

PROGRAMME

for teachers of

family medicine

on health promotion
and disease prevention



Organisational competencies



Educational competencies



Clinical competencies

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2. Health and Management
3. Sheffield Hallam University
4. Greek Association of General Practitioners
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Introduction

Health promotion and disease prevention is one of the most important roles in general practice/family medicine. The present educational programme is an attempt to respond to the growing need for the development of a harmonized training in this area at the continuing medical education level. The construction of the programme was preceded by an analysis of the educational curricula of the GP training process in several European countries, as well as by gathering family medicine experts' opinions on the GP educational process and gaps in their competencies. The programme was developed by an international group of authors representing diverse academic and vocational centres responsible for GP education in Poland, the United Kingdom, Lithuania and Greece. Its main aim is to support family medicine teachers actively involved in the continuous medical education process, as well as in the development of courses or other educational interventions. The proposed content can and should be modified according to the particular educational needs as well as other factors, specific for the region/country or health care system. The document is divided into nine parts: maternal and child health, lifestyle, environment, screening, chronic disease management, preventive interventions, information, patient relationship and local communities. Each part includes a short introduction to the topic, general and specific learning objectives which should be achieved on completion of the course, proposed course content as well as the most adequate educational and assessment methods. The course organizers or even individual GPs might benefit from the complementary publication "Guidebook for teachers of family medicine on health promotion and disease prevention", which includes a set of complete educational tools ascribed to each of the nine parts. Each toolset contains a detailed description of its utilization methodology and a complete set of the needed materials. In preparing the toolset the authors were trying to introduce diverse and attractive educational methods for different target groups. The authors express hope that the programme will support family medicine teachers in the development of attractive and user friendly educational interventions, which substantially increase the competence of general practitioners in the field of health promotion and disease prevention.

CHAPTER 1 – CHILD AND MATERNAL HEALTH

1. Introduction

Maternal and child health (MCH) refers to mothers, neonates, infants and children of all ages including adolescents. Pregnancy and childbirth have an enormous impact on the physical, mental, emotional and socioeconomic health of women and their families. The goals of maternal and child health services are to improve women's health before, during and after pregnancy, and to reduce both short- and long-term complications and to ensure that all women have a safe and healthy pregnancy. Equally important is the reduction in maternal and child mortality and morbidity as well as the promotion of the health and well-being of mothers and children of all ages. Maternal and child health services play a central role in supporting children and their families. General practitioners and family physicians are the frontline of primary care for all families with children – assessing health and development, teaching and advising parents, and providing a link to other children's service providers and health professionals. They provide information on parenting, childbirth, breastfeeding, diet, hearing, vision, safety, play and socialisation as well as how and when to seek a referral to appropriate specialists. The emphasis of this role is on the early detection, intervention and prevention of physical, emotional and social issues affecting children and families.

2. Learning objectives

General:

- To understand the main issues affecting maternal and child health.
- To understand the clinical and public health perspectives of prevention in maternal and child health.
- To be aware of services that should be provided during pregnancy, childbirth and infancy.

Specific:

- An understanding of the normal patterns of child and family growth and development over a lifespan as well as the characteristics of effective health care systems which are accessible and sensitive to needs of growing children and families.
- Demonstrating a knowledge of the determinants of health and illness and the potential impact of biological, behavioural, socioeconomic and cultural factors.
- An understanding of the importance of multi-agency and inter-professional skills and effective communication in maternal and child health issues.
- An ability to plan the continuity of care to women and their babies.
- An ability to ensure that safe and efficient mechanisms and procedures are in place to facilitate referrals and consultation for higher level services for complex pregnancies.
- An understanding of cultural differences and the socio-economic circumstances of mothers, children and families.
- The provision of health promotion programs appropriate to antenatal, perinatal, early and late childhood as well as resources in dietary advice, mental health and smoking cessation.

3. Content/topics

- Epidemiological factors in maternal, perinatal and neonatal care
- Diagnosing pregnancy
- Normal pregnancy
- Routine antenatal care
- High risk pregnancy
- Family planning
- Maternal and infant nutrition
- Sexually transmitted diseases
- Infertility
- Breast feeding
- Postnatal depression and psychosis
- Substance abuse and smoking during pregnancy
- Vaccination
- Well-baby clinics
- Surveillance programmes
- Child abuse
- Mental and emotional problems.

4. Educational and assessment methods

Educational methods	Assessment methods
Case studies	A portfolio, educational or reflective
Workshops	The self-assessment method
Interactive (IT-based) learning	Peer group assessment
Discussions	Case specificity
Scenario-based learning	The observation method, direct
Problem-based learning	The observation method, indirect
Lectures	The MCQ–MEQ method (Multiple Choice Questionnaire, Modified Essay Questionnaire)
	The essay method

CHAPTER 2 – LIFESTYLE

1. Introduction

Lifestyle is a key factor influencing human health and well-being. According to Lalonde theory, over 50% of an individual's health status can be attributed to lifestyle. Other factors, like genetics, community and the health care system have a much smaller impact. Lifestyle is a major modifiable risk factor for many chronic and potentially threatening conditions, including cardiovascular disease, cancer and accidental injury. A competent family physician should be able to influence the lifestyle of his or her patients in order to gain multidimensional health benefits.

2. Learning objectives

General:

- To understand the influence of lifestyle on health and illness.
- To learn about different kinds of lifestyle interventions.
- To be able to put effective lifestyle interventions into practice at the local community level.

Specific:

- The management of major lifestyle risk factors for communicable and non-communicable diseases.
- The ability to identify individual patients, families and groups requiring interventions in their lifestyle and health behaviours.
- The ability to plan and implement individual and group educational activities alone and in collaboration with practice team members and other specialized services.
- To enhance patients' motivations to undertake efforts to implement and maintain beneficial lifestyle changes.
- The monitoring of lifestyle changes.

3. Content/topics

- The types and intensiveness of physical activities, their indications and contraindications
- Physical activity while suffering from a chronic disease (e.g. CVD, pulmonary diseases) or under specific conditions (e.g. the elderly, during pregnancy, etc.)
- Weight and healthy eating

- Healthy diet principles
- Dietary approaches to limit diseases' influence (e.g. hypertension, renal failure, diabetes, GIT diseases, etc.)
- Alcohol limits and risky drinking
- Short interventions in alcohol, smoking and drug addictions
- Psychological services for addicted and co-addicted persons
- Smoking cessation techniques
- Soft and hard narcotics and their influence on health
- Medicalisation and medicine abuse
- The influence of acute and chronic stress
- Effective stress relieving techniques
- Safe levels of sun exposure
- Risky sexual behaviour
- Safety in the home environment
- Hazardous working conditions
- Safety on the road
- The planning of healthy leisure activities.

4. Educational and assessment methods

Educational methods	Assessment methods
Clinical work/practice under supervision Discussions Interactive (IT-based) learning Lectures A literature search Role playing Project work The writing of patient studies, case studies	Essays The MCQ–MEQ method (Multiple Choice Questionnaire, Modified Essay Questionnaire) Observation (direct & indirect) The oral method A portfolio, educational or reflective The self-assessment method The structured written answer method

CHAPTER 3 – ENVIRONMENT

1. Introduction

Numerous external and internal environmental factors influencing human health are present at home, school and the workplace. In particular, environmental pollution, including industrial fumes and aerosols, can irritate or lead to inflammatory, allergic or carcinogenic effects. The occupational and home environments also play a crucial role in the development of particular diseases. Although new technologies provide many benefits to its users, Internet addiction is a growing problem in contemporary society.

2. Learning objectives

General:

- To refresh and augment the trainee's knowledge related to the negative impact of environmental hazards on physical and mental health.
- To acquire the diagnostic ability to recognize environmental influences on the health of adolescents.
- To improve practical skills related to intervening in order to eliminate environmental risk factors.

Specific:

- The ability to define sources of information about local ecology and pollutants.
- Understanding the role of different stakeholders (schools, employers, local governments) in protecting and maintaining a healthy environment.
- Understanding the role of home-, work- and school-related hazards.
- Promoting health strategies to increase family and social activities to avoid environmental hazards.
- Developing an individualized therapy plan, including behavioural, cognitive, physical and emotional issues related to the pathological use of electronic media.
- Finding links between symptoms of Internet abuse and mood disorders, impulse control, alcohol and chemical dependency disorders.

3. Content/topics

- Air pollutants
- Water pollutants
- Soil pollutants
- Pollution-related disorders and diseases
- Allergies
- Occupational risk factors and diseases
- A healthy work environment

- Schools promoting health
- Negative school-related factors
- Pathological internet use
- A negative home environment
- Abnormalities in family structure and functioning.

4. Educational and assessment methods

Educational methods	Assessment methods
Power point presentations Lectures Case studies Workshops Computer based training Discussions	The self assessment method The oral method A multiple choice questionnaire A portfolio

CHAPTER 4 – SCREENING

1. Introduction

The general practitioner is the only health professional who is in continuous contact with the general population. This is why general practice and its associated primary care services are the final common pathways for the delivery of most screening programmes. The absence of nationally agreed priorities, guidelines and identifiable resources has meant that screening in primary care remains somewhat arbitrary, that its practice varies widely and that its programmes remain largely unevaluated. The discussion on screening has focused largely on test characteristics and performance with less attention being given to issues of policy formation, priority setting, implementation and quality assurance. In certain conditions, both systematic and opportunistic screening, can cause more harm than benefits. Knowledge about principles of screening is essential for family physicians to provide competent preventive care to their patients.

2. Learning objectives

General:

- To understand the crucial requirements for effective screening to be performed in primary care environments.
- To know a variety of screening techniques.
- To be able to apply these techniques as part of a preventive intervention.

Specific:

- The ability to identify individual patients, families and groups requiring interventions.
- The ability to apply the appropriate screening tool.
- The skills to evaluate the screening program.
- The ability to link the screening program to treatment available in the health care system.

3. Content/topics

- Screening procedures for chronic diseases (e.g. COPD, DMt2, hypertension, etc.)
- Screening procedures for different types of cancer
- Rules and national screening programs
- The organization of screening in general/family practice
- Working in health teams (e.g. nurses, midwives, social workers, etc.)
- Screening tools
- Communication techniques (campaigns, flyers, TV spots, posters etc.)
- Quality assurance for screening programs.

4. Educational and assessment methods

Educational methods	Assessment methods
Clinical work/practice under supervision Discussions Lectures Seminars A literature search Role playing Project work The writing of patient studies, case studies	The MCQ–MEQ method (Multiple Choice Questionnaire, Modified Essay Questionnaire) Observation (direct & indirect) The oral method (by the tutor) Peer assessment A portfolio, educational or reflective The self assessment method The structured written answer method

CHAPTER 5 – CHRONIC DISEASE MANAGEMENT

1. Introduction

Chronic health conditions are a substantial challenge to global health. By 2020 they will account for 73% of all deaths and 60% of the global burden of disease. The management of disease has long been a central goal of medicine. The term **disease management**, however, is a new buzzword, confusing to many, that has arisen in response to the economic and societal burden incurred by the care of chronic illness and the need to improve the quality of care for the growing populations of patients who have chronic diseases. New approaches to chronic disease management emphasize the need to improve the delivery of primary care services to meet the needs of chronically ill patients and prevent complications as much as possible. There are specific skills and knowledge required by a family physician in order to be competent in the field of chronic disease management.

2. Learning objectives

General:

- To understand the significance of chronic illnesses, their medical consequences, patients' quality of life and related economic and social factors.
- To know several chronic disease management models.
- To be able to develop and implement evidence-based strategies in order to prevent complications and achieve the best practice in chronic disease care.

Specific:

- The ability to identify the early stages of chronic diseases.
- The ability to apply interventions delaying complications and prolonging the patient's life.
- Promote patient self-management of a chronic disease.
- A knowledge of major health care services and other care providers that contribute to chronic illness management.
- The ability to identify deficits in the quality of chronic disease management in primary care settings.
- The ability to coordinate services provided to patients with chronic diseases by specialists and other health care providers.
- The ability to use electronic medical records, disease registries, decision-support and patient-reminder systems.
- Identify patients with multiple chronic diseases and work closely with other health professionals on a team basis.

3. Content/topics

- Secondary and tertiary prevention techniques

- Co-morbidity, multi-morbidity and the identification of patients' complexity
- Evidence-based guidelines for treating chronically ill patients
- Management strategies focusing on health promotion (e.g. healthy eating, smoking cessation and exercise)
- Decision-supporting tools
- Clinical information systems with individual- and population-level information on chronically ill patients
- Coordination between primary and specialty care
- Referral systems to community agencies assisting patients with chronic illnesses
- The self-management of patients with chronic conditions
- The sharing of responsibilities and team-based care in chronic diseases
- Follow-up on chronically ill patients.

4. Educational and assessment methods

Educational methods	Assessment methods
Workshops	An essay
Clinical work/practice under supervision	The MCQ–MEQ method (Multiple Choice Questionnaire, Modified Essay Questionnaire)
Observation	Observation (direct & indirect)
Interactive (IT-based) learning	The oral method
Problem-based learning	The self assessment method
A literature search	A medical records audit
Role playing	
Discussions (in practice teams)	
Lectures	
Discussions (in groups of trainees)	

CHAPTER 6 – PREVENTIVE INTERVENTIONS

1. Introduction

The greatest disease burden in Europe comes from non-communicable diseases (NCDs) such as cardiovascular diseases, cancer, diabetes mellitus, chronic respiratory disease and musculoskeletal conditions. The greatest potential for reduction in the disease burden from NCDs lies with prevention. The prevention of NCDs needs to take place at the population level (population-based measures promoting healthy behaviour) and at the individual level (intervention with individuals who are at high risk). Family doctors are in a unique position to contribute to the improved prevention of NCDs. They also play an important role in the prevention of communicable diseases. Immunization is one of the most effective and cost-effective medical interventions to prevent disease. Family doctors should actively advocate immunization.

2. Learning objectives

General:

- To understand the disease risk concept as well as population strategies and high-risk strategies to prevent them.
- To understand the scope of preventive interventions as a part of the preventive work of family doctors.
- To be able to apply evidence-based preventive interventions in the area of communicable and non-communicable diseases.

Specific:

- The identification of individuals at high risk for communicable and non-communicable diseases.
- A knowledge of the basic principles which help people to change their behaviour, and to have practical skills in counselling to modify behaviour.
- The ability to apply appropriate interventions for prevention of hypertension, hypercholesterolemia, being overweight and diabetes mellitus (impaired glucose tolerance).
- A knowledge of the recommendations for immunisation, and to be able to maintain adequate immunisation coverage.
- The ability to plan and implement individual and group preventive interventions in collaboration with other general practice team members and specialists.

3. Content/topics

- The levels of disease prevention (primordial, primary, secondary, tertiary)
- The epidemiology of the most common communicable and non-communicable diseases
- The surveillance of children and adults
- Vaccine-preventable disease and types of vaccines

- Immunisation programs (vaccination policy and schedule)
- Chemoprevention
- Screening and detection of the early stages of diseases
- The basic principles of effective counselling strategies to modify health behaviour
- Individual and group educational interventions
- Brief interventions and other complex preventive programmes
- Pharmacological interventions.

4. Educational and assessment methods

Educational methods	Assessment methods
Clinical work/practice under supervision Discussions Interactive (IT-based) learning Lectures A literature search Role playing Project work Workshops	Observation (direct & indirect) Essays The MCQ–MEQ method (Multiple Choice Questionnaire, Modified Essay Questionnaire) The oral method A portfolio, educational or reflective The self assessment method The structured written answer method

CHAPTER 7 – INFORMATION

1. Introduction

General practitioners have a special duty to provide care and proper health information to patients, their families and communities. Therefore, the traditional relationship between patient and doctor, mediated through short consultations, has changed from centuries past. Patients often are well-informed of their rights through consumer awareness. Also, people have increasing access, particularly through the Internet, to the vast resources of the mass media. This means that as customers they have more questions concerning health issues. Research has shown that even in developed countries the level of health literacy in some population groups is poor. Patients must have the opportunities and the skills to both understand and act on health information in order to play their role in the co-production of health. Effective use of information must be supported by various information technologies (IT), currently used in many countries. This process is related to both developments in the computer-based professional competencies of GPs and the improved computer literacy of patients. Electronic support tools for clinical decision-making, recall and reminder systems and patient education and information are essential for effective preventive care. Effective information management creates value for general practice as a business entity as well as improving patient care.

2. Learning objectives

General:

- To understand the role of health information in the whole of modern medicine and in preventive activities in particular.
- To understand the role of IT in gathering and retrieving medical information.
- To be able to use patient records in order to plan and conduct preventive actions.

Specific:

- The collection of information, which has an impact on prevention planning and the improvement of the health literacy of patient populations.
- The ability to choose the most appropriate method and to store, process and retrieve information, placing value on prevention.
- The ability to select the best techniques for information dissemination.
- The application of information dissemination techniques.
- The monitoring of information dissemination, its effects on public health and whether and/or how to plan further actions.

3. Content/topics

- The collection, classification and analysis of information about a community's health
- Health promotion resources
- Information dissemination methods
- Getting and giving feedback
- Language, cultural and ethnic barriers
- Information technologies in health promotion and disease management
- Integrated data collection systems
- Traditional and electronic patient records
- Computer-based reminders and decision-support systems
- Web-based education for patients
- The role of telemedicine.

4. Educational and assessment methods

Educational methods	Assessment methods
Clinical work/practice under supervision	An essay
Discussions	The MCQ–MEQ method (Multiple Choice Questionnaire, Modified Essay Questionnaire)
Interactive (IT-based) learning	Observation (direct & indirect)
Lectures	The oral method
A literature search	A portfolio, educational or reflective
Role playing	The self assessment method
Project work	The structured written answer method

CHAPTER 8 – PATIENT RELATIONSHIP

1. Introduction

How relationships between patients, their doctors and primary care organizations are established has a significant bearing on health outcomes and patients' satisfaction with the services that they are receiving. Therefore, developing and maintaining good relationships with patients has become a priority for health care stakeholders. Many resources are available to support family physicians and GP organisations in this endeavour. Most of these documents and recommendations provide information regarding how to engage with individuals from different social and ethnic backgrounds. The aim of establishing good quality relationships with patients is twofold: (1) to help people who come into contact with general practitioners and primary care practices to engage in activities and behaviours which reduce the risk of developing major diseases and maintain good health; (2) to optimise the effectiveness of treatment and services delivered to patients.

2. Learning objectives

General:

- To understand the influence of the quality of relationships between patients and general practice organisations on the outcomes of the treatment and patient's health status.
- To understand the role of GPs and their primary health care organisations in preventing the development of disease through engaging patients in numerous health promotion and disease prevention programmes.
- To understand the principles of organisational characteristics that are required in order to develop and maintain effective relationships with patients.

Specific:

- The ability to develop, deliver, monitor and evaluate programmes and services that engage patients to optimise the outcomes of preventive interventions.
- The skills to engage patients, their families and the communities in which they live in the decision-making process related to their health.
- The ability to establish links with individuals and communities in the delivery of effective health promotion and disease prevention interventions.
- The ability to establish patient relationships between patients and their families.
- The ability to recognise and moderate the factors influencing doctor-patient relationship.

3. Content/topics

- Models of doctor-patient relationships
- The role of the family in building patient relationships
- Social, cultural, ethical and religious factors influencing patient relationships

- Engaging with patients and communities
- Patient and public involvement in planning services and programs
- Behaviour change management and counselling
- Patient education and self-care
- Patient satisfaction
- Support to patients requiring preventive clinical interventions
- Ongoing monitoring of the use of services with particular reference to patient and community access
- Outreach services in promoting positive health and health-seeking behaviours.

4. Educational and assessment methods

Educational methods	Assessment methods
Clinical work Role playing Case studies Workshops Interactive (IT-based) learning Discussions Outreach events Significant Event Analysis (SEA)	Observation (direct and indirect) A portfolio, educational or reflective Self assessment The MCQ–MEQ method (Multiple Choice Questionnaire, Modified Essay Questionnaire) An essay

CHAPTER 9 – LOCAL COMMUNITIES

1. Introduction

All community members will eventually use primary care because of health concerns. Some will require community care, often described as a diverse set of policies for dependent persons, i.e., those chronically dependent by virtue of age, mental illness or mental or physical handicaps. For some, community care means just care for elderly people, people with learning or physical disabilities or a mental illness, which is provided outside a hospital. Family doctors and the team members of their practices might be considered as key community health care providers. They should effectively collaborate with other local stakeholders (local governments, schools, churches, NGOs, social care institutions) to build a friendly environment protecting health. One of the most important principles of community care is the provision of care and support without interfering with the patients' independence and encouraging them to take their health into their own hands.

2. Learning objectives

General:

- To understand the role of community care in health promotion and disease prevention.
- To learn about different community care services.
- To be able to apply effective community care measures at a local level.

Specific:

- Knowledge of different management models for community care.
- The ability to identify individual patients, families and groups requiring community care.
- The ability to plan and implement individual and group needs assessments alone and in collaboration with practice team members and other specialized services.
- Enhance patients' motivation to undertake efforts in order to use community care measures.
- The ability to monitor a community care process.

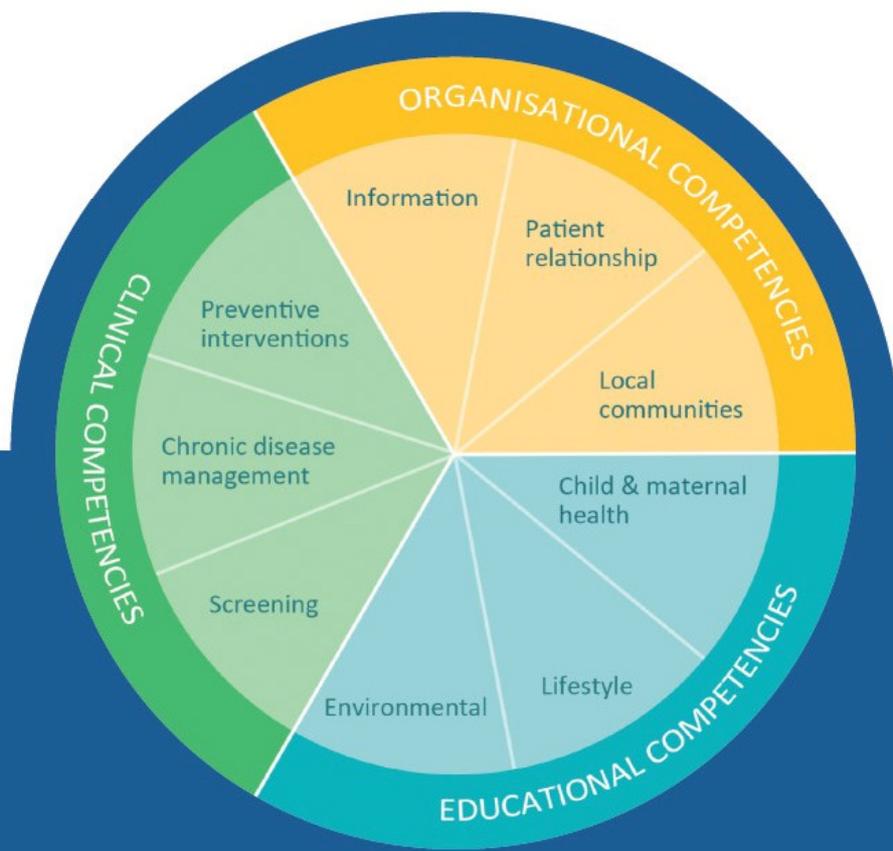
3. Content/topics

- Types of community care services available
- Health promotion and disease prevention programmes in the community
- The formal client assessment process/tool
- Home support, personal care and home management
- Home nursing
- Linkages to other health and social services
- Access to medical supplies and equipment
- Adult Day Programs

- Palliative care within the community
- Professions involved in community care provision
- Community care needs assessments
- Planning community care
- The identification of service gaps and priority needs in health promotion and disease prevention
- Home care services identified as needs
- Transportation
- Medical supplies and equipment
- Dietician services.

4. Educational and assessment methods

Educational methods	Assessment methods
Clinical work/practice under supervision Study visits/outreach events Discussions Interactive (IT-based) learning Lectures A literature search Role playing Project work The writing of patient studies, case studies	An essay The MCQ–MEQ method (Multiple Choice Questionnaire, Modified Essay Questionnaire) Observation (direct & indirect) The oral method A portfolio, educational or reflective The self assessment method The structured written answer method



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