



UNIVERSIDADE NOVA de LISBOA
Faculdade de Ciências Médicas

Academic Year 2013-2014

Family and General Medicine

Integrated Master in Medicine – Second Cycle

Teaching and Research Area: “Populations Health”

6 ECTS

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FAMILY AND GENERAL MEDICINE

2013-2014

POPULATIONS HEALTH

Aims

General aims of the Curricular Unit (CU):

- To encourage students to adopt a systemic approach centered on the patient;
- To give students the possibility of collaborating in the provision of health care to different populations in a rural and urban environments;
- To familiarize students with the complaints/symptoms and the manner in which health problems present themselves in the context of the community and to a family doctor;
- To train skills of diagnosis and treatment adequate to the exercise of family and general medicine;
- To grant students experience in the recognition of the interrelations between somatic, psychological and social factors, and the influence of interactions between members of a family on a disease and the behavior of that disease;
- To help students choose a career.

Educational strategies and teaching methods

- The practical teaching is designated “Oriented Exercise” (OE), and will have two modalities: 1) 4 weeks in continuity at Alentejo, Santarém, Setúbal, Açores or Madeira; 2) 2 weeks at Lisbon area and 2 weeks at Alentejo or others.
- The OE has a duration of 4 weeks (140 hours). The selection of Tutors and the Health Center (HC) is the exclusive competence of the Department of FGM.
- A list of Tutors and contacts of the Health Centers (HC) where the training will be realized can be found at the Department website.
- Students will be divided in 8 groups with about 25 students in each section. The distribution of the students by HC/Tutor, is in each *Administração Regional de Saúde*



(ARS), the responsibility of the Coordinator of the Training (Dr. Edmundo Sá – Alentejo or other “rural” areas ; Dr^a Teresa Libório – Lisbon).

- About 1 month before the initiation of the student work-study/training, the Group Delegate (GD), will receive a list of the HC and Tutors available (name and telephone contact of the Tutor or the Director of the Health Unit). Within one week, The Group delegate after registering student names (with telephone and email addresses), and their preferred location, will send by email, to the Coordinator of the work-study, a completed list.
- With respect to the realization of the “rural” training (Districts of Beja, Évora, Santarém) students should present themselves at 10 am in their respective Health Centers, being then received by the Director who will guide them to their lodgings and responsible Tutors. At Setúbal District, Açores e Madeira students should present at the training HC, when combined with the Tutor.
- Students will establish on the first day of their work-study, with each one of their tutors, a learning plan for a block of 2 or 4 weeks. That learning plan should be delivered on the day of final evaluation (a plan is available at: <http://www.fcm.unl.pt/departamentos/cligeral/> (Ensino 6^o ano) or at the Moodle platform.
- Each student should complete an average of 25 hours per week at the Health Center, completing activities programmed by their tutor and Department. The activities of the training are effected to consultations at the Health Center, consultations at the urgency service (or similar), at home visits and visits to nursing homes or schools, at the treatment room, at vaccinations, at sessions of health education, and will consist of the observation, critical analysis and exercise of different tasks by the student counting with the supervision of the Tutor, other doctors and health care professionals. The work-study will train students to acquire autonomy in the various steps of diagnosis and treatment, leaving to the Tutor to evaluate the level of help necessary for the execution of the different tasks.
- In the possession of each student there will be a one attendance form registration, and one competence form evaluation. The student should sign daily, his or her presence at the service, leaving to the Tutor to validate the form. The delivery of the learning plan, the attendance forms, the competency evaluations and the verification of technical gestures should be done at the end of the work-study and is the responsibility of the student. The delivery of these documents is a necessary condition to attend the final evaluation.

Transportation and lodging to rural Health Centers



- Transportation to rural Health Centers is the responsibility of each student.
- Lodging in Alentejo and the district of Santarém will depend on the collaboration of local authorities. Taking into account the logistic conditions available at each location, students may be lodged at residences, pensions, or “Casas de Função”.
- Meals are the responsibility of each student not excluding the possibility that, in some health centers, students may be assisted as long as local conditions permit.
- Additional information, relative to the work-study in Beja, Évora, and Santarém can be solicited directly by the group delegate, to the Directors of the Health Centers.

Course content

At the end of the work-study, students should be able to:

Relative to the doctor-patient relationship:

- Respect the values, worries, and rights of persons.
- Know how to see patients as “people that are ill” and understand the impact that diseases have on their lives.
- Collect and incorporate psychosocial, cultural, and familial data in the follow-up plan of the patient.
- Identify the skills of interpersonal communication that are necessary, in order to establish a doctor-patient relationship that permits the provision of quality health-care.
- Identify factors connected to the doctor, to the patient, and the family that can contribute to a difficult doctor-patient relationship.
- Identify the biomedical, social, and personal communication options that permit the provision of comprehensive and coordinated care, in the face of serious health care problems.
- Obtain a clinical history centered on the person and provide an adequate clinical examination.

Relative to the evaluation and care of serious and chronic health problems most frequently found in the community:



- Identify the health problems most frequent in the community, independently of the patient characteristics, in a way that allows the provision of continuous and episodic health care.
- Discuss the diagnosis of some basic, common, serious and undifferentiated medical problems, using a probabilistic estimate of the prevalence of diseases, specific to geographic and socioeconomic local conditions.
- Take therapeutic decisions that take into account the limitations of clinical data and a cost/benefit analysis.
- Recognize the complexity of the provision of integrated health care, longitudinal and comprehensive to the patient with chronic, common and multiple health problems that require various medications, that have intercurrent acute interventions.
- Describe the skills and necessary information for, in conjunction with the patient and his or her family, develop and apply a therapeutic plan, for a chronic problem that increases patient functionality and quality of life.
- Know how to prescribe medicines most frequently used during the work-study, for those problems.
- Recognize the indications of diagnostic exams most frequently used, and know how to interpret them.

Relative to the use of strategies to reduce risks through health education, taking into account the provision of anticipatory health care:

- Identify the health risks in certain patients and families.
- Use scientific evidence in primary, secondary, tertiary and quaternary prevention, for the different age groups.

Assessment

A – Of the student:

- The assessment will have two components: formative and summative.
- The formative assessment will be completed daily, by the Tutor, considering the work done by the student in the different tasks that were committed to him. It aims to



correct the deficiencies presented, as well as to note the more positive aspects of the work tasks assigned.

- The competency assessment, done by Tutors, will regard the following indicators: attendance, demonstrated theoretical knowledge and skills in practical activities, doctor-patient relationship, completion of assigned tasks, work relationships, etc. When there is more than one Tutor, the assessment of competency results from the mathematical average of the assessments done by both tutors
- Tutors assessment form is available at the Moodle platform.
- The final classification in the CU will result from the average of the competency assessment done by Tutors and the critical analysis of the DEO to be realized at the final of the OE, by the faculty members with the participation, when considered necessary, of the Tutors.
- Students should download all the documents at the site of the CU at: <http://www.fcm.unl.pt/departamentos/cligeral/> (Ensino 6º ano) or platform *moodle*.
- The realization of 2/3 of the hours attributed to the work-study at a Health Centre, being a regular work week of 25 hours, is a necessary condition . Missed days even justified will not be taken to account.
- For final classification purposes, it is obligatory that the student have a positive competence assessment in every realized period of training.
- The final classification of the work-study/training will be obtained according to the following formula: $CF = (MAC + 2 \times DEO) / 3$
- All assessments are translated in a mark from 0 to 20.

MAC = average of competency assessment

DEO = portfolio of exercises.

B – Of the Curricular Unit and the locations of Directed Exercise

- An online questionnaire to be fulfilled is available to the students.

Recommended Literature and internet sites

Basic bibliography



- McWhinney IR. A Textbook of Family Medicine. Third edition. New York: Oxford University Press; 2009.
- Nunes J. A comunicação em contexto clínico. Bayer Healthcare edition, March of 2007 (available on course website).
- Ramos V. A consulta em 4 passos. APMCG Edition, March of 2009. Document available on course website.
- WONCA. ICPC-2: Classificação Internacional em Cuidados de Saúde Primários. Portuguese 2nd Edition, Lisboa, June 2011. Document available on course website.
- Taylor RB (ED): Family Medicine: Principles and Practice. 6th Edition, New York, NY: Springer - Verlag, 2002. Access available on FCM-UNL website.
- Sackett D, Dtrauss Se, Richardson WS, Rosenberg W, Haynes RB. Evidence-based Medicine. Churchill Livingstone 2nd, 2000.
- Stephen J. McPhee, Maxine A. Papadakis, and Lawrence M. Tierney Jr., Eds. Current Medical Diagnosis & Treatment 2011. The McGraw- Hill Companies, Inc. Free access available on FCM-UNL website.
- Family Planing - A global handbook for providers, World Health Organization, Johns Hopkins Bloomberg School of Public Health & United States Agency for International Development, 2007, <http://info.k4health.org/globalhandbook/handbook.pdf>.

Guidelines of the General-Director of Health

- National Program of Child and Youth Health - DGS – June 2013
- National Program of Vaccination - OTDGS nº10
- National Program for the prevention and control of cardiovascular diseases - OTDGS 2003
- National Program for the fight against Tuberculosis - OTDGS
- National Program for the control of Asthma - OTDGS
- Reproductive Health and Family Planning - OTDGS nº9
- National Program for the health of aged persons - CNDGS
- National Program for the control of Diabetes
- National Program for Palliative care

Internet sites to consult

- Director General of Health (Portugal) <http://www.dgs.pt>



- Canadian Task Force on Preventive Health Care <http://www.ctfphc.org>
- New Zealand Guidelines Group <http://www.nzgg.org.nz>
- Center for Disease Prevention and Control <http://www.cdc.gov>
- U.S. Preventive Services Task Force <http://www.ahcpr.gov/clinic/uspstfix.htm>
- Guide to Clinical Preventive Services - Second Edition
<http://odphp.osophs.dhhs.gov/pubs/guidecps/> • Cochrane Library
<http://www.cochrane.org/reviews/>
- National Guideline Clearinghouse "... public resource for evidence based clinical practice guidelines" <http://www.guideline.gov/index.asp>
- Medline: <http://igm.nlm.nih.gov>
- Medicina Baseada na Evidência - The Cochrane Library: <http://www.update-software.com/cochrane/>
- Internet for the Family Physician <http://users.eponet.it>
- Bandolier <http://www.jr2.ox.ac.uk/bandolier/band50/b50-8.html>
- Screening and early diagnosis: the Canadian Task Force on Preventive Health Care
<http://www.ctfphc.org>.