University of Ljubljana
Medical Faculty

Vrazov trg 2
1000 Ljubljana, Slovenija

Department of Family Medicine, Slovenia
Poljanski nasip 58, Ljubljana

Supported by

Zdravstveni dom Ljubljana
Community Health Centre Ljubljana

International conference:

International cooperation in the field of family medicine and other free topics

Location: Zdravstveni dom Ljubljana, Metelkova ulica 9,

1000 Ljubljana

Book of abstracts

Ljubljana, 2nd of December, 2016

INTERNATIONAL COOPERATION IN THE FIELD OF FAMILY MEDICINE AND OTHER FREE TOPICS

Editor: Danica Rotar Pavlič
Publisher: Department of Family Medicine, Medical Faculty, University of Ljubljana
E – Book of abstracts, accessed on http://www.mf.uni-lj.si/kdm

Ljubljana, 2016

CIP - Kataložni zapis o publikaciji
Narodna in univerzitetna knjižnica, Ljubljana

614.2:316.356.2(082)(0.034.2)

INTERNATIONAL conference International Cooperation in the Field of Family Medicine and other Free Topics (2016 ; Ljubljana)
Book of abstracts [Elektronski vir] / International conference International Cooperation in the Field of Family Medicine and other Free Topics, Ljubljana, 2nd of December, 2016 ; [editor Danica Rotar Pavlič]. - El. knjiga. - Ljubljana : Department of Family Medicine, Faculty of Medicine, 2016

ISBN 978-961-267-113-6 (pdf)
1. Vzp. stv. nasl. 2. Rotar-Pavlič, Danica
287490048

Table of Contents

Foreword

Dear colleagues - professors and students,

On behalf of the Department of Family Medicine, University of Ljubljana, we would like thank you for your participation at the you to the conference INTERNATIONAL COOPERATION IN THE FIELD OF FAMILY MEDICINE AND OTHER FREE TOPICS in Ljubljana.

The theme of the meeting is international cooperation in the undergraduate education in primary health care.

Our profession is under constant internal and external revision. We are facing many challenges in the development of structured educational approach, organization of the practices, organisation and teaching about the out of hours care, the role of team members, etc.

Exchanging the teaching experiences at the undergraduate level is provided in most European countries. Development of new areas of education and constant aiming for improvement of our teaching have provoked a vast amount of examples, which we are going to present in this book of abstracts. Many positive examples of the out of hours care and rural care have been reported.

The conference will be enriched with the contribution of the presenters from Croatia, Macedonia, Serbia and Slovenia.

We encourage you to actively participate in the meeting by posing questions and joining the discussion of the presentations.

The international conference is also a place of friendly contacts and informal discussions on various matters, a place where future collaboration can be started or a place to enjoy company of each other.

We are looking forward to host you in our beautiful city with the architectural jewels of architect
Plecnik. You can walk through vivid market and lively streets. You can climb the hill to Ljubljana castle; have a hot chocolate in Preseren market. Come, learn, socialize and enjoy in Ljubljana.

Danica Rotar Pavlic

Programme

		Contents	Presenter
9.00 - 9.30		Arrival and registration of participants	
9.30 - 9.40		Opening Welcome speech	Igor Švab, Vice-Dean, University of Ljubljana, Slovenia
9.40 - 9.50		The role of Ljubljana Health Center	Rudi Dolšak, director, Tonka Poplas Susič, Medical director, Ljubljana Health Center
9.50 - 10.10		Rural medicine – a new course at Medical Faculty in Ljubljana	Marija Petek Šter, Igor Švab, Davorina Petek, University of Ljubljana, Slovenia
10.10- 10.30		Family Assessment: An Outlook on Its Utilisation in Future Medical Practice and Epidemiologic Studies	Domen Sever, student, University of Ljubljana, Slovenia
10.30 - 10.45		Family Medicine and Hypertrophic Cardiomyopathy in Young Adults	Anja Vidmar, student, University of Ljubljana, Slovenia
10.45 - 11.00		Home Visits and Home Care – Education at School of Medicine, University of Zagreb	Zlata Ožvačić Adžić, University of Zagreb, Croatia
11.00 - 11.15		Home care for a patient with advanced heart failure	Petra Mjehovic, student, University of Zagreb, Croatia
11.15 – 11.45		*Break*	
11.45- 12.00		Clinical Empathy	Ksenija Tušek Bunc, University of Maribor, Slovenia
12.00 - 12.15		Patient with sensory disturbances of lower extremities	Tadej Petek, Larisa Divjak, Tjaša Hertiš, Žiga Volgemut, students, University of Maribor, Slovenia
12.15 - 12.30		Land in Sicht: Student experience from family medicine practice in Germany	Eva Senica, student, University of Maribor, Slovenia
12.30 - 12.45		Rural medicine in Macedonia – education at Medical Faculty Skopje	Katarina Stavrić, Medical Faculty Skopje, Macedonia
12.45 - 13.00		One day experience of a medical student in a rural general practice in Macedonia	Filip Trpceski , student, Medical Faculty Skopje, Macedonia
13.00 - 13.15		Education at the Department of Family Medicine, University of Belgrade	Dimitra Kalimanovska-Oštrić, University of Belgrade, Serbia
13.15 - 13.30		Treatment at home	Branislava Popović, Saša Ljubotina, University of Rijeka
13.30 - 14.30		*Lunch*	
14.30 - 15.30		*Visit of the simulation center at the Ljubljana health center*	

Rural medicine – a new course at Medical Faculty in Ljubljana

Marija Petek Šter, Igor Švab, Davorina Petek
Faculty of Medicine, University of Ljubljana / Department of Family Medicine

Background

Rural medicine is a new elective course in the 4th year of Medical Faculty in Ljubljana, starting in the school year 2017/18. We believe that the course will offer something new, practical and different from the learning in clinical departments. The doctor's work in rural environment is different from the work in the city, and represents the roots - or basis of medicine. There is a lack of GPs in rural environment and early contact and presentation of this work can influence the attitudes of students toward this work.

Learning objectives

The following learning objectives were identified:

- To teach the students characteristics, particularities and limitations of work in rural and distal environment.
- To teach the students some clinical skills, needed for work in rural environment.
- To change students' attitudes toward reputation and respect for rural doctor.

Syllabus

The syllabus will be a combination of theoretical work in small groups at the Medical Faculty and three weeks spent in rural practice under mentoring of rural GPs. Small group work will contain a few lectures on basic information about rural medicine, most common clinical problems and myths/truths of rural medicine. Students will also discuss their expectations, experience, standpoints. In the rural practices the students will become acquainted with team work, care for population from 0-99 let (children, palliative care)cooperation of medical team with local community, equipment for work in the practice and fieldwork, concept of integrated care of the patient within the family and local community. They will recognize home visits as a working technique, skills and interventions, for example wound care by sewing or emergency interventions.
Students will prepare a written seminar, containing all the required structured information they acquired in the practice.

Assessment

Continuous assessment of knowledge will be performed by mentor and teacher, both contributing to final grade. Presentations of seminar papers at the final group meeting will contribute to the final grade.

Family Assessment: An Outlook on Its Utilisation in Future Medical Practice and Epidemiologic Studies

Domen Sever, a 6th year medical student
sever.domen@gmail.com
Faculty of Medicine, University of Ljubljana / Department of Family Medicine
Trustee of the paper: Davorina Petek

Introduction

Family assessment is an integral part of the patient and disease burden evaluation and comprises a basic family tree with family history, households with the immediate family, occupations and financial welfare, basic relations between close relatives, a family circle of the immediate family, and a demonstrable genogram. While family history deals predominantly with disease burden, family assessment additionally encompasses socio-economic components.

Aim of the assignment

Medical students taking Family Medicine course were to put the pre-existing communication skills into practice by interviewing a patient and draw up a comprehensive family assessment including the aforementioned components.

Material and methods

The 120 minute interview took place at the patient's home beginning with basic personal and family history, followed by occupational history, APGAR I and APGAR II questionnaires, and concluding with the family circle drawn by the patient.
Later, Smart Draw 2016 was used to sketch the corresponding family tree and genogram, respectively, on which basic disease burden and occupational hazard are shown.

Conclusions

A full family assessment plays an important role in studying process and gives a medical student insight into the importance of the latter in the GP and model practice, respectively. With Slovenia currently transitioning from paper to electronic medical records using various programmes (e.g. Hipokrat), the utilisation of family assessment would be applicable in a form of a concise questionnaire entered into the patient's electronic medical record by a nurse at the very first visit. The questionnaire incorporated into a medical record database would allow a GP to display the family history and disease burden of a particular patient on a demonstrable genogram, hence avoiding the repetitive assessment of family history and socio-economic status. Additionally, a possibility of large epidemiologic studies on various components of family assessment would arise.

Family Medicine and First Encounter with Hypertrophic Cardiomyopathy in Young Adults

Anja Vidmar, a 6th year medical student
vidmar91@gmail.com
Faculty of Medicine, University of Ljubljana / Department of Family Medicine
Trustee of the paper: Danica Rotar Pavlič

Introduction

In Family medicine many rare conditions are encountered for the first time. Some are life threatening and therefore it is vital to recognise them. Symptomatic hypertrophic cardiomyopathy is one of them and in rare cases a sudden death may occur.

Aim of the assignment

Medical students taking Family Medicine course were to put the pre-existing communication skills and knowledge into practice by interviewing and examining a patient, representing his condition.

Material and methods

In Slovenia a family physician is constantly available for advice and should not overlook at first the banal symptoms which can reveal a serious condition. A part of the Family Medicine course is participating on duty at Emergency Department with the mentoring family physician. The examination took place at the emergency room and afterwards the ECG and cardiac ultrasonography were performed. Following a patient's diagnosing process through the following weeks and planning the prevention measurements is an important part of better understanding the complexity of diagnosing such rare conditions.

Conclusions

Hypertrophic cardiomyopathy (HCM) is a rarehereditary disease in which only part of the myocardium becomes abnormally thick. The thickened heart muscle sometimes prevents sufficient cardiac output. In a small number of people with HCM, it can cause shortness of breath, syncope, chest pain or problems in the heart's electrical system, resulting in life-threatening arrhythmias such as ventricular tachycardia. It is important to recognise the unusual set of symptoms and do a further research.

Home Visits and Home Care – Education at School of Medicine, University of Zagreb

Zlata Ožvačić Adžić
Department of Family Medicine
»Andrija Štampar« School of Public Health
School of Medicine
University of Zagreb

The *Family Medicine* course at the University of Zagreb School of Medicine is situated in the final year of a six-year integrated (undergraduate and graduate) program of medical studies. The course is mandatory and is organized in a six week block, consisting of lectures (20h), interactive seminars (40h) and practicals (80h), through which 6 ECTS are achieved. The aim of the course is to provide the students with understanding of principles of comprehensive primary health care: to preserve and promote health, early detect and diagnose diseases, carry out treatments and rehabilitation of individuals and families in their natural environment, including their homes.

Being one of the distinctive and specific aspects of care provided by a family physician, home visits and home care are addressed in the *Family Medicine* course at Zagreb School of Medicine in several teaching units. A theoretical background on the definition processes of care, interprofessional collaboration and family context is provided in a lecture, followed by students' actual performance of a home visit accompanied by his/her GP tutor and a community nurse. Finally, in the interactive part of the seminar for which every student is being assigned with a specific theme, several students reflect on their experience regarding home visits and home care and discuss it within the group of students. The aim of the seminar is to facilitate student's reflection and critical appraisal on the subject, including understanding the influence of social and family-related factors on the provision of healthcare, needed for work within the community.

The themes of home visits, home care and the *Family Medicine* course in general have traditionally been very positively evaluated by the students, confirming that majority of student's expectations have been met. An example is this reflection of a former student published in an official journal of Zagreb School of Medicine (MEF.HR):
"It was a rarity up to that point [in the process of medical education] to see what a long-term relationship between doctor and patient and doctor and whole families actually looked like. Seeing the bond that is crafted by the attending physician and her patients over years of treating common complaints, focusing on preventative medicine and coordinating treatment plans, made me realize how rewarding and fulfilling this particular specialty really is…" (M.P., 2012 University of Zagreb MSE alumni).

Home care for a patient with advanced heart failure

Petra Mjehovic, a 6th year medical student
petra.mjehovic@gmail.com
University of Zagreb, School of Medicine, Department of Family Medicine
Trustee of the paper: Venija Cerovecki
venija.cerovecki@mef.hr

Introduction

Patients with heart failure are chronic patients represented in a family physician's everyday work. Treatment of these type of chronic patients should respect the principles of continuity of care, person--centred care and using of the share–care model between cardiologist and family physician in all stages of heart failure, especially in the advanced stage. Modern approaches understand heart failure as leading malignant diseases.

Aim of the assignment

The patient with heart failure requires a treatment plan that will respect the principles almost identical to the principles of caring for the patients with malignant disease in the terminal stage.

Design and methods

Forty-two-year-old man was medically treaded, due to his heart failure from 2011. to 2016. The patient has positive family history of cardiovascular diseases and ethylism as etiological factors. During these five years patient care has been performed using the share-care model between cardiologist and family physician. Patient treatment included: family physician consultations, home visits, home care, as well as, cardiologist's control examinations and occasional hospitalisations.

Results

During 2011 there were 30 consultations, 2 cardiological control examinations and 1 hospitalization. During 2012 there were 61 consultations, 3 cardiological control examinations and 1 hospitalization. During 2013 there were 50 consultations, 3 cardiological control examinations and 1 hospitalization. During 2014 there were 51 consultations, 4 cardiological control examinations and 1 hospitalization. During 2015 there were 40 consultations, 9 home visits, 2 cardiological control examinations and 2 hospitalizations. During 2016 there were 39 consultations, 7 home visits, 3 cardiological control examinations, 3 hospitalizations and home care was commenced.

Conclusions

The heart failure is one of the leading malignant diseases nowadays, due to progressive course and high mortality rate within the first five years. Treatment plan for patients with heart failure requires team approach of different medical

specialists and share-care model between family physician and cardiologist, as well as, optimal use of consultations in family physician's office, home visits and home care.

Clinical Empathy

Ksenija Tušek Bunc
Deptment of Family Medicine
Medical Faculty, University of Maribor
Taborska 8, 2000 Maribor

Background

Being a good doctor requires an understanding of people, not just science. Clinical empathy is an experiential way of grasping another's emotional state. Empathy should not be confused with sympathy. Unlike sympathy, which is defined as feeling sorry for another person, clinical empathy is the ability to stand in a patient's shoes and convey an understanding of the patient's situation, as well as the desire to help.

Although doctors are armed with information and knowledge, they should never answer the patients' feelings with facts. Doctors are explainaholics. Their answer to distress is more information. In reality, bombarding a patient with information does little to alleviate underlying worry. More than technical explanation, patients need to feel the opportunity to reveal how they feel, and that they are understood not matter how trivial their problem seems to be. Increasingly, empathy is considered essential to establishing trust, the foundation of a good doctor-patient relationship. Studies have linked empathy to greater patient satisfaction, better adherence to medications, better outcomes, decreased physician burnout, and a lower risk of malpractice suits and errors. Empathy is one of the basic skills in the doctor's repertoire, especially for family physicians, ennobling the work and allowing appropriate evaluation of patients' emotional needs as a core aspect of illness and care.

Some doctors don't respond with empathy because they are clueless when it comes to reading other people. Many others do recognize distress, but fear unleashing a flood of emotion in the patient, and sometimes in themselves. While some people are naturally better at being empathic, empathy can be taught. Empathy is a cognitive attribute, not a personality trait. The "Empathetic" program teaches doctors "how to show up, not what to say". Training may include offering experiences that increase self-awareness, listening skills, awareness of the commonalities of all human beings, and respect and tolerance for the differences, and teaching humanistic interviewing skills.

Learning objectives

The following learning objectives were identified:

- To teach students about clinical empathy
- To teach students clinical skills about clinical empathy
- To change students' attitudes toward patients' feelings and needs.

Methods

- Precourse material
- Short lecture
- Mentor's work observation
- Role playing
- Group work
- Case reports
- Vignette

Assessment

Continuous assessment of skills and attitude towards clinical empathy will be performed by mentors and teachers.

Literature

1. Halpern J. What is clinical empathy? J Gen Intern Med. 2003; 18(8): 670–4.
2. Shapiro H, Curnan M, Peschel E, St James D. Empathy and the practice of medicine: beyond pills and the scalpel. New Haven: Yale University Press; 1993.
3. Mercer SW, Reynolds WJ. Empathy and quality of care. Br J Gen Pract. 2002;52:S9–S13.
4. Hojat M, Louis DZ, Maxwell K, Markham F, Wender R, Gonnella JS. Patient perceptions of physician empathy, satisfaction with physician, interpersonal trust, and compliance. Int J Med Educ. 2010;1:83–7.
5. Meirovich A, Ber R, Moore M, Rotschild AA. Student-centered tutoring as a model for patient-centeredness and empathy. Adv Med Educ Pract. 2016;7:423-8.

Patient with sensory disturbances of lower extremities

Tadej Petek, Larisa Divjak, Tjaša Hertiš, Žiga Volgemut,
Students, Medical Faculty, University of Maribor
Taborska 8, 2000 Maribor

tadej.petek@student.um.si

Abstract

We present a case of a 51- year old woman with sensory disturbances of her lower extremities. She reported feelings of heaviness, tingling and numbness in both legs, and additionally itchiness of her forearms. She has an increased body mass index (BMI) and elevated intraocular pressure, for which she is taking timolol.

Clinical examination revealed bilateral touch and temperature hypaesthesia of lower extremities without focal sensory deficits. She had difficulties standing on her toes, but not on her heels. Trophy, tonus and proprioception were normal, the patellar reflex was bilaterally diminished. She had a history of urgent incontinence, also, she reported one occasion of faecal incontinence. Laboratory testing revealed normal levels of vitamin B12, folic acid, TSH and glycated haemoglobin HbA1c. Specialists in neurology, angiology and ophthalmology did not find any abnormalities. A ELISA assay showed greatly elevated IgG and IgM antibody counts for *B. burgdorferi*, which improved after three-week doxycycline therapy, as well as her forehand itchiness. Her general practitioner also ordered magnetic resonance imaging of her lumbosacral spine, which showed an intradural expansive process in the Th12/L1 segment, which compressed more than 2/3 of her spinal canal. Hence she was referred to a neurosurgeon for operative removal of the tumour, most likely meningeoma. After the surgery, her status has greatly improved. She walks without difficulties, only upon major physical activity she reports lower back pain, for which she believes is caused by her degenerative changes of the lumbosacral joints.

Key words

Parasthesia; Hypaesthesia; Intradural meningeoma; Borreliosis; Acrodermatitis chronica atrophicans

Land in Sicht: Student experience from family medicine practice in Germany

Eva Senica, medical student
Student, Medical Faculty, University of Maribor
Taborska 8, 2000 Maribor

Abstract

The following article presents my experience with the project Land.in.Sicht, which offers medical students the internships in German rural area. I have spent one month in a general medicine health center in Gerolzhofen. Presented are my internship, the specifics of the German general medicine system and the comparison between the Slovenian and German system.

Key words

Internship, General medicine, Health system

Rural medicine in Macedonia – education at Medical Faculty Skopje

Katarina Stavric
Medical Faculty Skopje, R.Macedonia / Department of Family Medicine

Introduction

Undergraduate family medicine teaching consist 15 hours theoretical and 15 hours practical work. From educational point of view rural practice can make the experience enjoyable and successful for the student. This setting is ideal for teaching family medicine because rural physicians need to be skilled clinicians and must also be an effective resource for their practices and community populations.

Aim of the assignment

Rural generalists have traditionally had a much wider scope of practice than their urban colleagues. All principals of family medicine: comprehensive care, specific clinical skills, community based medicine that ensures continuity of care that crosses different settings, respond to medical emergencies, address the health care needs of culturally diverse and disadvantaged groups are incorporate in theoretical part. A positive and thoughtful approach to teaching, combined with the benefits of this setting, can make the experience enjoyable and successful for the student.

Material and methods

Rural practice in Macedonia is the practice that gives health services to village that is 15 kilometres distant from the Health Center. There are 52 rural private practices, and 30 villages don't have general doctor. In 81 public practices works "rural doctor" employed in Health Center who visits older population and patients with chronic diseases 1, 2 or 3 days depend of the number of citizens (3 to 100 citizens). Also there is mobile pharmacy that distributes medicines to the rural area.

Unfortunately we have small number of rural practices were the student can practice**.** One day practical work isn't enough to fill all aspects of rural medicine. Not all students can experience working in rural practice. Also there are obstacles from students not to go in rural practices.

Conclusions

Working with physicians in rural practices who are extremely skilled, self-directed, hands-on practitioners is a great opportunity to students to change their attitude towards family medicine. We should enforce more educators from rural practices to be involved in undergraduate teaching and unable to the students to experience real family medicine. Also facing problem with no GP who want to

work in rural practice can be overcome with more practical work at rural practice during the undergraduate study.

One day experience of a medical student in a rural general practice in Macedonia

Filip Trpcheski, a 5th year medical student
phillip.trpcheski@gmx.com
Faculty of Medicine, "Ss. Cyril and Methodius" University / Department of Family Medicine
Trustee of the paper**:** Marija Mihajlova; Katarina Stavric

Introduction

Every medical student strives to get the best theoretical and practical knowledge during medical school so they can be more confident and feel prepared at the beginning of their medical career. According to the medical students in Macedonia, family medicine can be practiced better in urban than in rural areas.

Aim of the assignment

The aim of the visit of a rural general practice was to experience the family medicine practice in a rural area and report the medical services that a medical student can practice.

Material and methods

After observing and helping the doctor and at the same time working and practicing medical skills we are able to compare the services that the doctors in rural areas can provide for their patients with those provided in the urban areas.

Conclusions

The results show that there is no difference between the urban and the rural general practice except for the different location while the medical services which are provided are the same. This leads us to the conclusion that the medical students can get the same experience and practice in both urban and rural areas because they both provide the same medical services and the same good-quality education for the future doctors. Furthermore, the family medicine educators play a major role in supporting the students during their first steps in practicing medicine which brings us back to gaining that confidence and preparedness the students are looking for.

Education at the Department of Family Medicine, University of Belgrade

Dimitra Kalimanovska-Oštrić, Medical Faculty of the University of Belgrade, Serbia

Abstract

Lack of formal Department for undergraduate studies in Family Medicine at our Medical Faculty did not prevent our students in the last decade from obtaining adequate essential education in this field throughout their studies. In the actual curriculum, the program of Family medicine as proposed generally in the surrounding and other European countries is divided between several subjects: “Principles of clinical practice 1” attended by students during the first year, “Principles of clinical Practice 2” with “Physician in the community” during the second year and a 4 weeks' block of General medicine with 120 theoretical and practical lectures in the final year as part of the Clinical internship.

The main goal of the courses is to acquaint students with: structural and cultural factors that affect the health of individuals and communities as well as activities in the community that work to improve the health of the individual. The knowledge gained in the courses, allows a doctor of medicine to identify and explain the effect of social factors on health, to develop the ability to communicate with the patient, his family and his immediate environment and to analyse the relationship "doctor-patient" from the standpoint of both the doctor and patient.

Awareness of the importance of Family medicine in everydays' practice of doctors has been recognized by many other Departments that have been actively involved in the teaching programs at the University clinics and outside of them through home visits, out of hours care and volunteer work of our students. The experiences of foreign Faculties of Medicine will be a motivation and obligation for further improvement of education in Family Medicine at the Medical faculty in Belgrade.