

MODULE DESCRIPTION (ANALYTICAL PROGRAM).

1. Module Information Code:	
• Name of the institution and School	Universidad Autónoma de Nuevo León, Facultad de Medicina
• Name of the course (learning unit)	Family Medicine
• Total number of class hours- theory and/or practice.	122
• Total number of hours of independent study	58
• Course modality (face-to-face, online, hybrid)	Face-to-face
• Type of academic term (Semester or fourth-month)	Semester
• Type of course (required/elective)	Required
• Curriculum área (ACFGU, ACFB, ACFP-F, ACFP-I)	ACFP-I
• UANL credit points (whole numbers)	6
• Create date (mm/dd/yy)	01/01/14
• Date of last amendment made (mm/dd/yy)	11/04/20
• Person(s) responsible for the design and amendment of the module:	Dr. Raúl Fernando Gutiérrez Herrera, Dra. Iracema Sierra Ayala.
2. Introduction:	
<p>The Family Medicine Program is structured in four stages:</p> <p>The first, "Introduction to Family Medicine", includes the basic theoretical concepts of the discipline from the definition, history and philosophical principles from which Family Medicine was created to end with the presentation of the correlation between the exercise of Family Medicine and to describe as best as possible the model of comprehensive care or biopsychosocial.</p> <p>Stage two, called "Pillars of Family Medicine" includes a description and explanation of the pillars of Family Medicine and how to incorporate them into the professional profile of the graduate.</p> <p>Stage three, "The Theoretical Foundations of Family Medicine" includes general systems theory, family development theory, human communication theory, collaborative physician-patient relationship, and individual interview with family focus.</p>	

Stage four, "Skills for Working with Families" refers to the skills to assess and make family diagnoses, it also includes the skills to negotiate with the patient and family about the program of care and the employment contract, and to complete the executive or management skills group that supports the family physician in bringing about changes that improve family relationships.

This unit culminates with the completion of the Integrated Learning Product, which refers to a clinical case analysis from the bio-psycho-social family approach.

3. Purpose(s)

The purpose of the Family Medicine learning unit is that students develop an integrative biopsychosocial vision of the knowledge that is grouped in the stages of the unit; the reason why the learning unit is part of the profile of the graduate of the degree of Medical Surgeon and Midwife is because the body of knowledge includes the comprehensive management of the most common health problems in primary care in both sexes, at any age, with a focus on the family context and facilitates its comprehensive analysis and experience of multidisciplinary teamwork, (other specialists and other non-medical professionals).

Family Medicine is related to the basic and clinical learning units and integrates general competencies such as autonomous learning, technology management, promotion of institutional values, also contributes to the acquisition of specific skills, such as: the use of scientific foundations in medicine, appropriate management of the most frequent ailments, emergency care and timely and appropriate referral of patients who require it; assuming a responsible and ethical attitude with emphasis on building interpersonal relationships, functional and respect, dignified treatment of all persons without distinction of gender, race or socioeconomic status in their primary care medical practice.

4. Competences of the graduate profile

a. General competences contributing to this learning unit.

Instrumental Skills

1. Apply autonomous learning strategies in the different levels and fields of knowledge that allow them make appropriate and relevant decisions in the personal, academic and professional fields.
2. Use the logical, formal, mathematical, iconic, verbal and non-verbal languages according to their stage of life, in order to understand, interpret and express ideas, feelings, theories and streams of thinking with an ecumenical focus.
3. Use the information and communication technologies as access tools to information and its transformation in knowledge, as well as for learning and collaborative work with cutting-edge techniques that allow its constructive participation in society.
4. Dominate their native language in oral and written form with correctness, relevancy, opportunity and ethics adapting its message to the situation or context, in order to transmit of ideas and scientific findings.
5. Employ logical, critical, creative and proactive thinking to analyze natural and social phenomena that let them make relevant decisions in its area of influence with social responsibility.
6. Develop inter, multi and transdisciplinary academic and professional proposals according to the best global practices to promote and

consolidate the collaborative work.

7. Use methods and techniques of traditional and cutting-edge research for the development of their academic work, the practice of their profession and the generation of knowledge.

Personal and social interaction skills

9. Maintain an attitude of commitment and respect towards the diversity of social and cultural practices that reaffirm the principle of integration in the local, national and international context with the purpose of promoting environments of peaceful coexistence.

11. Practice the values promoted by the UANL: truth, equality, honesty, liberty, solidarity, respect for life and anyone's, peace, respect for nature, integrity, ethics behavior and justice, within their personal and professional environment in order to make a sustainable society.

Integrative skills

14. Resolve personal and social conflicts in accordance with specific techniques in the academic field and their profession for the proper decision making.

b. Specific competences of the graduate profile that contributes to this learning unit

Scientific Basis of Medicine

1. Use the medicine scientific fundamentals considering economical, psychological, social, cultural and environmental factors which contribute to the development and evolution of a disease for decision-making and medical actions.

Professional Clinical Practice

2. Solves clinical problems through deductive reasoning, interpretation of findings and definition of their nature with the aim of making decisions and determine action principles of the medical practice to follow in a responsible way, impacting individual and collective health.

3. Uses biomedical information by assessing health problems and educating the patient about the physical, social, and cultural factors related to the development and prevention of the disease.

4. Properly manages patients with the most common diseases through the application of knowledge, technical procedures and basic diagnostics, based on clinical guidelines and care protocols to solve health problems.

5. Handles common medical emergencies and makes appropriate and timely referrals to patients requiring critical care.

6. Manages human resources, diagnostic interventions, therapeutic modalities, and options on health care in an appropriate way.

7. Knows the organization, financing and health care offer in our country, in order to inform the population of the different alternatives that exist.

Critical Thinking and Research

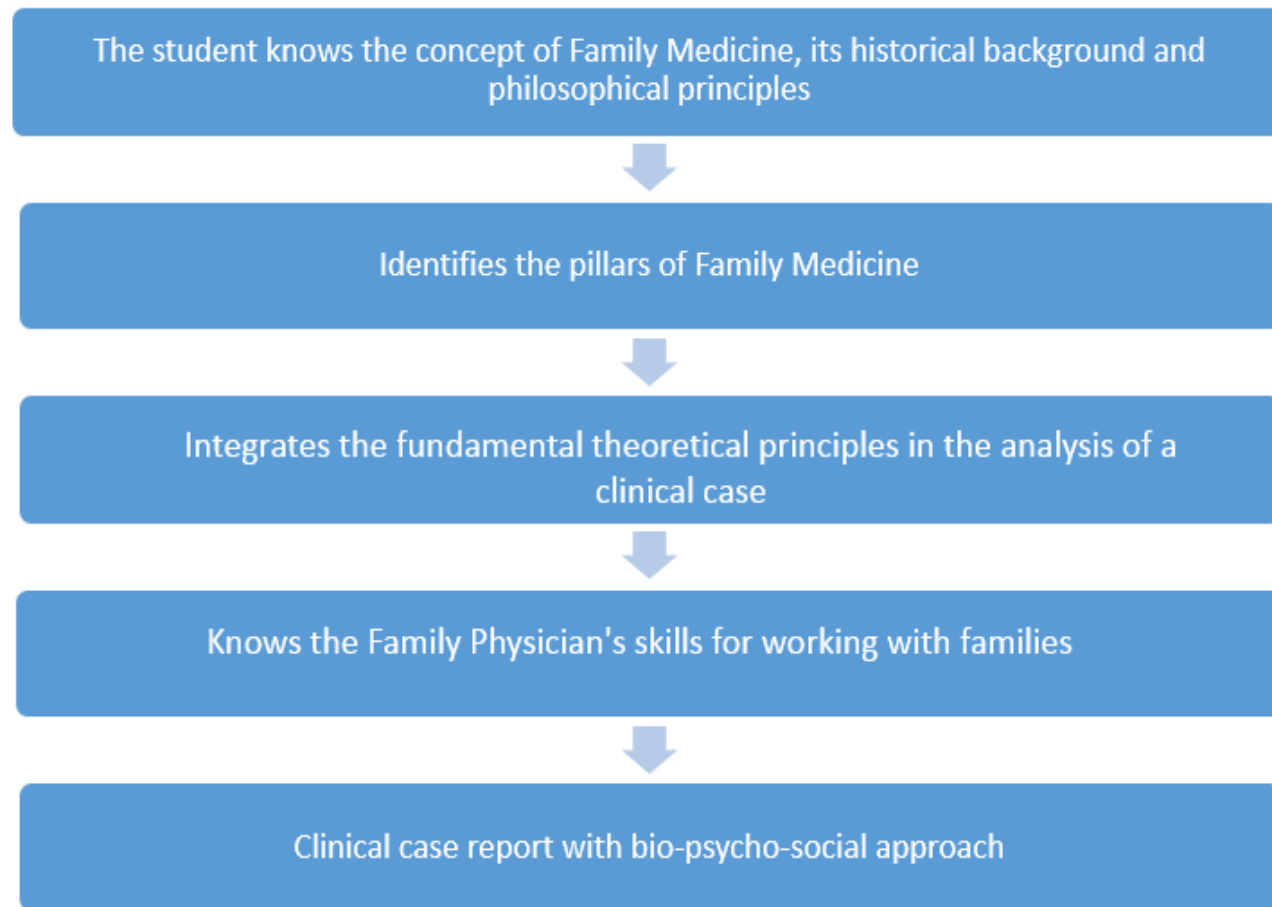
8. Applies the scientific method for the resolution of medical problems with an innovative, analytic and self-critical attitude for preventing, diagnosing and treating diseases.

Professional Values and Ethics

9. Treats patients ethically and professionally without distinction of gender, race, political and sexual preferences, religious belief, activities performed, different abilities or socioeconomic status.

10. Assumes an ethical and responsible attitude in its medical practice keeping the patient's information as a fundamental part of the professional secret in order to respect the patient's rights.

5. Course Roadmap:



6. Structuring into phases or stages

Stage 1. Introduction to Family Medicine.

Component(s) of the competence:

Understand the concepts that define the theoretical-practical practice of family medicine from a bio-psycho-social care model, in order to base the practice and professional practice.

Evidence of student learning	Performance Criteria	Learning activities	Content	Resources
Clinical case report from the bio-psycho-social care model.	<ul style="list-style-type: none"> • Proper use of technical language. • Expresses itself clearly. • Identifies the assumptions underlying Family Medicine. • Identifies the philosophical principles of family medicine. • Describes the use of the bio-psycho-social model in the resolution of the case. • Elaborates pertinent conclusions. • Bibliographic review, at least 6 updated references on the subject. 1. Includes quotes from relevant authors and 	<ul style="list-style-type: none"> • Working groups are formed to generate dialogue among students and with the professor. • Review of information sources indicated in the pre-classroom program. • Students reflect and discuss the historical background that originated Family Medicine and the philosophical principles of Family Medicine. • The professor reviews the material prepared by the students, prior to the presentation. • Students make an oral presentation to the group. 	<p>Concepts</p> <ol style="list-style-type: none"> 1. Introduction to course. <ol style="list-style-type: none"> 1.1 Family Medicine definition. 1.2 History of Family Medicine. 2. Historical background of the family. <ol style="list-style-type: none"> 2.2 Evolution of the family. 2.3 Family Typology. 3.1 Principles of family medicine. 3.2 Family Medicine and its relationship with other disciplines. <ol style="list-style-type: none"> 4.1 Models of care. <ol style="list-style-type: none"> 4.1.1 Biomedical model. 4.1.2 Bio-psycho-social model. 4.1.3 Other models. 4.2 Health systems. <p>Procedures</p> <ul style="list-style-type: none"> • Identify the philosophical principles of Family Medicine. 	<p>Classrooms of the School of Medicine.</p> <p>Audiovisual projection system.</p> <p>Blackboard.</p> <p>Educational platform.</p> <p>Videos and printed media.</p> <p>Spaces for clinical practices (Consultation no. 26, University Hospital inpatient area, Emergency consultation of the shock-trauma service of the University Hospital).</p> <p>Manual.</p> <p>References.</p>

	<p>expresses its own ideas.</p> <ul style="list-style-type: none"> • Delivery on the date, time and format indicated. • Attendance at clinical rotations in a timely manner. • The student carries out the activities requested in a satisfactory manner. 	<ul style="list-style-type: none"> • The professor asks questions and comments to facilitate the dialogue in the group through reflection and critical thinking on the concepts presented. • The student prepares a written report about the definition of Family Medicine. • The student points out in a timeline the historical background that originated Family Medicine, as well as the evolution of the family through time. • The student develops a familiogram of his/her family, as well as the one represented in some movie assigned by the professor. • In a team, the students, through a socio-drama, represent the models of medical care. • The student develops a conceptual map of the relationship of family medicine with other disciplines. • The student makes a written report about the 	<ul style="list-style-type: none"> • Identify the psychosocial factors that accompany the illness. • Performs topics meeting the requirements for a report. • Elaborate audiovisual material referring to family medicine. • Exposes ideas in oral and written form. • Organizes information. • Analyzes and discusses clinical situations. • Directed interrogation. • Physical examination. • Presentation of clinical cases. <p>Attitudes</p> <ul style="list-style-type: none"> • Reflective capacity. • Act responsibly. • Acquires ethical commitment. • Respect for teacher, colleagues, multidisciplinary medical team, patients and families of patient. • Tolerance to cultural diversity. • Teamwork. • Correct use of language. 	
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		<p>health system in Mexico and its comparison with other health systems in the world.</p> <ul style="list-style-type: none"> • The student develops his participation in clinical area in the format of guards in the emergency service with the supervision of the family medicine residents. • The student develops his/her participation in the clinical area in a discussion format with the professor's guidance. • The student develops his/her participation in the clinical area in the family medicine consultation service with the supervision of the residents and family medicine professors. • The student attends the Family Medicine session, where he or she observes the analysis and discussion of clinical cases from the bio-psycho-social-family care model. 		
Stage 2. Pillars of Family Medicine				

Component(s) of the competence: Incorporate the pillars of family medicine into a personal and professional profile as a basis of daily life in order to carry out the medical practice from a biopsychosocial approach.				
Evidence of student learning	Performance Criteria	Learning activities	Content	Resources
Role-playing on comprehensive health care.	<ul style="list-style-type: none"> ▪ Sets out the model of health care, including: <ul style="list-style-type: none"> • Integral • Continuity • Prevention • Community focus ▪ Proper use of technical language. ▪ Clearly expressed. ▪ Draw conclusions and express them clearly in front of the group. ▪ It is done in time and form. ▪ The student attends his/her clinical rotations on time. • The student performs the activities requested in a satisfactory manner. 	<ul style="list-style-type: none"> • Develops a list of bibliographic references associated with the topic. • Form working groups of a maximum of 5 members. • Students consult the information sources listed in the pre-classroom program. • Students reflect on and discuss how the revised pillars of Family Medicine (comprehensive, continuous, preventive and community approach) are expressed in context. • The professor reviews the material prepared by the students for the presentation and defines the objectives of the topic. • Students make a presentation to the group. • The professor asks questions and comments to facilitate the student's reflective and critical thinking about the concepts presented. • At the end of the presentation, the professor, elaborates a synthesis of the exposed topic. 	Concepts 5.1 Integral Medical Care. 5.1.1 Biomedical care. 5.1.2 Psychological or emotional care. 5.1.3 Social o relational care. 6.1 Continuing Medical Care. 6.1.1 Continuity in time. 6.1.2 Geographical continuity 6.1.3 Interdisciplinary continuity. 6.1.4 Interprofessional continuity. 7.1 Natural History of the Disease 7.2 Preventive approach to Family Medicine. 7.2.1 Primary prevention 7.2.2 Secondary prevention 7.2.3 Tertiary prevention 7.2.4 Quaternary prevention 7.3 Levels of care. 8.1 Community-based approach to family medicine. 8.1.1 Social resources 8.1.2 Educational Medical Resource 8.1.3 Families at risk Procedures <ul style="list-style-type: none"> • Information hierarchy. • Applies the model of integral medical attention. 	Classrooms of the School of Medicine. Audiovisual projection system. Blackboard. Educational platform. Videos and printed media. Spaces for clinical practices (Consultation no. 26, University Hospital inpatient area, Emergency consultation of the shock-trauma service of the University Hospital). Manual. References.

Midterm Exam		<ul style="list-style-type: none"> • Performs the exposure assessment with the appropriate instrument. • Records the result of the assessment. • The student gives examples through a concept map about the types of health care. • The student elaborates a comparative chart of the different dimensions of continuity and includes an example of each one of them. • The student makes a conceptual map of the activities performed by the family doctor including examples of each one of them. • Student points out levels of the prevention pyramid and points out examples of family physician involvement. • The student summarizes the concept and application of the community approach in family medicine and the levels of prevention. • The student develops his participation in clinical area in • the format of guards in the emergency department with the supervision of the family medicine residents. • The student develops his/her participation in the clinical 	<ul style="list-style-type: none"> • Make conclusions from the information. • Elaborate audiovisual material referring to family medicine. • Exposes ideas in oral and written form. • Organizes information. • Analyzes and discusses clinical situations. • Directed interrogation. • Physical examination. • Presentation of clinical cases. <p>Attitudes</p> <ul style="list-style-type: none"> • Reflective capacity. • Act responsibly. • Acquires ethical commitment. • Respect for teacher, colleagues, multidisciplinary medical team, patients and families of patient. • Tolerance to cultural diversity. • Teamwork. • Correct use of language. 	
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		<p>area in a discussion format with the professor's guidance.</p> <ul style="list-style-type: none"> • The student develops his or her participation in the clinical area in the family medicine consultation service with the supervision of the residents and family medicine professors. • The student attends the Family Medicine session, where he or she observes the analysis and discussion of clinical cases from the bio-psycho-social-family care model. 		
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Stage 3. Theoretical foundations of family medicine.

Component(s) of competence:

Recognize the theoretical principles that support the practice of family medicine through case analysis, in order to recognize situations that require family medical care.

Evidence of student learning	Performance Criteria	Learning activities	Content	Resources
Family Case Report: Clinical Case Analysis.	<ul style="list-style-type: none"> • Proper use of technical language. • Expresses itself clearly. • Acknowledges application of general systems theory: identifies familiar subsystems. • Identifies the family life cycle stage of the exposed case. 	<ul style="list-style-type: none"> • The professor prepares a list of bibliographic references associated with the topic. • Forms working groups of a maximum of 5 members. • Students consult the information sources listed in the pre-classroom program. • The professor reviews the material prepared by the 	<p>Concepts</p> <p>10.1 Family as a system</p> <p>10.1.1 General Systems Theory</p> <p>10.1.2 Application example</p> <p>11.1 Family life cycle</p> <p>11.1.1 Family and individual life cycle</p> <p>11.1.2 Developmental tasks</p> <p>11.1.3 Critical events</p> <p>12.1 Application of communication in family management</p>	<p>Classrooms of the School of Medicine.</p> <p>Audiovisual projection system.</p> <p>Blackboard.</p> <p>Educational platform.</p> <p>Videos and printed media.</p> <p>Spaces for clinical practices (Consultation no. 26, University Hospital inpatient area, Emergency consultation of the shock-trauma service of the University Hospital).</p>

	<ul style="list-style-type: none"> • Describes the developmental tasks specific to the identified life cycle stage. • Highlights the critical events of the example case. • Recognizes the application of human • communication theory. • Reflect on the application of this thematic content in his/her future professional practice. • Delivery in time and form. • The student attends punctually to his/her clinical rotations. • The student performs the activities requested in a satisfactory manner. 	<p>students for the presentation and defines the objectives of the topic.</p> <ul style="list-style-type: none"> • Students make a presentation to the group. • The professor asks questions and comments to facilitate the student's reflective and critical thinking about the concepts presented. • At the end of the presentation, the professor prepares a synthesis of the topic exposed. • Perform the exposure assessment with the appropriate instrument. • Records the result of the assessment. • Clinical sessions are held. • The student describes a clinical case from the perspective of the family as a system. • The student makes a comparative chart of the family and individual life cycle, including developmental tasks and critical events. • The student makes a conceptual map of the 	<p>12.1.1 Foundations of human communication theory</p> <p>12.1.1.1 Axioms of communication</p> <p>12.1.1.2 Communication pathologies</p> <p>13.1 Perceptual Skills</p> <p>13.1.1 Definition</p> <p>13.1.2 Application</p> <p>Procedures</p> <ul style="list-style-type: none"> • Recognize the theoretical principles of Family Medicine in clinical situations. • Makes a report on the subject. • Organizes information within the assigned task. • Elaborate audiovisual material referring to family medicine. • Exposes ideas in oral and written form. • Organizes information. • Analyzes and discusses clinical situations. • Directed interrogation. • Physical examination. • Presentation of clinical cases. <p>Attitudes</p> <ul style="list-style-type: none"> • Reflective capacity. • Act responsibly. • Acquires ethical commitment. • Respect for teacher, colleagues, multidisciplinary medical 	<p>Manual. References.</p>
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		<p>application of communication in family care.</p> <ul style="list-style-type: none"> • The student makes a summary of the perceptual skills of the family doctor where their definition and application in practice is included. • The student develops his participation in clinical area in the format of guards in the emergency department with the supervision of the family medicine residents. • The student develops his/her participation in the clinical area in a discussion format with the professor's guidance. • The student develops his or her participation in the clinical area in the family medicine consultation service with the supervision of the residents and family medicine professors. • The student attends the Family Medicine session, where he or she observes the analysis and discussion of clinical cases from the bio-psycho-social-family care model. 	<p>team, patients and families of patient.</p> <ul style="list-style-type: none"> • Tolerance to cultural diversity. • Teamwork. • Correct use of language. 	
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Stage 4. Skills for working with families Component(s) of the competence: Identificar las habilidades ejecutivas para el médico familiar utilizadas en las entrevistas familiares o individuales con enfoque familiar para fortalecer la relación médico-paciente.				
Evidence of student learning	Performance Criteria	Learning activities	Content	Resources
Report of clinical case analysis on the Family.	<ul style="list-style-type: none"> • Proper use of technical language. • Expresses itself clearly. • Recognizes the model of doctor-patient relationship. • Identifies the application of bonding skills in professional practice. • Describes the diagnostic process by identifying evaluation skills. • Identifies the instruments used in the exemplified case. • Point out the driving skills used in the case. • Reflect on the application of this thematic content in 	<ul style="list-style-type: none"> • The professor prepares a list of bibliographic references associated with the topic. • Form working groups of a maximum of 5 members. • Students consult the information sources listed in the program 1 before class. • Students reflect and discuss how the revised philosophical concepts (integral, continuous, preventive and community approach) are expressed in their context. • The professor reviews the material prepared by the students for the presentation and defines the objectives of the topic. • Students make a presentation to the group. • The professor asks questions and comments to facilitate the student's reflective and critical thinking about the concepts presented. 	Concept 14.1 Executive skills of the family physician 14.1.1 Union 14.1.1.1 Doctor-Patient-Family Relationship 15.1 Information collection and analysis skills 15.1.1 Family interview 15.1.2 Instruments 15.1.2.1 Familiogram 15.1.2.2 APGAR, FACES 16.1 Performing diagnosis 16.1.1 Negotiation 16.1.2 Therapeutic contract 17.1 Handling 17.1.1 Facilitation 17.1.2 Crisis Intervention 17.1.3 Reference Procedures <ul style="list-style-type: none"> • Identify the executive skills of the Family Physician • Make a report on the subject. • Organize the information within the assigned task. 	Classrooms of the School of Medicine. Audiovisual projection system. Blackboard. Educational platform. Videos and printed media. Spaces for clinical practices (Consultation no. 26, University Hospital inpatient area, Emergency consultation of the shock-trauma service of the University Hospital). Manual. References.

	<p>his/her future professional practice.</p> <ul style="list-style-type: none"> • Delivery in time and form. • The student attends punctually to his clinical rotations. • The student performs the activities requested in a satisfactory manner. 	<ul style="list-style-type: none"> • At the end of the presentation, the professor prepares a synthesis of the topic exposed. • Performs the exposure assessment with the appropriate instrument. • Records the result of the assessment. • The student makes a summary with the concepts learned. • The student exemplifies questions used in the individual interview with a family focus. • Student applies family assessment instruments to patients and submits them for teacher review. • The student makes a conceptual map of the executive skills of the family doctor. • The student develops his/her participation in the clinical area in the format of guards in the emergency service with the supervision of the family medicine residents. • The student develops his/her participation in the clinical area in a discussion format with the professor's guidance. • The student develops his/her participation in the clinical area in the format of guards in the family medicine 	<ul style="list-style-type: none"> • Develops audiovisual material for the presentation of the topic. • Clearly states the ideas orally and in a written report • Analysis and discussion of clinical situations. • Biopsychosocial approach of the patient. • Directed Interrogation • Physical examination. • Presentation of clinical cases. <p>Attitudes</p> <ul style="list-style-type: none"> • Reflective capacity. • Act responsibly. • Acquires ethical commitment. • Respect for teacher, colleagues, multidisciplinary medical team, patients and families of patient. • Tolerance to cultural diversity. • Teamwork. • Correct use of language. 	
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		<p>consultation service with the supervision of the residents and family medicine professors.</p> <ul style="list-style-type: none">• The student attends the Family Medicine session, where he or she observes the analysis and discussion of clinical cases from the bio-psycho-social-family care model.																										
<p>7. Summative Evaluation</p> <table><tr><td>Clinical case report from the bio-psycho-social care model</td><td>5%</td></tr><tr><td>Comprehensive Health Care Role Play</td><td>5%</td></tr><tr><td>Family Case Report: Clinical Case Analysis</td><td>5%</td></tr><tr><td>Family Case Report: Clinical Case Analysis</td><td>5%</td></tr><tr><td>Evaluation of participation in clinical area: Rotations</td><td>15%</td></tr><tr><td>Evaluation of participation in clinical area: <i>Discussion</i></td><td>10%</td></tr><tr><td>Evaluation of participation in clinical area: <i>Family Medicine Session and Consultation</i></td><td>7.5%</td></tr><tr><td>CIP: Clinical case analysis from the bio-psycho-social family approach:.....</td><td>7.5%</td></tr><tr><td>Written exercises (Manual)</td><td>5%</td></tr><tr><td>Midterm exam</td><td>15%</td></tr><tr><td>Final Exam.....</td><td>15%</td></tr><tr><td>Total.....</td><td>100%</td></tr></table>					Clinical case report from the bio-psycho-social care model	5%	Comprehensive Health Care Role Play	5%	Family Case Report: Clinical Case Analysis	5%	Family Case Report: Clinical Case Analysis	5%	Evaluation of participation in clinical area: Rotations	15%	Evaluation of participation in clinical area: <i>Discussion</i>	10%	Evaluation of participation in clinical area: <i>Family Medicine Session and Consultation</i>	7.5%	CIP: Clinical case analysis from the bio-psycho-social family approach:.....	7.5%	Written exercises (Manual)	5%	Midterm exam	15%	Final Exam.....	15%	Total.....	100%
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<p>8. Course Integrative Product</p> <p>Comprehensive Family Care Case Report</p>																												
<p>9. References</p> <ul style="list-style-type: none">○ Taylor R.B.: Medicina Familiar Principio y Prácticas, 1ª edición, España, Editorial MASSON, 2002.○ Garza E.T: Trabajo con Familias, 3ª edición, Monterrey N.L. México, Universidad Autónoma de Nuevo león, 2015.○ Gómez C. FJ, Ponce R. ER, Irigoyen Coria AE. Atención Primaria ,1999. <p>Electronic Resources</p> <p>portal.salud.gob.mx</p> <ul style="list-style-type: none">○ www.spps.gob.mx/programa-sectorial-2013-2018.htm○ www.cenetec.gob.mx/spry/v2/catálogoGPC v2.2.html○ www.medicina.uanl.mx/servicios-y-departamentos/.../medicina-familiar○ www.redalyc.org/revista.oa?id=5077																												

APPENDIX.

ASSESSMENT AND WORKLOAD

Class-based instruction. 2-hour weekly sessions in which the professor and the students revise course content corresponding to a total of 55 topics. An attendance list is available during each session.

Clinical case reports. The student develops and presents 3 clinical case reports.

1. Clinical case report from a biopsychosocial assistance model.
2. Family case report: Analysis of a clinical case.
3. Family case report: Analysis of a clinical case.

The grade is individual and it is obtained by considering punctuality in submitting the reports, the identification of concepts that define the theory and practical application of Family Medicine from a biopsychosocial assistance model, supporting practice and professional practice.

Grading:

1. Clinical case report from a biopsychosocial assistance model.
5 points (5% final grade)
2. Family case report: Analysis of a clinical case.
5 points (5% final grade)
3. Family case report: Analysis of a clinical case.
5 points (5% final grade)

The reports will be submitted in an electronic format.
A rubric is used for this evaluation.

Role play. In teams, students develop and present a roleplay in which they show the model of medical assistance by incorporating the pillars of Family Medicine to a personal and professional profile as a basis for daily life. The purpose is to carry out medical practice with a biopsychosocial approach.

The grade is individual and it is obtained by considering the punctuality in submitting a video, in which the integration of the pillars in Family Medicine is shown. Maximum score: 5 points (5% final grade)

The video will be submitted in an electronic format.
A rubric is used for this evaluation.

Participation in clinical areas. The student carries out 2 rotations in the clinical areas of the module: Emergency Consultation and Outpatient Family Medicine Consultation.

In each rotation, the student meets a Family Medicine professor in order to discuss clinical cases of patients corresponding to each clinical rotation. A checklist is used for this evaluation.

Each rotation is graded as follows:

Emergency Consultation: 15 points.

Outpatient Family Medicine: 3.75 points.

There is a Rotation Evaluation Format for this evaluation.

The student carries out 2 discussion sessions and 2 sessions called Work with Families. They are coordinated by the professors of the Department. During the Work with Families sessions, competences of the module are evaluated. These are carried out in the Rotations.

Each rotation is graded as follows:

Discussion sessions: 10 points

Work with Families sessions: 3.75 points

There is a Work with Families Session Evaluation Format for this evaluation.

Written exercises. The student elaborates assigned exercises in each class. For this evaluation, the student must complete all of the written exercises included in the Manual of Family Medicine.

Written exams. This evaluation is about the content as well as the clinical cases discussed during the module. It could be in either a written format or electronic format (Examsoft).

Midterm exam 15%

Final exam 15%

Each exam consists of 50 multiple-choice questions.

Course Integrative Product (CIP). Analysis of a clinical case from a family biopsychosocial approach.

In order to pass this course, students are required to pass both the written evaluation and the practical evaluation. Students must also attend a minimum of 80% of the weekly sessions on theory.

Module workload		Number of hours	Percentage
Contact hours	Class-based instruction	30h (16.66%)	67.22% 122 hours
	Clinical case reports	9h (5%)	
	Role play	3h (1.66%)	
	Participation in clinical areas	63h (34.99%)	
	Written exercises	12 (6.66%)	
	Course Integrative Product	3h (1.66%)	
	Exam taking	2h (1.11%)	
	Study	52 (28.88%)	32.22%

Independent study	Exam preparation	6h (3.33%)	58 hours
Total hours of the workload: 30 hours X 6 UANL credits/ECTS*		180 h	

*European Credit Transfer and Accumulation System

1 UANL credit = 30 hours

NOTE: Rubrics, checklists and evaluation formats are elaborated by using the performance criteria described in each stage of the module.

SUPLEMENTO COVID-19

Siguiendo las recomendaciones de la Secretaría de Salud del país y la Rectoría de la Universidad, ante la coyuntura de salud COVID-19, la organización de la docencia desde marzo del 2020, seguirá un modelo híbrido, donde la docencia se ajustará a los horarios aprobados por la Secretaría de Salud siguiendo un modelo de Presencialidad / No presencialidad en la medida en que las circunstancias sanitarias y la normativa lo permitan. Los estudiantes asistirán a las clases de manera no presencial mediante la transmisión de las mismas de manera síncrona/asíncrona vía “on line”.