

## Criteria necessary for accreditation of the subject “General Medicine”

### 1) Mandatory classes:

- Lecture and seminar “General Medicine”, Wed. 2:30-4:00pm, 9<sup>th</sup> semester (each student partakes in 3 lectures and 4 seminars in small groups)
- Two-week rotation “General Medicine”, 10<sup>th</sup> semester

### 2) Record of achievement:

Exam at the end of the 9<sup>th</sup> semester

Practical evaluation and epicrisis or new E-Learning-case at the end of the rotation in addition to completing five Case-Train-cases, 10<sup>th</sup> semester

### 3) Learning objective:

-Theoretical basics:

Definition of “General Medicine” in accordance to DEGAM and BLAEEK

Term definition: Physician / pract. Physician/ General Physician

Role of a General Physician (primary care giver-, filter-, navigation-, family-, coordination-, integration-, health development- function) and their meaning

Supply level: non-professional medicine, specialty medicine and stationary care

Meaning of unselected patient population

Range of services of General/Family Medicine in Germany

-Approach in General Medicine

Definitions: Reason for consultation, conclusion of consultation

Physical law of case distribution according to Braun, Prosenic phenomenon

Minimum of direct diagnostics

Classification of the consultation outcome (symptom/symptom complex/ disease image/ diagnosis); prevalence of respective classifications

“Watching and waiting” as a specific method in General Medicine

Spotting avertable dangerous courses

Therapy options: self –treatment, prescription-therapy and referrals

-Distinctions in psychosocial care, family medicine

Home visit: legal terms, urgency, approach, and equipment

Inclusion of the “experienced history”

Inclusion of family situation and environment into the treatment plan

Support for those unable to walk, incurables and patients dying at home

Instruction in medical and caretaking techniques for relatives

Support for relatives with dealing with the patient’s disease and death

-Distinctions in the pharmaceutical treatment

Legal parameters (guidelines etc.)

Regulations for pharmaceutical prescriptions (private-/state-/narcotic-prescriptions)  
Financial aspect  
Compromising between medical and psychosocial necessity, when applicable  
Dropping sensible but not compelling medication  
Possibilities of improving compliance especially in patients with long-term medication  
Possibilities and limits of the usage of herbal medicines  
Placebo as a therapeutic intervention  
Evaluation of self medication and prescription of medication upon request

#### -Evidence Based Medicine

Definition: EBM, guidelines, Case Management, Disease Management  
Evidence grade and Evidence criteria; sources (Cochrane library, AWMF etc.)  
Disease Management Program  
Integration of available evidence into the planned treatment concept  
Possibilities of physician training in everyday practice

#### -Prevention

Children- and adolescent check-ups (U1-U9)  
Youth employment examination  
Cancer and health screenings: Content and entitlement  
Health guidance, advice for smoking cessation, fitness- and diet instructions  
Vaccines: general vaccine recommendations for children and adults (STIKO)  
Travel medicine: vaccines and malaria prophylaxis

#### -Problems in disability

Definitions: Disability, part- or complete reduction in earning capacity  
Disability rules and regulations  
Physician duties: physical exam, taking into account the concrete occupational requirements, exclusion of retrospective or unsubstantiated medical certificates  
Rights and responsibilities of patient, employer and health insurance  
Procedure with long-term disability (continued pay, sick pay, pension)  
Control function of insurances  
Possibilities of rehabilitation (reintegration, realization, appropriate environment, remedies and aids), benefactor and procedures  
Distinctions with occupational injuries (physician consultation and check-ups)

#### -Emergency care

Definition of both subjective and objective emergencies  
Frequencies of vital threatening occurrences in a practice  
Recognizing an emergency including the history of the patient

Basic rules of emergency care: preventive treatment, “nil nocere”, goal-oriented therapy, demonstration of competence, early inclusion of a rescue team

Differential diagnostics and treatment plan for frequent emergency situations according to the main symptom (Dyspnea, Thorax-, abdominal pain, unconsciousness, psychiatric emergencies)

-General Medicine diagnostics and treatment in frequent diseases

Upper respiratory-, ear-, urinary tract-, gastrointestinal tract infections

Back pain

Headaches

High blood pressure, coronary heart disease heart failure

Diabetes mellitus, metabolic syndrome

Bronchial asthma, COPD

Malignant diseases

-Addiction Medicine

Definitions: Addiction, abuse, harmful usage, dependency

Epidemiology of tobacco-, alcohol- and substance abuse

Prerequisites of addictive behavior: personality traits, Kielholts-threes, drinking types according to Jellinek

Recognizing addiction problems in the practice (i.e. CAGE-Test, laboratory parameters)

Therapeutic steps (motivation, detox, withdrawal, rehabilitation)

Addiction as a family disease, phenomenon of Co-dependency

Iatrogenic dependency problems, example: Benzodiazepines

-Psychosomatic primary care

Definition: Psychic, somatopsychic, psychosomatic diseases

Symptom classification: vegetative, somatic, psychic symptoms

Causes of somatization

Problems in recognizing and addressing psychiatric diseases

Differentiation of somatization disorder and endogenic depression

Therapeutic possibilities in a practice

Useful and harmful application of psychopharmaceuticals

Crisis intervention

Recognizing and approaching suicidal tendency

-Back pain

Back pain in numbers (prevalence and costs)

Definition, guidelines

“Red and yellow flags” according to DEGAM

Definition back pain acute and chronic

Treatment goals

Manual medicine (Training, Arthron/Vertebron, pain distribution and nociception)

-Metabolic syndrome

Definition "Evidenced Based Medicine", guidelines, Disease Management and DMP

Definition Metabolic Syndrome

Difference/Definition: Glucose intolerance versus Diabetes Mellitus Type II  
Guideline Diabetes therapy (DDG 2008)

-Geriatrics

Definition and field of work of "Geriatrics"

Demographic development

Goals: Quality of life, inclusion of relatives, pain free living, avoidance of isolation

Minimizing current burdens instead of doing maximal therapy

Specifics for geriatric history taking, symptom types (symptom lacking or negation)

Significance of family, inclusion of relatives in the treatment concept

Geriatric assessment, Mini-Mental-Status, Depression-Scale

Forms of Dementia illnesses: Forms, procedures for differential diagnostics, distinction to pseudo dementia (especially late life depression) and therapeutic possibilities

Helpful aids, remedies and nursing support; procedures and coverage of long-term care insurance

-Terminal care and support