

SPECIALITY TRAINING PROGRAM FOR FAMILY MEDICINE

| Title of the residency study program | State code |
|--------------------------------------|------------|
| Family medicine | 733A30075 |

| Academic awarding institution | Language |
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| Lithuanian University of Health Sciences, Medical Academy, Family medicine department, A. Mickevičiaus g. 9, LT-44307 Kaunas, Lithuania | Lithuanian |

| Kind of studies | Cycle of studies | Level of qualification according to Lithuanian Qualification Structure (LKS) |
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| University studies | Non-degree studies | 7 th level |

| Mode of the studies and length in years | Volume of the program in ECTS credits | Total amount of student work | Formal teaching and practice hours | Independent self-direct learning hours |
|---|---------------------------------------|------------------------------|------------------------------------|--|
| Full-time studies, 3 years | 198 | 5280 | 4509 | 771 |

| Area of studies | Main field of the study program | Parallel study program (if available) |
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| Biomedical sciences | Medicine | - |

| Professional qualification awarded |
|------------------------------------|
| Family physician |

| Study program director | Director's contact information |
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| Professor dr. Leonas Valius (residency program coordinator Sarunas Macinskas) | Office tel.: (+370 37) 326670, mobile: +370 69838341; E-mail: leonas.valius@kaunoklinikos.lt |

| Institution of accreditation | Accreditation until |
|---|---------------------|
| Centre for Quality Assessment in Higher Education | Year 2014 |

| Aim of the residency study program |
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| To prepare a doctor family physician, universally educated, honest, initiative, self-sufficient but responsible ethically, creative, interested in science innovations, upholding democracy, able to solve problems and work in a team, having family physician professional qualification and able to apply acquired knowledge, skills and abilities in practical job, correspondent to Lithuanian Medicine Norm "Family physician. Rights, duties, competency, responsibility". To provide knowledge and skills in scientific research and public presentation of professional matters. |

| Program profile | | |
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| Disciplines/subject areas | Orientation of the program | Distinctive features of the residency study program |
| <p>Program consists of obligatory and optional cycles including theory, practice and self-sustaining job.</p> <p>Structure for family medicine studies: Family medicine, internal medicine, pediatric care/neonatology, ambulatory surgery/urology, orthopaedics/traumatology, neurology, otorhinolaryngology, ophthalmology, dermatology, obstetrics/gynaecology, communicable diseases, psychiatry</p> <p>optional cycles:</p> | <p>Applied orientation program, orientated to practical activity and developing abilities for scientific research work, providing family physician professional qualification.</p> | <p>Unique family medicine residency program is based on theoretical studies and practical and scientific job integration. These residency studies are taking place for already more than 20 years. Practical skills are obtained and theory course is realised with the help of University professors – residency base specialists. For the family medicine residency study cycles the main residency base – LUHS Hospital Public Institution "Kaunas Clinics" is accredited.</p> <p>There is an opportunity to accomplish part of the residency (up to nine months) in accredited satellite training clinics outside the principal base (up to 35 clinics are</p> |

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| <p>Optional cycles are meant to inquire one particular field: Cardiology; Emergency radiology; Pain management; Emergency; Urgent neurology; Urgent radiology.</p> | | <p>accredited as satellite training centres for mainly family medicine cycle rotations). Program is prepared taking into account:</p> <ol style="list-style-type: none"> 1. LR legislation, 2. LUHS valid documents; 3. Order by LR Minister of Health of December 21, 2009 No V-1054 „About Lithuania Medicine Standard MN MN14:2005 „Family Physician: rights,duties, competence and responsibilities. Requirements of European Union of Medical Specialists for preparation of Family Physicians (European Union of Medical Specialists. Chapter 6, Charter on Training of Medical Specialists in the EU. 4. Cumming AD, Ross MT. The Tuning Project (medicine) – learning outcomes / competences for undergraduate medical education in Europe. Edinburgh: The University of Edinburgh, 2008. Prieiga per internetą: http://www.tuning-medicine.com. 5. Bulajeva T., Lepaite D., Sileikaite-Kaishauri D. Study program manual. Vilnius, 40 p., 2012 (prepared for project “National Concept Preparation for European Credit Transfer and Accumulation System (ECTS): Harmonisation of Credits as well as Creation and Implementation of the Learning Outcomes Based Study Programs Methodology“ (Nr. VP1-2.2-ŠMM-08-V-01-001). |
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| Admission requirements | Recognition of previous learning |
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| <p>Master degree in medicine and medical doctor professional qualification are obligatory. Admission by the way of general competition. Competitive score structure of is given in the conditions for entrance to the LUHS residency programs. The main components of competitive score is the average assessment of all subjects, studied during integral studies, final exam assessment, clinical medicine practice assessment, student’s scientific activities assessment (appointed by Student Science Association (SMD)), motivational interview assessment. Motivational interview takes place according to the schedule set in advance. Motivation Committee is composed of academic anaesthesiologist reanimatologist staff and residents representatives. Scientific activities in the field of anaesthesiology-reanimatology as well as qualities of human being are evaluated. Competition is public and takes place separately to every residential study program in two stages (main and additional). Second or additional stage can be organised if after the main admission free places are still available.</p> | <p>Results of previous studies are accepted individually, taking into account the developed competencies and goals of program that correspond to „Family medicine“ residency study program, with the guidance of procedures set by LUHS Senate.</p> |

| Access to further education |
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| <p>Degree providing third cycle doctoral studies (are chosen by 5-10% with obtained family medicine professional qualification). Third cycle degree studies may be an option (up to 10% choose to proceed to PhD).</p> |

| Access to professional activities (employability) |
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| <p>Doctor with family medicine speciality can do practical job in state as well as in private health care institutions, which have a licence to run family medicine profile services, according to the licence obtained in Lithuania or</p> |

abroad, can seek a scientific degree in doctoral studies, do pedagogical job. Family doctor licence is given by the State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania, after submitting diploma of completed medical studies program, internship certificate and certificate of completed residency.

| Learning and teaching approaches | Methods of assessment (of learning achievements) |
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| <p>Various teaching and studying methods are applied: lectures, seminars, consultations, group discussions together with doctors-residents, every-day activity logbook writing. Residents introduce in The Department and Lithuanian family medicine association conferences, annual residents scientific conferences, residents seminars. Resident in his/her logbook collects certificates or its' copies that prove these activities, if such documents are issued. Residents participate in scientific-practical conferences organised by dept. of Family Medicine, associations of Family Medicine, conferences organised by LUHS. There are conditions made for residents to participate in various approved teaching programs and courses where they go during the time free from studies or are sent by the residency base manager (general director) according to the settled procedures.</p> <p>Learning and teaching includes formal teaching and work-based experiential learning. Formal teaching includes lectures & seminars, consultations, case presentations, journal clubs, grand rounds, clinical skills demonstration and teaching using simulators, research projects.</p> <p>Activities of independent self-directed learning may include reading, maintenance of personal portfolio (log-book, self-assessment, reflective learning, personal development plan), research projects, reading journals.</p> <p>Skills and competences are acquired via their job as residents in Family Medicine, Emergency, Neurology, Psychiatry, Outpatient surgery, Otorhinolaryngology, Ophthalmology, Traumatology, Pediatrics, Intensive care, Oncology, Internal medicine, Obstetrics-Gynecology, Communicable diseases, Dermatology settings. Residents are supervised their responsibility for the care of the patients. This includes day-to-day review of clinical case management, note keeping, continuity of care, self-confidence.</p> | <p>Resident assessment, according to LUHS Regulation on Student's Achievements Assessments (Decision by LUHS Senate, December 14th, 2012, No 25-07) consists of three assessment forms:</p> <p>Initial assessment. The goal of this assessment is to check resident's minimum obligatory preparation for the studies, to set initial level of resident's knowledge and (or) ability level for further study progress assessment; help professors choose study methods and (or) adjust study content while creating conditions for residents to reach prospective study cycle results more effectively. Usually initial assessment is done during the first year of residency studies. It consists of basic anaesthesiology knowledge test and test of anaesthesiology equipment preparation for work. Basic theory knowledge, practical skills and abilities to master control is done at the beginning of the first year of residency studies. The scope of basic theory knowledge, practical skills and abilities to master are done by each (anaesthesiology and intensive therapy) clinic. The model order for obtaining and assessing basic theory knowledge, practical skills and abilities is given.</p> <p>Forming assessment. Forming assessment is applied during the residential studies seeking to assess critically and to adjust residents' learning. In these parts of the residency study program, where practical and social skills are important (problem solutions in problematic learning studies, practice, residency programs etc.) with the goal to assess general competencies the forming assessment is done by multisource feedback method (360 degree assessment and other methodology). The forming assessment consists of:</p> <ol style="list-style-type: none"> a. Advanced assessment. During it resident is learning and is assessed taking into account special safeguard skills, needed for safety in family medicine; b. Credit. It is a forming assessment, done at the each year of studies. During it the course of each residential study year is summarised. Credit is multi-component. During these credits resident is assessed according to LUHS Regulation on Medicine Residency. Family medicine department credit consists of the following: <ul style="list-style-type: none"> - Revision of theoretical knowledge (thirty test questions and not less than 20 should be answered positive); - clinical situation decision; - residency (cycle) characteristics – 360 degree assessment according to point 53.4 of LUHS Regulation on Medicine Residency point 2.1.2 of LUHS Regulation on Students Assessment, where professors and other staff that works with resident evaluates resident's theoretical, clinical knowledge, punctuality, abilities to work in a team, politeness, deontology as well as discreetness towards patient, friendliness, |

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| | <p>collegiality, subordination (a multisource feedback);</p> <ul style="list-style-type: none"> - logbook notes assessment; - cycles studied using electronic access assessment; - other activities (courses studied and certificates obtained, articles, surveys presentations in “Lithuanian General Practitioner Journal“, poster preparation and presentation in conferences) assessment. <p><i>Note:</i> The final resident characteristic is formed at the end of 3th study year summarising resident’s achievements and characteristics for rotations obtained each year.</p> <p>Final assessment. This assessment summarises knowledge obtained by the resident. It is done at the end of residency studies by final residency exam.</p> <p>Workplace-based assessments</p> <ul style="list-style-type: none"> • Multi-Source Feedback (MSF) • mini-Clinical Evaluation Exercise (mini-CEX) • Direct Observation of Procedural Skills (DOPS) • Case-Based Discussion (CbD) • Patient Survey (PS) • Audit Assessment (AA) • Teaching Observation (TO) |
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| General competencies (knowledge, abilities, values and attitudes) | | Outcomes (results) of residency study program | |
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| 1. | Professional attributes | 1.1 | Be honest and honourable with patients, follow medicine ethics norms and requirements for good medicine practice, be critical toward others and himself/herself, be able to feel compassion for the patient, be creative and initiative. |
| 2. | Professional activity | 2.1 | Have ability to evaluate the boundaries of his/her competencies in family medicine field to act independently, if there is a need, seek for a help, solve problems and take decisions, communicate and work in a team with specialists from other fields, be able to organise work and to plan time properly. |
| 3. | Doctor as an expert Jei kas, turi (gydytojas pasauliniame kontekste) Global doctor | 3.1 | Be able to choose and to apply the most optimal methods of family medicine and holistic approach, constantly seek perfection in professional competence while continuing lifelong learning, be able to apply theoretical knowledge in practice, to pass own knowledge and abilities to colleges that have less practice, abilities to plan and to do scientific research. |

| Subject-specific competences (knowledge, abilities, values and attitudes) | | Aims (results) of residency study program | |
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| 4. | Patient and/or relatives consultation Consultation with a patient | 4.1 | To perform patient consultation, problem solving and management plan. |
| | | 4.2 | Be able to explain to the patient and/or his relatives a goal and a meaning for the actions taken to the patient, to discuss further actions, to reassure and to motivate patient and/or his relatives, to understand legal aspects regarding informing patient and/or his relatives. |
| 5. | Making a management plan Patient's diagnostics and formation of treatment plan | 5.1 | To recognise conditions that have impact on patient health, to make a plan for necessary diagnostic tests, be able to interpret test results, to perform primary (complaints, anamnesis, total examination) and secondary (interpreting tests' results and planning, performing and interpreting complementary tests' results) differential diagnostics on patient symptoms reasons; to make a relevant treatment plan for an individual patient, to discuss it with a patient and/or his relatives, be able to evaluate possible pharmaceutical mutual interactions and possible side effects as well as evaluate affectivity of prescribed treatment; to inform properly and objectively about possible benefits and side effects about treatment or diagnostic procedures. |
| | | 5.2 | Ability to communicate with patient and his/her relatives in case of health problem; to gain confidence and written agreement from informed person, communicate in writing (filling up medical documents), communicate with angry/aggressive patient. |
| 6. | Medical emergencies and resuscitation | 6.1 | Be able to recognise conditions that need emergency medical treatment, provide first aid, provide aid in case of trauma, have abilities to treat conditions that require emergency assistance. |
| 7. | Executing procedures, evaluation and interpretation of results Performing or requesting of appropriate investigations and interpretation of the results | 7.1 | Be able to perform procedures what are listed in the Norm, life saving procedures according to valid norms, according to his/her competencies perform and evaluate data of invasive and non-invasive tests, hereunder to choose the most optimal possible patient treatment. |
| 8. | Participation in health prevention, promoting and encouraging a healthy lifestyle Health promotion, engagement in population health issues and effective work in health care system | 8.1 | Be able to assess risk for patient's health and apply proper and rational interventions to lower the risk. |
| | | 8.2 | To participate in health programs on the level of population and of an individual. |