Criteria necessary for accreditation of the subject “General Medicine”

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

2) Record of achievement:
   Exam at the end of the 9th semester

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

3) Learning objective:

   - Theoretical basics:
     Definition of “General Medicine” in accordance to DEGAM and BLAEK
     Term definition: Physician / pract. Physician/ General Physician
     Role of a General Physician (primary care giver-, filter-, navigation-, family-, coordination-, integration-, health development- function) and their meaning
     Supply level: non-professional medicine, specialty medicine and stationary care
     Meaning of unselected patient population
     Range of services of General/Family Medicine in Germany

   - Approach in General Medicine
     Definitions: Reason for consultation, conclusion of consultation
     Physical law of case distribution according to Braun, Prosenc phenomenon
     Minimum of direct diagnostics
     Classification of the consultation outcome (symptom/symptom complex/
     disease image/ diagnosis); prevalence of respective classifications
     “Watching and waiting” as a specific method in General Medicine
     Spotting avertable dangerous courses
     Therapy options: self -treatment, prescription-therapy and referrals

   - Distinctions in psychosocial care, family medicine
     Home visit: legal terms, urgency, approach, and equipment
     Inclusion of the “experienced history”
     Inclusion of family situation and environment into the treatment plan
     Support for those unable to walk, incurables and patients dying at home
     Instruction in medical and caretaking techniques for relatives
     Support for relatives with dealing with the patient's disease and death

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

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

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

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

-Emergency care
Definition of both subjective and objective emergencies
Frequencies of vital threatening occurrences in a practice
Recognizing an emergency including the history of the patient
Basic rules of emergency care: preventive treatment, “nil nocere”, goal-oriented therapy, demonstration of competence, early inclusion of a rescue team
Differential diagnostics and treatment plan for frequent emergency situations according to the main symptom (Dyspnea, Thorax-, abdominal pain, unconsciousness, psychiatric emergencies)

- General Medicine diagnostics and treatment in frequent diseases
  Upper respiratory-, ear-, urinary tract-, gastrointestinal tract infections
  Back pain
  Headaches
  High blood pressure, coronary heart disease heart failure
  Diabetes mellitus, metabolic syndrome
  Bronchial asthma, COPD
  Malignant diseases

- Addiction Medicine
  Definitions: Addiction, abuse, harmful usage, dependency
  Epidemiology of tobacco-, alcohol- and substance abuse
  Prerequisites of addictive behavior: personality traits, Kielholts-threes, drinking types according to Jellinek
  Recognizing addiction problems in the practice (i.e. CAGE-Test, laboratory parameters)
  Therapeutic steps (motivation, detox, withdrawal, rehabilitation)
  Addiction as a family disease, phenomenon of Co-dependency
  Iatrogenic dependency problems, example: Benzodiazepines

- Psychosomatic primary care
  Definition: Psychic, somatopsychic, psychosomatic diseases
  Symptom classification: vegetative, somatic, psychic symptoms
  Causes of somatization
  Problems in recognizing and addressing psychiatric diseases
  Differentiation of somatization disorder and endogenic depression
  Therapeutic possibilities in a practice
  Useful and harmful application of psychopharmaceuticals
  Crisis intervention
  Recognizing and approaching suicidal tendency

- Back pain
  Back pain in numbers (prevalence and costs)
  Definition, guidelines
  “Red and yellow flags” according to DEGAM
  Definition back pain acute and chronic
  Treatment goals
  Manual medicine (Training, Arthron/Vertebron, pain distribution and nociception)
- Metabolic syndrome
Definition “Evidenced Based Medicine”, guidelines, Disease Management and DMP
Definition Metabolic Syndrome
Difference/Definition: Glucose intolerance versus Diabetes Mellitus Type II
Guideline Diabetes therapy (DDG 2008)

-Geriatrics
Definition and field of work of “Geriatrics”
Demographic development
Goals: Quality of life, inclusion of relatives, pain free living, avoidance of isolation
Minimizing current burdens instead of doing maximal therapy
Specifics for geriatric history taking, symptom types (symptom lacking or negation)
Significance of family, inclusion of relatives in the treatment concept
Geriatric assessment, Mini-Mental-Status, Depression-Scale
Forms of Dementia illnesses: Forms, procedures for differential diagnostics, distinction to pseudo dementia (especially late life depression) and therapeutic possibilities
Helpful aids, remedies and nursing support; procedures and coverage of long-term care insurance

-Terminal care and support