardiovascular risk should be assessed?

- A. If the patient asks for it.
- B. The patient is middle-aged smoker, obesity, especially abdominal.
- C. The presence of one of the factors: high blood pressure, high glucose level or high cholesterol level.
- D. The presence of symptoms of cardiovascular disease.
- E. All of the above listed.

16. Recommendations for physical activity:

- A. 30 min of moderate physical activity every day
- B. 20 min of moderate physical activity every day
- C. Running 15- 20 min every day
- D. Swimming in the pool

E. walking 60 min every day

17. SCORE Scale includes the following risk factors:

- A. The systolic blood pressure, cholesterol level, age, smoking, sex.
- B. The diastolic blood pressure, cholesterol level, age, smoking, sex.
- C. The blood pressure, blood glucose, total cholesterol level, age, smoking, sex.
- D. The blood pressure, age, smoking, sex, body weight, physical activity.
- E. The blood pressure, age, smoking

18. Elderly patients with peptic ulcer should reduce the consumption of:

- A. animal fats.
- B. vegetable fats.
- C. fish.
- D. vegetables.
- E. fruits

19. What is the basic action of omega-3 fatty acids?

- A. Reducing inflammation.
- B. Reducing platelet aggregation.
- C. Improving microcirculation.
- D. All of the above.
- E. None of the above.

20. Vitamin E does not affect on:

- A. Regulation of lipid peroxidation.
- B. regulation of reproductive function.
- C. membrane's stabilization.
- D. phosphorus-calcium metabolism.
- E. None of the above.

21. The endogenous risk factors of diseases are:

- A. level of specific antibodies in the blood serum and arterial hypertension
- B. life style, behavior
- C. age
- D. sex
- E. heredity

22. The exogenous risk factors of diseases are:

- A. Psychological instability;
- B. climate, life style;
- C. life style, behavior;
- D. non-specific antibodies level;
- E. behavior, level of non-specific antibodies.

23. The patients with isolated systolic arterial hypertension is attributed to the group:

- A. low risk of cardiovascular complications;
- B. the moderate risk of cardiovascular complications;
- C. the high risk of cardiovascular complications;
- D. no risk of cardiovascular complications
- E. neoplasm risk

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23							

III level. Write the answers to the following tasks:

Task 1. The patient of 60 years old had coronary artery disease, myocardial infarction; general cholesterol level 6.8 mmol/L, LDL level 4.5 mmol/L, blood pressure 130/80 mmHg; smoking; waist circumference of 110 cm; low physical activity (once a week one hour walking); he eats fatty and fried foods, white bread, vegetables, fruit.

1. Perform cardiovascular risk stratification.
2. Give recommendations for lifestyle changes.
3. Prescribe medications.
4. Which is target cholesterol level?

Task 2. The man of 45 years old smokes 1 pack of cigarettes per day; his height is 175 cm, weight - 95 kg, waist circumference of 105 cm. Medical history: for 3 years increased blood pressure to 160/100 mmHg, takes medication regularly. His father had arterial hypertension at young age. Total cholesterol level - 5.8 mmol/l; meal - fatty meat, a lot of fat, potatoes, vegetables.

1. Stratify risk by SCORE scale.
2. The extra-risk stratification in hypertension.
3. Calculate BMI.
4. Recommendation for lifestyle changes.
5. Prescribe medications.
6. Which is target cholesterol level?

Task 3. Woman of 45 years old smokes, had blood pressure of 140/80 mmHg. Life history: her father died because of stroke at the age of 48 years. Her body mass was 75 kg, height - 165 cm, glucose level - 4.5 mmol/l, total cholesterol level - 5.5 mmol/L.

1. Calculate BMI.
2. Stratify risk by SCORE scale.
2. The extra-risk stratification in hypertension.
4. Recommendation for lifestyle changes.
5. Prescribe the medications.

Task 4. The man of 40 years old had routine medical check-up. Physical exam: weight 102 kg, height 175 cm, BP 130/80 mmHg, blood glucose level 6.0 mmol/L, total cholesterol level - 7.0 mmol/L, LDL level - 5.3 mmol/l, non-smoking.

1. Identify risk factors.
2. Assess overall risk.
3. Determine the relative risk.

4. Recommendations for lifestyle changes.

5. Which is target cholesterol level?

Task 5. Patient of 45 years old had diabetes mellitus 2 type. He took hypoglycemic agents; blood pressure 130/75 mmHg, weight 76 kg, height 165 cm, blood glucose level - 7,0 mmol/L, total cholesterol level - 5.5 mmol/L, VLDL level - 4,0 mmol/l, non-smoking.

1. Stratify overall risk.
2. Recommendations for lifestyle changes.
3. Which is target cholesterol level?

Task 6. Patient of 38 years old had no evidence of coronary artery disease and arterial hypertension. He was smoking, overweight. His father had a history of myocardial infarction at the age of 40. His diet had too much of animal fats. The physical exam: glucose level - 5.8 mmol/l, total cholesterol level - 5.2 mmol/l, LDL level - 3.5 mmol/l.

1. Stratify overall risk.

2. Stratify relative risk.
3. Stratify individual risk.
4. Recommendations for lifestyle changes.
5. Which is target cholesterol level?

IV level. Fill in the patient record protocol as a general practitioner - family doctor:

Name of the patient

Date of birth	Place of work
----------------------	----------------------

Complain

Medical history

Life history, family history, bad habits

Physical examination

Laboratory and instrumental examination

Syndromes

Modifiable risk factors

Non-modifiable risk factors

Diagnosis:

Rehabilitation program (patient's pathway):

1) In-hospital treatment

2) Resort treatment

3) Dispanserization:

a) preventive measures, lifestyle modification

б) check-up rate

в) check-up examination

Date _____

Signature _____

THE ORGANIZATION OF OUT-OF-HOSPITAL THERAPEUTIC HELP IN CASE OF THE MOST WIDE-SPREAD DISEASES. THE PRINCIPLES OF MEDICO-SOCIAL EXPERTISE. THE ORGANIZATION OF THE DAY HOSPITAL AND HOME CARE

I level . Answers the following questions:

Interaction between the family doctor and secondary, tertiary levels of medical care. Indications and contraindications for management of patients in out-patient settings:

Organization of treatment and diagnostic in day hospital, continuity and consistency of treatment and diagnostic with other departments and hospitals. Medical, social and economic efficiency of day hospital:

Main purposes, indications and contraindications for home care. Daily behavior of patients and complex treatment in home care:

The medical and social assessment of disability in the out-patient setting:

Application of the program for family management, considering the existing risk factors, assessment of psychological status and family health, prevention, early diagnosis, treatment and rehabilitation in identifying functional and organic therapeutic pathology:

II level . Answer the tests:

1. A primary medical help provides for:
 - A. treatment in the specialized departments;
 - B. treatment of the most widespread diseases;
 - C. patient admission to specialized and high-specialized medical settings;
 - D. diagnostic, hygienic education of population;
 - E. consultation of general practitioner, diagnostic nosis, and patient referral to treatment to specialized and high-specialized medical settings

2. What kinds of medical care the rural population received:

- A. pre-medical care;
- B. general medical and specialized;
- C. specialized and high-specialized;
- D. general medical;
- E. no correct answers.

3. What kind of morbidity is typical for group of high and long-being ill:

- A. general morbidity;
- B. acute infectious diseases;
- C. important non-epidemic morbidity;
- D. morbidity with the temporary disability;
- E. hospitalized morbidity.

4. The secondary medical care is:

- A. The appointment of patient for the specialized and high-specialized medical settings;
- B. diagnostic, hygienic education;
- C. consultation of general practitioner, diagnostic, appointment of patient for the specialized and high-specialized medical settings;
- D. subspecialty consultation, diagnosis and treatment by specialists;
- E. treatment of most widespread diseases.

5. Which indexes characterize morbidity with the temporary disability?

- A. absolute number of cases of temporary disability;
- B. absolute number of days of temporary disability;
- C. average duration of one case of temporary disability;
- D. primary morbidity;
- E. prevalence of diseases.

6. The tasks of tertiary medical help are:

- A. Making complex diagnosis and treatment of non-widespread diseases;
- B. prevention;
- C. the health centre system;
- D. diagnostic, hygienic education;
- E. treatment of most widespread diseases.

7. The patient has to be discharged from hospital. She received treatment because of hypertensive crisis. The patient worked as weaver of weaving factory. How you'll assess her disability?

- A. after out-patient treatment you'll recommend the change the job;
- B. you'll close the medical certificate and send her to work;
- C. you'll close the medical certificate and recommend the change the job;
- D. you'll continue the medical certificate for one month;
- E. after out-patient treatment you'll recommend to re-start work.

8. The patient with disability was under long-term follow-up by family doctor. Who will appoint the patient to medico-social commission of expert?

- A. Head of out-patient department;
- B. the medical advisory commission;
- C. the specialist;
- D. family doctor;
- E. Head of hospital.

9. In rural out-patient's clinic only one doctor worked. The mechanizator was treated in this out-patient's clinic. For what term the doctor can give out the medical certificate?

- A. Maximum for 30 days with following appointment to medical advisory commission;
- B. for all period of temporary disability;

- C. Maximum for 6 days with following appointment to medical advisory commission;
- D. Maximum for 10 days with following appointment to medical advisory commission;
- E. Maximum for 14 days with following appointment to medical advisory commission.

10. The worker of private firm had acute respiratory viral infection. He was appointed to the family doctor, who had established the fact of temporary disability. However, the FD refused to give out the medical certificate, because a patient worked in a private firm. Should the doctor give out medical certificate to the worker in this situation?

- A. Yes, to give out regardless of ownership;
- B. no, to give out only to the workers of public institutions;
- C. no, to give out only in the case of temporary disability;
- D. Yes, to give out if there are guarantee for payment of firm owner;
- E. any document was given out.

11. The 37 years old patient had steady pain in the right epigastric area, with back radiation, nausea, and vomiting. Medical history: gastric ulcer during 15 years, self-treated irregularly. Physical exam: pale, wet skin; furred tongue, wooden abdomen, painful palpation in pyloroduodenic area, "+" Mendel's, Obrazcov's symptoms. General blood count: neutrophilic leukocytosis, erythrocyte sedimentation rate 28 mm/h. Negative Gregersen's reaction. X-ray: the stratified niche 0,8x1,2 cm with inflammatory wall (7 mm) in duodenal cap. The management program for this patient includes:

- A. daily hospital treatment
- B. planned admission in therapeutic department
- C. urgent admission in surgical department
- D. planned admission surgical department

E. out-patient treatment

12. The man did not have complains. The regular medical check was performed. Physical exam: pale skin; cardiac border: rights - on the right edge of breastbone, upper - overhead edge of III rib, left - 1 cm to the left from medioclavicularis line; muffled I heart sounds under apex, II heart sounds accent in II left intercostal space; systolic murmur under apex which was spred in the axillary area. Which examination should be performed first of all?

- A. biochemical blood tests for determination of rheumatism activity
- B. biochemical blood tests for determination of rheumatism activity and Echo-CG
- C. ECG and Echo-CG
- D. chest X-ray, ECG and Echo-CG
- E. sounding of heart cavities

13. The man did not have complains. The regular medical check was performed. Physical exam: pale skin; cardiac border: rights - on the right edge of breastbone, upper - overhead edge of III rib, left - 1 cm to the left from medioclavicularis line; muffled I heart sounds under apex, II heart sounds accent in II left intercostal space; systolic murmur under apex which was spred in the axillary area. What will be management plan for this patient?

- A. secondary prophylaxis
- B. the seasonal treatment
- C. the surgical correction of heart defect
- D. dynamic supervision
- E. bycilin-5 once a month during one year

14. The patient of 25 years old appealed to the family doctor. He had pain and swelling of right knee and interphalangeal joints of right foot, body temperature 37,8 C. He was ill for 2 weeks. He was treated because of urethral mucous-festering

excretions, periodically feeling of "sand in eyes". Physical exam: body temperature 37,3 C, psoriatic eruption for 5 mm per diameter on skin, hyperemic conjunctiva, scleras injection; the limits of heart was not changed, normal heart sounds, systolic "cliques" under apex; deformation of right knee-joint and interphalangeal joints of right foot. What will be management plan for this patient?

- A. treatment by dermatovenereologist
- B. admission to rheumatological/therapeutic hospital
- C. out-patient treatment
- D. daily hospital treatment
- E. home care

15. The patient of 25 years old appealed to the family doctor. He had pain and swelling of right knee and interphalangeal joints of right foot, body temperature 37,8 C. He was ill for 2 weeks. He was treated because of urethral mucous-festering excretions, periodically feeling of "sand in eyes". Physical exam: body temperature 37,3 C, psoriatic eruption for 5 mm per diameter on skin, hyperemic conjunctiva, scleras injection; the limits of heart was not changed, normal heart sounds, systolic "cliques" under apex; deformation of right knee-joint and interphalangeal joints of right foot. What will be treatment plan for this patient?

- A. meloxicam 15 mg once a day
- B. azitromicin 1 g oral, meloxicam 15 mg once a day
- C. prednizolon 30 mg once a day
- D. penicillin 3 millions once a day intramuscular, celecoxib 400 mg once a day
- E. treatment of psoriasis according to recommendations of dermatovenereologist, celecoxib 400 mg once a day

16. For stable angina pectoris is typical such symptom:

- A. squeezing pain
- B. retrosternal pain
- C. efficiency to nitroglycerine

- D. radiation of pain
- E. normal ECG during attack and after physical loading
- F. vertigo

17. The patient of 55 years old had myocardial infarction few years ago. He has increasing of BP to 160/100 mmHg. No family history of arterial hypertension. Which medicine you will prescribe?

- A. β -adrenoblocker
- B. diuretics
- C. ACE inhibitors
- D. direct action vasodilators
- E. ACE inhibitors or β -adrenoblocker

18. The diagnostic criteria of II A stage of heart failure, left-sided type:

- A. high BP
- B. acute peripheral swelling (transit)
- C. tachicardia in a state of rest
- D. decompensation of systemic circulation
- E. decompensation of pulmonary circulation

19. Which forms of chronic glomerulonephritis require heparin prescription?

- A. with urinary syndrome, progressive course
- B. with hematuria syndrome
- C. with nephrotic syndrome
- D. with nephrotic syndrome, stage of chronic renal failure
- E. with urinary syndrome, stage of chronic renal failure
- F. all answers are correct, except B.

20. The principles of treatment of the secondary chronic pyelonephritis include all, except:

- A. renewal and normalization of urinary passage
- B. diuretics
- C. immunomodulators
- D. glucocorticoids
- E. all of mentioned above

21. Which indexes are used for monitoring and assessment of severity of asthma:

- A. OFV1 - volume of air, which fizzes out at the forced exhalation for the first second after complete inhalation
- B. MPV - index of maximal stream which is formed in times of the forced exhalation
- C. VCL - a vital capacity of lungs
- D. FVCL - the forced vital capacity of lungs
- E. all of mentioned above

22. As a result of fever and indisposition the office worker did not start to work. He called for family doctor. When the doctor can give out the medical certificate?

- A. on the basis of conclusion of medical-consultative commission;
- B. in the case of record in "Recording book of doctors home visit";
- C. after the examination of patient by a treating doctor;
- D. on the basis of blood tests and urinalysis, X-ray
- E. after complex medical check-up

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22						

III level. Fill (written) the answers for the tasks:

Task 1. The man of 45 years old had arterial hypertension, II stage, 2 degree, moderate risk. Plan the out-patient management for him.

Task 2. The woman of 65 years old had permanent atrial fibrillation, HF I, FC II. Plan the out-patient management for her.

Task 3. The man of 55 years old had diabetes mellitus 2 type, moderate, subcompensation stage. Plan the out-patient management for him.

Task 4. The man of 30 years old had chronic non-atrophic gastritis, association with H. pylori. Plan the out-patient management for him.

Task 5. The smoking man of 48 years old had chronic obstructive pulmonary disease, II stage. Plan the out-patient management for him.

Task 6. The woman of 25 years old had secondary chronic pyelonephritis, latent course, pre-hypertensive stage. Plan the out-patient management for her.

IV level. Fill in the patient record protocol as a general practitioner - family doctor:

Name of the patient

Date of birth

Place of work

Complain

Medical history

Life history, family history, bad habits

Physical examination

Laboratory and instrumental examination

Syndromes

Modifiable risk factors

Non-modifiable risk factors

Diagnosis:

Rehabilitation program (patient's pathway):

1) In-hospital treatment

2) Resort treatment

3) Dispenserization:

a) preventive measures, lifestyle modification

б) check-up rate

в) check-up examination

Date _____

Signature _____

**The questions for final module control
for students of 6th studying year of international faculty,
discipline «General practice – family medicine»**

1. The subject and tasks of family medicine History of development. The main development perspectives.
2. The structure of primary health care.
3. The scope of practice of family doctor.
4. The principles of work of family doctor.
5. The organization of work of family doctor.
6. The functions of family doctor.
7. The deontology and ethics in the practice of family doctor.
8. The medico-social problems of family.
9. The models of insurance medicine in the world.
11. The informatics support of work of family doctor.
12. The telemedicine in the practice of family doctor.
13. The main principles of evidence based medicine.
14. The notion of health, disease.
15. The clinical syndroms in the practice of family doctor.
16. The principles of health promotion.
17. The classification of risk factors.
18. The prevention, dispensarization.
19. The indications and contraindications for out-patient treatment.
20. Advantages of care in daily hospitals.
21. The recommendations for home treatments.
22. The medico-social expertise in the practice of family doctor.
23. The Genealogical trees” of family.
24. The preventive program for family.
25. The pre-hospital emergency in the practice of family doctor.
26. The reasons of heart arrest and respiratory standstill.

27. The pre-hospital emergency in the case of heart arrest.
28. The pre-hospital emergency in the case of respiratory standstill.
29. The types of arrhythmias, the emergency.
30. The types of hypertensive crisis, the emergency.
31. The pre-hospital emergency in the case of acute coronary syndrome.
32. The classification of seizure.
33. The emergency in the case of generalized and focal seizure.
34. The reasons of loss of consciousness, the emergency.
35. The pre-hospital emergency in the case of bronchoobstructive syndrome.
36. The emergency in the case of insect stings and animal bites.
37. The emergency in the case of electrical injury.
38. The emergency in the case of drowning.
39. The emergency in the case of overheating and hypothermia.
40. The principles of “The health school”.
41. The principles of healthy food.
42. The principles of rehabilitation; medical rehabilitation, types and stages.
43. The classification of resort settings, recommendations for treatment.

**The list of practical skills
for students of 6th studying year of international faculty,
discipline «General practice – family medicine»**

1. The assessment of health, the early diagnostics of diseases.
2. The treatment of patients in out-patients settings.
3. The diagnostics of symptoms and syndromes during first contact with patient.
4. The skill of medical, epidemiological, life and insurance history description.
5. The workup: overview, palpation, percussion, auscultation.
6. The differential diagnosis.
7. The laboratory, instrumental examinations. The rules of examinations. The interpretation of blood tests, urinalysis, feces, sputum, cerebrospinal fluid, acid-base balance, functional tests of cardiovascular, pulmonary, digestive systems, liver, kidney, x-ray and ultrasound examination.
8. The clinical diagnosis formulation, management plan.
9. The treatment of patient: medicine, surgical. The indication for hospital admission. The organization of home treatment. The organization of rehabilitation.
10. The preventive work, analysis of effectiveness of dispensarization.
11. The hygienical education, the healthy life style.
12. The vaccination.
13. The recording documents of family doctor.
14. The communication with patient and his family.
15. The analysis of dispensarization.
16. The analysis of automatic dispensarization data.
17. The analysis of telemetric observation by functional tests of cardiovascular system (arrhythmias, ischemic heart disease, arterial hypertension).
18. The out-patient management plan in the case of widespread cardiovascular diseases.
19. The out-patient management plan in the case of widespread pulmonary diseases.

20. The out-patient management plan in the case of widespread gastrointestinal diseases.
21. The out-patient management plan in the case of widespread urinary diseases.
22. The out-patient management plan in the case of widespread musculoskeletal diseases.
23. The out-patient management plan in the case of widespread diseases of blood – anemias.
24. The interrelation of the family doctor with secondary and tertiary health care.
25. The expertise of disability.
26. The plan of preventive measure for patient and family.
27. The healthy life style, health school.
28. The emergency in the case of some syndromes in the practice of family doctor.

RECOMMENDED LITERATURE

Basic

1. Mykhailovska N.S., Gritsay G.V. Principles of family medicine. Content module 1, 2. The textbook for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine»), approved by the Scientific Council of Zaporozhye State Medical University (prot. № 4 dated February 26th, 2015). - Zaporozhye.- 2015.-138p.

2. Mykhailovska N.S., Gritsay G.V. Emergency in the practice of family doctor. Content module 3. The textbook for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine»), approved by the Scientific Council of Zaporozhye State Medical University (prot. № 4 dated February 26th, 2015). - Zaporozhye.- 2015.-164p.

3. Mykhailovska N.S., Gritsay G.V., Kulinich T.O. The basis of family medicine 3. Compilation of tests for final knowledge control for VI year students of medical faculty on the program of discipline: “General practice – family medicine” topical module 1, 2, 3 (approved by the Central Methodical Council of Zaporozhye State Medical University (prot. № 3 dated February 13th, 2014). – Zaporozhye.- 2014.-72p.

4. Mykhailovska N.S., Gritsay G.V. Medical care in the case of chronic pain in the practice of family doctor / general practitioner. The textbook for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine»), approved by the Scientific Council of Zaporozhye State Medical University (prot. № 3 dated October 21st, 2014). - Zaporozhye.- 2014.-146p.

5. Mykhailovska N.S., Gritsay G.V. Syncope. Cardiovascular collapse, cardiac arrest, and sudden cardiac death. Seizure in practice of family doctor. The teaching textbook for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine»), approved by MoH of Ukraine (prot. № 4 protocol № 4, the 16th of December 2015). - Zaporozhye.- 2015.-175p.

6. Mykhailovska N.S., Gritsay G.V. The basis of prophylaxis of widespread diseases in the practice of family doctor. The teaching textbook for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine»), approved by Central Methodical Council of Zaporozhye State

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7. Family medicine / Ian R. McWhinney, Thomas Freeman. Oxford, third edition, 2009. – 460 p.

8. Practical General Practice: guidelines for effective clinical management / Alex Khot, Andrew Polmear. Fourth edition, 2003. – 507 p.

9. Family medicine: ambulatory care and prevention / Mark B. Mengel, L. Peter Schwiebert. Fifth edition, 2009. – 879 p.

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11. General Practice / John Muntagn. Oxford, fifth edition, 2011. – 1535p.

12. Davidson's Principles and Practice of Medicine / Nikki R. Colledge, Brian R. Walker, Stuart H. Ralston. 21st edition, 2010. – 1376 p.

13. Harrison's Principles of Internal Medicine / Dennis Kasper, Anthony Fauci, Stephen Hauser, Dan Longo, Joseph Loscalzo, J. Jameson. 18th edition, 2011. – 4012p.

Additional

1. First Exposure to Internal Medicine: Hospital Medicine / Charles H. Griffith, Andrew R. Hoellein. Lange, 2007. – 384 p.

2. Differential Diagnosis in Internal Medicine: From Symptom to Diagnosis / Walter Siegenthaler. Thieme Medical Publishers; 1 edition, 2007. – 1140 p.

3. Textbook of Gastroenterology, 2 Vol. / Tadataka Yamada), David H. Alpers, Loren Laine, Neil Kaplowitz, Chung Owyang, Don W. Powell. Lippincott Williams & Wilkins; Fourth edition, 2003. – 3478 p.

4. Murray and Nadel's Textbook of Respiratory Medicine: 2-Volume / Robert J. Mason, V. Courtney Broaddus, Thomas Martin, Talmadge King Jr., Dean Schraufnagel, John F. Murray, Jay A. Nadel. Saunders, 5th edition, 2010. – 2400 p.

5. Williams Textbook of Endocrinology / Shlomo Melmed, Kenneth S. Polonsky, P. Reed, Henry M. Kronenberg. Saunders, 12th edition, 2011. – 1920 p.

6. Williams Hematology / Kenneth Kaushansky, Marshall Lichtman, E. Beutler, Thomas Kipps, Josef Prchal, Uri Seligsohn. 8th edition, 2010. – 2460 p.