

**FAMILY PHYSICIAN
RE-TRAINING PROGRAM**

**Developed in frames of British-Georgian joint "Georgia Primary Care
Development Project" collaboratively by the National Health Management
Center of Georgia, National Family Medicine Training Center and UK DFID
Primary Health Care Project**

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FAMILY PHYSICIAN RE-TRAINING PROGRAM

I. General regulations for program implementation

- 1.1. *Family Physician (FP) re-training program must provide acquisition by the resident the clinical competencies (knowledge, skills, and attitudes) necessary to conduct independent activities in Family Medicine in accordance with Duties and Competencies approved for FPs (see annex 1);*
- 1.2. Minimum duration of FP re-training program is 6 months and covers not less than 940 hours (see annex 2);
- 1.3. FP re-training program is planned and carried out based on the principles of training in a service environment (practice) and multidisciplinary training at centres accredited as FM Training centres;
- 1.4. FP re-training program is conducted and led by the organization (hereinafter "Leading Organization") which has the license on conduction post-graduate training and continuous medical education, participates in planning of human resources at managerial, organizational at central levels of health and social care system;
- 1.5. Development of curriculum, and if necessary making its correction is provided by the "Leading Organization". Curriculum is approved according to the established regulations;
- 1.6. Selection of candidates for participation in the FP re-training program is carried out according to the list of related specialties;

II. Regulations for the implementation of the program

- 2.1. Based on the contract with the "Leading Organization", FP re-training program is conducted at Family Medicine practice (center, department) which is licensed as a family medicine training center and has the right to deliver FP post-graduate education;
- 2.2. FP re-training program is implemented by the faculty, particularly FP Trainers, who conduct their activities in accordance with conditions of the contract with "Leading Organization";
- 2.3. Supervision over the implementation of the program, solution of organizational issues and coordination of training process is provided by the program Coordinator, appointed by the Chief of the "Leading Organization" and is accountable to this organization. Requirements towards program coordinator are as follows:
 - a) education – higher medical;
 - b) specialty – "FP";
 - c) at least 3 years of experience of participation in FP professional training;
 - d) experience in design, coordination and organizing the training programs;
 - e) ability to communicate in English,
 - f) experience in translation and editing of specific literature;
- 2.4. During the conduct of FP re-training program continuous (formative) assessment and by the end of the program, final (summative) evaluations of residents will be undertaken;

- 2.5. Final (summative) evaluation of FP re-training program residents is carried out according to the regulations developed and approved by the "Leading Organization" (see annex 3);
- 2.6. After completion and successful formative and final evaluations, FP re-training program the resident is awarded the certificate confirming successful completion of the program;
- 2.7. In cases where the resident doesn't achieve the necessary standards at their first attempt, as determined by the requirements of final evaluation of FP re-training program, the resident is given not less than 2 months of additional time to repeat the final,assessment.. In case of failure at the second attempt the resident doesn't have the right to a 3rd attempt, and thus he/she can't be awarded the certificate of completion the re-training program;
- 2.8. After successful completion of FP re-training program the resident may enter the State Licensing Examination in the specialty "Family Medicine" and if successful in achieving a pass be licensed as a specialist in FM.

INDICATIVE DUTIES AND COMPETENCIES OF FAMILY PHYSICIAN

1. **After completing the professional training program Family Physician (FP) must comply with definite qualification requirements in order to obtain the right to conduct the medical activities. He/she must have appropriate knowledge and skills for independent provision of preventive, diagnostic, curative and rehabilitative services for the population of all ages and both genders:**
 - 1.1. FP must fully understand the *philosophy and main principles of family medicine*. He/she must be ready to offer to the consumer comprehensive, coordinating and maximally accessible medical services;
 - 1.2. FP must know his/her *functions, rights and responsibilities*. Have a desire and be ready for this;
 - 1.3. FP must be able, in general, to describe the peculiarities of FP activities (based on the international experience) and be aware about the indicators of morbidity of pathologies especially prevailed in general practice. At the same time he/she must understand the importance of application of these indicators in clinical practice;
 - 1.4. FP must fully recognize the *limits of his/her professional competencies*. Based on the clinical analysis of the patient's condition and taking into consideration other important psycho-social factors FP must be able to make decision about the necessity of specialist consultation and hospitalization. At the same time it is essential that to determine exactly how urgent (in what period it is necessary to refer the patient to the institution for specialized medical care. FP must provide the specialist with the data about the history of disease and current condition of the patient. In turn, the specialist must provide FP with the information about the results of investigation of the patient and the course of treatment to be rendered, also provide any other information needed for the follow-up observation of the patient;

2. **II. Within his/her competencies FP must be able to conduct clinical practice and on the primary care level provide medical care of different therapeutic and surgical pathologies, specific problems of women's health, skin, otorhynolaringologic, ophthalmologic, mental, allergic, infectious and genetic diseases;**
 - 2.1. FP must be able to provide qualified medical care for patients of all ages and both genders with commonly encountered diseases of the respiratory, gastrointestinal, cardio-vascular, urogenital, endocrine, musculoskeletal and blood forming systems.
 - 2.2. He/she must *perform*:
 - examination of the patient and assessment of obtained data;
 - development of the plan of necessary laboratory, functional and instrumental investigations;
 - interpretation results of of blood analysis, urinalysis,;
 - based on the results of subjective, objective and instrumental investigations make a diagnosis (final or preliminary) according to the categories in 10th revision of the International Classification of Diseases;
 - in particular cases application of International Classification of Primary Care (2nd revision) in order to formulate the diagnosis;
 - development and implementation of action plan needed for prevention of different pathologies;
 - development and implementation of the plan for treatment of conditions commonly encountered in primary care according to evidence-based medicine and guidelines;

- development and implementation of particular action plan for rehabilitation of the patient;
- 2.2.1. FP must **know**:
 - nature and pathogenesis of conditions commonly encountered in primary care;
 - early, typical and atypical symptoms, signs, course and complications of conditions commonly encountered in primary care in different age groups and genders;
 - appropriate and evidence based methods of management and treatment of conditions commonly encountered in primary care;
 - methods of prevention of conditions commonly encountered in primary care and their complications through evidence based interventions;
- 2.2.2. FP **must be able to** provide qualified therapeutic care at the primary care level in cases of somatic pathologies in children, juveniles, adults and elderly:
 - plan and implement in practice preventive measures at individual, as well as population levels;
 - plan and successfully implement the process "from syndrome to clinical diagnosis" and provide early detection of diseases;
 - develop individual plan for patients for the management of conditions commonly encountered in primary care (incl. treatment);
 - keep appropriate documentation, provide registration and care of the patients and as well as the health status of individual patients;
 - provide emergency care in the clinic or at home for urgent conditions commonly encountered in primary care;
- 2.2.3. The Clinical symptoms, syndroms and conditions, which make the basis of clinical competencies of FP are as follows:

Respiratory system

Clinical symptoms and signs::

-) Rhinnorrhoea
-) Sneezing
-) Cough
-) Breathlessness
-) Haemoptyses
-) Chest pain
-) Wheezing
-) Respiratory apnoea

Nosologies

-) Upper respiratory tract infections
-) Asthma
-) Acute and chronic bronchitis
-) Pleurisy,
-) Pneumonia – management principles and rational use of antibiotics
-) Pneumothorax
-) Lung tuberculosis
-) Carcinoma of the bronchus
-) Occupational lung diseases
-) influenza, parainfluenza, adenoviral infections
-) Sarcoidosis

) Mesothelioma

Cardio-vascular system

Clinical symptoms and signs:

-) Dyspnoea
-) Orthopnoea
-) Paroxysmal nocturnal dyspnoea
-) Chest pain
-) Palpitation
-) Syncope
-) Angina
-) Oedema
-) Arrhythmia
-) Asystole

Conditions:

-) Essential hypertension
-) Coronary heart disease
 - myocardial infarction
 - Angina pectoris
 - heart failure
 - arrhythmias
-) Hyperlipidemia
-) Temporal arteritis
-) Valvular heart disease (acquired and congenital)
-) Myocardial diseases
 - myocarditis
 - cardiomyopathy
-) Endocardial diseases
 - infective endocarditis
-) Pericardial disease
 - Acute pericarditis
 - Pericardial effusion
 - Constrictive pericarditis
-) Pulmonary embolus

Gastro-intestinal system

Clinical symptoms and signs:

-) Dysphagia
-) Heartburn
-) Dyspepsia and indigestion
-) Flatulence
-) Hiccups
-) Vomiting
-) Anorexia
-) Constipation
-) Diarrhoea
-) Steatorrhoea
-) Abdominal pain

-) Abdominal distention
-) Weight loss
-) Haematemesis
-) Jaundice
-) Liver failure
-) Ascites

Conditions:

-) **Oesophageal disorders**
 - Achalasia
 - Hiatus hernia
 - Oesophageal tumors
-) Peptic ulcer disease
-) Gastric tumors (cancer and other malignancies)
-) Duodenitis
-) Acute and chronic enteritis
-) Chronic non-specific colitis (inflammatory bowel disease)
 - Non-specific ulcerative colitis
 - Crohn's disease
-) Colorectal carcinoma
-) Irritable bowel syndrome
-) Acute and chronic pancreatitis
-) Carcinoma of the pancreas
-) Cholecystitis
-) Cholangitis
-) Gallstones
-) Chronic hepatitis
-) Acute hepatitis
-) Cirrhosis
-) Liver neoplasms, liver primary carcinoma
-) Infections (parasitic) of the liver

Urinary system diseases

Clinical symptoms and signs:

-) Ureteric colic
-) Urinary incontinence
-) Urethral syndrome
-) Nephrotic syndrome
-) Urinary retention

Conditions:

-) Acute and chronic glomerulonephritis
-) Acute and chronic pyelonephritis
-) Amyloidoses
-) Urinary tract stones
-) Kidney toxic damage
-) Kidney neoplasms, kidney cancer

-) Acute and chronic cystitis
-) Urethritis
-) Congenital abnormalities of kidney and urinary tract
-) Prostatitis
-) Prostate adenoma
-) Prostate cancer
-) Bladder cancer
-) Phymosis, paraphymosis
-) Urinary incontinence
-) Enuresis
-) Acute ad chronic renal failure

Blood and blood producing system

Clinical symptoms and signs:

-) Haematoma
-) Petechia
-) Purpura
-) Lymphadenopathy

Conditions:

-) Anaemias:
 - Iron-deficiency
 - Heamolytic
 - Post-hemorrhagic
 - Hypo and aplastic
 - B₁₂ and folic-acid deficiency
-) Agranulocytosis
-) Acute and chronic leucocytosis
-) Erythremia and erythrocytosis
-) Lymphadenopathy
-) Lymphogranulomatosis
-) Lymphoma
-) Myeloma

Endocrinology and metabolic diseases

Clinical symptoms and signs:

-) Polydipsia
-) Pruritis
-) Polyuria
-) Obesity
-) Goitre
-) Ophthalmopathy and ophthalmoplegias

Conditions:

-) Diabetes
-) Thyroid gland diseases:
 - Thyroiditis
 - Diffuse toxic goitre

- Thyroid gland cancer
- Hypothyroidism (myxedema)
-) Parathyroid disease (hypo, hyper)
-) Cushing's disease and syndrome
-) Addison's disease,
-) Pheochromocytoma
-) Obesity
-) Gout
-) Hypo and avitaminoses

Joint and connective tissue diseases

Clinical symptoms and signs:

-) Back pain
-) Arthralgia
-) Arthroma
-) Effusion

Conditions:

-) Connective tissue diseases:
 - Systemic lupus erythematosus
 - Systemic sclerosis
 - Polyarteritis nodosa
 - Polymyositis and dermatomyositis
-) Rheumatism
-) Rheumatoid arthritis
-) Reactive arthritis
-) Osteoarthritis
-) Acute and chronic disc disease and osteoarthritis
-) Reiter's disease and syndrome
-) Bone and connective tissue tumors
-) Osteoporosis
-) Myositis
-) Contractures
-) Bursitis, tenosynovitis

2.3. FP must be able to provide qualified medical care to patients of both genders and all ages with conditions of nervous system commonly encountered in primary care. He/she must perform prevention, early diagnosis and treatment of nervous system diseases within his/her competencies. At the same time timely assess necessity of referral of the patient to the specialist (neurologist, neurosurgeon) and/or hospitalization. Provide ongoing surveillance of patients with chronic diseases of nervous system.

2.3.1. FP must **know**:

-) Natural history of nervous system diseases commonly encountered in primary care;
-) Characteristics and peculiarities of clinical course of common conditions of central and peripheral nervous system in children and adults;
-) Typical clinical syndromes for urgent neurological conditions;

-) Principles of pharmacological treatment of diseases of nervous system commonly encountered in primary care;
- 2.3.2. FP must **be able** to:
 -) Assess the neurological status:
 - Investigation of motor functions
 - Investigation of sensitivity
 - Investigation of reflexes
 - Assessment of motor coordination
 -) Diagnosis and management of urgent neurological conditions
 -) Determination of necessity of hospitalization in cases of neurological problems and solution of all organizational issues for it;
 -) Provision of appropriate care before the hospitalization in urgent neurological cases;
 -) Planning and implementation of actions for rehabilitation of neurological patient after hospitalization;
- 2.3.3. FP must **have**:
 -) Practical skills for assessment of neurological status;
 -) Practical skills for pharmaceutical treatment of prevailed neurological problems in children and adults;
 -) Methodics of clinical diagnosis of urgent neurological conditions;
 -) Methodics of clinical management of urgent neurological conditions;
- 2.3.4. Diseases of nervous system, which make the basis of knowledge for FP in neurology are as follows:

Neurological problems

Clinical symptoms and signs:

-) Headache;
-) Dizziness
-) Confusional state
-) Paresthesia
-) Myopathy
-) Muscular weakness
-) Tremor

Conditions

-) Coma
-) Stupor
-) Confusional state
-) Syncope
-) Epileptic seizure
-) Status epilepticus
-) Tetany
-) Hypertensive crisis
-) Myasthenic crisis
-) Cholinergic crisis
-) transient ischaemic attack
-) ischemic stroke
-) hemorrhagic stroke
-) vertebrobasilar discirculation

-) Alzheimers
-) Dementia
-) Peripheral nervous system diseases:
 - neuritis
 - radiculitis
 - alcoholic polyneuropathy
 - polyomyelitis
-) Inflammatory diseases of brain and its:
 - encephalitis
 - meningitis
 - arachnoiditis
-) head injury
-) Congenital diseases:
 - microcephaly
 - hydrocephaly
-) Epilepsy
-) pediatric cerebral-spastic palsy
-) Multiple sclerosis
-) Migraine
-) Parkinson's disease
-) Brain tumours
-) Spinal tumors

2.4. FP must be able to provide qualified medical care to patients of both genders and all ages with prevailed **infectious diseases**. He/she must perform prevention, early diagnosis and treatment of infectious diseases within his/her competencies. Assess the necessity of hospitalization of the patient and assist in transportation to the specialized clinic.

2.4.1. FP must **know**:

-) Etiology, epidemiology, principles of prevention and treatment of prevailed infectious diseases in children and adults;
-) Rules of action in cases of especially dangerous infections;

2.4.2. FP must **be able** to:

-) Provision of primary medical care to the patients with infectious diseases, early diagnosis of diseases and in case of necessity provision of hospitalization of the patient. If the treatment at home or ambulatory is acceptable development of appropriate treatment plan;
-) Perform anti-epidemic measures at places of infection
-) Perform appropriate actions for rehabilitation
-) Provide medical care to the patients in cases of urgent conditions developed after the infectious disease

2.4.3. Infectious diseases, which make the basis of FP competencies in this field are as follows:

Toxic shock syndrome:

- Toxic shock
- neurotoxicosis
- brain oedema
- hyperthermia

) **Conditions:**

- intestinal infections (shigella, salmonella, amoebiasis, helminthosis)

- Epidemic parotitis,
- Diphtheria,
- Meningococcal infection
- rabies
- malaria,
- Toxoplasmosis
- viral hepatitis (A, B, C)
- herpes
- candidosis
- HIV/AIDS
- TB

2.5. FP must have appropriate knowledge and skills in order to provide primary medical care to patients with phtysiatic problems:

2.5.1. FP must *know*:

-) Advanced peculiarities of tuberculosis epidemiology;
-) Early signs of TB intoxication manifestation in children;
-) Clinical picture characteristic for primary TB complex in children and adults;
-) Clinics of respiratory system TB and mostly prevailed non-lung forms;

2.5.2. FP must *be able* to provide:

-) Clinical assessment of tuberculin skin test results;
-) Detection of early TB intoxication in children;
-) Diagnosis of prevailed non-lung TB at early stage according to the clinical picture;
-) Performing of anti-TB vaccination and re-vaccination in appropriate terms;
-) Performing of anti-epidemic measures at the **sites** of infection
-) Provision of current (dispansery) out-patient surveillance of TB patients at primary care level. rendering the curative-preventive measures to them. Expertise of disablement of diseased persons;
-) Provision of urgent medical care to TB patient in cases of unexpectedly developed complications;
-) Assessment of the degree of patient condition and determination of necessity of phtysiologis consultation or treatment at specialized clinic;

2.5.3. FP must *know* the TB forms and peculiarities of their course, in particular:

Lung and pleura TB:

Non-lung forms of TB:

- TB of urinary system;
- TB of genital organs in males;
- TB of genital organs in females;
- eye TB;
- TB of peripheral lymphatic nodes;
- TB of gastro-intestinal organs;
- TB of bones;
- Miliary Tuberculosis;
- TB of central nervous system;
- Cutaneous and sub-cutaneous tissue TB;

2.6. FP must have appropriate knowledge and skills in order to provide qualified medical care to the geriatric patients;

2.6.1. FP must *know*:

-) Goals and objectives of geriatric medicine;
-) Modern theories of aging process;

-) Basics of geriatric clinical pharmacology;
 -) Aging-related functional changes;
 -) peculiarities of manifestation, course and treatment of diseases prevailed in old and elderly patients;
 -) Main medical and social problems of elderly;
 -) Existing services countrywide, providing medical care of elderly;
- 2.6.2. FP must **be able to** perform:
-) Practical application of theoretical knowledge about peculiarities of clinical course, diagnosis, prevention and treatment of diseases prevailed in elderly patients;

2.7. FP must have the knowledge and skills to provide prevention, diagnosis and in appropriate cases treatment of surgical diseases and trauma

In frames of professional training program for FPs the trainee must must acquire the appropriate knowledge and skills which enables him/her to provide medical care to the patients of all ages and both genders with surgical problems and traumas.

2.7.1. FP must **know**:

-) Peculiarities of manifestation and clinical course of surgical diseases in children, juveniles, adults and elderly;
-) Basic principles of diagnosis and treatment of surgical diseases and traumas in ambulatory environment;
-) organizational aspects of medical care in cases of surgical diseases and traumas;

2.7.2. FP must be able to apply in practice theoretical knowledge and at primary care level:

-) Practical implementation of measures for prevention of surgical diseases and traumas;
-) Early and differential diagnosis of prevailed surgical diseases and traumas;
-) Provision of urgent care to the patient in cases of surgical diseases and traumas;
-) Treatment of definite surgical problems and traumas at ambulatory level;
-) rehabilitation and medical-labour expertise of the patient after surgical disease, trauma and surgical intervention;

2.7.3. FP must have the skills to perform the following procedures and manipulations:

-) Paracentesis (10 manipulations);
-) To probe cavities and fistulas (5 manipulations);
-) Infiltrative anaesthesia (10 manipulations);
-) Primary surgical procesing of the wound, removal of sutures (20 manipulations);
-) Processing of burns and infected wounds (20 manipulations);
-) Correction of dislocation (5 manipulations);
-) Transport imobilization of damaged patients in cases of extremity or spine bone fractures ;
-) Inoculation of surface tumours of soft tissues (10 manipulations);
-) Minor surgery for abscess and flegmona (10 manipulations);
-) Diathermocoagulation (10 manipulations);

2.7.4. Diseases which make the basis of knowledge of FP in surgery and traumatology are as follows:

-) **Surgical problems of abdominal organs:**
 - acute abdomen;
 - perforation of gastric and **duodenal** ulcer;
 - acute cholecystitis;
 - Acute pancreatatis

- acute peritonitis;
 - Strangulated hernia
 -) Acute bleeding from gastro-intestinal tract;
 -) Vascular diseases:
 - varicose vein;
 - phlebitis and thrombophlebitis;
 - Arterial embolism;
 - thrombosis of extremities vasculature;
 -) Purulent diseases, wound infection:
 - Furrunculus/Carbuncle
 - hydradenitis;
 - abscess;
 - phlegmon;
 - lymphadenitis;
 - sepsis;
 - gangrene;
- Conditions of urogenital system in males:
- Diseases of prostate (prostate adenoma, prostatitis);
 - urethritis;
 - vesiculitis
 - epididimitis
 - Orchitis

Diseases of rectum and anus:

- hemorrhoid;
- Anal fissures
- proctitis, paraproctitis;

Traumas:

- open and closed fractures
- dislocation;
- burn;
- congenital flat-foot;
- scoliosis

2.8. FP must have the appropriate knowledge and skills to provide *qualified obstetric-gynecological care*.

After completion of the professional training program for FPs he/she must be able to provide women's health promotion and prevention of specific problems, medical surveillance of pregnant women, qualified care to women in case of development of gynecological diseases;

2.8.1. FP must **know**:

-) Peculiarities and basic characteristics of organization of obstetric-gynecological services in Georgia;
-) Peculiarities of prevalent gynecological problems, manifestation and clinical course in females of different age, methods of prevention, diagnosis and treatment of these diseases at primary care level;
-) Peculiarities of the course of pregnancy;
-) early signs of pregnancy complications, ways of their prevention, diagnosis and management;
-) Methods of delivery;

2.8.2. FP must be able to perform definite obstetric-gynecological manipulations, in particular:

-) Bimanual vaginal and rectovaginal examination (30 manipulations);
-) Examination of pregnant women by methods of functional diagnostics (30 manipulations);
-) External obstetric examination, assessment of fetal heartbeat (30 investigations);
-) Management of normal delivery (15 deliveries);
-) Assessment of the location of placenta (15 investigations);
-) Assessment of health status of newborn (15 investigations);
-) Assessment of psychomotor and physical development of the child;

FP must be **able** to:

-) Provide differential diagnosis, prevention and within the capacities treatment of common obstetric-gynecological problems based on the manifested clinical syndroms;
-) Determine the necessity and terms of referral of the patient to the specialized clinic;
-) Provide urgent medical care and early hospitalization in cases of development of emergency obstetric-gynecological conditions;
-) Perform patient counseling on family planning, medical-genetic and medical-sexual problems;

2.8.3. Diseases, which make the basis of FP knowledge in obstetrics-gynecology are as follows:

Conditions:

-) Bartholinitis
-) Colpitis
-) Endocervicitis
-) Salpingo-oophoritis
-) Infertility
-) Menstrual cycle disorder:
 - dysmenorrhea
 - oligomenorrhea
 - premenstrual syndrome
-) Expected abortion (premature delivery)
-) Pre-eclampsia
-) Eclampsia
-) Post-partum infections
-) Female genital organs diseases:
 - Leukoplakia
 - Cervical erosion
 - cervical condiloma
 - Ovarian tumors
-) Non-malignant and contiguous tumours:
 - myoma of uterus
 - benign tumors of vagina and external genital organs
-) malignant tumours:
 - cancer of external genitalia and vagina
 - Uterine cancer
 - Ovarian cancer
 - Breasts cancer
-) Diseases of breasts:
 - mastopathy
-) Acute abdomen in gynecologic practice:

- ectopic pregnancy
- torsion of ovarian cyst, tube or pedunculated fibroid
- Rupture of ovarian cyst

2.9. **FP must have appropriate knowledge and skills to provide the qualified medical care for pediatric patient.** In frames of professional training program FP must acquire appropriate knowledge and skills that will enable him/her to provide at primary care level prevention, diagnosis and treatment of prevailed medical problems in children.

2.9.1. FP must **know**:

- Medical-social principles of maternal and child health;
- main aspects of prevention of medical problems (incl. immunization and assessment of psycho-motor development of child) of children and juveniles in general practice;
- main aspects of management of medical problems of children and juveniles in general practice;
- physiology and pathologies of newborns;
- principles of rational infant nutrition;
- psycho-physical development of child;
- hygienic and physiological basics of growing and education of children;
- system of physical growing of children and juveniles;
- methods for assessment of growing and development of healthy child;
- peculiarities of the clinical course of common conditions prevailing in children;
- principles of pharmacotherapy of especially prevailed somatic diseases in children and juveniles;
- principles of dispensarization of juveniles;
- conditions (contra-indications) of calling up the adolescent for obligatory military service;
- requirements of disablement expertise process in cases of care of healthy and ill child and in cases of military medical expertise of selectees;

2.9.2. FP **must know**:

-) methods for assessment of psycho-social development of child;
-) methods for assessment of functional condition of child and adolescents;
-) Methods of child health promotion

2.9.3. FP must **be able** to:

-) Performing of appropriate preventive measures for pregnant, newborns and children and adolescents;
-) Assessment of psycho-physical development of the child and timely detection of any deviation from the norm;
-) At primary care level provide timely diagnosis, treatment and prevention of possible complications of somatic diseases prevailed in children and adolescent;
-) Carry out consultations regarding the promotion of breast feeding, maternal and child health and improvement of health education of adolescents;
-) Perform the expertise of disablement in case illness of child or necessity to take care of ill child;
-) Prepare the appropriate medical documentation for selectee to submit it military-medical commission;
-) At primary care level provide urgent medical care to child and in case of necessity support for his/her timely hospitalization;

-) Keep appropriate medical documentation for target groups of children and adolescent about the performed diagnosis, curative and preventive measures.

2.9.4. Diseases, making the basis of FP knowledge in paediatrics are as follows:

-) Ricketts
-) Phenylketonuria

Respiratory system diseases:

-) Bronchiolitis
-) Pneumonia
-) Asthma

Cardio-vascular system:

-) Congenital heart and valvular diseases
-) Myocardium disease
-) Rheumatic fever

Systemic diseases of connective tissue:

-) Joint diseases

Haematological disorders:

-) Anemia
-) Leucocytosis
-) Hemorrhagic and thrombotic diseases

Gastro-intestinal problems:

- Intestinal infections

Kidney diseases:

- Glomerulonephritis
- Pyelonephritis

Endocrine diseases:

- Obesity
- Thyroid gland diseases
- Diabetes mellitus
- Hypogonadism

Childhood infectious:

- Measles
- Mumps
- Rubella
- Chickenpox
- Infectious mononucleosis

2.10. In frames of professional training program FP must acquire appropriate knowledge and skills in order to provide at primary care level prevention, diagnosis and treatment of prevalent mental diseases.

2.10.1. FP must **know**:

-) Clinics of prevalent mental diseases;
-) Clinical characteristics of alcoholism, drug abuse and toxicomania;
-) Clinical characteristics and the ways of management of urgent conditions developed on the background of mental diseases, alcoholism, drug abuse and toxicomania;
-) Modern principles of treatment of mental diseases, alcoholism, drug abuse and toxicomania;
-) Principles of pharmacology and pharmacotherapy of prevalent mental diseases;

-) Modern principles of prevention of mental diseases in children and adolescent;
-) Principles of primary and secondary prevention of alcoholism;
-) Peculiarities of prevention of alcoholism, drug abuse and toxicomania in children and adolescent;
-) Role of FP in management of mental diseases and affective-shock reactions;

2.10.2. FP must **know**:

-) Methods of investigation of mental aspects of patient;
-) Methods of diagnosis of mental diseases, alcoholism, drug abuse and toxicomania based on definite syndroms;
-) Methods of diagnosis of mental conditions in children and adolescents developed after the mental diseases;
-) Practical skills of treatment of prevailed mental problems at primary care level;

2.10.3. FP must be **able** to:

-) Detect the ability to understand those psychological components, which are presented in most consultancies of general practice;
-) Describe the aetiology and clinical signs of depression, anxiety, phobias, schizophrenia, obsessive-compulsive disorders and other common psychiatric conditions;
-) Describe nature and clinical signs of mental problems developed on the background of general disease or particular medications;
-) Express, that understands the importance of determination of psychological reasons of disease and can appropriately giagnose in physical, as well as psychological context;
-) Simply describe child's psychological development and psychodynamics of the family;
-) Simply describe the principles of behavioural treatment and transactional analysis. How does it is reflected in general practice?
-) Simply formulate the judgement theory and demonstrate the basic skills;
-) know the basic pharmacology of often use psychotropic drugs and prove necessity of their use in definice clinical conditions;
-) Formulate the indications for referral of the patient to the psychiatrist for consultation;
-) formulate the plans for management of often psycho-social problems;
-) Describe the individual strategy of solution of psycho-social problems in the light of general practice;
-) how to manage the acute mental conditions?
-) Show, that knows the problems of drug-dependence and misuse and present the plan for their solution;

Symptoms and signs

-) Delusions
-) Hallucinations
-) Catatonia
-) Confusion
-) Seizure

) Amnesia;

Conditions:

-) Depression
-) Schizophrenia;
-) Psychoses;
-) Borderline conditions (psychopathy, neuroses, neurasthenia);
-) Psychosomatic diseases;
-) Chronic alcoholism;
-) Drug abuse;
-) Toxicomania;
-) Sexopathologic disorders;
-) Dementia

2.11. In frames of professional training program FP must acquire appropriate knowledge and skills in order to provide at primary care level prevention, diagnosis and treatment of prevailed ear-nose-throat (ENT) diseases;

2.11.1. FP must *know*:

-) Peculiarities of clinical course of common ENT conditions;
-) Main symptoms and signs of ENT traumatic damage;
-) symptoms and signs of conditions developed on the background of traumatic damage of ENT;

2.11.2. FP must *know*:

-) Methods of medical and instrumental examination of ENT organs in conditions of general practice;
-) Skills of early diagnosis of prevailed ENT diseases and traumas according to clinical syndroms;
-) Methods of conservative treatment of prevailed ENT diseases, traumas and burns;

2.11.3. FP must *be able to perform*:

-) Main otorhinolaryngologic investigations in conditions of general practice:
 - rhinoscopy, pharyngoscopy, with mirror, otoscopy;
 - Nasal packing, anterior and posterior
 - Aural toilet and dressing
 - hearing tests (in children, adults and elderly);
-) Assessment and management of such diseases as dizziness, tinnitus, hoarseness
-) Assessment of the degree of the disease and determination of necessity of specialist consultation and hospitalization in cases of ENT problems;

3.11.4. Nosologic forms and syndroms which make the basis of FP competence:

-) Deafness
-) Acute external otitis
-) Wax in ear
-) acute middle otitis
-) mastoiditis

-) chronic purulent otitis
-) Meniere's disease
-) Acute sinusitis
-) acute rhinitis
-) chronic rhinitis
-) acute and chronic pharyngitis
-) Adenoid, adenoiditis
-) Acute and chronic tonsillitis
-) Acute laryngitis
-) Chronic laryngitis
-) Tumours of ENT organs:
-) Urgent ENT problems:
-) Diseases and damage of external ear
-) Trauma of middle and internal ear
-) Nose traumas

3.12. In frames of professional training program FP must acquire appropriate knowledge and skills in order to provide at primary care level prevention, diagnosis and treatment of ophthalmological problems;

2.12..2. FP must *know*:

-) Basics of vision organ functioning and characteristics of vision function disorder;
-) General semiotics of eye function;
-) Clinics of prevailed inflammatory diseases of eye;
-) Clinical signs of glaucoma;
-) Early clinical signs of eye malignant and non-malignant tumours;
-) Clinical syndroms of urgent ophthalmological conditions (acute glaucoma, traumas, wound, burns):
-) Methods of clinical diagnosis of prevailed eye diseases in conditions of general practice;
-) Pharmacological characteristics of medications often used in pharmacological practice and methods of their intake;
-) Aspects of urgent ophthalmological conditions management;

2.12.4. FP must *be able* to perform main ophthalmological investigations and curative-preventive manipulations:

-) Clinical examination of eye (history, check, palpation);
-) Ophthalmoscopy;
-) Early diagnosis of prevailed eye pathologies and urgent conditions related to these pathologies (based on clinical syndroms);
-) Assessment of vision;
-) Local application of medications for treatment of eye diseases;

2.12.5. Nosologic forms and syndromes which make the basis of FP knowledge in ophthalmology:

-) Disorder of refraction:
 - myopia

- hypermetropia
- presbiopia
-) Diseases of eye/eyelid
 - abscess
 - phlegmona
 - simple herpes
 - allergic diseases of conjunctiva
 - angioneurotic edema
 - photoallergic dermatosis
 - eczema

Allergic diseases with mixed form course:

- reaction on sting
- drug-related dermatitis

Diseases of lacrimal glands/ducts:

- Blepharitis
- Blocked lacrimal duct
- acute dacryocystitis

Conjunctival diseases:

-) Allergic conjunctivitis
-) Acute bacterial conjunctivitis:
-) Viral conjunctivitis:
 - herpetic
 - adenoviral
-) Adenopharngoconjunctival fever

Diseases of cornea:

- keratitis
- ulcer of cornea
- viral keratitis

) **Lens diseases:**

- congenital cataract
- cataract (different types)

3.13. In frames of professional training program FP must acquire appropriate knowledge and skills in order to provide at primary care level prevention, diagnosis and treatment of dermatological and sexually transmitted (STD) diseases.

2.13.1. FP must *know*:

-) Physiology of skin;
-) General symptomatology of skin diseases;
-) Main syndroms of skin diseases in children and adults;
-) Principles of clinical symptomatology of skin and ?? diseases;
-) Basic principles of treatment of skin diseases;
-) Pharmacological characteristics of medications widely used in dermatological practice;
-) Modern methods of prevention, early diagnosis and treatment of STDs, in particular:
 - methods of prevention, diagnosis and treatment of syphilis;
 - methods of prevention, diagnosis and treatment of gonorrhoea;
 - peculiarities of clinical course of gonorrhoea in girls, women and men;

- methods of prevention, diagnosis and treatment of other STD infections (incl. bacterial and viral) in patients of all ages and both genders, including pregnant;

2.13.2. FP must **know**:

-) Methodics of check of patient in casies of skin disease manifestation;
-) Skills of early diagnosis of dermatological problems;
-) Methods for prevention of STDs;
-) Methods for diagnosis of STDs;
-) Methods for treatment of STDs;

2.13.3. Dermatological syndroms and symptoms, which make basis of FP professional competence:

Subjective symptoms:

- pain
- anesthesia
- hyperesthesia
- paresthesia

Objective symptoms:

Conditions:

-) Non-infectious diseases of skin
 - dermatitis, toxidermia, eczema, neurodermatitis,
 - erythema, psoriasis, photodermatosis
 - seborrhea;
-) Infectious diseases of skin
 - pyoderma, folliculitis,hydradenitis;
 - Viral diseases e.g. herpes;
 - dermatozoonoses ;
 - Fungal diseases of skin;
 - nail diseases;
-) Skin tumours
 - papilloma, keratoma, basaloma, epithelioma, melanoma;
-) STDs:
 - syphilis
 - gonorrhoea
 - trichomoniasis
 - chlamydia

3.14. In frames of professional training program FP must acquire appropriate knowledge and skills in order to provide appropriate care to palliative patients and their relatives at primary care level.

3.14.4. FP must **know**:

-) Main principles for management of palliative conditions;
-) Modern methods for management main symptoms and syndroms and pharmacological characteristics of medications used in this way;
-) Nature and the ways of management of psycho-social problems associated with palliative conditions;
-) Psycho-social characteristics of "relatives" and peculiarities of relations with patients in these case;
-) Regulations to issue the death certificate;

2.14.2. FP must **be able to**:

-) Provide palliative care to the patient with terminal conditions;
 -) Provide psychological support and counseling to the patient and his/her family members and in this way avoid the development of depression and other undesirable events;
 -) Use with adequate doses and appropriate rules the medications recommended for management of clinical symptoms (pain,) in terminal patients;
 -) In case of patient's death issue the death certificate according to the existing legislation;
- 3.15. In frames of professional training program FP must acquire appropriate knowledge and skills in order to provide urgent medical care to the patients in emergency situations at ambulatory or at home;
- 2.15.1. FP must **know** Clinical characteristics (symptoms and syndroms) of dangerous for the life emergency conditions developed on the background of different prevailed diseases.
 -) Ways of management of urgent conditions common in general practice;
 -) Pharmacological characteristics of medications often used for management of urgent conditions;
- 2.15.2. FP must **know**:
 -) Techniques of cardio-pulmonary resuscitation (artificial respiration "mouth-to-mouth" and "moth-to-nose", artificial respiration using, electronic defibrillation, provision of intra-venous infusion, (incl. catheterisation of central veins);
 -) Primary surgical processing of wound in cases of trauma and fracture and techniques of transport immobilization;
 -) Urgent care in cases of thermal or chemical burns;
 -) Methods of management of urgent cardiological, pediatric, psychiatric, obstetric-gynecologic, neurologic, surgical, ophthalmological, ENT and endocrinological conditions;
- 2.15.3. FP must **be able to**:
 -) Diagnose the urgent conditions dangerous for the life;
 -) Formulate the plan for management of urgent conditions often expected in general practice;
 -) Management of urgent psychiatric conditions;
 -) Name what and why must be in urgent care bag;
 -) Show that he/she has understand the influence of real and hyperdiagnosed urgent conditions on the patients and his/her carers;
 -) Support early hospitalization of the patient;
- 3.16. In frames of professional training program FP must acquire appropriate knowledge and skills in order to provide at primary care level appropriate care to patients with definite **dental** problems;
- 2.16.1. FP must know main principles of prevention, diagnosis and treatment of common diseases of teeth, gum and oral cavity;

2.16.2. FP must **know**:

-) Methodis of check of mouth cavity and teeth;
-) Methodis of early (clinical) diagnosis of mouth cavity, teeth and paradont

2.16.3. FP must **be able** to perform:

-) Counseling of children and adults about avoiding the teeth, hygiene of mouth cavity, caries and diseases;
-) Timely detection of signs of prevailed diseases of teeth, gum and mouth cavity and in case of necessity referral of patients to the specialist;
-) Timely identification of malignant neoplasms in mouth cavity and provision of urgent referral of the patient to the specialized clinic;

2.16.4. Common signs, symptoms and conditions which make basis of FP knowledge in dentistry are as follows:

-) Caries
-) Glossitis
-) Paradontal diseases:
 - gingivitis
 - paradontitis
-) Mouth cavity mucous diseases:
 - stomatitis
 - herpes
-) Mucosa oral and lip diseases:
 - cheilitis
 - lip and mouth cavity cancer

III. In frames of professional training program FP must become familiar with:

-) Principles of health system organization in the country and explanation of the role and importance of primary care in this system;
-) FP must be able to explain peculiarities of primary care;
-) FP must know the principles of team working and be able effectively act as primary care team member/leader;
-) Ways of control and improvement of the quality of care;

IV. In frames of professional training program FP must become familiar with:

-) Convention on human rights and biomedicine;
-) Established ethic norms of the country and protect them during professional activities;
-) Law of Georgia on "Health Care";
-) Law of Georgia on "Patient's rights";
-) Social rights in health care;
-) Individual rights of citizens in health care.

Professional activities FP must conduct according to legal and ethic norms and follow them during relations with patients, as well as with colleagues.

Annex 5.2

Family Physician (FP) Training Curriculum

Duration 940 hours

Module	Curriculum elements		Number of hours
1. Primary care development	Understanding of Primary care) definition and elements of primary care	16
		) philosophy of primary care
	Primary care development) role of primary care	8
		) role of FP
) primary care in future			
	) role of primary care team	8
2. Organisation of primary care management	Planning and development) strategic plan	8
		) business plan
		) financial management
	Human resources management) human resources management and development	8
		) selection and evaluation
		) team working
	Audit) clinical and organisational audit	16
	Information technology) information management	40
		) basic skills of information technology
		) Critical appraisal of medical literature
	Personal development) leadership skills	8
	) change management	
	) effective management	
3. Basic clinical skills	Clinical theory and practice) Examination skills	220
		) Diagnostic skills
		) Consultation models
	Chronic diseases management) Evidence-based medicine	64
	Treatment) Clinical guidelines for commonly encountered diseases/conditions	160
		) Cost-effective treatment
	Prevention) General principals	72
		) Cost-effective health care skills
		) Screening
	Emergency in general practice) Management of prevailed emergencies in general practice	64

Module	Curriculum elements		Number of hours
4. Long-term supervision	Management of chronic conditions	secondary and tertiary prevention	136
		rehabilitation	
		functional assessment	
	clinical management of chronic diseases		
Palliative care	pain control managing the relatives	16	
5. Ethic and legal issues	Medical ethics) confidentiality	16
		) role of professionals
		) professional standards
	Medical-legal aspects	) good practice
6. Clinical epidemiology	Basic terminology (glossary)	Incidence, prevalence, morbidity, mortality, risk-factors, relative and absolute risk, etc.	32
		main types of research their importance	
		health programs management at population level	
7. Project	Audit and research	determination of sphere of interest problem formulation search of literature collection of data analysis of data	32
8. Trainer's skills	Methods of adults learning and teaching	principles of adult teaching; teaching methodologies evaluation methods	16

Distribution of hours according to clinical aspects

Subject	Number of hours	
	Small group teaching	Clinical Practice
Communication – consultation model	16	8
Prevention – general principles and basics	14	2
Management of prevailed chronic diseases	64	24
Evidence-based medicine, clinical guidelines Coronary Heart Disease Hypertension Diabetes mellitus Bronchial asthma Epilepsy Parkinson's disease		
Especially prevailed syndromes and symptoms management in General Practice	38	34
Soar throat Headache Fatigue Diarrhoea Abdominal pain Chest pain Back pain Dyspepsia Dizziness Jaundice		
Especially common medical problems management in General Practice		
Cardio-vascular system	8	4
Respiratory system	6	2
Tuberculosis	16	8
Gastroenterology	6	2
Endocrinology	16	8
Neurological problems	10	6
Hematology	6	2
Rheumatology	6	2
Urinary system	6	2
Pediatrics	56	64
Women's health	56	64
Minor surgery	16	32
Geriatrics	12	4
Palliative surveillance	12	4
Psychiatry	8	16

Ear- Nose- Throat (ENT)	8	16
Ophthalmology	8	16
Dermatology	8	16
Total number of hours	396	336
	732	

Teaching methodology:

- Z 484 hours would be devoted to small group teaching
- Z 24 hours to Tutorials
- Z 96 hours for Multidisciplinary sessions with nurses and PHC managers
- Z 336 would be devoted to the clinical practice/supervision on trainer's work/visits.

Regulations for summative assessment of the trainee after completion of FP re-training program

I. General regulations

- 1.1. Summative assessment of the trainee after completion of FP re-training programme includes four stages:
 1. Evaluation of trainee's professional knowledge by multiple choice questions (MCQ);
 2. Modified essay questions (MEQ);
 3. Project presentation;
 4. Oral examination.
- 1.2. Additional information about each carried out stage and the ways of trainees evaluation are determined by the Leading Organization and are presented in given document;
- 1.3. In order to pass the Summative assessment and obtain the certificate on completion of the programme the trainee must successfully pass all four stages;

II. Regulations of carrying out the Summative assessment

- 2.1. Stage one – general regulations of assessment by MCQ
 - 2.1.1. **First stage of FP re-training program Summative assessment includes completion of test-questionnaire;**
 - 2.1.2. **For this stage of evaluation 2 hours are considered;**
 - 2.1.3. **Each test-questionnaire includes 100 questions, 60% of which are presented from the FP certification examination questions bank. 40% of the questions are determined before the summary evaluation and its content is not known to the trainee in advance;**
 - 2.1.4. **60% of questions in the test will be from internal medicine, and the rest 40% from other fields, such as women's health, geriatrics, dermatology, psychiatry, ophthalmology, ENT, surgery, general hygiene;**
 - 2.1.5. **The trainee will be positively evaluated and permitted to the second stage if correct answers exceed 75%.**
- 2.2. Stage two – assessment by MEQs
 - 2.2.1. **Each examination card includes five MEQ;**
 - 2.2.2. **For this stage of evaluation 2 hours are considered;**
 - 2.2.3. **While evaluating the MEQ paper the following must be considered:**
 -) **Ability of collecting the information during the patient consultation by the trainee;**
 -) **Skills for formulation and testing the hypotheses;**
 -) **Ability to assess the obtained information;**

-) **Determines the trainee or not the problem from physical, psychological and social point of view;**
-) **Reviews the trainee or not the patients problem in relation with the family;**
-) **Has the trainee or not understanding of the importance of keeping the medical records;**
-) **Is the trainee able or not to design plan for preparation of patient for treatment and further management;**
-) **Is the trainee able or not to select appropriate treatment regimen in particular cases;**
-) **Has the trainee or not appropriate understanding of the problem of following by the patient the trainee's subscription;**
-) **Makes the trainee or not appropriate organization and mobilization of practice and public resources;**
-) **Understands the trainee or not importance of long-term and current supervision;**
-) **Is the trainee able or not to predict possible problems;**
-) **Considers the trainee or not the time factor;**
-) **Makes the trainee or not problem solution through development of possible versions and determination their positive and negative aspects;**
-) **Has the trainee or not adequate communication skills;**
-) **Has the trainee or not ability to make a decision;**
-) **How the trainee takes into account financial aspects;**

2.2.4. Instructions on answers evaluation:

Evaluation

0 "Absent"	No information is presented on concrete aspect of the problem (which is important for its management), thus the trainee doesn't consider this aspect
1 "Bad"	The trainee badly understands the importance of concrete aspect, as accidentally mentions about it. The issue is not opened, thus it's impossible to assess correctly understands the trainee it or not
2 "Borderline"	As a whole the aspect is clearly formulated, but there is no evidence that that the trainee really understands it. Presented examples are too few, or such non-specific that doesn't reflect acceptable level of problem understanding
3 "Satisfactory"	Trainee adequately understands the nature and problematic aspect of the situation. The issue is clearly formulated and appropriately explained. It means, that the answer is acceptable and the trainee passed this stage.
4 "Good"	Trainee obviously demonstrates, understands the nature of the problem very well. Important details and their description are presented, though some minor issues might be missed.
5 "Excellent"	Trainee shows the complete understanding of the situation. Main aspects and detailed description of the problem are presented. It is not necessary that all these to be perfect. Content of the answer is as good and complete, as possible in examination conditions.

2.2.5. In order to pass this stage the trainee should receive no more than one "Borderline" evaluation.

2.2.6. Assessment paper independently from each other review two examiners. If the difference between the evaluations doesn't exceed 1, the final result it

calculated by making the arithmetical mean of both evaluation marks. If the difference is more than 1, final mark is determined based on repeated review of the work.

2.2.7. Results of the second stage shouldn't be known for the examiner of oral exam.

2.3. Stage three – project presentation

2.3.1. For Summative assessment the trainee should present the written work – project, at the end of the re-training program;

2.3.2. The project should reflect good knowledge and correct understanding of following basic aspects:

-) Philosophy of primary care;
-) Role of primary care team and family physician in relation to the problem presented in the project;
-) Consideration of public health aspects;
-) Consideration of health management issues;
-) Consideration of ethic and legal issues;
-) Project must include audit or survey;
-) results and conclusions of the project:
 - what was detected?
 - how appropriate is it for our situation?
 - how to use obtained results?

2.3.3. Trainee must perform the search of literature about the problem presented in the project. Obtained, appropriate information should be presented in the introduction as one of the integral part of the project;

2.4. Stage four – evaluation at oral examination

2.4.1. Oral examination is a final - fourth stage of evaluation. Purpose of the oral examination is to reveal the attitude of the trainee to the problem and ability to solve it.

2.4.2. The examiner should have appropriate knowledge to evaluate the trainee most correctly. It's unfavourable that the trainer examines his/her group member. In this case it is necessary that in the evaluation participate other person from outside.

2.4.3. For evaluation at oral examination FP is given to clinical cases. Questioning is conducted by two committee members. Each of them have 15 minutes for questioning, which includes 7 questions about each clinical case.

2.4.4. Third member of the committee, who doesn't participate in the questioning is an observer and independently evaluates the trainee without participation in the questioning.

2.4.5. Final result of oral examination is obtained after summarizing the evaluations of both examiners. If the difference between evaluations exceed 2, final decision is made based on comparison of observer's evaluation and review.

2.4.6. Clinical case is evaluated taking into account the following issues:

-) Problem identification;
-) Management;
-) Prevention;
-) Organizational aspects;
-) Communication;

-) Professional values;
-) personal and professional development.

Criteria for evaluation of each issue are as follows:

1. Ability to obtain the information (anamnesis)

This criterion is used for evaluation of the trainee's skills to obtain the information necessary for diagnosis and/or decision making.

<u>Unacceptable</u>	<u>Acceptable</u>
) Trainee doesn't follow the sequence of taking the anamnesis;	) Complete anamnesis is collected, covering appropriate clinical, psychological and social factors;
) Can't identify the key issues;	) Trainee correctly describes the process of patient examination, which includes detection of local, regional and systemic signs;
) Can't formulate alternative hypotheses;	) Investigations are appropriately planned;
) Doesn't seek for data on clinical, psychological and social factors;	) Trainee adequately understands importance of keeping the records.
) Expressed idea is short and asystemic;	
) Trainee inadequately (irrationally) uses investigations.	

2. Ability to solve the problem

This criterion is used for evaluation of the ability of trainee to determine a diagnosis and make decision on planning of curative-diagnostic actions.

<u>Unacceptable</u>	<u>Acceptable</u>
) Trainee doesn't fully understand importance of collected information;	) Understands importance of unexpected results and tries to explain them;
) Can't interpret unexpected results, which he/she often ignores;	) Before making a decision trainee considers all data and consequently reviews alternative hypotheses;
) trainee's thinking isn't flexible and creative.	) Thinking is flexible, trainee seeks for all possible contacts and simultaneously focuses on the factor which is most appropriate in given case;

3. Ability to make clinical decision

This criterion is used for evaluation of the process of relations with patient and ability to work with colleagues and other primary care team members.

<u>Unacceptable</u>	<u>Acceptable</u>
) Due to definite reason (disaffection, impoliteness, indifference or work pressure)	) Can convince the patient, has open relations and calms down the patient;
) Trainee can't establish good relations with patient. Can't understand patient's needs, convince the patient and sometimes may cause ungrounded alarm;;	) Can express the sympathy and responsiveness in relations with patient;
	) Patient considers him as a simple person and can frankly speak with him/her;

- | | |
|--|---|
| <ul style="list-style-type: none">) Trainee badly reacts on patient's unfriendly or emotional behaviour;) He/she can't express sympathy and responsiveness in relations with patient;) As a rule trainee doesn't accept consultant's advice or refer the patient to the colleague. | <ul style="list-style-type: none">) Understands the principles of teamworking, well adapts to the team member role and if needed acts as a leader;) respects the opinion of others and doesn't hesitate to ask colleagues to help . |
|--|---|

5. Long-term responsibility

This criterion is used for evaluation of the desire and ability of trainee to provide long-term patient surveillance.

- | | |
|---|---|
| <p><u>Unacceptable</u></p> <ul style="list-style-type: none">) After initial treatment loses the interest or doesn't take a time for further surveillance;) Is disappointed in case of slow progress and is unable to act in case of bad prognosis;) Can't inform the patient or his/her relatives about bad news;) Inadequately uses complementary personnel and requires from them more than possible;) Trainee doesn't perform repeated review of the case with appropriate intervals. | <p><u>Acceptable</u></p> <ul style="list-style-type: none">) tries to promote patient, in order that the patient take care about self-rehabilitation. Besides, trainee shows that he/she has the same purpose;) Trainee observes course of condition and if needed changes management plan and treatment;) Trainee well understands the role of complimentary personnel and uses their assistance most effectively. |
|---|---|

6. Professional values

This criterion is used for evaluation of standards of the trainee, as an individual member of medical profession and attitude towards different issues:

- | | |
|--|--|
| <p><u>Unacceptable</u></p> <ul style="list-style-type: none">) Tries to hide from the colleagues his/her mistakes) He/she speaks about medical mistakes with the patient | <p><u>Acceptable</u></p> <ul style="list-style-type: none">) Polite, fair, frank and modest.) Doesn't hide mistakes. respects colleagues' and patient's opinion. For trainee patient care is a priority in comparison with own interests;) Knows own professional abilities and recognizes their limits. |
|--|--|

7. General competence

This criterion is based on the opinion of the examiner about the trainee's, as future family physician's general competence. While making decision all above 7 criteria must be taken into account.

2.4.7. The form used for evaluation of the trainee at oral examination is as follows:

Trainee _____ Date _____

First examiner _____ Second examiner _____

Observer _____ Start time _____

Subject	Field of competence							Evaluation	Note
	Problem identification	Management	Prevention	Practice organization	Communication	Professional values	Personal and professional development		

Final indicator: First examiner Second examiner

Summative assessment

Observer's evaluation