

**DESCRIPTION OF THE PROGRAMME CYCLE OF THE INTERNAL MEDICINE INTERNSHIP STUDIES**

Title of the residency study program	State code
<b>INTERNAL MEDICINE</b>	733A300A5

Academic awarding institution	Language
Lithuanian University of Health Sciences, Medical Academy, Clinic of Internal Medicine, A. Mickevičiaus Street 2, LT-44307 Kaunas, Lithuania	Lithuanian

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

Mode of the studies and length in years	Volume of the program in ECTS credits	Total amount of student work, h	Formal teaching and practice, h	Independent self-direct learning, h
Continuous studies, 5 years	330	8800	7700	1100

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

Professional qualification awarded
Internal medicine doctor

Study program director	Director's contact information
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Institution of accreditation	Accreditation until
Centre for Quality Assessment in Higher Education	Year 2014

Aim of the residency study program
<b>The main aim</b> of the internal medicine residency programme is to prepare highly qualified specialist with internal medicine qualification who behaves according to moral norms and ethic standards, has interest in scientific novelties and reaches for higher qualification in the doctoral studies.

Program profile		
Disciplines/subject areas	Orientation of the programme	Distinctive features of the residency study programme
The programme is composed of Obligatory and Elective Courses that include theory, practical work and individual work. The Obligatory Courses are oriented towards deepening of skills and knowledge necessary for an Internal Medicine Doctor. During the first two years the fundamentals of the	Applied orientation programme, orientated to practical activity and developing abilities for scientific research work, awarding with Internal Medicine Doctor qualification.	The programme has been prepared in accordance with legal acts of the Republic of Lithuania, Regulation 2005/36/EC of the European Parliament and of the Council, EFNS/EBN recommendations for internal medicine specialist preparation (Palsson R., Core competencies of the European

<p>following subjects are being studied: pulmonology, cardiology, gastroenterology, rheumatology, nephrology, hematology, endocrinology, dermatology, oncology and intensive care. During the third year of studies, fundamentals of neurology, ultrasound diagnostics, fundamentals of gastrointestinal endoscopy, and cardiovascular examinations are being studied. During the fourth and fifth years, fundamentals of geriatrics and infectology, internal diseases (rare, polysystemic pathology, differential diagnosis), consultative medicine, and maternal therapeutic care are being studied. Separate courses are formed. An Elective Course is for a narrow field.</p>		<p>internist: A discussion paper. Eur J Intern Med 2007; (18) 104-10 and Requirements for the speciality Internal Medicine of the European Union of Medical Specialists (European Union of Medical Specialists. Chapter 6, Charter on Training of Medical Specialists in the EU. Requirements for the speciality Internal Medicine. UEMS 2007. access <a href="http://www.uems.net/InternalMedicine">http://www.uems.net/InternalMedicine</a>).</p> <p>The programme is based on integration of theory studies and practical activities from the beginning of the studies. Practical skills are developed and theoretical knowledge acquired when helping lecturers – residency base specialists of the University. All Kaunas hospitals and main Lithuanian hospitals (Klaipėda, Šiauliai, Panevėžys) are accredited for separate courses of internal medicine residency programme. The main bases of the residency are hospital of Lithuanian University of Health Sciences Kaunas Clinics and Kaunas Clinical Hospital. These are multiprofile hospitals with modern equipment, examination rooms and teaching personnel.</p> <p>The residency base is selected according to the order set by Medicine Residency Regulation of the University. Research work competences are improved during research activities at Clinic of Internal Medicine of the University or other departments. There is also a possibility to accomplish part of residency (up to one year) in a foreign country.</p>
<b>Admission requirements</b>	<b>Recognition of previous learning</b>	
<p>Master degree in medicine and medical doctor professional qualification are obligatory. Admission by the way of general competition. Composition of the competitive grade is specified in the LUHS conditions for admission to residency programmes. The main components of competitive score is the average evaluations of all subjects, studied during integral studies, final exam evaluation, clinical medicine practice evaluation, student's scientific activities evaluation (appointed by Student Science Association (SMD)), motivational interview evaluations. Motivational</p>	<p>Prior studies results are evaluated individually taking into account the developed competencies and goals of the programme complying with the residency study programme "Internal Medicine", under order set by the LUHS Senate.</p>	

<p>interview takes place according to the schedule set in advance. Motivation Committee is composed of academic staff of Clinic of Internal Diseases and representatives of the residents. Scientific activities in the field of internal medicine, clinical voluntary activities at therapy profile departments and general personal features. Motivational letter for the Commission is given one day prior to the motivational interviewing. The competition is public, separate for each of the residential study programme and is conducted by two levels (main and second). The second level can be organised in case there are vacant places after the main admission.</p>	
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<b>Access to further education</b>	
<p>Postgraduate studies: Third cycle degree doctoral studies (chooses approx. 5 % physicians who acquired qualification of internal medicine).</p>	

<b>Access to professional activities (employability)</b>	
<p>Internal medicine doctor can work at any state of private health care institutions licensed to provide therapy services. Internal medicine doctor licence is issued by State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania with presentation of diploma of medicine studies, medicine doctor's license and residency certificate. The physician can perform scientific researches and work as an educator at institutions of higher education as well. European Union countries recognise the residency certificate and professional qualification. All residents get a job. In 2011, Ministry of Health ordered the LUHS to perform a research "Analysis of a pilot study for number, need and workload of medical personnel". Its results showed that considering age, internal medicine doctors are oldest in Lithuania with the average age of 56. At the near future after 10 – 15 years there should be a demand for internal medicine doctors.</p>	

<b>Learning and teaching approaches</b>	<b>Methods of assessment (of learning achievements)</b>
<p>Learning and teaching includes formal teaching and work-based experiential learning. Formal teaching includes lectures and 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>Lectures attendance, activity during seminars, consultations and group discussions registered in a special journal. Requirement is no less than 75 % of all topics during theoretical activities should be passed according to the schedule of annual lectures, seminars and group discussions. Catch-up exams with previous year students or according to individual plan are allowed.</p> <p>Oral and written examinations take place at the end of every cycle. Written examinations are in a form of test with either open or closed questions/tasks, clinical situations. Evaluated in ten-point grading system.</p>
<p>Skills and abilities are acquired while doing researches and providing patients with treatment at internal medicine departments or profile clinics, emergency department, intensive care department, other inpatient departments, outpatient department; participating in daily and weekly visits of heads of clinic's department and sectors and in discussions about patients, mentoring patients under the supervision of the resident's supervisor, being on duty in sections regarding the needs of the residency base under the supervision of residency supervisor or licenced physician.</p>	<p>Constant weekly evaluation of clinical work, proper performance and/or interpretation of diagnostic procedures reviewing the journal of Daily activities and tasks accomplishment with stamped validation of the residency supervisor.</p> <p>Evaluation of analysis and presentation of individual clinical cases during weekly visits and noting it weekly in the journal of Daily activities with stamped validation of the residency supervisor.</p>

	<p>At the end of every cycle, residency base employees (doctors and junior medical staff, other employees) give responses (in written free form or questionnaire) about the physician-resident's independent activities. Responses are registered as supplements to the journal of Daily activities.</p> <p>Practical skill and abilities acquired during the cycle are evaluated in ten-point grading system and put in the journal of Daily activities and the resident's record book.</p> <p>Review of scientific literature, preparation and making of presentations during the morning doctoral conferences regarding the individual schedule. Presentations are registered in the journal of Daily activities and receive stamped validation of the residency supervisor once in six months.</p> <p>The physician-residents can suggest a topic of the research work or it must be done by the resident's supervisor. Preliminary topic, object and methods of the research work are discussed and approved during the Profile Clinic meeting. Results of the research work must be presented within a month after the final examination during an Internal Medicine Clinic conference.</p> <p>Practical and theoretical examinations finish the residency studies programme. Practical examination takes place at the bed of a patient. Theoretical examination is taken in a written form answering questions and discussing them later.</p> <p><b>Workplace-based assessments:</b></p> <ul style="list-style-type: none"> <li>• Multi-Source Feedback (MSF);</li> <li>• mini-Clinical Evaluation Exercise (mini-CEX);</li> <li>• Direct Observation of Procedural Skills (DOPS);</li> <li>• Case-Based Discussion (CbD);</li> <li>• Patient Survey (PS);</li> <li>• Audit Assessment (AA);</li> <li>• Teaching Observation (TO).</li> </ul>
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<b>General competence</b>		<b>Aims of the residency programme</b>	
1.	Professional characteristics	1.1	To be honest, honourable with patients, behave according to ethical norms, meet good medical practice requirements, act critically in respect of other as well as oneself, be able to feel sympathy, be creative and initiative
2.	Professional activities	2.1	To be able to evaluate one's boundaries of competence and be able to ask for help if necessary, act under conditions of new situations

			and adapt to them, act independently, solve problems and make decisions, communicate and work in a team with specialists of other fields, be able to analyse and plan including the working time
3.	Expert activities of the physician	3.1	To be able to analyse and synthesise, improve continuously through lifelong learning, be able to apply theoretical knowledge in practice, be able to pass ones knowledge and skills to others, be able to plan and carry out scientific researches
<b>Professional competences</b>		<b>Aims of the residency programme</b>	
4.	Consulting a patient (Physician's consulting)	4.1	To be able to evaluate a patient in general, find out and interpret all symptoms of internal diseases, gather expedient anamnesis of internal diseases and interpret it, perform and interpret necessary examinations, state a preliminary and clinical diagnosis.
		4.2	To be able to explain the aim and meaning of actions performed to the patient and his/her relatives, explain findings to the patient and discuss further actions, calm down and motivate the patient.
		4.3	
5.	Making a management plan of an internal diseases patient	5.1	To recognise the clinical condition of internal organs and assess the difficulty level, develop a plan of necessary diagnostic examinations, be able to interpret examination results, perform primary (complaints, anamnesis, objective examination) and secondary (interpreting examination results and planning, performing additional examinations and interpreting the results) differential diagnostics of causes of patient's symptoms; develop an individual treatment plan for the patient and discuss it with him/her and the relatives, be able to assess possible interactions of medicine and possible negative effects and efficiency of the prescribed treatment.
		5.2	To be able to communicate with the patient and his/her relatives in case of critical conditions; be able to gain ones trust and get a written consent from the informed person, communicate in writing (filling in medical documents), communicate with an aggressive patient.
6.	Medical emergencies and resuscitation	6.1	To be able to recognise somatic and internal organs conditions that require emergency medical care, to provide the first aid, to provide first resuscitation aid concerning present recommendations, provide initial aid in case of a trauma, be able to treat for internal organs conditions requiring emergency help.
7.	Performing or requesting of appropriate investigations and interpretation of the results	7.1	To be able to perform the following diagnostic examinations and therapeutic procedures: <ul style="list-style-type: none"> <li>- gather anamnesis and examine the patient using physical methods;</li> <li>- perform differential diagnostics;</li> </ul>

			<ul style="list-style-type: none"> <li>- provide pregnant women with therapeutic care;</li> <li>- perform and assess spirometry;</li> <li>- examination of arterial blood: artery puncture, interpretation of results;</li> <li>- perform diagnostic and therapeutic puncture of the pleura;</li> <li>- perform and assess skin prick tests;</li> <li>- put down and assess EKG of twelve derivations;</li> <li>- perform and assess echocardiography;</li> <li>- perform bone marrow aspiration and assess the results;</li> <li>- measure the central venous pressure;</li> <li>- provide emergency resuscitation aid;</li> <li>- examine internal organs with ultrasound, identify the norm and pathology;</li> <li>- perform a digital rectal examination, identify the norm and pathology;</li> <li>- perform a rectoscopy, identify the norm and pathology;</li> <li>- perform and assess ascites puncture.</li> </ul>
		7.2	<p>To be able to assess the following diagnostic examinations and therapeutic procedures:</p> <ul style="list-style-type: none"> <li>- assess internal organs examinations (X-ray and computed tomographies);</li> <li>- assess laboratory and instrumental examinations;</li> <li>- assess bronchial dilatation samples;</li> <li>- assess physical activity and Holter monitoring data;</li> <li>- interpret endoscopic examinations of upper and lower part of the digestive tract.</li> </ul>
8.	Health promotion, engagement in population health issues and effective work in health care system	8.1	To be able to assess risks for patient's health and apply appropriate and rational measures to eliminate the risk, apply infection control measures, assess risks incurred by professional actions to one's own health and use appropriate means to avoid the risk.
		8.2	To participate in health programmes on population and individual level.