



Univerza v Mariboru

Medicinska fakulteta

UČNI NAČRT PREDMETA / COURSE SYLLABUS

Ime predmeta:	Družinska medicina II
Course title:	Family medicine II

Študijski program in stopnja Study programme and cycle	Študijska smer Study option	Letnik Year of study	Semester Semester
Splošna medicina, enovit magistrski študijski program		Šesti	11.
General medicine, Uniform master's degree study program		Sixth	11th

Vrsta predmeta (obvezni ali izbirni) /
Course type (compulsory or elective)

obvezni

compulsory

Univerzitetna koda predmeta / University course code:

Predavanja Lectures	Seminar Seminar	Vaje Tutorial	Klinične vaje Clinical training	Druge oblike študija Other forms of study	Samost. delo Individual work	ECTS
	30	AV LV RV		120 (praktikum)	90	8

Nosilec predmeta / Course coordinator:

izr. prof. dr. Zalika Klemenc Ketiš

izr. prof. dr. Ksenija Tušek Bunc (sonosilka)

Jeziki /Languages:

Predavanja / Lectures:

slovenski/slovene

Vaje / Tutorial:

slovenski/slovene

Pogoji za vključitev v delo oz. za opravljanje študijskih obveznosti:

Prerequisites for enrolling in the course or for performing study obligations:

Vsebina (kratek pregled učnega načrta):

Vsebina predmeta:

- uporaba kliničnega znanja, apliciranega na probleme prvega stika z bolnikom,
- zgodnje prepoznavanje bolezni,

Content (syllabus outline):

The content of the curricula:

- application of clinical knowledge in the first contact settings,
- early detection of the diseases,

– vodenje primarne, sekundarne in terciarne preventive, – vodenje bolnika z najpogostejšimi kroničnimi boleznimi, – obravnava najpogostejših zdravstvenih težav v družinski medicini, – vzpostavitev in vzdrževanje trajnih odnosov med bolnikom in zdravnikom, – izvajanja zdravstvene dejavnosti v družinski medicini, – motivacija bolnika za zdravljenje, – profesionalizem, – pravno-etična vprašanja, – paliativna medicina, – nasilje.	– primary, secondary, tertiary prevention, – chronic disease management, – management of the most frequently appearing health care problems in family practice, – physician patient relationship, – primary care skills, – patient motivation for treatment, – professionalism, – ethical questions, – palliative medicine, – family violence.
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Temeljni literatura in viri / Reading materials:

Temeljni viri: – Klemenc-Ketiš Z, ur. Praktikum družinske medicine. 2. izdaja. Maribor: Medicinska fakulteta Univerze v Mariboru, 2011. – Švab I, Rotar Pavlič D. Družinska medicina. Ljubljana: Združenje zdravnikov družinske medicine SZD; 2012. Dodatna literatura: – Ivetič V, ur. Navodila za predmet Družinska medicina II. Maribor: Medicinska fakulteta UM; 2018. – Kersnik J. Osnove družinske medicine. Maribor: Medicinska fakulteta Univerze v Mariboru, 2007. – Predavanja – Accetto R, et al. Slovenske smernice za obravnavo hipertenzije 2013. Zdrav Vestn 2014; 83: 727–58. – Šatej N, et al. Obvladovanje sladkorne bolezni tip 2 v družinski medicini. – Kersnik J, Car J. Obravnava kronične bolečine v križu v družinski medicini. Zdrav Var 2005; 44: 193-198 – Lindič J. Okužbe sečil. Krka Med Farm 2003; 24: Supl 1: 11-62. – Žvab B, et al. Slovenske smernice za obravnavo migrene. 2006. – Kocjan T, et al. Smernice za odkrivanje in zdravljenje osteoporoze. Zdrav Vestn 2013; 82: 207-17. – Mušič E, et al. Priporočila za obravnavo zunajbolnišnične pljučnice. Zdrav Vestn 2010; 79: 245-64. – Kmetec A, et al. Smernice za diagnostiko, spremljanje in zdravljenje moških z BHP. Ljubljana: Društvo za zdrava sečila; 2010. – Mazej B, et al. Umirajoči bolnik in zdravnik družinske medicine. Med Razgl 2008; 47: 403-10. – Klemenc-Ketiš Z, ur. Profesionalizem. Ljubljana: Družinska medicina; 2011.	
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Cilji in kompetence:

Ob koncu predmeta bo študent – razložil primarno, sekundarno, terciarno in kvartarno preventivo, – opisal dejavnike tveganja pri posameznih boleznih, – razložil populacijski pristop, – opisal usmerjene intervencije, – razpravljaj o etičnih dilemah preventive, – opisal preventivne programe v Sloveniji, – opisal preventivne programe v družinski medicini,	
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Objectives and competences:

At the end of the subject the student will – explain primary, secondary, tertiary and quarter prevention, – describe the risk factors of some diseases, – explain a population approach, – describe directed interventions, – discuss about ethical dilemmas of prevention, – describe preventive programs in Slovenia, – describe preventive programs in family practice, – describe national preventive programs in Slovenia,	
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– opisal nacionalne preventivne programe v Sloveniji, – razložil zdravnikovo delo v skupnosti, – poznal, s kom in kako lahko v skupnosti zdravnik družinske medicine sodeluje, – opisal vključenost zdravnika družinske medicine v zdravstveno oskrbo lokalne skupnosti, – opisal obravnavo marginalnih skupin, – definiral motivacijo bolnika za zdravljenje, – razložil pomen motivacije bolnika za zdravljenje, – opisal proces spreminjanja življenjskih navad, – opisal lastnosti dobrega terapevta za motivacijo bolnikov, – razpravljal o posameznih obdobjih procesa spreminjanja življenjskih navad, – opisal motivacijski intervju, – uporabil motivacijski intervju, – razložil pristop k bolniku z novimi zdravstvenimi težavami, – opisal pogostost, verjetnost, možnost nevarnega poteka, – prepoznal nujna stanja, – opisal ABCDE pristop, – utemeljil ukrepanje pri nujnem stanju, – definiral nejasna stanja v družinski medicini, – poznal epidemiologijo nejasnih stanj v družinski medicini, – opisal obravnavo bolnikov z nejasnimi stanji, – uporabil načela sporazumevanja z bolniki z nejasnimi stanji v praksi, – razložil pomen racionalnega odločanja za diagnostične preiskave, – naštel merila za ustrezno napotitev na diagnostične preiskave, – opisal najpogostejše preiskave v družinski medicini, – vrednotil najpogostejše diagnostične preiskave v družinski medicini, – opisal načela vodenja bolnika s kroničnimi boleznimi v družinski medicini, – opisal elemente vodenja bolnika s kroničnimi boleznimi v družinski medicini, – opisal vrste pogledov na kronično bolezen, – razložil kompetence zdravnika družinske medicine pri vodenju bolnika s kroničnimi boleznimi v družinski medicini, – razpravljal o pomembnosti vključevanja bolnika v zdravljenje, – definiral bolnika kot partnerja v postopku zdravljenja,	– explain the work of physician in community, – know with whom and how a physician can collaborate in a community, – describe the involvement of a family physician in health care of a local community, – describe the management of marginal groups, – define motivation for treatment, – explain the meaning of motivation for treatment, – describe a process of life style changing, – describe the features of a good life style therapist, – discuss about the individual parts of a life style process, – describe a motivational interview, – use a motivational interview in patients, – explain an approach to a patient with new health problems, – describe prevalence, probability, dangerous flow of diseases, – recognize emergency situations, – describe ABCDE approach, – justify the management of patients with acute problems, – define medically unexplained symptoms (MNS), – know the epidemiology of MNS in family medicine, – describe the management of patients with MNS, – use the features of communication with patients with MNS, – explain the meaning of rational decision making for diagnostic procedures, – list the features of rational referrals to diagnostic procedures, – describe the most common diagnostic procedures in family medicine, – value the most common diagnostic procedures in family medicine, – describe the features of managing the patient with multiple diseases in family medicine, – describe different approaches to chronic disease, – explain the competencies of family physician in managing patients with chronic diseases in family medicine, – discuss about the importance of patient involvement in treatment, – define a patient as a partner in treatment process, – value the meaning of trust in a partnership, – perform an effective communication with patients, – describe the methods of self-treatment,
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– vrednotil pomen zaupnosti v partnerskem odnosu, – izvajal učinkovito sporazumevanje z bolnikom, – opisal metode samozdravljenja, – razložil, kako v zdravljenje vključimo starostnika, psihiatričnega bolnika in bolnika z medicinsko nepojasnjenimi stanji, – opisal problematiko sočasnih bolezni in stanj, – opisal sodelovanje z bolnikom, – opisal sporazumevanje z bolnikom s sočasnimi boleznimi in stanji, – razložil načine sporazumevanja z družino in s svojci, – razložil pomen racionalnega predpisovanja zdravil, – opisal posebnosti predpisovanja zdravil v družinski medicini, – opisal postopek racionalnega predpisovanja zdravil, – razpravljal o elementih neustreznega predpisovanja zdravil, – prepoznal težave pri predpisovanju zdravil, – vrednotil slabo kakovost predpisovanja zdravil, – razpravljal o polipragmaziji in medikalizaciji, – opisal postopek registracije zdravil in razvrščanja na liste, – naštel omejitve pri predpisovanju zdravil, – opisal možnosti fizikalne medicine in rehabilitacije v ambulantni družinske medicine, – naštel kontraindikacije za zdraviliško zdravljenje, – vrednotil pomen sodelovanja s kliničnimi specialisti in drugimi sodelavci, – opisal vloge članov tima, – razpravljal o uspešnem sodelovanju v timu, – opisal postopek razreševanja sporov v timu, – razložil vzroke za slabo sodelovanje s kliničnimi specialisti, – vrednotil vpliv dobrega sodelovanja s kliničnimi specialisti na oskrbo bolnika, – razložil metode za dobro sodelovanje s kliničnimi specialisti, – poznal pomen in možnosti domskega varstva, – razložil vlogo zdravnika družinske medicine v domski oskrbi, – opisal načela oskrbe težje bolnih bolnikov, – opisal zaplete in njihovo reševanje pri onkoloških bolnikih, – opisal oskrbo starostnikov, bolnikov po operacijah, – opisal načela paliativne oskrbe, – opisal oskrbo umirajočega bolnika, – razumel vlogo članov tima pri umirajočem bolniku, – naštel osnovne zakonske akte pri delu zdravnika,	– explain how to include elderly patients, psychiatric patients and patients with MNS in treatment, – describe the issue of polymorbidity, – describe cooperation with patient, – describe communication with polymorbid patients, – explain the different ways of communication with family and relatives, – explain the meaning of rational prescribing, – describe the features of rational prescribing in family medicine, – describe the process of rational prescribing, – discuss the elements of inappropriate prescribing, – recognize the problems with prescribing, – value low prescribing quality, – discuss about polypragmasy and medicalization, – describe the process of drug registration, – list the limitations in prescribing, – describe the possibilities of physical therapy and rehabilitation in family medicine, – list the contraindications for spa rehabilitation, – value the meaning of cooperation with clinical specialists and other members of a team, – describe the roles of team members, – argue about a successful teamwork, – describe the process of effective solving of disputes in a team, – explain the causes for bad cooperation with clinical specialists, – value the effect of a good cooperation with clinical specialists on patient care, – explain the methods for good cooperation with clinical specialists, – know the meaning and possibilities of institutional care, – explain the role of family physician in institutional care, – describe the features of very ill patients' management, – describe the complications of treatment of cancer patients and describe their management, – describe the management of elderly and patients after major surgeries, – describe the features of palliative care, – describe the features of the management of a dying patients, – understand the role of teamwork in dying patients, – list the basic legal acts in physician work, – describe the basic ethical principles in medicine,
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– opisal osnovna etična načela v medicini, – na primeru razložil etične dileme, – definiral profesionalizem v družinski medicini, – razložil elemente profesionalizma, – vrednotil pomen profesionalnega vedenja zdravnika, – vrednotil uporabo komplementarnih in alternativnih metod zdravljenja s strani bolnikov, – opisal načela sporazumevanja z bolnikom, ki se samozdravi, – razpravljaj o etičnih dilemah samozdravljenja, – opisal vrste nasilja v družini, – prepoznal nasilje pri bolnikih, – opisal ukrepe zdravnika ob nasilju, – razpravljaj o etičnih dilemah, povezanih z nasiljem, – opisal nove tehnologije v družinski medicini, – razpravljaj o etičnih dilemah uporabe sodobnih informacijskih tehnologij v družinski medicini, – izvedel merjenje krvnega tlaka, – prikazal uporabo pršilnika in PEF metra, – apliciral intramuskularno, subkutano in intravenozno injekcijo, – pregledal dojke, – izvedel digitorektalni pregled, – izpiral sluhovod, – pregledal oko, – odstranil tujek v roženici in veznici, – kateteriziral mehur pri moškem in pri ženski, – opisal shemo cepljenja proti tetanusu, – snemal in odčitaval EKG, – interpretiral laboratorijske izvide, – načrtoval analgetično zdravljenje pri umirajočem z rakavo bolečino, – ocenil SŽO, – ocenil kadijski in pivski status, – ocenil delovanje družine, – zapisal stik v zdravstveni karton, – obravnaval bolnike s pogostimi akutnimi in kroničnimi boleznimi v praksi.	– explain by the example ethical dilemmas, – define professionalism in family medicine, – explain the elements of professionalism, – value the meaning of professional behavior of physicians, – value the use of complementary and alternative methods by patients, – describe the features of communication with patient who performs self-treatment, – argue about ethical dilemmas of self-treatment, – describe the types of family violence, – recognize the presence of violence in patients, – describe the measures of physicians when faced with violence, – discuss about ethical dilemmas connected to violence, – describe new technologies in family medicine, – discuss about ethical dilemmas of the use of modern technologies in family medicine, – measure blood pressure, – show the use of spray and PEF meter, – apply intramuscular, subcutaneous and intravenous injection, – examine the breasts, – perform a digitorectal examination, – rinse the ear, – examine the eye, – remove a foreign body in the eye, – perform a urinary bladder catheterisation in women and in men, – describe the scheme of antitetanus vaccination, – record and interpret the ECG, – interpret laboratory findings, – plan the analgesic treatment on a dying patient with cancer pain, – assess CV risk, – assess family dynamics, – write a consultation to medical record, manage patients with common acute and chronic diseases in practice.
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Predvideni študijski rezultati:**Znanje in razumevanje:**

- preventive,
- obravnave pogostih akutnih in kroničnih bolezni v družinski medicini,

Intended learning outcomes:**Knowledge and understanding:**

- prevention,
- management of common acute and chronic diseases in family practice,
- professionalism,

– profesionalizma, – pravno-etičnih vprašanj, – paliativne medicine, – nasilja. <u>Prenesljive/ključne spretnosti in drugi atributi:</u> – uporaba kliničnega znanja, apliciranega na probleme prvega stika z bolnikom, – vodenje posveta, – motivacija bolnika za zdravljenje, – obravnava pogostih akutnih in kroničnih bolezni v družinski medicini, – ukrepanje ob nasilju, – celovita in celostna obravnava bolnika, – načrtovanje diagnostike in zdravljenja.	– legal in ethical questions, – palliative medicine, – family violence. <u>Transferable/Key Skills and other attributes:</u> – use of clinical knowledge in primary care settings, – consultation management, – motivation of patients for treatment, – how to manage common acute and chronic diseases in family practice, – how to manage when patients with family violence, – comprehensive and holistic care for patients, – planning of diagnostics and treatment.
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Metode poučevanja in učenja:

Seminarji
Vaje v ambulanti
Razprava ob primerih

Learning and teaching methods:

Seminars
Practical work in family medicine practice
Clinical cases' discussion

Delež (v %) /

Načini ocenjevanja:

Share (in %)

Assessment methods:

Način (pisni izpit, ustno izpraševanje, naloge, projekt)		Type (examination, oral, coursework, project):
Pisni izpit	30 %	Project assignments with oral examination
Ustni izpit	70 %	Exam (MCQ)
ŠTUDIJSKE OBVEZNOSTI ŠTUDENTOV		ACADEMIC OBLIGATIONS OF STUDENTS:
1. 80 % prisotnost na vajah v ambulanti (tj. 96 ur)		80% attendance practice exercise (i.e. 96 h)
2. 80 % prisotnost na seminarjih (tj. 24 ur, 6 ur šteje predstavitev seminarjev),		– 80% attendance seminar (i.e. 24 h, 6 h presentation session)
3. izdelana seminarska naloga,		– Seminar work
4. pozitivna ocena iz vaj v ambulanti družinske medicine.		– Practice assignment,
5. opravljena ustna predstavitev seminarske naloge.		– Seminar presentation
POGOJI ZA PRISTOP K POSAMEZNEMU PREVERJANJU ZNANJA		REQUIREMENTS FOR ACCESS TO INDIVIDUAL KNOWLEDGE CHECKING
Pogoji za pristop k izpitu so:		Students are admitted to final written exam if they have
– pozitivna ocena (opravi / ni opravi) iz vaj v ambulanti,		– Positive mark from practice assignment (passed / not passed)
– pozitivna ocena iz pisne seminarske naloge (opravi / ni opravi),		

– pozitivna ocena iz ustne predstavitve seminarske naloge. KONČNA OCENA Pisni izpit je sestavljen iz 50 MCQ vprašanj v računalniški obliki, za katere je na razpolago 45 minut. Ocena iz pisnega izpita se določi po naslednjem kriteriju: 47-50 točk: ocena 10; 43-46 točk: ocena 9; 38-42: ocena 8; 34-37: ocena 7; 30-33: ocena 6; < 30 točk: pisni izpit ni opravljen. Ustni izpit je sestavljen iz treh vprašanj. Študent lahko z ustnim izpitom oceno pisnega izpita zviša za eno stopnjo, zniža za eno stopnjo ali pa ocena ostane nespremenjena. V primeru, da študent na pisnem izpitu doseže manj kot 30 točk, izpita iz predmeta ni opravil. Študent, ki želi oceno izpita popravljati, mora ponovno opraviti pisni in ustni izpit.		– Positive mark from seminar work (Criteria: 25 points: mark 10; 23-24 points: mark 9; 20-22 points: mark 8; 18-19 points: mark 7; 15-17 points: mark 6; <15 points: not passed). – Positive mark from seminar work presentation. FINAL MARK Written test is composed out of 50 MCQ in electronic format, 45 minutes are available. Criteria: 47-50 points: mark 10; 43-46 points: mark 9; 38-42: mark 8; 34-37: mark 7; 30-33: mark 6; < 30 points: not passed. Final mark is composed from 2 marks, i.e. MCQ, OSCE and MEQ. Final mark is calculated based on the following equation: $0,7 \times \text{MCQ mark} + 0,3 \times \text{seminar work mark}$. In case of a final mark with 0,5 decimal or more, the mark is rounded to the next higher mark, otherwise it is rounded to the next lower mark. If the student reaches less than 30 points on MCQ or less than 15 points on seminar work assignment, he does not pass the exam.
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Reference nosilca / Course coordinator's references:

KLEMENC KETIŠ Zalika

Klemenc-Ketiš Z, Makivić I, Poplas Susuic A. The development and validation of a new interprofessional team approach evaluation scale. PLoS One 2018; 9: 13(8): e0201385.

Klemenc-Ketiš Z, Cagran B, Dinevski D. Evaluating the difference between virtual and paper-based clinical cases in family medicine undergraduate education. Adv Med 2018; 2018: 1408450.

Klemenc-Ketiš Z, Deilkas ET, Hofoss D, Bondevik GT. VARIations in patient safety climate and perceived quality of collaboration between professionals in out-of-hours care. J Multidiscip Health 2017; 10: 417-23.

Klemenc-Ketiš Z, Poplas Susi T. Are characteristics of team members important for quality management of chronic patients at primary care level? J Clin Nurs 2017; 26(23-24): 5025-32.

Klemenc-Ketiš Z, Svab I, Peter-Ster M, Bulc M, Buchanan J, Finnegan H, Correia de Sousa J, Yaphe J. Twenty-five years of the international Bled course for teachers of family medicine in Europe: glancing back and looking forward. Eur J Gen Pract 2016; 22(4): 262-6.

TUŠEK BUNC Ksenija

TUŠEK-BUNC, Ksenija, PETEK ŠTER, Marija, ŠTER, Branko, PETEK, Davorina, KERSNIK, Janko. Validation of the Slovenian version of Patient Assessment of Chronic Illness Care (PACIC) in patients with coronary heart disease.

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<http://www.collantropol.hr/antropo/article/view/718>. [COBISS.SI-ID 31629785], [JCR, SNIP]

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GRMEC, Štefek, LAH, Katja, TUŠEK-BUNC, Ksenija. Difference in end-tidal CO2 between asphyxia cardiac arrest and ventricular fibrillation/pulseless ventricular tachycardia cardiac arrest in the prehospital setting. Critical care, ISSN 1466-609X, 2003, vol. 7, no. 6. <http://ccforum.com/content/7/6/R139>. [COBISS.SI-ID 1414719], [JCR, SNIP, WoS do 6. 2. 2015: št. citatov (TC): 42, čistih citatov (CI): 31, normirano št. čistih citatov (NC): 15]

TUŠEK-BUNC, Ksenija, PETEK, Davorina. Management of patients with coronary heart disease in family medicine : correlates of quality of care. *International journal for quality in health care : the official journal of the International Society for Quality in Health Care*, ISSN 1353-4505, Aug. 2018, vol. 30, no. 7, str. 551-557.

TUŠEK-BUNC, Ksenija, PETEK ŠTER, Marija, PETEK, Davorina. Kakovost oskrbe v odnosu na oceno kakovosti vodenja kronične bolezni bolnikov s koronarno boleznijo = Correlation of coronary heart disease patient assessments of chronic illness care and quality of care procedures. *Acta medico-biotechnica : AMB*, ISSN 1855-5640. [Tiskana izd.], 2018, vol. 11, [no.] 1, str. 18-26.

PETEK, Davorina, PETEK ŠTER, Marija, TUŠEK-BUNC, Ksenija. Health behavior and health-related quality of life in patients with a high risk of cardiovascular disease = Zdravstvene navade in z zdravjem povezana kakovost življenja pri bolnikih z visokim tveganjem za nastanek bolezni srca in ožilja. *Zdravstveno varstvo : Slovenian journal of public health*, ISSN 0351-0026. [Tiskana izd.], 2018, letn. 87, št. 1, str. 39-46.

ZELKO, Erika, KLEMENC-KETIŠ, Zalika, TUŠEK-BUNC, Ksenija. Medication adherence in elderly with polypharmacy living at home : a systematic review of existing studies. *Materia socio-medica*, ISSN 1512-7680, Apr. 2016, vol. 28, iss. 2, str. 129-132.

KITIĆ JAKLIČ, Tatjana, KOVAČ, Jure, MALETIČ, Matjaž, TUŠEK-BUNC, Ksenija. Analysis of patient satisfaction with emergency medical services. *Open medicine*, ISSN 2391-5463, 2018, vol. 13, iss. 1, str. 493-502