



Universitat de Lleida

## DEGREE CURRICULUM **FAMILY MEDICINE**

Coordination: PEÑASCAL PUJOL, EDUARDO JOSE

Academic year 2023-24

## Subject's general information

Subject name	FAMILY MEDICINE			
Code	100547			
Semester	PRIMER QUADRIMESTRE			
Typology	Degree	Course	Character	Modality
	Bachelor's Degree in Medicine	6	COMPULSORY	Attendance-based
Course number of credits (ECTS)	6			
Type of activity, credits, and groups	Activity type	PRACLIN		
	Number of credits	6		
	Number of groups	1		
Coordination	PEÑASCAL PUJOL, EDUARDO JOSE			
Department	MEDICINE AND SURGERY			
Important information on data processing	Consult <a href="#">this link</a> for more information.			

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## Learning objectives

Knowing how to carry out a clinical interview useful for effective communication with the patient.

I will understand how the social determinants of health and living conditions influence the way of illness

Observe and understand the direct linkage of health problems presented by citizens with their own experience through narrative

I will understand the point of view of the patients on the health/malaise process, both with a patient-centred clinical work.

Knowing how to solve problems and conflicts, in a framework of uncertainty, using ones adequate for a correct press of decisions, (raonament clinical and the knowledge of Clinical Epidemiology).

Knowing how to compile the information according to the methodology and the information systems of Primary Care.

Knowing how to identify and understand the management of acute pathologies most prevalent in the community.

Knowing how to clinically manage the common problems inherent to the patient with chronic pathology, in the community context.

I will learn how to integrate prevention and education into the daily clinical practice of the family meeting.

To deepen in l'exercici d'learn to learn in the work of every day.

Learn about and know how to apply oriented work methods to evidence-based medicine.

I will learn and know how to work in a framework that guarantees the safety of the patient and the ethical principles to be able to donate responses to the social contract

Know how to apply and integrate the principle of work in the care of the family and the community in the care of people.

Get to know each other and participate in teamwork tasks.

I will learn to integrate teaching and research into care work and to donate feedback to continuous professional development

## Competences

Related to specific aspects of family medicine.

45.- Recognize the need to maintain professional competence.

46.- Knowing how to approach professional practice respecting the autonomy of the patient, his beliefs and his culture.

51. Planning, programming and evaluation of health programs.

53. Evaluation of the quality of care and safety strategies in patients.

58. Know the economic and social implications of medical action, considering criteria of effectiveness and efficiency.

75.- Know the aspects of communication with patients, family members and their social environment, clinical relationship models, interviews, non-verbal communication and interference.

76.- Giving bad news

13. Family and community medicine: vital environment of the sick person, health promotion in the family and community environment

Other competences that are not of the subject, but are of the degree

160 Pre-professional internships, in the form of an independent clinical roundtable and with a final evaluation of competencies, in Health Centers, Hospitals and other care centers and that allows the incorporation of professional values, care communication skills, clinical reasoning, clinical management and judgment critical, as well as attention to the most prevalent health problems in the areas of Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Psychiatry and other clinical areas.

GC20. Acquire adequate clinical experience in hospitals, health centers or other health institutions, under supervision.

GC36. Acquire basic training for research activity.

40. Being able to write legal medical documents.

77.- Write stories, reports, instructions and other records in an understandable way for patients, relatives and other professionals.

78.- Make a public presentation, oral and written, of scientific papers and/or professional reports

157. Write medical prescriptions correctly, adapted to the situation of each patient and to legal requirements

Typical of the family and community medicine specialty

<http://medicina-familiar-y-comunitaria.blogspot.com/2015/10/>

## Subject contents

Learn to carry out a clinical interview in the context of a consultation in a primary care assistance unit

Assistance to family medicine consultations in health centers.

Assistance to patients with acute pathology, during consultation or continuous care.

Assistance to patients with chronic pathologies within the framework of comorbidity and polypharmacy

Assistance done at home: for patients with handicapping, fragile or end-of-life diseases.

Know and know how to apply instrumental techniques (minor surgery, wound care, sutures, bandages/immobilizations, injectables)

Know how to read and interpret simple radiology, ECG, spirometry, Doppler, FAST Ultrasounds, ABPM, Dermatoscopic, know how to integrate imaging tests in clinical practice and decision making

Participate in clinical sessions and other training activities

Actively participate in at least one activity related to the field of research

Participate in at least one team/workgroup meeting

Know the simple management of the information system: in Catalonia the ecap.

Participate in work with other professionals from the center.

Participate in at least one community activity and/or carry out a task related to family care (genogram, ecomap, home map, observe a family interview)

## Methodology

- 1- Observational (practice some structured observation of clinical practice)
- 2.- Role play of standard situations
- 3.- Simulations with mannequins, other trained professionals, media or with audiovisual products, office automation
- 4.- Carry out some reflective practice and/or Critical Incidents (it is recommended to prepare a reflective diary of the experiences lived during the rotation)
- 5.- Bibliographic search with a critical reading based on real lived clinical cases
- 6.- Actively participate in conducting clinical interviews.
- 7.- Interviews and feedback with the tutor and with residents.
- 8.- Video recordings: of the consultation, or in role-plays.
- 9.- Personal study (see recommended bibliography)
- 10.- Prepare and present a clinical session
- 11.- Participate in the community or research activities of the center

## Development plan

The rotation lasts for one month.

Each center must have a reception plan and a schedule of activities with the methodology and the professionals that will participate.

Respecting the activities that the center already has included in its teaching plan, we propose the following general schedule

The student will dedicate the first week to getting to know the environment and the professionals (neighborhood, center, resources, professionals, roles, organization and management of the work of the tutor and the center itself).

During the second and third weeks, he will actively participate in the consultation and the joint addresses, always with a tutor, he will practice techniques (from anamnesis to the instrumental ones, always guaranteeing the confidentiality and safety of the patients and of the student himself), he will prepare at least a clinical session and optimally some research work, and will intervene in non-care activities (community, training and research).

The fourth week presentation of the session and if appropriate of the research work

They will also carry out the final evaluation with the tutor's feedback and a reflective practice. also with feed back

It will end with a reflective practice on what he has experienced and learned during his rotation, which must be shared with the tutor.

In the event that the center, for organizational reasons due to the pandemic, cannot guarantee any of the activities that are a mandatory part of the rotation, we propose the following alternatives

Regarding the clinical session, the student will also prepare a session and share it with the tutor, live or online and, once evaluated by both, they can share it with the rest of the team, by video conference or by email (section clinical session)

Regarding community activities, the student will make a report on those activities that have been carried out in the health center, related to the community, during the last two years (objectives, methodology, if satisfaction or impact have been evaluated) incorporating an analysis of the student (community activity section)

Regarding the research activities, the student will carry out a bibliographic search on the topic they choose, with the agreement of the tutor, they will comment on it and they will be able to share it with the rest of the team, by email or in a session. An alternative could be to carry out an analysis of the research work that has been done in the CAP in the last three years and share it with the tutor. (Investigation section)

All these activities will be evaluated by the tutors themselves and incorporated into the final evaluation, in the same section of the evaluation sheet.