

RE-TRAINING PROGRAMME FOR FAMILY PHYSICIANS

*ACCREDITED BY THE STATE CONTINUES PROFESSIONAL
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1 INTRODUCTION

1.1 Process

This curriculum statement is based on the Family Physicians re-training programme which was initially developed in the frame of the British-Georgian joint “Georgian Primary Care Development Project” collaboratively by the National Institute of Health and Social Affairs, the National Family Medicine Training Centre and the Georgian Family Medicine Association. It was accredited by the State Postgraduate and CME Board in May 2005.

The curriculum has been revised to more closely reflect the domains of competency as indicated in the EURACT Educational Agenda of General Practice/Family Medicine. This has provided the framework of six domains of competence which are the basis of the curriculum for general practice. The six domains of core competences are:

- Primary care management.
- Person centred care.
- Specific problem solving skills.
- A comprehensive approach.
- Community orientation.
- A holistic approach.

In addition the curriculum recognizes:

- The core competences will be applied in the relevant context of Georgia.
- The need for synthesis and integration of all the core competencies.

Also, the curriculum has also been updated to reflect comments made by participants and their trainers of the short term training programme funded by the European Union which were completed in May 2006.

1.2. Definition of the speciality

According to the EURACT educational agenda General practitioners/family doctors are specialist physicians trained in the principles of the discipline. They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness. They care for individuals in the context of their family, their community, and their culture, always respecting the autonomy of their patients. They recognise they will also have a professional responsibility to their community. In negotiating management plans with their patients they integrate physical, psychological, social, cultural and existential factors, utilising the knowledge and trust engendered by repeated contacts.

General practitioners/family physicians exercise their professional role by promoting health, preventing disease and providing cure, care, or palliation. This is done either directly or through the services of others according to health needs and the resources available within the community they serve, assisting patients where necessary in accessing these services. They must take the responsibility for developing and maintaining their skills, personal balance and values as a basis for effective and safe patient care.

2 REQUIRED COMPETENCIES

The competencies described in the EURACT Agenda for General Practice/Family Medicine have been adopted and incorporated into this curriculum. Therefore at the end of the training programme the family medicine physician will be competent in the following areas:

2.1 Primary Care Management

The family medicine physician will be able to:

2.1.1 Manage the primary contact with patients. This will require:

- Knowledge of the epidemiology of problems and complaints presenting in primary care.
- Knowledge of typical presenting symptoms and complaints encountered in primary care especially in early stages and their signs and symptoms, their diagnosis and therapeutic possibilities.
- Mastering an approach which allows easy accessibility for patients with unselected problems.
- An organizational approach to the management of chronic conditions.

2.1.2 Cover the full range of health conditions. This will require:

- Knowledge of the preventive activities required in the practice of primary care.
- Medical skills in acute, chronic, preventive and emergency care.
- Clinical skills in history taking, physical examination and use of ancillary tests to diagnose conditions presented by patients in primary care.
- Skills in therapeutics including drug and non drug approaches to treatment of these conditions.
- Ability to prioritise problems.

2.1.3 Co-ordinate care with other professionals in primary care and with other specialists.

This will require:

- Knowledge of the organization of primary care clinic.
- Mastering efficient communication with other staff members.
- Skills in effective team working.
- Mastering efficient collaboration with other specialists.

2.1.4 Master appropriate care provision and effective health service utilization. This will require:

- Knowledge of the structure of the health care system and functions of components in relation to primary care.

2.1.5 Make available to the patient the most appropriate services within the health care system. This will require:

- Communication skills for counseling, teaching and treating patients and their families.
- Organisational skills for record keeping, information management, teamwork, running a practice and auditing the quality of care.

2.1.6 Act as advocate for the patient. This will require:

- Development and maintenance of a relationship and a communication style characterized by partnerships with the patient.
- Skills in effective leadership, negotiation and compromise.

2.2 Person-Centred Care Competencies

The family medicine physician will be able to:

2.2.1 Develop a person-centred approach in dealing with patients and problems in the context of the patient's circumstances. This will require:

- A basic scientific knowledge for understanding the person and his /her growth, aims and expectations in life.
- The development of a reference frame for understanding and dealing with the family dimensions, the community, the social and cultural dimension in the person's attitude, values and beliefs.
- Mastering patient illness and disease concepts.

2.2.2 Apply the patient-centred consultation model and to communicate and act in partnership. This will require:

- The ability to monitor a patient-centred consultation model that starts with exploring the patient's agenda [e.g. ICE: ideas, concerns and expectations] that integrates the family medicine physician's agenda, finds common grounds and negotiates a mutual plan for the future.
- The ability to report findings in a adapted and understandable way which includes informing patients on won concepts, and finding common ground for further decision making.
- The attitude to take decisions with respect for the autonomy of the patient.
- The awareness of subjectivity in the medical relationship, both from the patient's side [feelings, values and preferences] as well as from the family medicine physicians perspective [self awareness of values, attitudes and feelings].

2.2.3 Communicate, set priorities and act in partnership. This will require:

- Skills and attitudes to establish a partnership with the patient.
- Skills and attitudes to balance distance and proximity with the patient.

2.2.4 Provide longitudinal continuity of care. This will require:

- Understanding and mastery of the three aspects of continuity: personal continuity as a lifetime coach [attitude for long term relation with one person], information continuity to make the appropriate medical information available at every moment for every necessary patient contact [personal and electronic info exchange] and care continuity over time during day and night [working in or without of hours service].

2.3 Specific Problem Solving Skills Competencies

The family medicine physician will be able to:

2.3.1 Relate the specific decision-making process of prevalence and incidence of illness in the community. This will require:

- Knowledge of illnesses and diseased in primary care including their specific incidence and prevalence.
- Knowledge of practice population [age, sex, distribution prevalence of chronic diseases].
- Skills to apply specific decision making [using tools such as clinical reasoning and decision rules].

2.3.2 Selectively gather and interpret information from history taking, physical examination and investigations and apply it to an appropriate management plan in collaboration with the patient. This will require:

- Knowledge of the relevant questions in the history and the important cues in the physical examination and bring this in relation to the presenting problem with special emphasis on ruling out possible urgent problems.
- Knowledge of collecting relevant context of the patient including family and social factors.
- Knowledge of available investigations and treatment resources for the presenting problem.

2.3.3 Adopt appropriate working principles using incremental investigations time and tolerating uncertainty. This will require:

- Adopting attitudes characteristic of a generalist orientation including curiosity, diligence and caring.
- Adopting a stepwise procedure in medical decision making, using time as diagnostic and therapeutic tool.
- Understanding the inevitability of uncertainty in primary care problem solving and developing strategies to tolerate uncertainty.

2.3.4 Intervene urgently when necessary. This will require:

- Specific decision making skills for emergency situations.
- Specific skill in emergency procedures in primary care situations.

2.3.5 Manage conditions which may present early and in an undifferentiated way. This will require:

- Knowledge when to wait and reassure and when to initiate additional diagnostic action.

2.3.6 Make effective use of diagnostic and therapeutic interventions. This will require:

- Knowledge of positive and negative predictive value of symptoms and signs and findings from ancillary tests obtained in clinical data collection and their dependency on the prevalence of the target disease.
- Understanding of cost effective and cost benefits of tests and treatments and the number needed to treat or harm for specific treatments.

2.4 Comprehensive Approach Competencies

The family medicine physician will be able to:

2.4.1 Manage simultaneously multiple complaints and pathologies both acute and chronic health problems in the individual. This will require:

- Understanding of the concept and the complementarities of multi-morbidity in a single patient.
- Skills to manage simultaneously health problems of a patient through identification exploration negotiation acceptance and prioritization.
- Skills to properly use medical records and other information.
- The ability to seek and use best evidence in practice.

2.4.2 Promote health and wellbeing by applying health promotion and disease prevention strategies as appropriate. This will require:

- Understanding the concept of health in all its facets.
- Integration of health promotion on an individual basis as part of the everyday encounter.
- Promotion of health through programmed health promotion or prevention within the primary care setting.
- Understanding the role of the family doctor in health promotion activities in the community.
- Recognising the importance of ethical tensions between the needs of individuals and the community and act appropriately.

2.4.3 Coordinate the elements of cure, care palliation and rehabilitation for an individual patient. This will require:

- Understanding the different possibilities and contributions by members of the team.
- The ability to use different approaches in a single patient.
- Skills in coordinating a practice team.

2.5 Community Orientation Competencies

The family medicine physician will be able to:

2.5.1 Reconcile the health needs of the individual patient and the health needs of the community in which they live in balance with the available resources. This will require:

- Understanding the health needs of the communities through epidemiological characteristics of the population.
- Understanding the interrelationship between health and social care.
- Understanding the impact of poverty ethnicity and the local epidemiology on health
- Understanding the inequalities of health care.
- Understanding the structure of the health care system and its economic limitations.
- Working with the other professionals involved in community policy related to health and to understand their roles.
- Understanding the importance of practice and community based information in the quality assurance of his/her practice.
- Understanding how health care system can be used by the patient and the doctor [referral procedures, co-payments, sick leave, legal issues etc] in their own context.
- Reconcile the needs of individuals with the needs of the community in which they live.

2.6 Holistic Approach Competencies

The family medicine physician will be able to:

2.6.1 Use a bio-psych-social model taking into account cultural and existential dimensions.

This will require:

- Knowledge of holistic concepts and the implications on the patients care.
- Ability to understand a patient as a bio-psycho-social whole.
- Skills to transform holistic understanding to practical measures.
- Knowledge of the cultural and existential background of the patient relevant to health care.
- Tolerance and understanding of patients experience, beliefs, values and expectations that may affect health care delivery.

2.7 Context Competencies

The family medicine physician will be able to:

2.7.1 Understand the context of doctors themselves and the environment in which they work, including their working conditions, community, culture, financial and regulatory framework.

This will require:

- Having an understanding of the impact of the local community, including socio-economic factors, geography and culture on the workplace and patients care.
- Being aware of the impact on overall workload on the care given to the individual patient, and the facilities [e.g. staff, equipment] available to deliver that care.
- Having an understanding of the financial and legal framework in which health care is given at practice level.
- Having an understanding of the impact of the doctors personal housing and working environment on the care he/she provide.

2.7.2 Deal with his/her own professional capabilities and ethics. This will require:

- Being aware of one's own capabilities and values, identifying ethical aspects of clinical practice [prevention, diagnosis, therapy, factors influencing lifestyle].
- Having an awareness of self and an understanding that one's own attitudes and feelings are important determinant of how they practice.
- Justifying and clarifying personal ethics.

- Being aware of the mutual interaction of work and private life in striving for a good balance between them.

2.7.3 Adopt a critical and research based approach to practice and maintain this through continuing learning and quality improvements. This will require:

- Being familiar with the general principles, methods, concepts of scientific research and the fundamentals of statistics [incidence, prevalence, predicted value etc].
- Having a thorough knowledge of the scientific background of pathology, symptoms and diagnosis, therapy and prognosis, epidemiology, decision theory, theories of the forming of hypothesis and problem solving, preventive health care.
- Being able to access, read and assess medical literature critically, developing and maintaining continuing learning and quality improvement.

2.8 Synthesis and Integration Competencies

The family medicine physician will be able to:

2.8.1 Synthesise all the above components and adopt an integrated approach

3. FAMILY MEDICINE IN GEORGIA

3.1 Overall Aim

Family medicine is a new concept in Georgia. The Government has proposed that family medicine will be the cornerstone of primary health care and recognize that it is the most cost effective means from the limited resource available to manage the initial contact with patient's wide range of health problems.

The overall aim is to:

- Develop knowledge of primary care, the role of the family medicine team and the leadership role of the family medicine physician and its application.
- Develop skills in leadership and change management to effectively manage a family medicine centre.
- Make the best use of the limited resources available at the primary health care level, coordinate with other specialists and access the use of other services to provide quality services to the patient.

3.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Know how the primary health care system works and have the skills to provide the best quality services to patients.
- Know the primary health care roles and responsibilities and an ability to lead family medicine practice in the community.
- Recognise his/her personal strengths and weaknesses and prepared to develop personal development plan for continued professional development.

3.2.1 The Primary Health Care System

The family medicine physician will be expected to be able to:

- Describe and understand all the elements that make up primary health care in Georgia including the legislative framework and in particular the law on health care, primary health care and patients rights.
- Have knowledge and understanding of the philosophy of primary health care worldwide including the impact of the convention on human rights.
- Recognise and place the patient at the centre of the family medicine service.
- Determine and organize the right mix of services to meet the patient's needs.

3.2.2 Roles and Responsibilities

The family medicine physician will be expected to be able to:

- Describe and understand the role of family medicine now and in the future.
- Relate positively to other members of the family medicine team and make best use of the available resources.

- Provide leadership in the introduction and provision of family medicine services.

3.2.3 Personal Development

The family medicine physician will be expected to:

- Evaluate his own skills in applying the role of the family medicine physician.
- Develop appropriate and effective management skills.
- Recognise and plan to rectify weaknesses and adopt an approach of continuing professional development.

3.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through developing a clear understanding of how primary health care fits within the broader perspective of health care, the roles of other professional and how to provide and make available to patients the appropriate services relevant to their needs.
- **Adopting a person centred care approach** by developing an understanding of the expectations of patients and their family and other providers of services. And the need to involve patient in the decision making processes.
- **Using specific problem solving skills** as an understanding of the physician's responsibilities, capabilities, organizational framework and management systems under the law will be developed.
- **Taking a comprehensive approach** through an understanding of the management arrangements and alternatives available in the community.
- **Developing a clear community orientation** and understanding of the role of the family physician in the local community and the structure of the health care system locally, regionally and nationally in the light of resources available to the community.
- **Adopting an holistic approach** by developing an understanding of the positive benefits of involving patients in their care and in the system of health care provision and quality improvement.
- **Operating in an appropriate Georgian context** through having an understanding of the impact of the local community on national policies, strategies and health care frameworks and vice versa.

4. THE PATIENT CONSULTATION

4.1 Overall Aim

Patient consultations are at the centre family medicine. The family medicine physician must manage this interaction; it is at the heart of providing a patient centred service. To enable a successful patient consultation requires the family medicine physician to manage his own time and behaviour and those of his colleagues to deliver a quality service.

The overall aim is to:

Develop knowledge and understanding of the consultation process and how patients relate to their wider environment.

Develop interactive skills to ensure good communication with patients and colleagues.

Use the knowledge and skills acquired in management to improve the patient consultation process.

4.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Understand the critical importance of the consultation process and be better able to manage interactions.
- Have improved interactive skills and importance of good communication with professional colleagues both within the centre and elsewhere.
- Be able to apply the knowledge and skills acquired to manage patient consultations and recognise the importance of clinical audit in demonstrating the delivery of quality services.

4.2.1 The Consultation Process

The family medicine physician will be expected to know:

- The concepts underlying the consultation process and its context.
- Why patients decide to seek advice and treatment including its broader context.
- The necessity to be able to respond flexibly to the needs and expectations of patients and others.

4.2.2 Interactive Skills

The family medicine physician will be expected to be able to:

- Demonstrate interactive skills to put the patient at ease and elicit information.
- Demonstrate the ability to formulate appropriate diagnosis, and proposed treatment regime including where referral to specialists would be appropriate.
- Negotiate with the patient a shared understanding of the problem and develop agreed strategies to empower patients to look after their own health.
- Relate positively with relatives and others who might be involved whilst retaining patient confidentiality.

4.2.3 Clinical Audit

The family medicine physician will be expected to be able to:

- Know and apply the concepts and clinical audit to account for performance and the need for clinical governance.

4.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the importance of the patient consultation process.
- **Adopting a person centred care approach** by recognising that the consultation process is at the heart of family medicine and that a patient centred approach is essential to the delivery of quality services.
- **Using specific problem solving skills** by adopting a flexible approach to patients to identify with them and negotiate appropriate treatment regimes. Recognising the importance of the use of information to inform decision making.
- **Taking a comprehensive approach** through recognising that patients are affected by their environment, background, relatives and friends etc and that the consultation process to be effective must result in agreed action. Clinical audit ensures that the treatment of individual patients is considered in the round.
- **Developing a clear community orientation** including considering how health promotion and disease prevention initiatives could impact on the overall community.
- **Adopting an holistic approach** by developing an understanding of the positive benefits of involving patients in their care and in the system of health care provision and quality improvement.
- **Operating in an appropriate Georgian context** through understanding that the consultation process is the driving force for improved services throughout the country.

5 MANAGING PATIENTS WITH RESPIRATORY PROBLEMS

5.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have respiratory problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with respiratory problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of respiratory problems. Also interactive skills will be enhanced in patient examination and recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

5.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important respiratory conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination including serial peak flow measurements and communication skills to negotiate a treatment programme.
- Use the knowledge and skills to organize a treatment regime for respiratory illnesses.

5.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms: rhinorrhoea, sneezing, coughing, breathlessness, haemoptyses, chest pain, wheezing and respiratory apnoea.
- The basis of diagnosing: upper respiratory tract infections, asthma, acute and chronic bronchitis, pleurisy, pneumonia, pneumothorax, lung tuberculosis, carcinoma of the bronchus, occupational lung diseases, influenza, parainfluenza, adenoviral infections, sarcoidosis and mesothelioma.
- Understand the principles of treatment of common respiratory conditions managed in primary care including the use of treatment protocols.

5.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record.

- Use a serial peak flow meter and diary, common inhaler types.
- Communicate effectively with the patient on the causes and possible treatment options for the respiratory problem.

5.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care such as acute management of patients presenting with shortness of breath, anphylaxis, asthma and chronic obstructions.
- Advice on preventive measures such as smoking cessation, vaccination, avoidance of triggers and prophylaxis for allergic conditions and genetic factors;
- Treatment action of common respiratory conditions.

5.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of respiratory problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the respiratory problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented respiratory problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care and rehabilitation.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of respiratory diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of respiratory problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of respiratory problems in Georgia and any specific local factors.

6 MANAGING PATIENTS WITH CARDIO VASCULAR PROBLEMS

6.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have cardiovascular problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with cardiovascular problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of cardiovascular problems. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

6.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important cardiovascular conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination including blood pressure measurement.
- Use the knowledge and skills to organize a treatment regime for cardiovascular illnesses.

6.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms: dyspnoea, orthopnoea, paroxysmal nocturnal dyspnoea, chest pain, palpitation, syncope, angina, oedema, arrhythmia and asystole.
- The basis of diagnosing: 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] and pulmonary embolus.
- Understand the principles of treatment of common cardiovascular conditions managed in primary care including the use of treatment protocols.

6.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record.
- Take blood pressure measurements, undertake an electrocardiogram.
- Communicate effectively with the patient on the causes and possible treatment options for the cardiovascular problem.

6.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care such as acute management of patients presenting with cardiovascular problems or symptoms thought to be due to cardiovascular problems.
- Advice on preventive measures such as blood pressure, lipids, smoking, other modifiable factors such as alcohol, exercise, obesity and diet, and links to other morbidities such as diabetes.
- Treatment action of common cardiovascular conditions including specific management of raised blood pressure and lipids and chronic disease management.

6.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of cardiovascular problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the cardiovascular problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented cardiovascular problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care and rehabilitation.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of cardiovascular diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of cardiovascular problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of cardiovascular problems in Georgia and any specific local factors.

7 MANAGING PATIENTS WITH GASTRO-INTESTINAL PROBLEMS

7.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have gastro-intestinal problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with gastro-intestinal problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of gastro-intestinal problems. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

7.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important gastro-intestinal conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination including undertaking or organizing: H.pylori testing, stool testing, faecal occult bloods, abdominal ultrasound.
- Use the knowledge and skills to organize a treatment regime for gastro-intestinal illnesses.

7.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms: dysphagia, heartburn, dyspepsia and indigestion, flatulence, hiccups, vomiting, anorexia, constipation, diarrhea, steatorrhea, abdominal pain, abdominal distention, weight loss, haematemesis, jaundice, liver failure and ascites.
- The basis of diagnosing: 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 and infections [parasitic] of the liver.
- Understand the principles of treatment of common gastro-intestinal conditions managed in primary care including the use of treatment protocols.

7.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record.
- Take and/or organize: H.pylori testing, stool testing, faecal occult bloods, abdominal ultrasound.
- Communicate effectively with the patient on the causes and possible treatment options for the gastro-intestinal problem.

7.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care such as acute management of haematemesis and melaena and other acute abdomen conditions.
- Advice on preventive measures such diet, the cessation of smoking and alcohol reduction.
- Treatment action of common gastro-intestinal in primary care and where necessary referral to secondary care management of digestive problems including surgical options .

7.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of gastro-intestinal problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the gastro-intestinal problem presented must be seen within the patients overall circumstances. Patients often find lower gastro-intestinal problems difficult to discuss openly. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented gastro-intestinal problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of gastro-intestinal diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of gastro-intestinal problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of gastro-intestinal problems in Georgia and any specific local factors.

8 MANAGING PATIENTS WITH URINARY PROBLEMS

8.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have urinary problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with urinary problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of urinary problems. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

8.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important urinary conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for urinary illnesses.

8.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms: ureteric colic, urinary incontinence, urethral syndrome, nephrotic syndrome and urinary retention
- The basis of diagnosing: 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, phimosis, paraphimosis, urinary incontinence, enuresis, acute and chronic renal failure
- Understand the principles of treatment of common urinary conditions managed in primary care including the use of treatment protocols.

8.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record.

- Take and/or organize appropriate examinations and tests.
- Communicate effectively with the patient on the causes and possible treatment options for the urinary problem.

8.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care.
- Advice on preventive measures such.
- Treatment action of common urinary problems in primary care and where necessary referral to secondary care management of urinary problems including surgical options .

8.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of urinary problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the urinary problem presented must be seen within the patients overall circumstances. Patients often find urinary problems difficult to discuss openly. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented urinary problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of urinary diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of urinary problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of urinary problems in Georgia and any specific local factors.

9 MANAGING PATIENTS WITH BLOOD AND BLOOD PRODUCING SYSTEM PROBLEMS

9.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have blood and blood producing problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with blood and blood producing problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of blood problems. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

9.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important blood and blood producing conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for blood illnesses.

9.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms: haematoma, petechia, purpura, lymphadenopathy.
- The basis of diagnosing: Anaemias[iron-deficiency, haemolytic, post-hemorrhagic, hypo and aplastic, B₁₂ and folic-acid deficiency], agranulocytosis, acute and chronic leucocytosis, erythremia and erythrocytosis, lymphadenopathy, lymphogranulomatosis, lymphoma, myeloma.
- Understand the principles of treatment of common blood conditions managed in primary care including the use of treatment protocols.

9.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record.
- Take and/or organize appropriate examinations and tests
- Communicate effectively with the patient on the causes and possible treatment options for the blood problem.

9.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care.
- Advice on preventive measures such.
- Treatment action of common blood problems in primary care and where necessary referral to secondary care management of blood problems including surgical options.

9.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of blood problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the blood problem presented must be seen within the patients overall circumstances. Patients often find blood problems difficult to discuss openly. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented blood problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of blood diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of blood problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of blood problems in Georgia and any specific local factors.

10 MANAGING PATIENTS WITH ENDOCRINOLOGY AND METABOLIC PROBLEMS

10.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have endocrinology and metabolic problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

- Have an appropriate knowledge base of clinical theory and practice in dealing with endocrinology and metabolic problems.
- Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of endocrinology and metabolic problems. Also interactive skills will be enhanced in patient examination, recording and using information.
- Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

10.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important endocrinology and metabolic conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for endocrinology and metabolic illnesses.

10.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms: polydipsia, pruritis, polyuria, obesity, goiter, ophthalmopathy and ophthalmoplegias.
- The basis of diagnosing: diabetes, thyroid gland diseases [thyroiditis, diffuse toxic goiter, thyroid gland cancer], hypothyroidism [myxedema], parathyroid disease [hypo, hyper], cushing's disease and syndrome, addison's disease, pheochromocytoma, obesity, gout, hypo and avitaminoses.
- Understand the principles of treatment of common endocrinology and metabolic conditions managed in primary care including the use of treatment protocols.

10.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record.
- Take and/or organize appropriate examinations and tests including calculating body mass index, examination for complications of diabetes mellitus, capillary measurement and clinical examination of the neck.
- Communicate effectively with the patient on the causes and possible treatment options for the endocrinology and metabolic problem.

10.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of first aid during common diabetic emergencies encountered in general practice.
- Advice on preventive measures such as advice on diet and exercise.
- Treatment action of common endocrinology and metabolic problems in primary care [obesity, diabetes, mellitus, hypothyroidism, hyperlipidaemia, hyperuricaemia] and where necessary referral to secondary care management of endocrinology and metabolic problems including surgical options.

10.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of endocrinology and metabolic problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the endocrinology and metabolic problem presented must be seen within the patients overall circumstances. Patients often find endocrinology and metabolic problems difficult to discuss openly. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented endocrinology and metabolic problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed e.g. hypoglycaemia and hyperglycaemic conditions.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences. Recognising that patients with diabetes are likely to have multiple co-morbidities.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of endocrinology and metabolic diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact especially on obesity and diabetes.

- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of endocrinology and metabolic problems on patient's family friends and dependants including recognising obesity issues and the long term problems of the impact of diabetes.
- **Operating in an appropriate Georgian context** by understanding the extent of endocrinology and metabolic problems in Georgia and any specific local factors. In particular recognising the primary health care role in the management of diabetes and hypothyroidism.

11. MANAGING PATIENTS WITH RHEUMATOLOGICAL, JOINT AND CONNECTIVE TISSUE PROBLEMS

11.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have rheumatological, joint and connective tissue problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

- Have an appropriate knowledge base of clinical theory and practice in dealing with rheumatological, joint and connective tissue problems.
- Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of rheumatological, joint and connective tissue problems. Also interactive skills will be enhanced in patient examination, recording and using information.
- Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

11.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important rheumatological, joint and connective tissue conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for joint and connective tissue illnesses.

11.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms: back pain, arthralgia, arthroma, effusion, inflammation [pain, swelling, redness, warmth], lack of function [weakness, restriction, deformity and disability] injuries [cuts, bruises, wounds], systemic manifestations [rashes, tiredness, nerve compression].
- The basis of diagnosing: 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, acute back pain, chronic back/neck pain, shoulder pain, soft tissue disorders.

- Understand the principles of treatment of common rheumatological joint and connective tissue conditions managed in primary care including the use of treatment protocols.

11.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record.
- Take and/or organize appropriate examinations and tests.
- Communicate effectively with the patient on the causes and possible treatment options for rheumatological and joint and connective tissue problem.

11.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care for patients who have been burnt and being aware of safety issues for patients and how to summon help in emergencies. Having basic life support skills and be competent at stopping haemorrhage and reducing pain by use of analgesia.
- Advice on preventive measures such.
- Treatment action of common rheumatological, joint and connective tissue problems in primary care and where necessary referral to secondary care management of joint and connective tissue problems including surgical options.

11.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of rheumatological, joint and connective tissue problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that rheumatological, joint and connective tissue problems presented must be seen within the patients overall circumstances. Patients often find joint and connective tissue problems difficult to discuss openly. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented rheumatological, joint and connective tissue problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of rheumatological, joint and connective tissue diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.

- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of rheumatological, joint and connective tissue problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of joint and connective tissue problems in Georgia and any specific local factors.

12 MANAGING PATIENTS WITH NEUROLOGICAL PROBLEMS

12.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have neurological problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

- Have an appropriate knowledge base of clinical theory and practice in dealing with neurological problems.
- Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of neurological problems. Also interactive skills will be enhanced in patient examination, recording and using information.
- Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

12.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important neurological conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for neurological illnesses.

12.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms: headache, dizziness, confusional state, paraesthesia, myopathy, muscular weakness, tremor.
- The basis of diagnosing: 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 [encephalitis, meningitis, arachnoiditis], head injury, congenital diseases[microcephaly, hydrocephaly], epilepsy, pediatric cerebral-spastic palsy, multiple sclerosis, migraine, parkinson's disease, brain tumours, spinal tumors,
- Understand the principles of treatment of common neurological conditions managed in primary care including the use of treatment protocols.

12.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and knowledge of secondary care investigations.
- Take and/or organize appropriate examinations and tests and know what pharmaceutical treatments are available.
- Communicate effectively with the patient on the causes and possible treatment options for the neurological problem.

12.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care and acute management of meningitis and meningococcal septicaemia and collapse or loss of consciousness.
- Advice on preventive measures such as vaccination for meningococcal disease and health education and advice for people with epilepsy.
- Treatment action of common neurological problems in primary care such as epilepsy, headachem vertigo, neuopathic pain, mononeuropahties, essential tremor and Parkinson’s disease and where necessary referral to secondary care management of neurological problems including surgical options.

12.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of neurological problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the neurological problem presented must be seen within the patients overall circumstances. Patients often find neurological problems difficult to discuss openly. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented neurological problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of neurological diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of neurological problems on patient’s family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of neurological problems in Georgia and any specific local factors.

13 MANAGING PATIENTS WITH PHTYSIATRIC PROBLEMS

13.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have phtysiatic problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with phtysiatic problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of phtysiatic problems. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

13.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important phtysiatic conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for phtysiatic illnesses.

13.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the symptoms, signs, course and complications of TB conditions commonly encountered in primary care in different age groups and genders.
- The basis of diagnosing: 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 and be able to provide:
 - Modern anti-TB strategy (DOTS) and main requirements of the anati-TB state programme ;
 - Aethiology and pathogenesis of TB ;
 - Modern epidemiology of TB ;
 - Modern diagnostic methods of TB ;
 - Modern classification of TB and « case » definitions according to WHO ;
 - Clinical simptoms of pulmonary and extrapulmonary TB in children and adults;
 - Standard short-term controlled chemotherapy of TB and its monitoring ;
 - Emergencies in TB (haemorrhage from lungs, spontaneous pneumothjorax) ;
 - Management of TB high risk groups ;
 - Modern TB registration and reporting system.

- Understand the principles of treatment of common phtysiatic diseases conditions managed in primary care including the use of treatment protocols.

13.2.2 The skills base

The family medicine physician will be expected to be able to:

- Take epidemiological history of TB.
- Perform technically, evaluate and interpret results of tuberculin skin allergic test.
- Use the methods of evacuation of liquid and air from the pleural cavity.
- Perform all those procedures necessary for life threatening conditions caused by TB at primary care level.
- Fill registration and reporting forms.
- Undertake BCG vaccination technique, evaluation of test results and interpretation of immunization results.
- Coordinate anti-epidemic measures at the sites of TB.
- Manage and monitor standard short-term chemotherapy in ambulatory setting.
- Patient education methods in TB.

13.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care and acute management of meningitis and meningococcal septicaemia and collapse or loss of consciousness.
- Advice on preventive measures such as vaccination for meningococcal disease and health education and advice for people with epilepsy.
- Treatment action of common phtysiatic problems in primary care and where necessary referral to secondary care management of phtysiatic problems including surgical options.

13.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of phtysiatic problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the phtysiatic problem presented must be seen within the patients overall circumstances. Patients often find phtysiatic problems difficult to discuss openly. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented phtysiatic problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences.

- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of phtysiatic diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of phtysiatic problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of phtysiatic problems in Georgia and any specific local factors.

14 MANAGING PATIENTS WITH SURGICAL DISEASE AND TRAUMA PROBLEMS

14.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have surgical disease and trauma problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with surgical disease and trauma problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of surgical disease and trauma problems. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

14.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important surgical disease and trauma conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for surgical disease and trauma health illnesses.

14.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify and 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. The family medicine physician must be able to implement measures for prevention of surgical diseases and traumas; make an early and differential diagnosis of prevailed surgical diseases and traumas; provide urgent care to the patient in cases of surgical diseases and traumas; treat definite surgical problems and traumas at ambulatory level; rehabilitate and provide medical-labour expertise of the patient after surgical disease, trauma and surgical intervention;
- The basis of diagnosing: Surgical problems of abdominal organs [acute abdomen, perforation of gastric and duodenal ulcer, acute cholecystitis, acute pancreatitis, acute peritonitis, strangulated hernia], acute bleeding from gastro-intestinal tract , vascular

diseases [varicose vein, phlebitis and thrombophlebitis, arterial embolism, thrombosis of extremities vasculae], purulent diseases, wound infection[furunculosis/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].

- Understand the principles of treatment of common surgical diseases and trauma conditions managed in primary care including the use of treatment protocols.

14.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of prevailing surgical disease and trauma disease.
- Take and/or organize appropriate examinations and tests including having the skills to perform the following procedures and manipulations: paracentesis; probe cavities and fistulas, infiltrative anaesthesia, primary surgical processing of the wound, removal of sutures, processing of burns and infected wounds, correction of dislocation, transport immobilization of damaged patients in cases of extremity or spine bone fractures, inoculation of surface tumours of soft tissues, minor surgery for abscess and flegmona and diathermocoagulation.
- Communicate effectively with the patient on the causes and possible treatment options for the surgical disease and trauma problems.

14.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care.
- Advice on preventive measures.
- Treatment action of common surgical disease and trauma problems in primary care.

14.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of surgical disease and trauma problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the surgical disease and trauma problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented surgical disease and trauma problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.

- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences and possible impact of occupational causes.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of surgical disease and trauma diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of surgical disease and trauma problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of surgical disease and trauma problems in Georgia and any specific local factors.

15 MANAGING PATIENTS WITH MENTAL HEALTH PROBLEMS

15.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have mental health problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with mental health problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of mental health problems. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

15.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important mental health conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for mental health illnesses.

15.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify and know: delusions, hallucinations, catatonia, confusion, seizure, amnesia.
- The basis of diagnosing: depression, schizophrenia, psychoses, borderline conditions (psychopathy, neuroses, neurasthenia), psychosomatic diseases, chronic alcoholism, drug abuse, toxicomania, sexopathologic disorders, dementia.
- The clinics of prevailed mental diseases, the clinical characteristics of alcoholism, drug abuse and toxicomania, the clinical characteristics and the ways of management of urgent conditions developed on the background of mental diseases, alcoholism, drug abuse and toxicomania, the modern principles of treatment of mental diseases, alcoholism, drug abuse and toxicomania, the principles of pharmacology and pharmacotherapy of prevailed mental diseases, the modern principles of prevention of mental diseases in children and adolescent, the principles of primary and secondary prevention of alcoholism, the peculiarities of prevention of alcoholism, drug abuse and toxicomania in children and adolescent, the role of family medicine physician in management of mental diseases and affective-shock reactions. The family medicine physician must know the methods of investigation of mental aspects of patient; the methods of diagnosis of mental diseases, alcoholism, drug abuse and toxicomania based on definite syndroms; the methods of diagnosis of mental

conditions in children and adolescents developed after the mental diseases; and have the practical skills of treatment of prevailed mental problems at primary care level.

- Understand the principles of treatment of common mental health conditions managed in primary care including the use of treatment protocols.

15.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of prevailing mental health disease.
- Take and/or organize appropriate examinations and tests.
- Communicate effectively with the patient on the causes and possible treatment options for the mental health problems.
- Detect the ability to understand those psychological components, which are presented in most consultancies of general practice and describe the aetiology and clinical signs of depression, anxiety, phobias, schizophrenia, obsessive-compulsive disorders and other common psychiatric conditions and be able to describe nature and clinical signs of mental problems developed on the background of general disease or particular medications. The family medicine physician will be able to express, that understands the importance of determination of psychological reasons of disease and can appropriately diagnose in physical, as well as psychological context and simply describe child's psychological development and psychodynamics of the family. The family medicine physician will be able to simply describe the principles of behavioural treatment and transactional analysis and formulate the judgement theory and demonstrate the basic skills.

15.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care.
- Advice on preventive measures.
- Provide treatment action of common mental health problems in primary care including knowing the basic pharmacology of often use of psychotropic drugs and the indications for referral of the patient to the psychiatrist for consultation. Develop plans for management of often psycho-social problems and describe the individual strategy of solution of psycho-social problems in the light of general practice.

15.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of mental health problems and their possible treatments and the need for several interventions needed to address mental health conditions.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the mental health problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician. Rapport building is particularly important with patients with mental health problems.

- **Using specific problem solving skills** by adopting an approach that places the presented mental health problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences and possible impact of occupational causes. Balance is required between a recognition of physical and mental health problems.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of mental health diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact. And an awareness of the stigma and social exclusion often associated with mental health problems.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of mental health problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of mental health problems in Georgia and any specific local factors.

16 MANAGING PATIENTS WITH EAR NOSE OR THROAT PROBLEMS

16.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have Ear Nose or Throat [ENT] problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with ENT problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of ENT problems. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

16.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important ENT conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for ENT illnesses.

16.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms and peculiarities of clinical course of common ENT conditions with the main symptoms and signs of ENT traumatic damage and symptoms and signs of conditions developed on the background of traumatic damage of ENT. The family medicine physician must know the methods of medical and instrumental examination of ENT organs in conditions of general practice. And recognize symptoms of hearing loss, ear wax, otalgia, discharging ear, dizziness, tinnitus, epistaxis, sore throat, hoarseness, dysphagia, croup, goiter, lymph nodes and other neck swelling, speech delay, foreign bodies and facial weakness.
- The basis of diagnosing: 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.
- Understand the principles of treatment of common ENT conditions managed in primary care including the use of treatment protocols.

16.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of prevailed ENT diseases and traumas according to clinical syndroms;
- Take and/or organize appropriate examinations and tests including 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].
- Undertake conservative treatment of prevailed ENT diseases, traumas and burns
- Assess and manage such diseases as dizziness, tinnitus, hoarseness and assess the degree of the disease and determination of necessity of specialist consultation and hospitalization in cases of ENT problems.
- Demonstrate otoscopy, the ability to perform simple nasal cautery and the use of tuning fork tests.
- Communicate effectively with the patient on the causes and possible treatment options for the ENT problem.

16.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care such as septal haematoma, epistaxis, tonsillitis with quinsy, otitis externa if extremely blocked or painful, foreign bodies, auricular haematoma or perichondritis.
- Advice on preventive measures such as screening and awareness of iatrogenic causes of ototoxicity.
- Treatment action of common ENT problems in primary care and where necessary referral to secondary care management of ENT problems including surgical options .

16.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of ENT problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the ENT problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented ENT problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed and links to possible cancers of the neck and head.

- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences and possible impact of occupational causes.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of ENT diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of ENT problems on patient's family friends and dependants and appreciate the impact that deafness can have on peoples lives.
- **Operating in an appropriate Georgian context** by understanding the extent of ENT problems in Georgia and any specific local factors.

17 MANAGING PATIENTS WITH OPHTHALMIC PROBLEMS

17.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have ophthalmic problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

- Have an appropriate knowledge base of clinical theory and practice in dealing with ophthalmic problems.
- Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of ophthalmic problems. Also interactive skills will be enhanced in patient examination, recording and using information.
- Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

17.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important ophthalmic conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for ophthalmic illnesses.

17.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify symptoms and peculiarities of clinical course of common ophthalmic conditions and diagnose: 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)].
- The principles of treatment of common ophthalmic conditions managed in primary care including the use of treatment protocols. through having a knowledge of the basics of vision organ functioning and characteristics of vision function disorder; the general semiotics of eye function; the clinics of prevailed inflammatory diseases of eye; the clinical signs of glaucoma; the early clinical signs of eye malignant and non-malignant tumours; the clinical syndroms of urgent ophthalmological conditions (acute glaucoma, traumas, wound, burns):

the methods of clinical diagnosis of prevailed eye diseases in conditions of general practice; the pharmacological characteristics of medications often used in pharmacological practice and methods of their intake; and aspects of urgent ophthalmological conditions management.

- Understand the principles of treatment of common phthalmic diseases conditions managed in primary care including the use of treatment protocols.

17.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of prevailed ophthalmic diseases.
- Take and/or organize appropriate examinations and tests including clinical examination of eye (history, check, palpation); ophthalmoscopy; early diagnosis of prevailed eye pathologies and urgent conditions related to these pathologies [based on clinical syndromes]; assessment of vision; local application of medications for treatment of eye diseases.
- Communicate effectively with the patient on the causes and possible treatment options for the ophthalmic problem.

17.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care such as assessment of foreign bodies abrasions and minor lid lacerations, arc eye, severe blunt injury including hyphaema, severe orbital injury including blow out fracture, penetrating ocular injury and tissue prolapse, retained intra-ocular foreign body, suddn painless loss of vision, severe intraocular infection and acute angle closure glaucoma.
- Advice on preventive measures such as co-morbidities especially diabetes and hypertension.
- Treatment action of common ophthalmic problems in primary care including explaining the use of medications including mydriaticism topical anaesthetics, corticosteroids, antibiotics, glaucoma agents and where necessary referral to secondary care management of ophthalmic problems including surgical options.

17.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of ophthalmic problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the ophthalmic problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented ophthalmic problem within its social context and gathering and interpreting information

from history taking, physical examination and investigation in order to develop intervention strategies.

- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences and possible impact of occupational causes.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of ophthalmic diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of ophthalmic problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of ophthalmic problems in Georgia and any specific local factors.

18 MANAGING PATIENTS WITH DERMATOLOGICAL PROBLEMS

18.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have dermatological and sexual health problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

- Have an appropriate knowledge base of clinical theory and practice in dealing with dermatological and sexual health problems.
- Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of dermatological and sexual health problems. Also interactive skills will be enhanced in patient examination, recording and using information.
- Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

18.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important dermatological and sexual health conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for dermatological and sexual health illnesses.

18.2.1 The knowledge base

The family medicine physician will be expected to know to:

- How to identify and know: physiology of skin, general symptomatology of skin diseases, main syndroms of skin diseases in children and adults, principles of clinical symptomatic 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]. The family medicine physician must know: the methods of check of patient in cases of skin disease manifestation; have skills of early diagnosis of dermatological problems and methods for prevention, diagnosis and treatment of STDs.
- The basis of diagnosing: 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].

- Understand the principles of treatment of common dermatological and sexual health diseases conditions managed in primary care including the use of treatment protocols.

18.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of prevailing dermatological and sexual health disease.
- Take and/or organize appropriate examinations and tests including digital and speculum examination, assessment of the size, position and mobility of uterus and recognition of abnormality of the pelvic organs. Be able to take a cervical smear, and microbiology and virology swabs from an-genital areas. Ability to teach patients about male and female condom use and ability to give intramuscular injections.
- Communicate effectively with the patient on the causes and possible treatment options for the dermatological and sexual health problems.

18.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care such as hormonal contraception and emergency intrauterine contraception.
- Advice on preventive measures such as advise on safe sex and risk reduction.
- Treatment action of common dermatological and sexual health problems in primary care including contraception, termination of pregnancy and principles of treatment of common conditions.

18.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of dermatological and sexual health problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the sexual health problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented dermatological and sexual health problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences and possible impact of occupational causes.

- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of dermatological and sexual health diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of dermatological and sexual health problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of dermatological and sexual health problems in Georgia and any specific local factors.

19 MANAGING PATIENTS WITH SEXUAL HEALTH PROBLEMS

19.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have dermatological and sexual health problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

- Have an appropriate knowledge base of clinical theory and practice in dealing with dermatological and sexual health problems.
- Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of dermatological and sexual health problems. Also interactive skills will be enhanced in patient examination, recording and using information.
- Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

19.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important dermatological and sexual health conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for dermatological and sexual health illnesses.

19.2.1 The knowledge base

The family medicine physician will be expected to know to:

- How to identify and know: physiology of skin, general symptomatology of skin diseases, main syndroms of skin diseases in children and adults, principles of clinical symptomatic 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]. The family medicine physician must know: the methods of check of patient in cases of skin disease manifestation; have skills of early diagnosis of dermatological problems and methods for prevention, diagnosis and treatment of STDs.
- The basis of diagnosing: 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].

- Understand the principles of treatment of common dermatological and sexual health diseases conditions managed in primary care including the use of treatment protocols.

19.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of prevailing dermatological and sexual health disease.
- Take and/or organize appropriate examinations and tests including digital and speculum examination, assessment of the size, position and mobility of uterus and recognition of abnormality of the pelvic organs. Be able to take a cervical smear, and microbiology and virology swabs from an-genital areas. Ability to teach patients about male and female condom use and ability to give intramuscular injections.
- Communicate effectively with the patient on the causes and possible treatment options for the dermatological and sexual health problems.

19.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care such as hormonal contraception and emergency intrauterine contraception.
- Advice on preventive measures such as advise on safe sex and risk reduction.
- Treatment action of common dermatological and sexual health problems in primary care including contraception, termination of pregnancy and principles of treatment of common conditions.

19.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of dermatological and sexual health problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the sexual health problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented dermatological and sexual health problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences and possible impact of occupational causes.

- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of dermatological and sexual health diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of dermatological and sexual health problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of dermatological and sexual health problems in Georgia and any specific local factors.

20. MANAGING PATIENTS WITH DENTAL HEALTH PROBLEMS

20.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have dental health problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

- Have an appropriate knowledge base of clinical theory and practice in dealing with dental health problems.
- Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of dental health problems. Also interactive skills will be enhanced in patient examination, recording and using information.
- Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

20.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important dental health conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for dental health illnesses.

20.2.1 The knowledge base

The family medicine physician will be expected to know:

- Methods to check mouth cavity and teeth; methods of early clinical diagnosis of mouth cavity, teeth and paradontis.
- The basis of diagnosing: caries, glossitis, paradontal diseases [gingivitis, paradontitis], mouth cavity mucous diseases [stomatitis, herpes], mucosa oral and lip diseases [cheilitis, lip and mouth cavity cancer].
- Understand the principles of treatment of common dental diseases conditions managed in primary care including the use of treatment protocols.

20.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of prevailing dental health disease.

- Take and/or organize appropriate examinations and tests.
- Communicate effectively with the patient on the causes and possible treatment options for the dental health problems.

20.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care.
- Advice on preventive measures.
- Treatment action of common dental health problems in primary care including 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; and timely identification of malignant neoplasms in mouth cavity and provision of urgent referral of the patient to the specialized clinic.

20.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of dental health problems and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the dental health problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented dental health problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences and possible impact of occupational causes.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of dental health diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of dental health problems on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of dental health problems in Georgia and any specific local factors.

21 CLINICAL EPIDEMIOLOGY

21.1 Overall Aim

The family medicine physician must understand the basics of clinical epidemiology.

The overall aim is to:

Have an appropriate knowledge base of clinical epidemiology.

Develop analytical skills to interpret the clinical data and draw results.

Use the knowledge and skills acquired to inform health promotion activities and to be able to place patient problems within their wider clinical environment.

21.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have a basic knowledge of clinical.
- Have the necessary skills to interpret clinical data and draw results..
- Use the knowledge and skills to develop appropriate health promotion activities and the recognize patients problems within their broader clinical context.

21.2.1 The knowledge base

The family medicine physician will be expected to know:

- And understand incidence, prevalence, morbidity, mortality, risk factors, relative and absolute risk etc.

21.2.2 The skills base

The family medicine physician will be expected to be able to:

- Interpret clinical epidemiological data and recognize its impact on the service provided.
- Communicate effectively with the patient and colleagues on the impact of clinical epidemiology.

21.2.3 Use of Knowledge

The family medicine physician will be expected to be able to:

- Interpret the clinical epidemiological data and draw conclusion which impact on how services are provided including the need for health promotion and disease prevention campaigns and how individual patients can be affected by their environment.

21.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the need for and impact of clinical epidemiology.

- **Adopting a person centred care approach** by using the information from clinical epidemiology to influence the consultation process.
- **Using specific problem solving skills** by analyzing and interpreting clinical epidemiology data.
- **Taking a comprehensive approach** through understanding how individual patient problems are affected by the wider environment.
- **Developing a clear community orientation** including understanding how poverty and ethnicity of the local population can affect clinical epidemiology.
- **Adopting a holistic approach** and appreciating the importance of social and cultural impacts on clinical epidemiology.
- **Operating in an appropriate Georgian context** by understanding the extent of clinical epidemiology in Georgia.

22 CARE FOR PATIENTS WITH INFECTIOUS DISEASES

22.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have infectious diseases. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with infectious diseases.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of infectious diseases. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

22.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important infectious diseases conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for infectious diseases illnesses.

22.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the following symptoms: toxic shock, neurotoxicosis, brain oedema, hyperthermia.
- The basis of diagnosing: intestinal infections (shigella, salmonella, amoebiasis, helminthosis), epidemic parotitis, diphtheria, meningococcal infection, rabies, malaria, toxoplasmosis, viral hepatitis (A, B, C), herpes, candidosis, HIV/AIDS, TB.
- Understand the principles of treatment of common infectious diseases conditions managed in primary care including the use of treatment protocols.

22.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and knowledge of secondary care investigations.

- Take and/or organize appropriate examinations and tests and know what pharmaceutical treatments are available.
- Communicate effectively with the patient on the causes and possible treatment options for the infectious diseases.

22.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care.
- Advice on preventive measures.
- Treatment action of common infectious diseases in primary care.

22.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of infectious diseases and their possible treatments.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the infectious disease presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented infectious disease within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of infectious diseases and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of infectious disease on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of infectious diseases in Georgia and any specific local factors.

23 CARE FOR WOMEN

23.1 Overall Aim

The family medicine physician must manage primary contacts with women. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

- Have an appropriate knowledge base of clinical theory and practice in dealing with women's health.
- Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of women's health problems. Also interactive skills will be enhanced in patient examination, recording and using information.
- Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

23.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important women's health conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for women's health illnesses.

23.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify and diagnose the following Bartholin's cyst, vaginitis, endocervicitis, salpingo-oophoritis, infertility, menstrual cycle disorder [dysmenorrhea, oligomenorrhea, premenstrual syndrome], ectopic pregnancy (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, breast cancer], diseases of breasts [mastopathy], acute abdomen in gynecologic practice [ectopic pregnancy, torsion of ovarian cyst, tube or pedunculated fibroid, Rupture of ovarian cyst]
- The peculiarities and basic characteristics of organization of obstetric-gynecological services in Georgia; the 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; the peculiarities of the course of pregnancy; and early signs of pregnancy complications, ways of their prevention, diagnosis and management.
- Understand the principles of treatment of common women's health conditions managed in primary care including the use of treatment protocols.

23.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination including a gentle and thorough pelvic examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of prevailing womens' health diseases. And competently perform a cervical smear with sensitivity and care and perform a competent examination of breasts paying attention to professional etiquette, informed consent comfort and explanation.
- Provide womens' health care FP must be able to perform definite obstetric-gynecological manipulations, in particular: bBimanual vaginal and rectovaginal examination; examination of pregnant women by methods of functional diagnostics; external obstetric examination, assessment of fetal heartbeat; assessment of the location of placenta; assessment of psychomotor and physical development of the child. The family medicine physician must be able to: provide differential diagnosis, prevention and within the capacities treatment of common obstetric-gynecological problems based on the manifested clinical syndromes; 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.
- Communicate effectively with the patient on the causes and possible treatment options for the womens' health problems.

23.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care in cases of bleeding during pregnancy, suspected ectopic pregnancy and domestic violence.
- Advice on preventive measures such as lifestyle changes, sexual and mental health, pre-pregnancy and family planning advice and advise throughout pregnancy. Also advice is required on the management of osteoporosis.
- Provide treatment action of common womens' health problems in primary care including support through pregnancy, dealing with other common problems such as abnormal cervical cytology, vaginal and uterine prolapse, fibroids, gynaecological infections, miscarriage and pregnancy terminations, ectopic pregnancy, trophoblastic disease, sexual dysfunction and menopausal management.

23.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the need for womens' health care and the options available.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that womens' health care must be seen within the patients overall circumstances.

- **Using specific problem solving skills** by adopting an approach that places womens' health care within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.
- **Taking a comprehensive approach** through understanding the range of possibilities and the use of counseling to explain the risk of disease, behaviour change and treatment options.
- **Developing a clear community orientation** including understanding how poverty and ethnicity of the local population can affect how womens' health care is delivered.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of womens' health care on patient's family friends and dependants.
- **Operating in an appropriate Georgian context** by understanding the extent of womens' health problems in Georgia and any specific local factors including distance and time from other facilities.

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24 CARE FOR CHILDREN AND YOUNG PEOPLE

24.1 Overall Aim

The family medicine physician must manage primary contacts with children and young patients. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

- Have an appropriate knowledge base of clinical theory and practice in dealing with children and young patients.
- Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of children and young patients. Also interactive skills will be enhanced in patient examination, recording and using information.
- Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

24.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important conditions affecting children and the young and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for children and young patients.

24.2.1 The knowledge base

The family medicine physician will be expected to know:

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

- Methods for assessment of psycho-social development of child; the methods for assessment of functional condition of child and adolescents; and the methods of child health promotion.
- Know how to identify and the basis of diagnosing the following symptoms: rickets, phenylketonuria; respiratory system diseases [bronchiolitis, pneumonia, asthma]; cardiovascular system diseases [congenital heart and valvular diseases, myocardium disease, rheumatic fever]; systemic diseases of connective tissue [joint diseases]; hematological 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 infections [measles, mumps, rubella, chickenpox, infectious mononucleosis].
- Understand the principles of treatment of common conditions affecting children and young people managed in primary care including the use of treatment protocols.

24.2.2 The skills base

The family medicine physician will be expected to be able to:

- Perform appropriate preventive measures for pregnant women, newborns and children and adolescents.
- Assess psycho-physical development of the child and timely detection of any deviation from the norm.
- Make timely diagnosis, treatment and prevention of possible complications of somatic diseases prevalent 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;
- 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.
- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and knowledge of secondary care investigations.
- Take and/or organize appropriate examinations and tests and know what pharmaceutical treatments are available.
- Communicate effectively with the patient on the causes and possible treatment options for children and young patients.

24.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency, acute and chronic treatments.
- Advice on preventive measures and palliative care including pre natal diagnosis, breastfeeding, health diet and exercise, keeping children and young people safe and protected from accidents, immunization, avoiding smoking and other drug abuse, avoidance of early pregnancy.

- The practical application of theoretical knowledge about peculiarities of clinical course, diagnosis, prevention and treatment of diseases prevailed in children and young patients;
- Referral and coordination with other professionals in primary care and with other specialists.

24.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of problems affecting the children and young and their possible treatments and having a clear knowledge of services available at local and national level.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the problem presented must be seen within the patients overall circumstances. Patients with their parents must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician. A family centred approach in dealing with problems is to be enhanced.
- **Using specific problem solving skills** by adopting an approach that places the presented problems affecting children and the young within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Being aware of normal growth and development and recognising when children and the young fail to thrive. Also recognising when urgent action is needed.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients and parents preferences.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of problems affecting children and the young and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of problems affecting the children and young on the patient's parents, family and friends.
- **Operating in an appropriate Georgian context** by understanding the extent of problems affecting the children and young in Georgia and any specific local factors.

25 CARE FOR THE ELDERLY

25.1 Overall Aim

The family medicine physician must manage primary contacts with elderly patients. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with elderly patients.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of elderly patients. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

25.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important conditions affecting the elderly and understand the principles of treatment including emergency care. This includes recognising the increasing prevalence of co-morbidity, difficulties in communication, the problems of polypharmacy and the need for additional support for the increasingly dependant patients.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for elderly patients.

25.2.1 The knowledge base

The family medicine physician will be expected to know:

- The goals and objectives of geriatric medicine; the modern theories of aging process; the basics of geriatric clinical pharmacology; the aging-related functional changes; the peculiarities of manifestation, course and treatment of diseases prevailed in old and elderly patients; the main medical and social problems of elderly; existing services countrywide, providing medical care of elderly.
- The principles of treatment of common conditions affecting the elderly and managed in primary care including the use of treatment protocols. This requires knowledge of the epidemiology of the elderly, understanding their physical, psychological and social environment, and the needs to manage common conditions such as Parkinson's disease, falls, gait disorders, stroke, confusion etc.

- Understand the principles of treatment of common geriatric conditions managed in primary care including the use of treatment protocols.

25.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and knowledge of secondary care investigations.
- Take and/or organize appropriate examinations and tests and know what pharmaceutical treatments are available.
- Communicate effectively with the patient on the causes and possible treatment options for elderly patients and the ability to prioritise problems.

25.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency, acute and chronic treatments.
- Advice on preventive measures and palliative care.
- The practical application of theoretical knowledge about peculiarities of clinical course, diagnosis, prevention and treatment of diseases prevailed in elderly patients.
- Referral and coordination with other professionals in primary care and with other specialists.

25.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of problems affecting the elderly and their possible treatments and having a clear knowledge of services available at local and national level.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented problems affecting the elderly within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies. Also recognising when urgent action is needed.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences. The family medicine physician will address the multiple complaints and co morbidity in the elderly and help determine priorities.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of problems affecting the elderly and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of problems affecting the elderly on patient's family friends and dependants.

- **Operating in an appropriate Georgian context** by understanding the extent of problems affecting the elderly in Georgia and any specific local factors.

26 CANCER AND PALLIATIVE CARE

26.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have cancer and other conditions that require palliative problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with cancer and palliative care issues.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of cancer and other conditions needing palliative care. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

26.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important cancers and other conditions needing palliative care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for palliative illnesses.

26.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify and the main principles for management of cancers and other conditions needing palliative care; the modern methods for management main symptoms and syndromes and pharmacological characteristics of medications used in this way; and the nature and the ways of management of psycho-social problems associated with palliative conditions; including psycho-social characteristics of "relatives" and peculiarities of relations with patients in these case; and the regulations to issue the death certificate.
- Understand the principles of treatment of palliative conditions managed in primary care including the use of treatment protocols.

26.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of cancer and other conditions needing palliative care.
- Provide palliative care to the patient with terminal conditions; and 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. Guidance will be provided on the use with adequate doses and appropriate rules the medications recommended for management of clinical symptoms (pain,) in terminal patients. In the case of patient's death issue the death certificate according to the existing legislation. In frames of professional training program the family medicine physician must acquire appropriate knowledge and skills in order to provide palliative care to the patients in emergency situations at ambulatory or at home.
- Communicate effectively with the patient on the causes and possible treatment options for the palliative problems.

26.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of an appropriate treatment regime.
- Advice on preventive measures.

26.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the need for palliative care and the options available.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that palliative care must be seen within the patients overall circumstances.
- **Using specific problem solving skills** by adopting an approach that places palliative care within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.
- **Taking a comprehensive approach** through understanding the range of possibilities and the use of counseling to explain the risk of disease, behaviour change and treatment options.
- **Developing a clear community orientation** including understanding how poverty and ethnicity of the local population can affect how palliative care is delivered.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of palliative care on patient's family friends and dependants. Knowledge of normal and abnormal grieving and its impact is an important dimension.
- **Operating in an appropriate Georgian context** by understanding the extent of palliative problems in Georgia and any specific local factors including distance and time from other facilities.

27 URGENT MEDICAL CARE

27.1 Overall Aim

The family medicine physician must manage primary contacts with patients who have urgent medical problems. The family medicine physician must have empathy and compassion with the patient, be able to negotiate a management plan with the patient and be able to coordinate care with other primary health care professionals and know when referral to a specialist service is necessary.

The overall aim is to:

Have an appropriate knowledge base of clinical theory and practice in dealing with urgent medical problems.

Develop analytical and diagnostic skills including evidence based medicine, the use of clinical guidelines and the development of cost effective treatments in the treatment of urgent medical problems. Also interactive skills will be enhanced in patient examination, recording and using information.

Use the knowledge and skills acquired to be able to treat patients including emergency treatments and effectively communicate with patient and relatives and if necessary to refer the patient to other specialists for treatment.

27.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have the knowledge to identify the relevant symptoms and investigations necessary to be able to make a diagnosis of common and important urgent medical conditions and understand the principles of treatment including emergency care.
- Have the necessary skills to undertake a patient examination.
- Use the knowledge and skills to organize a treatment regime for urgent medical illnesses.

27.2.1 The knowledge base

The family medicine physician will be expected to know:

- How to identify the clinical characteristics (symptoms and syndromes) of dangerous for the life emergency conditions developed on the background of different prevailed diseases, the ways of management of urgent conditions common in general practice and the pharmacological characteristics of medications often used for management of urgent conditions.
- The basis of diagnosing: urgent conditions dangerous to 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; and support early hospitalization of the patient.
- Understand the principles of treatment of urgent conditions managed in primary care including the use of treatment protocols.

27.2.2 The skills base

The family medicine physician will be expected to be able to:

- Undertake a physical examination of the patient including taking a comprehensive case history and recording relevant factors in the medical record and have skills of early diagnosis of prevailing urgent medical disease.
- Undertake 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; provide urgent care in cases of thermal or chemical burns; and methods of management of urgent cardiological, pediatric, psychiatric, obstetric-gynecologic, neurologic, surgical, ophthalmological, ENT and endocrinological conditions.
- Communicate effectively with the patient on the causes and possible treatment options for the urgent medical problems.

27.2.3 The treatment regime

The family medicine physician will be expected to be able to negotiate a treatment regime with the patient including:

- Provision of emergency care in cases of shock and other common problems related to cardiovascular, respiratory, central nervous system mental health and severe pain problems and the handling suicide attempts and parasuicides .
- Advice on preventive measures where relevant e.g. how to manage ischaemic pain.
- Provide treatment action of common urgent medical problems in primary care through using the ABC principle.

27.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the causes of urgent medical problems and their possible treatments including deciding whether urgent action is necessary.
- **Adopting a person centred care approach** by using the consultation process as a negotiation and recognising that the urgent medical problem presented must be seen within the patients overall circumstances. Patient must be encouraged to take charge of their own health with a long term partnership established with the family medicine physician.
- **Using specific problem solving skills** by adopting an approach that places the presented urgent medical problem within its social context and gathering and interpreting information from history taking, physical examination and investigation in order to develop intervention strategies.
- **Taking a comprehensive approach** through understanding the range of possibilities available including prevention, cure, palliative care, rehabilitation and developing treatment modalities to reflect the patients preferences and possible impact of occupational causes.
- **Developing a clear community orientation** including understanding how epidemiological characteristics, poverty and ethnicity of the local population can affect the incidence of acute medical problems and how health promotion activities can be implemented with other social care agencies to have the greatest impact.
- **Adopting a holistic approach** and appreciating the importance of the social psychological impact of urgent medical problems on patient's family friends and dependants.

- **Operating in an appropriate Georgian context** by understanding the extent of urgent medical problems in Georgia and any specific local factors including distance and time from other facilities.

28 PROFESSIONAL RESPONSIBILITIES

28.1 Overall Aim

Family medicine physicians 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. They must apply ethical principles within the framework of the law and the shared values of their patients and community.

The overall aim is to:

Develop knowledge and understanding of medical ethics
Develop interactive skills to ensure good communication with patients and colleagues.
Use the knowledge and skills to provide professional services which demonstrate an understanding of clinical governance issues.

28.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Know and understand the importance of medical ethics including confidentiality, the role of the professional and professional standards including an understanding of medical-legal issues as applicable in Georgia.
- Have an appropriate level of skill in applying ethical and good clinical governance practices.
- Apply an ethical approach and adopt good clinical governance practices.

28.2.1 Medical Ethics

The family medicine physician will be expected to be able to:

- Understand the nature of values and how they impact on health care, including knowing the elements that underpin a values based practice and the links between the law, ethics and the process of decision making.
- Adopt a professional role and standards and in dealing with patients understand and apply the rules of confidentiality and the need for privacy. Effective communication skills are essential for developing a partnership approach to decision taking with patients.

28.2.2 Medical-legal

The family medicine physician will be expected to be able to:

- Demonstrate an understanding of law including convention on human rights and biomedicine; the law of Georgia on "Health Care"; the Law of Georgia on "Patient's rights"; the social rights in health care; and individual rights of citizens in health care.
- Explain the principles of health system organization in the country and explanation of the role and importance of primary care in this system.

28.2.3 Clinical Governance

The family medicine physician will be expected to be able to:

- Know and apply the concepts and clinical governance including issue of quality, leadership, evidence based practice, dissemination of good practice, clinical risk reduction, detection of adverse events, learning lessons from complaints, addressing poor clinical performance and developing a professional development programme.
- Understand and be able to use and adopt clinical guidelines and ways to monitor and improve quality of care.
- Understand the importance of information to the development of evidence based practice and its role in epidemiology and clinical governance.
- Demonstrate an understanding of the importance of good communication techniques with colleagues and be able to explain the unique contribution of family medicine to primary care.
- FP must know the principles of team working and be able effectively act as primary care team member and leader.

28.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the basic concepts of medical ethics, law and clinical governance and their application. This includes the use of accepted clinical guidelines and the application of an ethical approach to disease prevention and palliative care as well as risk management and development of effective treatment regimes within resource allocations.
- **Adopting a person centred care approach** by recognising that the consultation process is at the heart of family medicine and that a patient centred approach with joint decision making is essential to the delivery of quality services. Techniques for assessing patient views are an essential element of clinical governance.
- **Using specific problem solving skills** by adopting a flexible approach to patients to identify with them and negotiate appropriate treatment regimes. This module will stress the importance of the use of information to inform decision making and the use of clinical audit techniques to inform decision making.
- **Taking a comprehensive approach** with clinical governance providing a framework for pulling together all aspects of quality improvement and adopting a comprehensive approach.
- **Developing a clear community orientation** including through clinical governance accounting to the community for the quality of service delivered from the resources allocated to family medicine.
- **Adopting an holistic approach** by developing an understanding of the positive benefits of involving patients in their care within the framework of facilities, resources and legal framework.
- **Operating in an appropriate Georgian context** through understanding the legal and administrative arrangements that have to be complied with.

29 FAMILY CENTRE MANAGEMENT

29.1 Overall Aim

Family medicine physicians must have appropriate knowledge and skills to manage a family medicine centre. They must apply good corporate governance principles within the framework of the law and the shared values of their patients and community.

The overall aim is to:

- Develop knowledge and understanding of organisational theory and management.
- Develop interactive skills to ensure good communication with patients and colleagues.
- Use the knowledge and skills to manage a family medicine centre which demonstrate an understanding of good corporate governance issues.

29.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Know and understand the importance of organisational theory and management including planning, resource management [finance, information, human resource facilities and equipment], monitoring and evaluation.
- Have an appropriate level of skill in applying the concepts to deliver good corporate governance.
- Apply an ethical approach and adopt good clinical governance practices.

29.2.1 Organisation and Management

The family medicine physician will be expected to know and be able to:

- Demonstrate an understanding of the financial and management structures and systems that are in place including the legal framework.
- Understand the importance of information to the development of evidence based practice and its role in epidemiology and management.
- Demonstrate an understanding of the importance of good communication techniques with colleagues.
- Adopt a professional role and standards in dealing with other managers in the health sector.
- Know the basic concepts of management and the need of good corporate governance.

29.2.2 Corporate Governance

The family medicine physician will be expected to be able to:

- Demonstrate an understanding of the basic concepts of good organization and management and the need of good corporate governance.
- Explain the principles of health system organization in the country and explanation of the role and importance of primary care in this system.

29.2.3 Organisational Audit

The family medicine physician will be expected to be able to:

- Manage a family medicine centre effectively and be able to demonstrate this through appropriate internal and external audit procedures.

29.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through understanding the basic concepts of organization and management and their application. This includes the use of accepted procedures, systems and structures.
- **Adopting a person centred care approach** by recognising that the patient is at the heart of family medicine and that a family medicine centre must be organised around the needs of the patient. Techniques for assessing patient views are an essential element of good corporate governance.
- **Using specific problem solving skills** by adopting a flexible approach to management to resolve management problems. This module will stress the importance of the use of information to inform decision making and the use of audit techniques to inform decision making.
- **Taking a comprehensive approach** with corporate governance providing a framework for linking quality initiatives.
- **Developing a clear community orientation** including through corporate governance accounting to the community for the quality of service delivered from the resources allocated to family medicine.
- **Adopting an holistic approach** by reinforcing the message that the family medicine centre must be organised around the needs of the patient.
- **Operating in an appropriate Georgian context** through understanding the legal and administrative arrangements that have to be complied with.

30 THE PROJECT

30.1 Overall Aim

The purpose of the project is to provide an opportunity for trainee family medicine physician to demonstrate some of the knowledge and skills gained during the course.

The overall aim is to:

- Undertake a project that demonstrates the knowledge gained and skills acquired during the training programme.
- Present the findings to an audience of peers.

30.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Have demonstrated capabilities to undertake a project and report its findings.

30.2.1 The project

The family medicine physician will be expected to be able to:

- Determine a sphere of interest.
- Formulate a problem statement.
- Undertake a literature search.
- Collect data.
- Analyse data.
- Draw results and conclusions.

30.2.2 Reporting

The family medicine physician will be expected to be able to:

- Report findings to peers.

30.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through being able to undertake research type activities that benefit primary care management.
- **Adopting a person centred care approach** by recognising that a project and research to have an impact need to be accepted by others.
- **Using specific problem solving skills** by adopting an appropriate research strategy and problem solving approach.
- **Taking a comprehensive approach** by recognising that a research project can be part of a wider change management process.
- **Developing a clear community orientation** through being able to explain to colleagues and the wider community findings.

- **Adopting an holistic approach** by recognising the research is part of the change management process.
- **Operating in an appropriate Georgian context** through understanding the legal and administrative arrangements that have to be complied with.

31 TRAINERS SKILLS

31.1 Overall Aim

In the future family medicine physicians must be able to teach juniors and share professional knowledge.

The overall aim is to:

- Develop knowledge and understanding of principles of adult learning, teaching methods and evaluation methods.
- Develop skills in teaching and communications.

31.2 Learning Outcomes

After completing the professional training programme the family medicine physician will:

- Know and understand how adults learn.
- Have an appropriate level of skill to teach and inform others about family medicine.
- Use the knowledge and skills to teach juniors and inform other professional about family medicine.

31.2.1 Teaching Knowledge and skills

The family medicine physician will be expected to be able to:

- Understand how adults learn.
- Have an awareness of different learning styles.
- Design and plan an educational programme.
- Understand the need for mentoring, clinical supervision, monitoring, evaluation and feedback.

31.2.2 Teaching Capacity

The family medicine physician will be expected to be able to:

- Make clear presentations to large and small groups.
- Use appropriate technology to enhance teaching.
- Develop and use appropriate monitoring and feedback mechanisms.

31.3 Contribution to Competencies

This module of the curriculum will contribute towards:

- **Providing quality primary care management** through being able to teach others about family medicine
- **Adopting a person centred care approach** by recognising that the student should be at the centre of learning process.
- **Using specific problem solving skills** by adopting a flexible approach to students to identify their individual learning

- **Taking a comprehensive approach** by recognising that teaching is one element of a change process.
- **Developing a clear community orientation** through being able to explain to community representative the role and capabilities of family medicine and its impact on primary health care.
- **Adopting an holistic approach** by recognising the needs of students and ones own capabilities.
- **Operating in an appropriate Georgian context** through understanding the legal and administrative arrangements that have to be complied with.

32 THE TRAINING PROGRAMME AND LEARNING STRATEGY

32.1 General regulations

The general regulations for program implementation are as follows:

- The family medicine physician re-training program provides for the acquisition by the resident the clinical competencies (knowledge, skills, and attitudes) necessary to conduct independent activities in family medicine.
- The minimum duration of re-training is seven months [including one month for self study] and a maximum of eighteen months. The program covers than 940 hours.
- The re-training program is planned and carried out based on the principles of training in a service environment (practice) and multidisciplinary training at Family Medicine Training Practices.
- Duties and competencies of main pedagogic staff implementing the programme is presented in annex 1.
- Selection of candidates for participation in the re-training program is carried out according to the list of related specialties.
- During the conduct of the re-training program continuous (formative) assessment and by the end of the program, final (summative) assessment of residents will be undertaken;
- After completion of the retraining programme and successful formative and final evaluations, the resident will be awarded a certificate confirming successful completion of the program.
- In cases where the resident doesn't achieve the necessary standards at their first attempt, as determined by the requirements of final evaluation of the re-training program, the resident is given not less than two 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 third attempt, and thus can not be awarded the certificate of completion the re-training program.
- After successful completion of the 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 family medicine.

32.2 Duties

The duties and competencies of a family medicine physician include:

- Within their competencies the family medicine physicians 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.
- The family medicine physician must be able to provide qualified medical care for patients of all ages and both genders with commonly encountered diseases of the respiratory, gastrointestinal, cardiovascular, urogenital, endocrine, musculoskeletal and blood forming systems.
- The family medicine physician must be able to:
 - Undertake an examination of the patient and assessment of obtained data;
 - Develop a plan of necessary laboratory, functional and instrumental investigations.
 - Interpret results 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.
 - Develop and implementation of an action plan needed for prevention of different pathologies.
 - Develop and implement a plan for treatment of conditions commonly encountered in primary care according to evidence-based medicine and guidelines.
 - Develop and implement a particular action plan for rehabilitation of the patient.

- After completing the professional training program family medicine physicians must comply with definite qualification requirements in order to obtain the right to conduct the medical activities.
 - Family medicine physician must fully understand the philosophy and main principles of family medicine. They must be ready to offer to the consumer comprehensive, coordinating and maximally accessible medical services.
 - Family medicine physician must know their functions, rights and responsibilities and have the desire and be ready for this.
 - Family medicine physicians must be able, in general, to describe the peculiarities of family medicine 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 they must understand the importance of application of these indicators in clinical practice.
 - Family medicine physicians must fully recognize the limits of their professional competencies. Based on the clinical analysis of the patient's condition and taking into consideration other important psycho-social factors family medicine physicians 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. Family medicine physicians must provide the specialist with the data about the history of disease and current condition of the patient. In turn, the specialist must provide family medicine physicians 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.

32.3 The Training Programme

The outline training programme follows: Duration 940 hours

#	Module	Curriculum elements	Number of hours	
			Small group teachibn	Clinical teaching
I	Family Medicine in Georgia	1.1. Introduction, general overview, training methodology	8	–
		1.2. Definition and elements of primary care	16	–
		1.3. A patient centred service		
		1.4. Philosophy of primary care		
		1.5. Role of primary care	16	–
		1.6. Role of primary care team		
		1.7. Role of family medicine physician		
II.	Patient Consultation	2.1. The process, patients attitudes, flexibility, the diagnostic model, negotiations, dealing with patients	16	8
III	Basic clinical skills: Clinical theory and practice	3.1. Prevention-General principles, cost effective health care skills, screening	14	2
		3.2. Chronic disease management	96	40
		3.2.1. Evidence-based medicine, Clinical practice guidelines	8	–
		3.2.2. Coronary Heart Disease	24	8
		3.2.3. Hypertension	16	8
		3.2.4. Diabetes mellitus	16	8
		3.2.5. Bronchial asthma	16	8
		3.2.6. Epilepsy	8	4
		3.2.7. Parkinson's disease	8	4
		Management of common medical problems in general practice		
		3.3. Especially prevailed syndromes and symptoms management in General Practice	38	34

		3.3.1. Soar throat 3.3.2. Headache 3.3.3. Fatigue 3.3.4. Diarrhoea 3.3.5. Abdominal pain 3.3.6. Chest pain 3.3.7. Back pain 3.3.8. Dyspepsia 3.3.9. Dizziness 3.3.10. Jaundice		
		3.4. Other problems		
		3.4.1. Cardio-vascular system	8	4
		3.4.2. Respiratory system	6	2
		3.4.3. Tuberculosis	8	8
		3.4.4. Gastroenterology	6	2
		3.4.5. Endocrinology	16	8
		3.4.6. Neurological problems	10	6
		3.4.7. Hematology	6	2
		3.4.8. Rheumatology	6	2
		3.4.9. Urinary system	6	2
		3.4.10. Pediatrics	64	56
		3.4.11. Women's health	64	56
		3.4.12. Minor surgery	16	32
		3.4.13. Geriatrics	12	4
		3.4.14. Palliative surveillance	12	4
		3.4.15. Psychiatry	16	16
		3.4.16. Ear- Nose- Throat (ENT)	8	16
		3.4.17. Ophthalmology	8	16
		3.4.18. Dermatology	8	16
IV	Clinical epidemiology	4.1. Incidence, prevalence, morbidity, mortality, risk-factors, relative and absolute risk, etc. 4.2. main types of research their importance	16	–
V	Professional Responsibility	Medical ethics Medical legal Clinical governance	16	–
VI	Centre Management	Planning, Management and Finance Information Management Human Resource Management Organisational Audit	56	–
VII	Project (Audit and research)	determination of sphere of interest, problem formulation, search of literature collection of data, analysis of data	32	
Total Number of hours			604	336

32.4 Teaching methodology

The following outline teaching methodology will be adopted

- 508 hours will be devoted to small group teaching. Recommended number of trainees per group is six (6).
- 96 hours for Multidisciplinary sessions with nurses.
- 336 will be devoted to the clinical practice/supervision on trainer's work/visits. One trainer will work with three trainees for clinical training/supervision. Individual clinical training sessions will also be arranged;

Based on above described methodology required trainer to trainee ratio is at least 1,5 trainer per 1 group of 6 trainees.

33 EVALUATION AND EXAMINATION

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

I. General regulations

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.

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;

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

Stage one – general regulations of assessment by MCQ

- **First stage of FP re-training program Summative assessment includes completion of test-questionnaire;**
- **For this stage of evaluation 2 hours are considered;**
- **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;**
- **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;**
- **The trainee will be positively evaluated and permitted to the second stage if correct answers exceed 75%.**

Stage two – assessment by MEQs

Each examination card includes five MEQ;

For this stage of evaluation 2 hours are considered;

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;

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.

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

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

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

Stage three – project presentation

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

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?

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;

Stage four – evaluation at oral examination

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.

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.

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.

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.

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.

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.

Unacceptable

- Trainee doesn't follow the sequence of taking the anamnesis;
- Can't identify the key issues;
- Can't formulate alternative hypotheses;
- Doesn't seek for data on clinical, psychological and social factors;
- Expressed idea is short and asystemic;
- Trainee inadequately (irrationally) uses investigations.

Acceptable

- Complete anamnesis is collected, covering appropriate clinical, psychological and social factors;
- Trainee correctly describes the process of patient examination, which includes detection of local, regional and systemic signs;
- Investigations are appropriately planned;
- Trainee adequately understands importance of keeping the records.

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.

Unacceptable

- Trainee doesn't fully understand importance of collected information;
- Can't interpret unexpected results, which he/she often ignores;
- trainee's thinking isn't flexible and creative.

Acceptable

- Understands importance of unexpected results and tries to explain them;
- Before making a decision trainee considers all data and consequently reviews alternative hypotheses;
- 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.

Unacceptable

- Due to definite reason (disaffection, impoliteness, indifference or work pressure)
- Trainee can't establish good relations with patient. Can't understand patient's needs, convince the patient and sometimes may cause ungrounded alarm;
- 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.

Acceptable

- Can convince the patient, has open relations and calms down the patient;
- Can express the sympathy and responsiveness in relations with patient;
- Patient considers him as a simple person and can frankly speak with him/her;
- 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.

Unacceptable

- 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.

Acceptable

- 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:

Unacceptable

- Tries to hide from the colleagues his/her mistakes
- He/she speaks about medical mistakes with the patient

Acceptable

- 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.

Duties and competencies of Family Physician Trainers

General Provisions

Family Physician (FP) Trainer is a person with higher medical education, specialty "FP", who has completed the professional training program for FP Trainer and has obtained the appropriate certificate in Georgia or abroad.

Main activities of FP Trainer is working at "FP" at Family Medicine Training Practice (Center Department). The FP "Trainer" conducts on a part-time or a full-time basis, training activities according to the approved curriculum and performs:

- Training with small groups of trainees;
- Individual work with each trainee;
- Teaching of practical skills as specified by the curriculum;
- Supervision of trainee's practical activities;
- Formative evaluation and development of personal training plans based on individual needs of the trainees;

Within the professional competence FP Trainer must have the knowledge and skills required for a highly qualified specialist. Besides this, the FP Trainer must know the essentials of adult teaching and post graduate professional training of physicians;

The FP Trainer must care about self and other colleagues' professional development, systematically be familiarised with up-to-date medical literature, and actively participate in research activities, academic conferences and meetings;

Knowledge and skills of FP Trainer

FP Trainer must know:

- Peculiarities of ongoing health system reform in the Country and the Primary Care development strategy;
- Legal documents regulating the establishment and functioning of primary care model in health care system;
- Duties and responsibilities of FP within existing legislation;
- Professional competencies of FP as defined by the statute and approved training programme;
- Principles of development of FP post-graduate professional training program;
- Methodology of FP post-graduate professional training;
- Methods of professional training of human resources in health, and principles of in-service and multidisciplinary training in general practice;
- Principles of public health and clinical epidemiology
- Evidence-based medicine;
- Principles of research and continuing professional development in general practice;

FP Trainer must be able to:

- Determine the goals and objectives of particular modules of FP professional training program;
- Design of training materials for trainees;
- Evaluate the individual training needs of trainees and on this basis be able to develop individual training programs within the frames of the approved core curriculum;
- Select and apply the most effective training methodologies to achieve the goals of the curriculum;

- Organize and carry out seminars, group training sessions, and individual training in order to extend the theoretical knowledge of trainees;
- Apply practical training methods, simulated consultations, role play, video-consultation and realted material and other appropriate adult methodologies in order to extend the acquisition of new skills by the trainees;
- Select current evaluation methods and their practical applications.
- Be able to design and undertake educational needs assessment of the trainee, interpret the results of educational and developmental needs assessment and be able to develop future work plans for the trainee;
- Participate in the development of the content and evaluation of the curriculum and promote of its systematic update;
- Prepare regular reports on the training activities carried out by the trainee, indicating the performed work and achieved results, as well as be able to make recommendations to improve the curriculum for its update.