

Teaching the most common clinical skills in family medicine at the Department Of Family Medicine, School of Medicine, University of Zagreb

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Background: During the final year of 6-year undergraduate medical curriculum of School of Medicine, University of Zagreb students spend 6 weeks (190 hours) in Family Medicine course. During this course students spend 60 hours in theoretical educational and 130 hours in selected family medicine practices and participate in the practical work supervised by mentors. The challenges during the COVID-19 pandemic have affected the organization of teaching, scientific and professional work of family physicians (FP). During the pandemic, teaching and learning process were organized in such a way that lectures and seminars were conducted remotely, while clinical practicals were organized by regular arrival of students in family medicine teaching practices in a student group of two students, where all valid epidemiological measures were respected and protective equipment was used. In the lectures and seminars, teachers from the Faculty of Medicine in Ljubljana and the Faculty of Medicine in Maribor participated as guest lecturers, which gave added value since students of our country had the opportunity to hear how the health system worked during the pandemic in another health system.

Summary of work: During the practicals, medical students participate in the work of the family medicine team, which includes triage in accordance with the organization of this procedure in the health institution, consultations in the office and home of patients, remote consultations (e-mail or phone) and conducting the most common procedures during the daily work of the family doctor. During the practicals students are in contact with patients, have a duty to fill out log file regarding activities during practical work and prepare one patient for the presentation during the seminars regarding previous defined clinical theme. Mentors have a duty to fill out questionnaire for evaluation of student clinical qualification, assess them by *Direct Observation of Procedural Skills* (DOPS) and overall. During the practicals mentors use *DOPS* for the assessment of the most common procedural skills in family medicine: physical examination, neurological examination, otoscopy, intramuscular injection, venipuncture, ECG interpretation, spirometry interpretation, chronic wound healing, auditory canal irrigation and filling electronic medical record related to the preventive activities. As a part of formative assessment each mentor encloses five selected DOPS from the list of the most common procedural skills in family medicine. During pandemic academic year 2019/2020. additional obligatory DOPS was for the assessment of the using protective equipment.

Summary of results: During the Family Medicine course all the most common procedural skills were assessed, the most frequent assessed were physical examination, otoscopy and intramuscular injection. Spirometry interpretation, venipuncture and chronic wound healing were assessed rarely. It should be especially emphasized that the hybrid organization of the teaching process and use of protective equipment during Family medicine course preserved all practicals during pandemic period.

Conclusion: Practical teaching practices during Family medicine course, direct contact with the real patient and assessment of the most common procedural skills in family medicine using DOPS enables students for their future professional work.